

**Migration and HIV/AIDS in  
Europe - Recent developments  
and needs for future action**

# AIDS & Mobility: Looking to the Future

**Report commissioned by the European  
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## Foreword

The European Project AIDS & Mobility (A&M), which is based at the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), is committed to supporting non-governmental and governmental organisations in their efforts to provide migrants, ethnic minorities and other mobile populations with appropriate HIV/AIDS policies and interventions. One of the main tasks of A&M is to stimulate the exchange of expertise and experiences, either through direct contact at workshops, seminars and other meetings; or through the distribution of publications.

A&M has been operating for almost 10 years now. During this time considerable changes have taken place with respect to HIV and migration in Europe: the populations involved have changed, new issues have arisen, the epidemiology is different than in the early nineties and various responses in the way of policies and interventions have taken place. At the same time, A&M has strived to respond to the changing needs of migrant populations in Europe. The project has carried out a broad variety of activities and realised numerous publications. After ten years, the A&M network of National Focal Points in Europe considered it useful to analyse the changes that have taken place over the years. Therefore in the working plan of A&M for 2000-2001, a small-scale research project was included to assess the state of affairs and to formulate recommendations for those involved in the issue of migration and HIV/AIDS.

The research project had to be carried out in a very short period of time and with limited resources. It is therefore particularly satisfying to see the richness of the results that are compiled in this report. The issue of migration and HIV/AIDS in Europe is highlighted from a variety of angles: from the epidemiological point of view, from the perspective of people who know of, or are involved in, A&M and from the position of the funders and other key stakeholders. In addition, the report gives some clear recommendations regarding future priorities and how these need to be addressed. This document is therefore very valuable for the development of the A&M in the coming years.

I would like to take the opportunity to express gratitude to a variety of institutions and individuals that have contributed to the success of the research project. I would like to thank the Academic Department of GU Medicine, Guy's, King's and St Thomas' Medical School, which co-funded the project, hosted various meetings and co-ordinated the research. In particular, I would like to mention Dr Jo Erwin and Ms Kimberly Gray who were in charge of the overall co-ordination and carried out an extensive survey amongst the A&M network. I would also like to acknowledge the work of Dr Julia del Amo of the Spanish National Plan on AIDS who made a comprehensive literature and epidemiological review and interviewed key stakeholders of the project and Ms Susana del Amo who assisted in the review of A&M publications and activities. Thanks go also to Dr Kevin Fenton, Department of Sexually Transmitted Diseases, Royal Free and University College Medical School, for his invaluable advice in organising the framework of the project and for co-ordinating the focus group discussion. Last but not least, I would like to thank the numerous respondents – those who have filled in the questionnaires, agreed to be interviewed and contributed to the focus group discussion. Without their willingness to share their experiences, knowledge and views, this research could not have been realised.

The budget for this project was provided by the European Commission (DG SANCO G), the Netherlands Aids Fonds (project number 6040) and the Academic Department of GU Medicine, Guy's, King's and St Thomas' Medical School, and I would like to express my gratitude for their support.

Woerden, September 2001  
Georg Bröring, Project Co-ordinator  
European Project AIDS & Mobility

## INTRODUCTION TO A&M

A&M was set up in 1990 “to encourage and, wherever necessary, to improve the HIV/AIDS prevention activities aimed at people who travel internationally, or who reside in a culturally and linguistically ‘alien’ environment”, and “furthering the development of accurate and appropriate health information and educational instruments” (Hendriks 1991).

The project was created at the request of the World Health Organization (WHO)/GPA (Global Programme on AIDS) and after a probationary phase in 1991, was implemented in 1992. This initiative arose from a realisation that many of the health promotion and HIV prevention activities directed towards mobile groups of people (including both travellers and migrants) were insufficiently covered by the national AIDS plans in Europe, and that international mobility was an increasingly important issue in the European context. Since national borders do not stop the spread of diseases such as HIV, the international exchange of health promotion and disease prevention experiences could improve the expertise of health professionals. This rationale was summarised in the first document produced by A&M, ‘The impact of international mobility on the spread of HIV and the need and possibility for HIV/AIDS prevention programmes’ (Hendriks 1991).

