



## September 2009

Welcome to the fourth edition of the a&m newsletter!

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### Infectious diseases & migration reports ECDC

The European Centre for Disease Prevention and Control has opened a series of reports on the health of migrants. The background note "[ECDC Report on migration and infectious diseases in the EU](#)" provides a summary of issues related to migration and health, including factors that increase the risk of infectious diseases and limitations of available data on TB, HIV, hepatitis and vaccine preventable diseases in children. The paper considers possible areas for future public health research and interventions: infectious disease surveillance and monitoring, prevention and control programmes and healthcare services. Conclusions suggest that the risk of infectious disease spread from migrant to host communities in EU countries is low.

The paper stresses that many migrants have limited access to healthcare services, in particular undocumented migrants, due

to a combination of legal, administrative, linguistic and cultural factors. This is a barrier to effective prevention, diagnosis and treatment of infectious diseases. The paper asks for more interest in the relationship between migration and health and addressing the health and healthcare needs of migrants. More consistent and comprehensive data are needed and data collection must be improved. More research related to specific subpopulations should be undertaken – including the specific health and welfare needs of migrant women and children. More generally, EU countries should consider actions to tackle infectious diseases in concert with countries of origin and countries through which migrants pass on their way to Europe.

### Report One

["Mapping of HIV/STI behavioural surveillance in Europe"](#) (published September 2009) finds little systematic 'behavioural surveillance' related to HIV and STI for migrants and ethnic minorities. Only three countries had a system of behavioural surveillance addressing migrant populations (the Netherlands, Switzerland and the United Kingdom). A number of relevant one-off and repeated studies are identified, particularly in countries with a long history of migration. The report stresses the need for standardisation across studies, across countries, and across different migrant populations (migrants recently arriving and/or in transit, established ethnic minority communities).



The report asks for research to develop accurate indicators related to mobility and migration status.

A minimum standard set of items is proposed to assess the following:

- **Partners** (Number of sexual partners in the last 12 months; concurrency of relationships with partners in country of destination and home country)
- **Use of condom** (Use of condom at last intercourse and with identification of the type of partner: stable/casual/paid)
- **HIV test** (Ever and date of the last test and the result of the test reported or measured)
- **Sex work** (Having paid for sex in the last 12 months)
- **Contextual indicators** (Level of education; Nationality/ethnic origin; Sexual orientation)
- **Knowledge** (UNGASS indicator: being able to correctly identify ways of preventing the sexual transmission of HIV and to reject major misconceptions about HIV transmission as well).
- **Attitudes towards PLWHA**

The report recommends that models of good practice should be developed on the basis of an analysis of studies carried out among migrants and ethnic minorities. It concludes that ECDC can facilitate behavioural surveillance in migrant populations/ethnic minorities by establishing a European working group with the purpose of further developing the main questions and making suggestions as regards populations to be surveyed, as well as methods and indicators.

## Report Two

[“Access to HIV prevention, treatment and care for migrant populations in EU/EEA countries”](#) (published in July 2009) is based on data and information provided from all 27 EU and 3 EEA countries, the author – in cooperation with an expert team – looked into the factors of HIV vulnerability and the responses by policy makers, health professionals and the populations involved.

Specific HIV prevention and care interventions for migrants have meanwhile been developed in many countries. However, there are still numerous factors that are counterproductive to providing good services. These concern insufficient or inappropriate health promotion materials and interventions, but also marginalisation and discrimination. Laws and regulations, in particular regarding undocumented migrants, are often hindering necessary actions.

On the positive side, it is concluded that both policy makers at European and national levels and health professionals have introduced migration on their agendas. Also migrant communities themselves are more involved – both at the policy and the intervention level – and contribute to an important extent to HIV prevention activities for migrants.

