

# SUSTAINABILITY PLAN

AIDS&Mobility Europe 2008–2011



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## Sustainability Plan

AIDS&Mobility Europe 2008–2011

Series of publications

# AIDS&Mobility Europe 2008–2011

Volume 4

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International Organization for Migration (IOM, Brussels)

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MTU AIDS-I Tugikeskus (AISC, AIDS INFORMATION & SUPPORT CENTER, Tallin)

Naz Project London (NPL, London)

Yeniden Sağlık ve Eğitim Derneği/ Yeniden Health and Education Society (Yeniden, Istanbul)

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.

# **SUSTAINABILITY PLAN**

**AIDS&Mobility Europe 2008–2011**

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## The A&M project in brief

The original AIDS&mobility project started in 1992 to provide HIV/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 together on HIV and migration. 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 on and research into the situation of migrants and mobile populations in relation to HIV and AIDS in Europe. An edited and bound collection of country reports and a range of other materials document the findings and are archived and accessible online for future reference<sup>1</sup>. The project has built a network of non-government and government agencies and organisations, individual experts and other stakeholders since its inception, which is one example of already existing sustainable and sustained structures within A&M.

The current A&M project 2008–2011 is 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 High Commissariat for Health. It differs from its precursors in one major aspect: it includes a practical HIV prevention component.

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<sup>1</sup> On the HIV Clearinghouse website of AIDS Action Europe: [www.hivaidsclearinghouse.eu](http://www.hivaidsclearinghouse.eu)

Associated project partners in six European cities work with migrant communities using capacity building through transcultural mediators to reduce HIV infection risk. Each site convenes a group of relevant local stakeholders to serve as a platform for recruiting mediator trainees and for ensuring that local efforts are well integrated into related local activities in the fields of health, social services and migration in general, and HIV and young migrant and mobile populations in particular.

The transcultural mediator approach aims to improve health literacy and HIV awareness by involving migrants themselves in undertaking research and delivering health promotion to their own communities. After participating in training and receiving their transcultural mediator's certificate, this group now initiates, organises and conducts education sessions in twenty community languages overall, informing their communities about HIV/AIDS prevention and related topics.

The project partners centrally evaluate the training as well as the community education sessions using standardised questionnaires. Separate, overarching work packages on evaluation, networking, capacity building, dissemination and policy development support the model and continue the work of previous A&M projects.

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. It currently includes eight main European partner NGOs, 18 collaborating partners and a wider group of experts in the field of health and migration. All advise the project on strategies, materials and campaigns. The AIDS&mobility quarterly newsletter keeps the wider network up to date on the project's work and important events and news in the field of HIV and migration. AIDS&mobility continues to collect literature and educational materials on HIV/AIDS prevention, care and support for migrants, ethnic minority groups, refugees and other mobile populations.

## Why write a plan for sustainability?

The environmental movement was the first to give the term "sustainability" the meaning it now conveys in many sectors of human endeavour, resulting, among others, in the United Nations' definition of sustainability (Brundtland Commission 1987): "sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs."<sup>2</sup>

In the field of project work, especially in human services, achieving sustainability means to continue deriving value from the results, impact, outputs and other gains of a time-limited project or activity. It is clear that not all components of an activity will automatically continue after the end of the

project period – or the special effort put into them would not have been necessary in the first place. This means that to achieve sustainability, stakeholders must plan and implement their project activities in a way that maximises the possibility of sustainable gains after the 'special effort' made during the actual project period finishes.

Such sustainable – or better: "sustained" – gains are not always tangible, easily measurable outputs. As mentioned in the introduction, the connections and relationships that a long-standing network of people and organisations represents, or the increased capacity, motivation, knowledge and skills now resting in the minds of a large group of trained mediators are in and of themselves sustainable gains of a project.

The AIDSCAP study on peer education found that of the 21 participating programs, 3 provided "salaries" to peer educators. More than 75% of the peer educators in the study received some type of compensation in the form of travel or food allowances and 59% stated that financial incentives would make their job easier. Peer educators also asked for official community acceptance, recognition, and respect.<sup>3</sup> Many key informants of the UNAIDS Paper Peer education and HIV/AIDS: Concepts, uses and challenges<sup>4</sup> named the lack of financial resources as a challenge. They said they would use additional funds for recruiting more peer educators to serve the expanding scope of programs, more supervisory/technical staff to provide follow-up and supervision, additional introductory and refresher training, transportation, materials, condoms, STD services and counselling.