Activities for the initial period from 1990-94 were directed towards two distinct target groups; travellers and migrants. Travellers were defined as “persons who engage in international movement not having the purpose to exercise a remunerated activity in the country visited and staying for a period of one year or less”. Migrants were defined as “persons who come into a country other than in which he/she used to have residence, with the main purpose of engaging in a remunerated activity and/or stay at least for the medium term” (Hendriks 1991).

However, these groups were not always easily differentiated and groups such as mobile sex workers, foreign drug users and asylum seekers could not be adequately ascribed to any group and were sometimes classified as travellers. By 1994, the word ‘traveller’ had virtually disappeared from A&M documents and the organisation became progressively focussed on migrants and ethnic minorities.

Gradually through the nineties, A&M began to expand its activities beyond the scope of HIV/AIDS prevention and by 1998, the objectives had been rephrased as “to highlight and respond to the specific needs of migrants and ethnic minority communities and other mobile populations with regard to AIDS education and care programmes”, as well as “to facilitate and encourage collaboration and exchange among non-governmental, community-based and governmental organisations” (A&M Working Plan 1998). A&M began to address new and emerging issues such as access to HIV/AIDS treatment, policy development and advocacy.

The A&M project is a ‘hub and spoke’ design with a relatively small nucleus. It is managerially accountable to the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), which provides overall project management and financial administration. A steering committee of approximately 10 members oversees the running of A&M with members representing a diverse range of interests from

a variety of EU member states. The committee meets on an ad hoc basis approximately once a year.

A&M has brought together a network of 15 National Focal Points (NFPs) from all European member states (except for Luxembourg). These are named collaborators who have a formal contract with the A&M co-ordinating body (NIGZ) and liaise with a larger network of local organisations interested in, or working with, issues around HIV/AIDS and mobility/migration. A&M also reaches a wider informal network which consists of approximately 1000 agencies and persons who are registered on the A&M mailing list.

### 2.1 Background

The European Project AIDS & Mobility (A&M) was established in 1991. Since then, it has made substantial contributions to developing programmes and policies relevant to those infected with, and affected by, HIV/AIDS, particularly as they relate to disease transmission and prevention among migrant communities originating from both within and outside of Europe. A&M has always made the distinction between migrants (people moving from/relocating) and travellers (tourism, business travel, holidays) in their programmes. Over time, the organisation's focus has gradually shifted towards the former, with particular focus on marginalised migrant communities living in Europe. After a decade of network activity and in the context of a new European Public Health Programme, there is now a need to evaluate the current situation in relation to migration and HIV/AIDS in Europe and A&M's role in this ever-changing field.

HIV/AIDS has always been a dynamic field. This is particularly true of the situation in Europe in the past decade, where a number of major changes have taken place. The fluidity of the environment in which A&M works precludes an evaluation of A&M outputs as measured against some gold standard or fixed criteria. More appropriate, it is an evaluation of process. It is on this basis that the research project was carried out.

### 2.2 Aims and objectives

The main aims of the project were to investigate the situation with respect to mobility/migration and HIV in Europe and evaluate the current structure and functioning of A&M in order to determine the future organisational challenges. The four main objectives were to:

1. review the major developments concerning AIDS and mobility across Europe over the past 10 years
2. evaluate the effectiveness of A&M's outputs in relation to these developments
3. determine whether the current structure of A&M is working for the key stakeholders
4. develop recommendations regarding appropriate responses to migration and HIV/AIDS at local and EU level.

In order to evaluate the role of A&M, it was necessary to identify inter-linking themes to guide the research. These included the changing social, political and epidemiological contexts in which A&M is currently placed; the penetration, impact and effectiveness of A&M's projects and outputs; external relationships with other key players in the field; expectations within and outside of the organisation; future funding and frameworks; the feasibility of the current structure; and organisational skills needed to meet future needs.