The study identified some key issues that need to be addressed by policy makers, health professionals and migrant communities alike:

- **Inconsistent policies:** health policies and immigration policies may be contradictory



and jeopardize prevention and care interventions;

- There is a lack of reliable and comparable data, regarding migration patterns but also regarding the epidemiological situation;
  - Community-based interventions are often lacking sustainable and adequate funding;
- Attitudes towards migrants and HIV need to be tackled, in which media may play a crucial role.

Finally, the study revealed that there is a need for cooperation and networking between the different actors involved – health professionals, community workers, researchers and policy makers – and between European countries and European bodies, such as the European Commission and the ECDC.

## Report Three

[“Epidemiology of HIV and AIDS in migrant communities and ethnic minorities in EU/EEA countries”](#) (published July 2009) aimed to determine the burden of infection by HIV in migrant populations in the EU27, Norway, Lichtenstein and Iceland in the period 1999–2006. Data from ECDC/former EuroHIV were used, globally and for each country, and absolute numbers and percentages of cases of AIDS and HIV were examined by geographical origin and year (1999–2006), stratified by sex and transmission categories. The number of registered migrants by sex and year was obtained from public European databases, Eurostat, and National Statistics Offices in each of the participating countries, either consulting their web pages or writing to them directly. The report allows for a deeper look into the epidemiology of HIV/AIDS in migrants and ethnic minorities.

In conclusion migrant populations, largely people from Sub-Saharan Africa, represent a considerable and growing proportion of AIDS cases and HIV infections reported in EU, largely among heterosexually and mother-to-child transmitted (MTCT) infections. Their contribution is notably higher among female reports, reflecting the higher HIV prevalence of women within Sub Saharan Africa and, probably, the large implementation of antenatal testing in the EU. A substantial percentage of diagnoses in MSM are also migrants, largely from Western Europe and Latin America and the Carribean.

*a&m newsletter thanks Georg Broering, Maria del Amo Valero and Teymur Noori for their advice on these reports.*

## Dublin Declaration progress Report 2010

ECDC is developing the second progress report on implementing the actions set out in the [Dublin Declaration](#) with an indicator-based and country-driven reporting. The items MDD22-27 are asking for information directly related to migrants. Ministries can agree with local organisations on a joint response to the relevant parts of the questionnaire. Individual submissions are also possible.



## Paulo Jorge Vieira, AIDS & Mobility Young Social Entrepreneur 2009

In 2009 Paulo Vieira (from Lisbon, Portugal) was distinguished as the first a&m Young Social Entrepreneur. At the age of 17 Paulo started working at the community level as a volunteer, promoting campaigns with the main objective of raising HIV/AIDS awareness among the migrant community, training new volunteers and collaborating in the design and conception of innovative resources.

The award has resulted in a growing interest and discussion on issues around social entrepreneurship. After being awarded Paulo was invited to share his experience in different events, on the TV, radio and in different newspapers and to training new community educators with migrant background and help them to develop their strategic plans for future actions.

“In my eyes youth participation has an added value in the fight against HIV/AIDS, especially among migrant communities living in Europe. It is important to bring about more awareness among key stakeholders and the general public.”

Young people have specific needs regarding HIV/AIDS prevention and sexual and reproductive health promotion. The focus on young people in a&m brings concrete action, translated in real

participation, working for young people with young people.

Paulo recommends that a&m should empower young people in their rights by joining forces to make their voices heard, involving them in advocacy strategies, training and information sharing among other opportunities. “Provide support, but give them their own freedom” is his advice.



If you have a project working with young migrants that you'd like to

tell us about, get in touch with us at AIDS & Mobility.

Let us know about your work on HIV and migration, or any news stories or events you think our network of partners would be interested in.

You can contact us by email at:

[info@aidsmobility.org](mailto:info@aidsmobility.org)

or for news stories:

[news@aidsmobility.org](mailto:news@aidsmobility.org)

Contact us by phone on:

00 49 511 1693184

Our website is currently being updated, but new information on the project will soon be available at [www.aidsmobility.org](http://www.aidsmobility.org)



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