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<sup>2</sup> <http://en.wikipedia.org/wiki/Sustainability>

<sup>3</sup> Flanagan D et al. Peer education in projects supported by AIDCSAP: a study of twenty-one projects in Africa, Asia and Latin America. AIDSCAP/FHI, 1996.

<sup>4</sup> UNAIDS/99.46E (English original, December 1999)

Writing this plan extracts realistic sustainability objectives and feasible strategies from the wealth of A&M project documentation, focuses and documents them. It will allow partners to refer to them, pursue them strategically and track the results. It can also serve 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 role of sustainability for the project overall, individual project sites and the cross-cutting work packages

The current A&M project already continues, and therefore sustains, gains made by earlier iterations, such as the network and the documentation of information and materials. These are important foundations for any future HIV prevention activities directed at migrant and mobile populations, whether they use the transcultural mediator approach piloted in 2008-2011 or other methods. It is therefore most important that these core functions of the project be sustained beyond June 2011.

For the purpose of this plan we divide the transcultural mediator approach into several components because each requires different measures to make it sustainable. First, the methods and materials adapted and developed to successfully implement transcultural mediator training in six very diverse European cities must be accessible and available for adaptation and application in similar or different additional sites and settings as well as for study and research. Second, implementing sites continue to reach more and more people in the target

group with community education sessions, beyond the project period where possible. This also includes maintaining and supporting a pool of motivated mediators with up-to-date knowledge and skills. Third, it is important to preserve and continue to grow stakeholders' awareness of the transcultural mediator approach and their knowledge about when, where and how transcultural mediators can be used effectively within a comprehensive HIV prevention program. This means building sustainability into the dissemination and policy development work packages also.



*A&M mediator*

## Chapter 2:

# Planning for Sustainability

Which elements of the A&M project should continue and therefore be supported by specific sustainability measures?

Migrant populations' access to health care services presents challenges for governments and societies.<sup>5</sup> Migration continues and changes, it affects most countries, and it affects them in quite different ways. The nexus of HIV and migration in Europe is an aspect of the overall HIV epidemic that requires its own analysis and a specific, tailored response<sup>6</sup>. The history of the project has shown that an organised and actively coordinated network of interested organisations and individuals can keep a specific focus on this topic and can be an important resource for those initiatives and projects that direct their efforts toward it. We therefore consider maintaining the network a priority for sustainability planning.

Closely related is providing easy access to existing documentation including research, methods, training and information materials, evaluations, reports and recommendations. This ideally also encompasses facilitat-

ing the ongoing exchange and archiving of relevant information. Clear documentation and easy, web-based access to information are therefore also priorities for sustainability planning.

Especially the materials developed for training mediators, conducting community education sessions and for evaluation should be available as a package to those interested in adapting and using the approach.

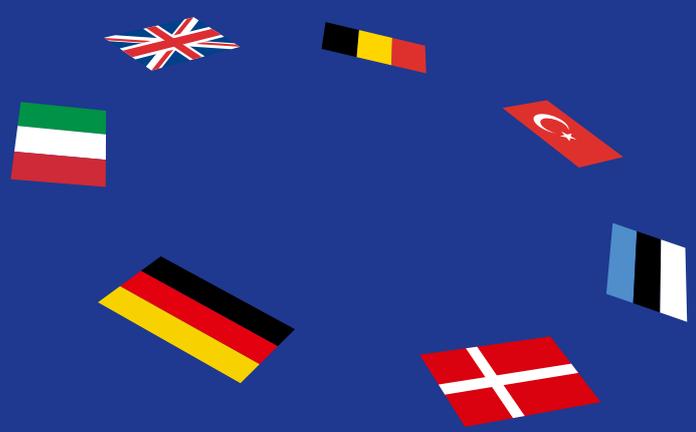
The third priority is maintaining the local capacity built through piloting the transcultural mediator approach in six European sites. The level of capacity built, and also the level of interest in maintaining or even extending it, differ from site to site. Local priorities depend on how suitable for the local situation (target population readiness and response, HIV prevention needs, success in implementation) the approach proved to be, on the ongoing needs of the target group and on the model's relationship to other activities that implementing organisations and their partners are planning.