## 2.3 Methodology

The research project was comprised of six components:

### 1. Review of HIV/AIDS epidemiology and context

This part of the research aimed to review HIV/AIDS surveillance in migrants and ethnic minorities in Europe and to describe the social and epidemiological context of HIV/AIDS and mobility/migration in Europe. A review of published literature was undertaken through Medline searches. Other information collated was obtained from national surveillance websites, bulletins and non-indexed relevant publications and through consultation with experts on HIV/AIDS surveillance on the collection and reporting of ethnicity data in central EU and partner countries.

### 2. Review structure, process and outcomes of A&M's activities

This review aimed to describe and review the structure, process and outputs of A&M. This involved interviews with key workers in A&M and a review of organisational documents including internal and external documents, funding proposals, annual reports, working plans, steering committee reports and NFP meeting reports. A systematic review of A&M's outputs was also conducted using predetermined assessment criteria for publications and activities.

### 3. Questionnaire survey of National Focal Points and other organisations

The survey was conducted in order to determine among A&M's National Focal Points (NFPs) and other organisations in the field, the current needs and future priorities relating to HIV/AIDS and mobility at the national and EU level and the role of A&M in meeting these priorities. NFPs from all member states and other related organisations were invited to participate. Two questionnaires were developed, one for NFPs and another for related organisations, by the research team with input from Georg Bröring (A&M project co-ordinator). The questionnaires were distributed by fax, post and email to all 15 NFPs and to 160 other organisations. The latter were selected as follows: NFPs were asked to provide contact details for 5 local organisations in their country working with HIV/AIDS and/or migrant issues – a total of 40 contacts were received from the NFPs. 100 organisations from the A&M mailing database were randomly selected and invited to participate. In addition, 20 organisations related to ethnic minorities or migration were selected from the European AIDS Directory (NAM 2000). A total of 40 completed questionnaires were received (12 NFPs and 28 other organisations).

### 4. Semi-structured interviews with key stakeholders

Semi-structured interviews were held with four key stakeholders and others considered to be knowledgeable concerning the past and current performance of A&M and able to assist with determining priorities for future interventions. The persons interviewed were Mr Gerard Molleman, manager cluster local health promotion

and supervisor of A&M within NIGZ, Woerden; Mr Cor Blom, staff member of the Netherlands Aids Fonds and member of the steering committee of A&M, Amsterdam; Ms Mary Haour-Knipe, expert on HIV/AIDS and migration, UNAIDS & IOM, Geneva; and Mr Jader Cané, Directorate General of Health and Consumer Protection at the European Commission, Luxembourg.

#### 5. Focus group discussion and scenario-planning workshop with key stakeholders

A one-day workshop was held in London to explore the current and future challenges to A&M. An abbreviated scenario planning exercise was also undertaken with participants to identify potential challenges with respect to HIV/AIDS and mobility/migration over the next decade (for results see Appendix VI). The participants were Patrick O'Sullivan (Ireland); Petra Narimani (Germany); Liz Kawanza (United Kingdom); Dawn Hill (United Kingdom); Julia del Amo (Spain); and Georg Bröring (the Netherlands). Participants were divided into three small groups and asked to brainstorm among themselves regarding key issues/scenarios and consequences related to migrant populations, AIDS and other health issues over the next 5-10 years. This exercise provided the basis for conceptualising future challenges facing A&M. In the afternoon session, a topic guide was used to systematically cover a range of topics related to A&M's current and future functioning and relationships with NFPs. The discussion was transcribed and key themes were summarised and categorised using a thematic framework.

