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

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a&m Mediator Training

Transcultural mediator training has now been conducted at all six project sites in Istanbul, Tallinn, Rome, Copenhagen, London and Hanover. We have come very close to our target of training 120 transcultural mediators: a total of 117 are now planning and implementing community education sessions on HIV/AIDS.

At the time of writing, 76 sessions had taken place and reached 963 participants - well done to all the mediators for this encouraging result!

We hope you enjoy this newsletter and find it useful in your work. Please send suggestions and feedback to news@aidsmobility.org

Your a&m team

Transcultural Health Mediator Training in London

Naz Project London (NPL) is implementing the aids&mobility project in London. Documented evidence indicates that the health of migrant populations in the UK is generally poor. Access to and uptake of health care services are relatively low compared to other population groups. This is partly attributed to migrant communities not understanding how the National Health Service (NHS) works. There are differences between migrant home country health care systems and that of Britain.



Enabling these populations to better understand how the NHS works may help to improve access and uptake of health care services with better health outcomes for these communities. The challenges of such an educational and training intervention include language, religious and social-cultural barriers.

NPL has experience and expertise in mobilizing Black and Minority Ethnic communities, including migrants, and fostering self-reliance. NPL has recruited seven female and nine male participants from seven home countries for this pilot Transcultural Health Mediator Training. Topics covered include HIV and AIDS, hepatitis, family planning, available support systems and services, harm reduction and living with HIV and AIDS. After completion, the mediators will work within their



communities in London to raise awareness of these topics as well as how to better access the NHS and related services.

We intend that the training will help to increase the uptake of and access to health care services by migrant communities. We will let you know how we progress.

a&m Policy Summit

HIV/AIDS is back in European health policy and programmatic agendas: it remains a very important risk in European societies, especially among youth. The aids&mobility 2007-2010 (a&m) project, active in various European countries, conducts an effective migrant mediator programme, creating opportunities for networking, dissemination and sustainability around it. The project is coordinated by the Germany-based Ethno-Medical Centre (EMZ) and partnered at the European level by the European AIDS Treatment Group, the Italian National Institute for Health, Migration and Poverty (NIHMP) and the International Organization for Migration (IOM).

IOM organizes a policy summit as the main networking and dissemination event at the policy level of the a&m project. It will take place at the European Parliament in Brussels in the afternoon of 30th November 2010, marking World AIDS Day, December 1st. It will present the HIV and migration context in Europe, which is in urgent need of action, and will mobilize a variety of stakeholders and policy makers, notably MEPs from different political groups. It will also establish linkages with other European HIV- and/or migration-related processes to enhance support for health promotion and HIV prevention strategies among migrant populations.

More concretely, the summit will highlight the mediator model practiced by the Ethno-Medical Centre (EMZ) for 20 years and now successfully applied by the a&m project. The

model, aiming to enhance health knowledge within, but also to empower migrant communities, has proven very effective and can be considered good practice. The policy summit will present the project's achievements and, most importantly, evidence the mediator model's effectiveness, suggesting applicability in other areas of health promotion and beyond. The ultimate goal of the summit is to influence European and national policies and practices in the area of HIV prevention and health promotion vis-à-vis migrant populations. A set of recommendations emerging from project implementation will be presented for discussion and endorsement during a multi-stakeholder working session. The key message will be the empowerment and inclusion of migrants.

To pre - register your interest in attending the Policy Summit on 30 November 2010 at the European Parliament in Brussels, please send an email to mrfbrusselsmigrationhealthunit@iom.int with your contact and organizational details. Please indicate clearly whether you intend to come to the Summit, and what your areas of interest are. By pre-registering you agree to become part of a group email list to receive updates and further information on the Policy Summit.

Quality Assurance (QA) and Quality Improvement (QI) in HIV Prevention

In late April 2010, a&m project coordinator EMZ (Ethno-Medical Centre Germany) participated in the second core group workshop on this topic with a range of experts, convened by WHO Europe, AIDS Action Europe and the German Federal Centre for Health Education (BZgA). This group aims to introduce and promote suitable QA and QI approaches for HIV prevention programs and projects across Europe.



QA and QI are routinely used by industry, including clinical health services, to ensure that their 'products' are 'fit for purpose' and produced with consistently high quality. The concepts work very well for mass-produced or standardised products and services, including medical procedures and routine health services. They are more difficult to apply to social and health promotion work because of the many individual, cultural, social and environmental factors that influence success and effectiveness. However, there are approaches, models and tools to assess, improve and document the evidence base of these interventions and how well they are implemented. They are designed to fit the resource-limited settings of community-based organisations and support principles of empowerment and participation. QA and QI documentation is not only important for policy and funding, but also for project managers to learn about the effectiveness of and improvement options for their work.