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5 María José Peiro and Roumyana Benedict (2009). Migration Health: Better Health for All in Europe [Background Paper]. Brussels: International Organization for Migration (IOM). [www.migrant-health-europe.org](http://www.migrant-health-europe.org)

6 European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010.

7 Those that have a link to HIV, affect migrants and mobile populations and would benefit from awareness-raising using the same model, such as TB



Maintaining local capacity may include some or all of the following:

- Supporting, coaching, mentoring, and supervising existing, active mediators
- Raising funds and procuring other resources for more community education sessions
- Organising further training for existing mediators
- Training additional mediators
- Incorporating other important health issues<sup>7</sup>

To ensure that the results of and learning gained in piloting the transcultural mediator approach continue to inform policy and strategic planning in HIV prevention in Europe we must support and extend the awareness of this approach among stakeholders in health promotion and prevention as well as in policy development, including exploring the role of the media. This means that the model should be included and critically examined at meetings and in documents where strategies and approaches to HIV prevention with migrant and mobile populations are discussed.

In summary, the components of the A&M project to be prioritised in sustainability planning are networking on HIV and migration, documentation, local capacity for transcultural mediator activities and the inclusion of the approach in HIV policy development, strategic and action planning.

## Which sustainability measures have associated partners already taken to continue these elements?

Some of the project's original outputs (such as the website and the Master Toolkit) support sustainability intrinsically, but may also require additional sustainability measures.

Among the outputs in the project plan, the current A&M website serves as a hub for networking and access to information. The Master Toolkit will contain clear documentation of all materials necessary for applying the transcultural mediator model. Other reports from the overarching work packages capacity building, networking, dissemination and policy development also document important insights and learning for future reference.

Individual project partners have already taken some concrete measures toward sustainability:

AISC (Tallinn) staff divided mediators into 3 groups for coaching and also coached some individually. Mediators receive free condoms and lubricant as well as printed resources and information materials for future community sessions. The organisation introduced the concept of sustainability at the first training session and discussed it again at the certification event. AISC distributes information about potential funding sources for further community sessions to their email list of mediators. To access fund-

ing, AISC collects Internet addresses of institutions providing small grants. It is currently negotiating a potential funding proposal with Positive Action.

NIHMP (Rome) established a training platform with IOM, the Italian League for the Fight against AIDS (LILA) and a migrants' association. In Italy, HIV/AIDS public health projects, especially in government institutions, need strong evidence to support applications for public funds as there are many projects competing. To be considered for funding in Italy, any future project would need strong policy support, e.g. to be recommended at the European level as a nation-wide approach. The A&M policy recommendations developed by IOM may assist in this regard. Involving two NIHMP internal staff (one statistician and one epidemiologist) in the internal evaluation of the project (analysis of mediator training and community session questionnaires) will strengthen continuing research in this field after the conclusion of the project.

AIDS-Fondet (Copenhagen) offers additional training and coaches mediators individually and in three groups. Staff also use telephone and email follow-up to support them in organising events.

NPL has been supporting mediators with office facilities and equipment and assisting them by negotiating access to settings for community sessions, through supervision and by organising events. The organisation continues its one-on-one coaching support and updates mediators on topics they cover in their community sessions. NPL has also built relationships with other local organisations to provide specialist training as well as specialised resources and equipment.

The EMZ in Hanover has been receiving a small amount of grant funding from the state government of Lower Saxony since the 1990s to train transcultural HIV mediators and to build and support a network among them. This network integrated the mediators trained in the 2009 A&M training, allowing them to continue to conduct community education sessions and to participate in in-service training. The coordinators based at the EMZ will continue to be support these mediators although funding is restricted, depends on government grants and may not stretch to cover the costs of community education sessions indefinitely.

EMZ presented the project at the EU-Level Consultation on Migration Health (IOM) and created links with the participants. A&M has also established links with the following networks, projects and activities:

- European Public Health Association (EUPHA),
- TAMPEP,
- AIDS Action Europe,
- Correlation Network
- Intercultural Mediators Program, High Commissariat for Immigration and Intercultural Dialogue (ACIDI), Portugal,
- HIV/STI Epidemiology and Control Unit, Institute of Tropical Medicine, Belgium,
- Project New citizens, new patients, Tropical Medicine Unit (TMU), Ramón y Cajal Hospital, Spain,
- Intercultural Mediation, University Hospital Brugmann (program supported by the Belgian Federal Ministry of Health), Sireas asbl – International Service for Research, Education and Social Action, Belgium,

- The Southern Caucasus Program (World Vision International), an interactive e-health portal for adolescent migrants at risk,
- And the proposed 'Network of Excellence in HIV'.

