



November 2010

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Dear partners, friends and supporters of aids&mobility europe!

With transcultural mediator training completed in all six project sites and thousands of young people reached in community sessions, this issue will give you a taste of the first preliminary results from the analysis of evaluation data collected during the training courses. You can also find a report on the project's 5th capacity building meeting in Hannover in September 2010, news from the recent Civil Society Forum on HIV in Luxembourg and summaries of recently released reports as well as more information about Dynka Amorim, the

winner of a&m's Young Social Entrepreneur of the Year award 2010.

Who are the a&m transcultural mediators?

As reported earlier, a&m has trained 116 transcultural mediators in its six project sites. All generously provided information about themselves and gave feedback on the training through questionnaires filled in before and after the sessions. The National Institute for Health, Migration and Poverty (NIHMP) in Rome, the a&m associated partner conducting the evaluation, is analysing the data. We will publish some of their findings about this diverse group of young, certified mediators who are now conducting the community education sessions on HIV prevention in future newsletters.

It has emerged already that the mediators come from a great number of different nationalities, cultural and language backgrounds and that most of them are between 15 and 30 years old. This is not surprising, but pleasing all the same because it means that two of the most obvious characteristics required for transcultural mediators targeting young people were met! There are almost equal numbers of men and women in this overall group, and it is great to see that transgender people are also represented. Not surprisingly for the age group, most are single, some a partnered or married, but most are not (yet) parents. When we asked them about their motivation, many indicated that they participated in the training to be better informed about the topics offered on HIV and AIDS and related subjects, because they believe that information and education can assist



in HIV prevention and because they want to contribute to informing others. After the training, most indicated that they were satisfied, that their expectations were met to a large degree and that they had learned a lot of new information. These first indications of results relate to the whole group of mediators trained in all the six sites, and of course there are differences between countries that reflect how partner organisations have adapted the program and recruited their training participants. Further analysis will add depth to the overview presented here.



12th meeting of the HIV/AIDS Civil Society Forum¹

The HIV/AIDS Civil Society Forum (CSF), established by the European Commission, includes NGOs and those representing people living with HIV/AIDS in policy development and implementation, and in information exchange activities. It last met in Luxembourg on 26-27 October 2010 and included the following topics:

The need to scale up political leadership in HIV/AIDS was one of the main findings

¹ Adapted with permission from www.aidsactioneurope.org

of the [2010 progress report on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia](#) presented by the European Centre of Disease Prevention and Control (ECDC). The CSF reiterated its call to the Belgian EU Presidency and the Council to endorse the

COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009.

The forum was of the view that such an official endorsement would demonstrate the high-level political commitment of the European Member States, and that of neighbouring countries, to tackle HIV and AIDS in Europe.



The CSF position statement on EU drug policies is developed in the context of the upcoming EU Drugs Action Plan and the evaluation of the EU Drugs Strategy. It calls upon the European Commission to support evidence-based policies, ensure respect for human rights, develop an impact evaluation of EU policies for the



next drugs strategy and lead the debate for and against legal regulation. On the basis of discussions at the Luxembourg meeting, the CSF will develop a final version of the statement for endorsement by its members.

The International Labour Organisation (ILO) [recommendation](#) on HIV and the world of work is part of international law, and at the same time represents the first international labour standard on HIV and AIDS. The CSF will support the ILO's actions when transmitting the recommendation to the parliaments and governments who have to determine how to make national legislation conform to the recommendation.

The Civil Society Forum meeting also included some work in small groups to discuss the implementation of the EU Action Plan on HIV and AIDS as well as to provide input into the framework that was developed to monitor and evaluate its implementation. The CSF welcomed European Commission plans for action on HIV and AIDS in 2011 and also emphasised the importance of the Commission advocating for continued investment in HIV prevention, treatment and care across the European region during this time of financial crisis.

Other topics discussed include:

- Sexual and reproductive rights of PLHIV
- Collaboration between TB and HIV advocates at the European level
- HIV challenges in Russia
- HIV in prisons
- Risk reduction among drug users in Spain

The European Commission is planning to issue a call for renewal of (about half of) the Civil Society Forum membership at the end of the year. To keep track of the CSF and to access the full meeting report and all presentations, go to www.aidsactioneurope.org

5th a&m Capacity Building Meeting

In September, the eight a&m associated project partners met in Hanover for their 5th capacity building meeting. Over the first three meetings, partners had been familiarising themselves with the particularities of the transcultural mediator approach developed by the Ethno-Medical Centre. At those first four meetings, they spent time adapting the training curriculum, materials and evaluation questionnaires for use in the six diverse project sites from Tallinn to Istanbul.

This 5th meeting was held after all sites had completed training their transcultural mediators and organised at least some community education sessions. The meeting therefore offered a different opportunity: Firstly, to share the diverse experiences gathered during mediator recruitment and training as well as community education sessions. Secondly, to consolidate the efforts of the overarching work packages evaluation, dissemination, networking and policy development. These include work preparing the 'With Migrants for Migrants: Improving HIV Prevention for all' policy event in the European Parliament, the final versions of the Master Toolkit, the process and impact evaluation and the expansion of the



network of partners and other interested parties. The third important focus of the meeting was sustainability for the project, a topic members will concentrate on even more over the next period.