#### 6. Steering committee meeting

Members of the research team met with the A&M steering committee to discuss the preliminary findings of the project and recommendations for the future development of A&M. Attending the meeting were Patrick O'Sullivan (Ireland); Nicola Schinaia (Italy); Loes Singels (Netherlands); Ruud Mak (Belgium); Kevin Fenton (UK); Julia del Amo (Spain); Nel van Beelen (Netherlands); Georg Bröring (Netherlands); Marja Esveld (Netherlands); and Gerard Molleman (Netherlands). Excused from the meeting were Franz Trautmann (Netherlands); Teun Visser (Netherlands); Jader Cané (Luxemburg); Cor Blom (Netherlands); Demosthenes Agrafiotis (Greece); and Latefa Imane (France).

For the purpose of this research, the activities of A&M between 1991 and 2000 were considered. The working plan for 2001 and beyond could not be taken into account.



**3.1 Epidemiology of HIV and AIDS in migrants and ethnic minorities**

The nature of the AIDS epidemic varies across Europe with larger proportions of HIV-infected intravenous drug users (IDUs) in southern Europe and a larger proportion of men who have sex with men (MSM) in central and northern EU countries. The absolute number of AIDS cases in Europe has decreased drastically since 1996. This is mainly associated with the introduction of HAART (Highly Active Antiretroviral Therapy), although HIV prevention strategies implemented in the previous years may have also contributed to this decrease. Between 1996 and 1999, AIDS incidence in western Europe decreased at an overall annual rate of 28% among MSM, 26% among IDUs but only 13% among persons infected through heterosexual contact. It is not easy to examine if different ethnic groups or nationalities have experienced similar decreases (European Centre for the Epidemiological Monitoring of AIDS 2000) because, although Europe is now considered a multiethnic society, health surveillance systems have not adequately taken into account the diversity of the ethnic backgrounds which occur in the population. However, research in various European countries indicates that ethnic minorities have less access to early treatment schemes and that the prevalence of AIDS increases in these communities (Clarke & Bröring 2000).

In contrast to tuberculosis surveillance, no HIV/AIDS surveillance data on ethnicity have been reported at central European level since 1986 (European Centre for the Epidemiological Monitoring of AIDS 1986, 2000). As of December 2000, although no HIV/AIDS data by nationality had so far been published, it had been noted that HIV rates among heterosexually infected people were rising and that a large proportion of these people originated from a country with a generalised HIV/AIDS epidemic. The countries with highest proportions of heterosexually HIV-infected individuals originating from endemic countries (from 1997 to 2000) are UK (74%), Germany (53%), Greece (47%) and Denmark (44%) (European Centre for the Epidemiological Monitoring of AIDS 2000). In recognition of the importance of these data, in early 2001 the WHO surveillance centre for the European region decided to begin collecting AIDS and HIV data by nationality across Europe.

There is a great debate over the advantages or limitations of publishing HIV/AIDS surveillance data by ethnicity. Arguments against publishing these data raise the prospect of their misuse and misinterpretation with the potential consequences of fuelling xenophobia and further stigmatising migrants and ethnic minorities. Moreover, serious methodological limitations concerning the methodology and classification of data collection may pose problems in relation to interpretation. The argument for publishing HIV/AIDS surveillance data on different ethnic groups centres on the need for greater visibility of health problems among migrants and ethnic minorities in order to identify the specific

needs of these populations (Bhopal et al. 1998, De Cock & Low 1997, Fenton et al. 1997, Jones 2001). It is important to differentiate between etiological research to determine causality, which would need more precise classification and detailed data (Bhopal 1997, Jones 2001, Senior & Bhopal 1994), and surveillance data, which requires information to detect health problems and provide interventions (De Cock & Low 1997, Fenton et al. 1997, Jones 2001).

This text will examine the trends of AIDS in migrants and ethnic minorities as provided by current surveillance systems in EU countries and the methodological limitations for their interpretation both at European and national levels will be discussed.