A&M materials are already available through the AIDS Action Europe Clearing House and on the EATG website.

The EATG has conducted a survey on sustainability and joint activities with the existing network in order to support the continuity of the project. It surveyed the capacity of collaborating partners to apply the A&M transcultural mediator model as well as their potential use of A&M resources. EATG also made contact with the African Eye Trust in the UK regarding a joint project on capacity building for migrant communities across Europe, which will be discussed with the A&M associated partners.

The International Organisation for Migration (IOM) disseminated the project and its particular peer communication model at meetings it attends (e.g. HIV Think Tank) or organises (EU Level Consultation, Lisbon, Sept 2009). IOM also organised the main A&M EU level policy event in the European Parliament. IOM disseminated information about it widely via direct invitation, information dissemination and a press note to the media. Following the event, IOM articulated the A&M policy recommendations.

Representatives from A&M also participated in the development of the Correlation II HIV/AIDS Policy Recommendations, which focus on 5 vulnerable groups: IDUs, sex workers, MSM, prisoners and migrants.

## Which sustainability measures will associated partners take during the remainder of the project (until June 2011)?

NIHMP plans to organise a meeting with all trained mediators to share experiences gained during the community sessions, and to evaluate the events and their results.

NPL has partnered with local organisation TB Alert, who will provide funds to help train mediators in an additional TB module. In return, the mediators will help to deliver the TB awareness program in addition to the HIV/AIDS topics they already cover in their community events.

The EATG will encourage discussion within the network about how to conduct further mediator training in different countries and promote the applicability of the model to other projects (for example at events attended by EATG).

IOM will finalise the A&M policy recommendations through wider consultation to support the continuity of the A&M transcultural mediator model as a participatory approach. In this context, IOM will further disseminate (via mail and at relevant meetings, inc. among HIV Think Tank members) the recommendations as well as the Policy Summit Report.

The EMZ will continue community education sessions with the already trained A&M mediators in 2011, offer an in-service training event after September, publicise the A&M evaluation results as well as promote the project in general.

## Which further sustainability measures will associated partners take beyond June 2011?

NIHMP will include HIV prevention and sexual health issues in future training courses for transcultural mediators.

In Turkey, some of the mediators, who include members of internal migrant communities and ethnic minorities (e.g. Kurds), graduated and returned to their homeland, but the rest remains and most of them are motivated to continue community sessions. The UNHCR runs refugee camps and has enquired if A&M mediators could run community education sessions there. This setting as well as internal migration (e.g. Roma) may represent a growing need and opportunities to apply the model.

Some of the mediators have difficulties finding other people from their communities (some needed to go to Ankara to reach the minimum number of participants for their community sessions). Since Turkey is a transition country, migration (and HIV/AIDS in migrant communities) is not one of the primary issues in Turkey. This makes it harder to find extra funds to support a project on HIV and migration and makes it unlikely that community sessions will continue. However, the guidebook and the other written and translated materials such as the slide kit can be used. Other NGOs who work in the area of migration and HIV, such as Pozitif Yaşam Derneği (Positive Living Association), need such materials (especially in Arabic, Urdu, Kurdish etc.) to inform their target groups. This means that the use and distribution of A&M materials will be Yeniden's approach to sustainability.

Danish partner AIDS-Fondet successfully completed the mediator training. However, a hiatus ensued because evaluation questionnaires were not yet available to begin community education sessions, which in turn led to a loss of motivation among mediators. AIDS-Fondet mitigated this problem by offering additional coaching and support.

It turned out to be considerably more complicated than anticipated to carry out the community sessions in Denmark. At least in Denmark, an organisation would need to allocate far more resources than is possible at present to conduct a successful mediator-based project. AIDS-Fondet compared the resources used and results obtained in the A&M project with their other highly successful and very cost-efficient community-based information activities, which are devised and implemented by migrant CBOs themselves. As a result, AIDS-Fondet will not engage in further mediator activities after the end of the A&M project. However, the organisation will allocate some modest resources to set up a small platform for further activities with those mediators who are certified after conducting two community sessions.

NPL in London is negotiating with local Primary Care Trusts (PCTs: the government health care service units), for further funding for mediator activities. They will also include the A&M project in the submission of a grant application to the British National Government through Transition Fund.