It became very clear during the meeting that working with such a diverse range of migrant and ethnic communities, each influenced by their history of mobility, their culture as well as the political and social systems of their host countries, requires a great deal of flexible thinking and adaptability. The implementation in each site is also influenced by the host organisation – the project will look different in a CBO than in the more clinical setting of a public health service. The well-developed formal procedures of the chosen model were applied quite systematically and worked very well in Tallinn, Hanover and Rome. On the other hand, partners and the transcultural mediators they recruited in Copenhagen, London and Istanbul responded to the more unexpected requirements of their target groups with a great deal of flexibility and creativity: They re-arranged training schedules around holidays and working hours, provided food where necessary, added extra training sessions and introduced coaching. Some mediators even travelled to other cities to meet groups of their constituents, mixed and matched cultural and language groups for their community sessions and made use of existing gatherings and festivities.

We collated and documented a lot of the learning gained by partners in implementation during this capacity building meeting. For example, delays between recruitment, training and starting

community sessions can diminish the motivation and commitment of mediators considerably, and the extent to which they can reach their target groups depends a lot on the size and history of their migrant and ethnic communities.

The policy and networking packages of the project have done a lot of work in the background and are entering their most active phase now, in the third year: Experiences gained by using the a&m guide book, slide kit and evaluation questionnaires will flow into the final versions of these documents making up the project's main legacy, the 'Master Toolkit'. This component of the project has its own advisory board who will consider changes and adaptations to make it as comprehensive and practical as possible for organisations and groups in different settings who would like to use the transcultural mediator approach in their HIV prevention work with migrant and mobile populations.

To raise awareness of the needs of migrants and mobile populations in relation to HIV in Europe, and to publicise and explain its particular approach, the a&m 'With Migrants for Migrants. Improving HIV Prevention for All' event in the European Parliament on 30 November 2010 will present background, successes and recommendations to this important audience.

Meanwhile the process and impact evaluation for the project are in full swing, and some preliminary results are included in this newsletter.

To ensure that all interested parties continue to receive the most relevant



information about the progress and learning of the project, meeting participants decided to approach all our collaborating partners with a short questionnaire.

With a lot of the hard work done and much experience gained, partners at the meeting had lots to discuss and exchange and committed to further developing a&m europe by documenting and passing on their most valuable insights.

Dublin Progress Report includes 'Migrants'

The European Centre for Disease Prevention and Control (ECDC) in Stockholm has issued its Progress Report on the implementation of the *2004 Dublin Declaration on the Partnership to fight HIV/AIDS in Europe and Central Asia*

(http://www.ecdc.europa.eu/en/publications/Publications/1009_SPR_Dublin_declaration_progress_report.pdf). The report is based on data from 49 countries and reflects the contributions of a wide range of individuals and organisations. For the first time the report also provides specific information related to migrants.

However, interpreting HIV data about migrant populations is still challenging because definitions of the term 'migrant' are not the same in all countries. It may be taken to mean populations of foreigners or foreign citizens, including those with permanent or long-term residence and those with work/study permits. In some cases, countries refer to people 'originating' from other countries. In the case of some EU Member States,

for example Greece, nationals of other Member States are excluded from the category of migrants. In some countries, for example Ukraine, people without citizenship were identified. In others it is immigrants, first or second generation, who may have come to the host country for a variety of reasons, including work or study. Although countries in Western Europe are mainly focused on migrants coming into a country, others, such as Croatia and Moldova, are more focused on their own citizens emigrating. 'Migrants' may also include mobile populations including truck drivers, merchant navy sailors, migrant workers and soldiers on international peacekeeping missions. Or, like the Russian-speaking population in Estonia and the Roma population in Serbia and other countries, they may be ethnic minorities.

The report finds that HIV especially affects migrants from countries with generalised HIV epidemics. Although some countries are concerned about other groups of migrants, ECDC finds little convincing evidence that these groups are disproportionately affected by HIV, independent of other risk behaviours such as injecting drug use:

'A number of countries, such as the Czech Republic, Estonia and the United Kingdom reported that a particular ethnic group and/or group of migrants were disproportionately affected by HIV, but this is more likely to reflect injecting drug use than ethnicity or migration per se.'

However, the report also states that *'relatively few countries have robust, quantitative data available, apart from*



figures derived from HIV and AIDS case reporting. For example, only six countries reported data on rates of HIV testing among migrants. Of these, only three (France, the Netherlands and the United Kingdom) reported rates of HIV testing among migrants from countries with generalised HIV epidemics. Eight countries reported quantitative data related to the access of migrants to ART. Only four countries reported data on the HIV-related knowledge and behaviour of migrant populations.'

ECDC confirms that many countries experience particular issues relating to undocumented migrants' access to essential services, such as antiretroviral therapy (ART). With this in mind, interventions for prevention, treatment and care must be adapted to reach migrant populations. It is promising to read that the countries of Europe and central Asia included in the report regard migrants as an important sub-population in their national response to HIV.