Next steps for the core group include a satellite symposium associated with the International AIDS Conference in Vienna in July, where HIV prevention experts will be invited to share their experience and learning in QA and QI. The group will then reconvene in October to learn about further QA/QI approaches and to document the aims, objectives, strategies and actions for its future work.

This way the group applies an important component of QA – logical and evidence-based strategic and action planning - to itself. Look for updates and links through the a&m newsletter and website.

Trade agreement between India and EU a risk for access to generic drugs

In this agreement, the EU Commission wants to include strict regulations, for example to extend the length of IP (Intellectual Property) protection beyond the current 20 years.

Between 2008 and 2009, 18 consignments of generic drugs from India to developing countries were intercepted and grounded in Europe.

Médécins Sans Frontières activist Michelle Childs declared: 'millions of lives depend on these agreements; as a matter of fact 80% of the drugs used in humanitarian aid by MSF are arriving from India'.

On 1st January 2005, the transitional period for India's patents on medicines under the TRIPS Agreement ended, and the country had to change its law to make pharmaceutical products patentable.

As India's prosperous generic industry is one of the world's biggest sources of affordable medicines, the new law threatened to devastate access to medicines, not just for India, but for the entire developing world. India used its right to shape a patent law according to its sovereign interests, and the new India Patents Act takes a pro-public health stance on many issues:

- Indian generic companies can continue to produce drugs already marketed when the new law came in, even if a patent were subsequently awarded to another company
- anyone can challenge a patent application before it is granted ('pre-grant opposition')
- It restricts what can be patented to avoid patent holders continuously extending monopolies by filing for new patents once an initial patent expires ('ever-greening'). This last point was first tested in a landmark lawsuit brought by the Swiss pharmaceutical company Novartis against the India Patent Act in 2006.

This means that the supply of generic drugs from India, which millions of patients rely on for their survival, may not dry up overnight. If the law is applied correctly, affordable generics will continue to be made in India – for all but entirely new compounds. Supporting the Indian law is therefore



essential. Other developing countries can learn from India's experience and approach their patent laws with public health needs in mind.

However, patents will be granted for entirely new medicines and Indian manufacturers will not be free to develop more affordable versions. These are likely to be sold by the patent-holding pharmaceutical companies only, and priced out of the reach of most. This will have a major impact across the developing world, as people develop drug resistance and need to be switched to newer drugs.

Access to medicines in the developing world will depend on the use of compulsory licences by governments in order to allow for generic production and price competition.

China lifts travel ban for people with HIV

On April 28th 2010, the [People's Republic of China](#) lifted a ban limiting the right to travel for people with HIV/AIDS. The published statement refers to the limited effectiveness of the measure and to its negative impact on the country 'when hosting various international activities'. The State Council of the Central People's Government removed the restrictions in the 'Border Quarantine Law' and the 'Law on Control of the Entry and Exit of Aliens'. The move was supported by both health officials and people living with HIV in China. The [International AIDS Society](#) also welcomed the move. Julio Montaner, President of the IAS, called it an end to 'the fear and bigotry that drove this policy for so many years.'

The Global Database on HIV-specific travel and entry restrictions [\[www.hivtravel.org\]](http://www.hivtravel.org) now lists the following countries as continuing to bar entry for people with HIV: Brunei, Equatorial Guinea, Korea (South), Papua

New Guinea, Qatar, Russia, Singapore, Sudan, the United Arab Emirates (UAE) and Yemen.

Remembering an important activist

When [Hans Paul Verhoef](#) wanted to enter the United States of America on April 2nd 1989, he was detained by U.S. Officials for posing a serious threat to the public health in the US. Through his public protest he became the first person with AIDS to draw international attention to this human rights issue. Hans Paul Verhoef was a leading Dutch homosexual rights activist turned AIDS educator. He won support with his lively, sparkling blue eyes, and with his charming and outgoing personality. His positive attitude to life and his unwillingness to accept defeat is expressed in his slogan 'Vrolijk Vorwaarts!' (= 'Cheerfully Ahead') - which he created while in the Dutch homosexual rights movement. Hans Paul Verhoef died twenty years ago, aged 33, in Rotterdam (The Netherlands) on July 23rd 1990.

Contact us

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:

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