The EATG plans to use data from community sessions for the assessment of training needs and the A&M Master Toolkit in its future training activities. This will influence its

training strategy targeted to HIV service organisations in Europe.

EATG will continue to disseminate A&M deliverables and ensure the widespread use of the Master Toolkit in particular.

IOM will continue to disseminate the recommendations to key stakeholders and policy makers. It will also advise and give support to government/public health or training institutions interested and/or involved in IOM activities/projects for adopting the transcultural mediator model and other successful peer education and empowering approaches in public health systems as well as for the transferability of the approach to other non-health areas.

The EMZ has begun to build a new project in collaboration with the German AIDS Service Organisation (Deutsche Aidshilfe e.V., DAH), training transcultural HIV mediators in three further German cities, using the A&M methodology. While the project is still in its early stages, it has become apparent that the A&M approach to HIV prevention can be transferred to other German cities and municipalities, and that there is also a great need among migrants. This means that a national network of transcultural HIV mediators may be feasible. Such a network could in turn be integrated into a European A&M network to ensure further development of the approach and the creation of synergies.

## Which (desirable) sustainability measures are associated partners unable to take?

NIHMP would like to scale up training and community sessions at the national level, guarantee the continuity of training and updates for mediators as well as train professional transcultural mediators in HIV prevention and counselling.

NPL in London would like to further develop the concept to include a program where mediators train other mediators as well as establish a pool of mediators who can be hired by other organisations.

Partners would also like to see the strengthening, expanding and proper functioning of the A&M network as well as an evaluation of the impact of the project by measuring e.g. increases in HIV tests or in condom use and behavioural change among migrant communities.

EATG would be interested in carrying out a capacity building project for migrant communities across Europe. The organisation has a special interest in offering this in Eastern European countries and to test the applicability of the model with other vulnerable target groups such as IDUs. Its training centre has the capacity to develop training on specific topics (related more to HIV treatment and advocacy, however) and to use A&M materials in their programs to a certain degree.

IOM is interested in implementing and further evaluating the A&M approach and materials (Guidebook) in other European and non-European countries. IOM could assist in Europe (IOM has an office in every EU member state), but most importantly in

other areas of the world with high migration rates. IOM would also like to assess whether migrants and ethnic minorities as well as peer communication and other empowering strategies are adequately reflected, or at least mentioned, in EU Member States' HIV/AIDS plans and strategies (IOM attempted to do so while consulting partners for the recommendations - with mixed results). Additionally, where this is the case, IOM considers it useful to evaluate whether the policy has actually been put in practice. IOM also suggests identifying, documenting and, ideally, evaluating similar good practices and initiatives for health promotion with and empowerment of migrants. In addition, IOM supports the idea of establishing a permanent network for consultation exchange and dissemination of good practices in this field.

The EMZ would like to ensure the long-term viability of community education sessions and further training for mediators as a priority. In addition, the EMZ sees the potential for more permanent structures for and the expansion of A&M across Europe, potentially also reaching into migrant's countries of origin. These ideas are summarised as part of the project's Future Development Report (Deliverable D5).



*A&M mediator*



## Discussions on Sustainability

Sustainability was an important topic at the 5<sup>th</sup> A&M capacity building and steering group meeting in Hannover in September 2010. Partners reported their own efforts regarding sustainability (listed in the previous section). They also discussed the prospect of continuing to support mediators and community education sessions in the different sites as well as their thoughts on sustainability in general.

Partners agreed that several factors influence the sustainability and further dissemination of the transcultural mediator approach as piloted in the 2008–2011 project. IOM suggested that stakeholders needed a clearer definition of the concept and the role of mediators in particular, as well as better identification of advantages over other models to back an argument for universal national implementation. Partners thought that in order to support any and all efforts towards sustainability, the project needed to document well which aspects of the transcultural mediator approach were transferable, distilling them into core standards that could be adapted for practical application. The meeting considered that having a body or organisation at EU level endorsing the concept would be ideal, but in practice this is highly unlikely given the great number of valid proposals and models in the EU.

Overall, the model could be implemented with some modifications in all 6 sites. Participants acknowledged that while the approach has been very successful in some sites, it might not become a priority model in others in light of the local characteristics of migration and migrant communities. Success may be influenced by the local response to the fact that the model is relatively tightly structured, by different migrant community set-ups and by the interest and capacity of local organisations.