More than half these countries also reported laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations. The populations most commonly affected by these obstacles are IDU, prisoners and migrants.

In addition, ECDC analysed country reports about ongoing programs and activities. The Centre identifies a need for EU/EFTA countries to develop and expand programs for migrants from countries with generalised HIV epidemics and to develop ways of monitoring

whether these programs are being delivered at a sufficient scale. In addition, there is a clear need to ensure that programs focused on other key populations, for example sex workers, MSM and IDU, provide equitable access to services, including to those born in other countries or having a particular nationality or ethnicity, regardless of legal status. In some contexts ECDC recommends expending additional resources for specific services targeting migrants within these key populations to ensure equitable access.

In essence, ECDC reports on the status of 'migrants' in relation to HIV based on data and activities until the end of 2008. Future ECDC reports will hopefully be able to build on this and report more comprehensively on projects and activities.

a&m Young Social Entrepreneur of the Year: Dynka Amorim – Solidarity & Health

Dynka Amorim is a 26 year-old student of Political Science and International Relations at Nova University (Lisbon, Portugal) and he received the a&m network's Young Social Entrepreneur of the Year award for 2010. He is originally from São Tomé and Príncipe, a small island state in the Gulf of Guinea off the West African coast. He came to Portugal looking not only to progress in the formal education system, but also to further develop the community health interventions that he had started in his home country.



'Dynka Amorim's commitment to migrants from African countries is outstanding. He raises awareness of HIV and health in a very powerful mix. Since stepping up to be a project leader he has organized education for and built solidarity within his community'

explains Ramazan Salman, Executive Managing Director of the EMZ: 'Other young people will find him an inspiring model for getting organised for change and empowerment.'

Dynka is the coordinator of the informal group 'Bué Fixe' ('very cool') and edits the digital Youth Magazine of the same name for young Africans living in Portugal (grupobuefixe.blogspot.com). He is also an active member of the NGO 'Citizens of the World', which promotes access to adequate health information and services for African Migrants living in Portugal, with a particular focus on STI and HIV/AIDS prevention, treatment and care.

Meanwhile this proactive young activist contributes as a volunteer with the NGO 'AJPAS' in a vulnerable community of migrants living in Portugal. There he works with children, promoting personal hygiene for health as well as discussing sexual and reproductive health with young migrants. As a co-host of a radio program for young migrants from Portuguese-speaking countries in Africa he focuses on environmental issues. He also promotes human rights, youth participation and the civil and economic rights of young migrants.

If you want to learn more about Dynka Amorim's activities – check out the features on MTV and Staying Alive

Foundation online (<http://foundation.staying-alive.org/en/stories/portugal>).

If you know someone who you think should become the a&m Young Social Entrepreneur in 2011, please contact us at ethno@onlinehome.de

Prison Staff and Harm Reduction: New training materials available

The Scientific Institute of the Medical Association of German Doctors has published a new training manual titled '[Prison staff and harm reduction](#)', launched at the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on 5th November 2010.

This publication is the main output of the EU-funded project '[Training Criminal Justice Professionals' \(TCJP\) in Harm Reduction Services for Vulnerable Groups](#)', which aims to develop and improve training for professionals in the criminal justice system who work with people who use drugs.

The training manual is available in English as a free download from the project webpage (www.tcjp.eu), and also on CD ROM (please contact the Institute to order copies). By December, translations will be available in Bulgarian, German, Latvian and Romanian.



New EMCDDA annual report 2010: the state of the drugs problem in Europe²

This report is a yearly overview of drug use produced by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It is published in autumn and includes important trends based on non-confidential data to inform practitioners, specialists and policy makers in the field.

Because of the public health issues associated with drug use, including HIV and hepatitis, trends in the drugs and administration routes used are important in guiding prevention as well as treatment, care and support measures. As trends vary from region to region and country to country, the report is an important tool for those planning and implementing projects.

This edition of the report identifies a continuing downward trend in injecting in 13 countries, based on heroin users' reports when entering treatment services. However, injecting opioids is still the most

common route of administration in Eastern Europe, with high levels of use and the resulting rates of HIV infection and drug-related deaths, especially in Russia and Ukraine. While efforts to prevent the public health consequences of drug use, including infectious disease, are part of the policy response in most EU countries, EMCDDA Chairman João Goulão reminds readers that such efforts are under threat by the size of the problem in the neighbour states and must therefore continue.

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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Contact us by phone on:

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² Editorial team. The EMCDDA annual report 2010: the state of the drugs problem in Europe. Euro Surveill. 2010;15(46):pii=19714. Available online: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19714>

Date of submission: 17 November 2010 and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). 2010 Annual report on the state of the drugs problem in Europe. Lisbon; 2010. Available from:

<http://www.emcdda.europa.eu/publications/annual-report/2010>



Executive
Agency for
Health and
Consumers

Co-funded by the European Union under the Programme of Community Action in the Field of Public Health 2003-2008/ Executive Agency for Health and Consumers.

Co-funded by the Portuguese High Commissioner for Health.