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

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Young Social Entrepreneur 2010 - Call for Nominations

a&m is looking for young candidates to be honoured for their active and significant contribution in the fight against HIV/AIDS. We want to promote health promotion particularly among migrants and their descendents.

Candidates should be young activists or persons who began their intervention at a young age (16-25 years old). a&m is keen to identify innovative ideas turned into practice, new approaches in the fight against HIV/AIDS, people involved in the creation and establishment of civil society organizations.

In 2009 Paulo Jorge Vieira, from Portugal, was honoured with the AIDS & Mobility "Young Social Entrepreneur Award", due to his longstanding dedication, working with

different HIV/AIDS organisations and migration platforms, engaging in various partnerships and projects. Paulo was the first president of YouAct, the European Youth Network on Sexual and Reproductive Rights – an established network of young people in Europe, active in the field of Sexual and Reproductive Health and Rights, being currently a member of the Advisory Board.

The Young Social Entrepreneur in 2010 will receive:

- a personal invitation to meet with the a&m team (travel and subsistence)
- an opportunity to promote her/his project through a&m
- a certificate with the award description
- a prize of 500.00 Euro

How to apply?

Interested individuals should send a brief description (2 pages in English) of their work and a CV. Please, present yourself with an informal letter, also naming two personal references.

Applications are welcome in English, German, Russian and Turkish. Closing date for submission: **April 30th 2010**

EU-Level Consultation on Migration Health - "Better Health for All"

The EU-Level Consultation on Migration Health "Better Health for All" took place on September 24-25 in Lisbon. The



conference was organised within the framework of the AMAC project “Assisting Migrants and Communities: Analysis of Social Determinants for Health and Health Inequalities”. The Participants from different European organisations active in the field and high representatives from the Portuguese and other European government as well as different inter-governmental agencies discussed priorities for migrants' health in Europe.

The AMAC project, which counts with the support of the Office of the Portuguese High Commissioner for Health and the Portuguese Ministry of Health, has promoted multi-stakeholder dialogue on health inequities related to migration as well as on key health determinants for migrant populations residing in Europe. The legislation, the policy framework, research and data collection, capacity building and child and maternal health were some of the topics addressed.

Laura Thompson, Director General of IOM, opened the conference and highlighted the main barriers for migrants's access and accessibility to healthcare including language and irregular status. Ms Thompson stated that a sustainable strategy for the integration of migrants in national health systems continues to be necessary.

The report on infectious diseases and migration produced this year by the European Centre for Disease Prevention and Control (ECDC) was presented as an essential tool to inform policy makers about the extent of the relation between migration and mobility and the spread of the HIV epidemic. Although the situation has

improved with regard to transmission of infectious diseases in Western Europe, access to care is still far from universal, immigrants are often from countries where prevention strategies are inadequate and where the risk of transmission is high, which makes the country of origin, in itself, an aspect of vulnerability towards HIV transmission. The representative of DG Health and Consumers of the European Commission, Philippe Roux, indicated that infectious diseases are addressed in the Health Programme of the European Commission, which started in 2008.

Research and data collection as part of the strategy

Research and data collection are essential to influence policy makers and to stimulate debate at policy level. In this context, Matthias Wienold, programme director of AIDS & Mobility, presented the MiMi-model and explained how AIDS & Mobility data can shape HIV prevention policies for migrants. AIDS & Mobility will receive feedback from the organisations involved in the project and is now applying a number of questionnaires that address different aspects of HIV prevention, assessing the situation in the six selected sites. The main objective is to be able to identify structural and contextual aspects of establishing best practice models in HIV prevention at a European level. Furthermore, data with respect to the individual level of knowledge, attitude and behavior in target populations will be produced.



Training of health care practitioners - transversal training standards at European level

In addition to the need of effective strategies for research and data collection the Lisbon Consultation participants agreed it will be essential to create a healthcare workforce for diverse societies in Europe. This can be achieved through the establishment of training standards at European level, which would be adapted to the reality of each country. The quality of formal and continuous education for health professionals as well as the importance of mediators in hospitals and health centres were presented as essential steps to ensure effective communication between migrants and health care providers. (Ana Lucía Cardoso, European AIDS Treatment Group)

Mobility, Sexuality and Health

A book is a good start to learn more about the different facets of human behaviour without having to travel or do your own research. Migration and mobility newly prove to be such diverse topics that one individual traveller or researcher may be unable to grasp them.

Population mobility has intensified and become even more diverse, raising important questions concerning the health and well-being of people who are mobile as well as communities of origin and destination. Mary Haour-Knipe (mentioned here for her role in a&m as a senior member) and co-authors have brought us a

new book that aims to cover this diversity by homing in on the connections between sexuality and health. This is a timely publication that aims to respond to the concern about possible links between mobility and HIV.

The book entitled “Mobility, Sexuality and Health” challenges common assumptions about mobility, HIV and AIDS. The various chapters discuss the factors that contribute to the vulnerability of different mobile groups but also examine the ways in which agency, resilience and adaptation shape lived experience and help people protect themselves throughout the mobility process.

Looking at diverse forms of migration and mobility – covering flight from conflict, poverty and exploitation, through labour migration to ‘sex tourism’ – the book reports on research findings from around the world, including the USA, the UK, sub-Saharan Africa, Australia, Central America and China.

“Mobility, Sexuality and AIDS” recognises the complex relationships between individual circumstances, population mobility and community and state response. It is invaluable reading for policy makers, students and practitioners working in the fields of migration, development studies, anthropology, sociology, geography and public health.

Mobility, Sexuality and AIDS edited by Felicity Thomas, Mary Haour-Knipe, Peter Aggleton (Eds), Routledge, 2010



UNAIDS Epidemic Update

In the latest report on the AIDS pandemic UNAIDS has taken another recount of the losses faced and challenges addressed in the global response to HIV in 2008. The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million [31.1 million–35.8 million]. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. In North America and in Western and Central Europe, national epidemics are concentrated among key populations at higher risk, especially men who have sex with men, injecting drug users and immigrants.

Although migration itself is not seen as a risk factor for HIV: the circumstances in which migration occurs may increase vulnerability to infection. The report highlights the increased risk of women and men in the context of labour related migration (examples are provided from Lesotho, Tanzania and China). The concurrent partnerships of migrant workers (at home and at work, or along the road) are now receiving more attention and calls to address this aspect of potential risk are forthcoming (as in the recent report published by ECDC). While previously the focus was mostly on men (e.g. truck drivers and miners), women travelling for business and labour are now also reported at increased risk of HIV-infection. Modelling

now suggests that migration increases vulnerability to HIV primarily by encouraging increased sexual risk behaviour rather than by connecting areas of high and low risk in Sub-Saharan Africa. In China rural-to-urban migrants report frequent substance use and intoxication and elevated rates of sexually transmitted infections. This has sparked a national targeted prevention campaign. The epidemic update also suggests that in some parts of Asia, such as the India–Nepal border, cross-border migration among sexual and drug-using networks appears to be contributing to a two-way flow of HIV. Migrants are often excluded from basic health services in the settings to which they have migrated and are significantly more likely than non-migrants to delay seeking medical treatment for infectious diseases.

Cross-border migration between Mexico and the USA has become a focus of research. While HIV prevalence and risk taking are increased (e.g. male injecting drug users in Tijuana who had been deported from the USA were more than four times more likely to be living with HIV; than male injecting non-deportees). However, there also signs that preventive behaviour is up and a larger proportion of migrants have been using condoms and have been getting tested than those staying home for labour.

The document is available online at http://data.unaids.org/pub/Report/2009/2009_epidemic_update_en.pdf