Partners agreed that the potential of the transcultural mediator model lay in the adaptability of its core concept to local situations and requirements. They therefore identified flexibility as a key factor for sustainability.

Participants linked strategies to continue the overarching components of A&M (such as networking, documentation and dissemination) with discussions about future funding and further A&M projects and earmarked them for the 6<sup>th</sup> and last capacity building and steering group meeting.

## The consultation process undertaken for the document

Developing the first draft of this document included initial discussions among the project coordinating team at the EMZ, a draft document structure, consultations with the funding body and a request for contributions from partners. We then circulated the completed draft among associated partners for their comments and additions. We incorporated these into the final draft and asked partners by email to formally accept it.

## Limitations arising from the process of developing the plan

The information contained and the commitments given in this plan were correct and valid at the time of partners accepting the final draft. Because organisational priorities, resources and external circumstances change, strategies and actions beyond the funded project period are indicative only and partners may modify them in the future.



*A&M mediator*

## Chapter 4:

# Sustainability Action Plan

(Does not include existing A&M deliverables that confer sustainability to the project, such as website and Master Toolkit)

Project Element	Relevant Work Package /Site	Sustainability Objective	Sustainability Strategies Feasible within Available Resources			A&M Partners and Others Contributing
			completed	Implementation before June 2011	Implementation after June 2011	
Mediator Support	Copenhagen, Rome, Tallinn, London, Hanover	Sustain Existing Mediator Capacity		Mediator Feedback Meeting		NIHMP
				Mediator Platform/Network		AIDS-Fondet, EMZ
			Coaching	Coaching		AIDS-Fondet, AISC, NPL
			Training	Training		NPL (topic TB), EMZ
Community Education Sessions	Tallinn, Rome, London, Hanover	Increase Reach into Target Groups	Advise Mediators of Funding Opportunities			AISC
				Funding Proposal to Positive Action Partnering with Other Organisations Negotiate Funding with Local PCTs Grant Application		AISC NPL, TB Alert NPL, PCTs NPL
			State Government Funding	State Government Funding		EMZ
Joint Development of Future Projects	Networking	Integrate A&M Methodology in Future Projects	Contact with African Eye Trust (UK)	Report to A&M Associated Partners		EATG
Integrating HIV/AIDS Information into Other Training	Rome, Networking	Increase Knowledge of HIV/AIDS			Integrate HIV Prevention Topics into Future Mediator Training Integrate Network Feedback to Influence EATG Training Strategy	NIHMP EATG
Using A&M Methodology and Materials	Istanbul, Networking	Improve Access to HIV/AIDS Information and Methodology			Disseminate A&M Materials to Other Relevant Organisations	EATG
				Promote A&M Methodology and Materials at Events	Disseminate Master Toolkit Widely	EATG
				Integrate Method into New Project		EMZ with DAH
A&M Network	Networking	Sustain the Existing Network	Network Member Survey			EATG
				Develop Mechanisms to Continue the Network		EMZ
				Investigate Funding Opportunities to Support the Network		EMZ

## Desirable Strategies that cannot be implemented within current resources:

- Impact evaluation measuring HIV testing rates, condom use and behaviour change
- Scaling up training and community sessions at the national level in Italy,
- Guaranteeing the continuity of training and updates for mediators in Italy
- Training professional transcultural mediators at NIHMP in HIV prevention and counselling
- Recruiting and training a pool of mediators at NPL who can be hired by other organizations at a fee which will be used to fund more events
- A “mediators train other mediators program” at NPL
- Carry out a capacity building project for migrant communities across Europe, especially in the East (EATG).
- Test the applicability of the model to other vulnerable target groups such as IDUs (EATG).
- Create more permanent structures for current A&M mediator activities in Europe
- Expand the A&M model in Europe



*A&M mediator*

# AIDS&Mobility Europe Publications

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## **A&M Final Report**

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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](http://www.aidsmobility.org)**

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This report describes the core functions in order to sustain the project achievements beyond the end of the project. The A&M sustainability plan builds an important foundation for any future HIV prevention activities directed at migrant and mobile populations, using the transcultural mediator approach piloted in this project.



***Securing the sustainability was an important topic for the A&M project. Our Partners reported their own efforts regarding sustainability. We also discussed with them the prospect of continuing to support mediators and community education sessions in the different sites as well as their thoughts on sustainability in general. In this report you can find the conclusions and results of this process.***

*(Programme Director Ramazan Salman)*

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