### Variables collected to characterise migrants and ethnic minorities

As can be seen in Table 1, there is considerable heterogeneity in variables that characterise migrants and ethnic minorities in EU countries. The most common variable used is 'nationality', but various countries collect country of birth, country of origin, race or ethnic group. All of these have inherent limitations. Moreover, there are different criteria across Europe concerning nationality, thus hampering comparison. For instance, people from the same country of origin living in different EU countries may well be classified differently (as a European national or not). Nationality also has the limitation of disregarding the second generations who, although being European nationals, have distinct socio-cultural characteristics. This raises the issue of whether the relevant data should identify migrant communities or established ethnic minorities. This is a crucial point when choosing the most appropriate variable.

**Table 1: Variables collected by AIDS surveillance systems to characterise migrants and ethnic minorities in EU**

Country	Variable recorded
Austria	Nationality
Belgium	Nationality
Denmark	Country of origin
Finland	None
France	Nationality
Germany	Nationality
Greece	Nationality and Place of birth/origin
Ireland	None
Italy	Nationality
Netherlands	Nationality*
Portugal	Race and Nationality
Spain	Country of birth and Country of origin
Sweden	Country of probable infection
UK	Ethnic group and Country of birth**

\* The Netherlands recorded Nationality 3 years ago, though not currently

\*\* Country of birth not available before 2000

In regards to race, this concept is outdated in the field of medicine and health since its biological significance has been undermined in the context of current genetic knowledge. The term 'ethnic group' has therefore been suggested. However, ethnicity is a fluid concept that reflects ancestral and geographical origins, as well as cultural traditions, religion and language (Bhopal 1997, Senior & Bhopal 1994). The classification may be arbitrary and self-ascribed (self-reported) ethnicity can change in the same person over short periods of time (Bhopal et al. 1998, De Cock & Low 1997, Jones 2001). Country of birth/origin has various interpretations and classification may be arbitrary. As with nationality, this does not distinguish between first and second generations and, therefore, does not identify established ethnic minorities (Castilla et al. 2000).

The problems and limitations previously described limit comparability over time at the national level and greatly hamper attempts to compare data from different European countries. However for the purpose of surveillance, it should be possible to reach a compromise between the quality of data and the relevance of information it can provide.

### Trends of AIDS cases in migrants and ethnic minorities in specific EU countries

Most countries have published these data in one form or another, either devoting an entire surveillance report to the topic or incorporating data into the routine surveillance bulletins or websites.

The proportion of AIDS cases in non-white ethnic minorities and migrant communities is very heterogeneous across the EU (Figures 1 and 2). Caution must be taken when estimating incidence and prevalence of HIV/AIDS in these groups. Migrants living with HIV/AIDS tend to be over-represented in the numerator as many AIDS-free migrants are missing from the official statistics used for the denominator. This leads to biased estimates showing a higher inci-

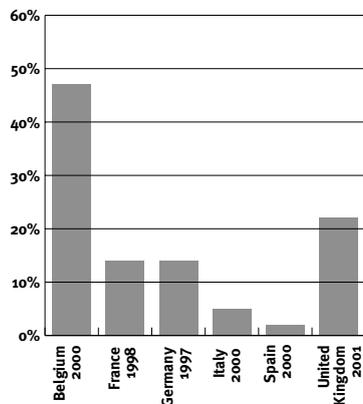


Figure 1: Proportion of total cumulative number of AIDS cases in foreigners, migrants and ethnic minorities

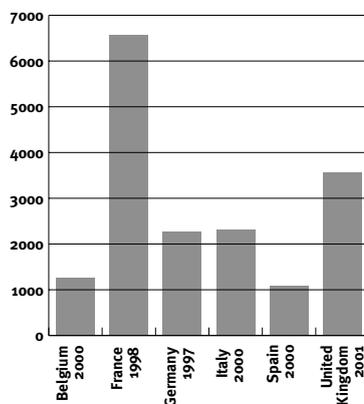


Figure 2: Total cumulative number of AIDS cases in foreigners, migrants and ethnic minorities

dence of HIV/AIDS in these groups.

From 1981 to 2000, Belgium has had 1267 (47%) non-nationals among its AIDS cases. Belgium also differentiates between 'resident' migrants (defined as living in Belgium 5 or more years before AIDS diagnosis) which account for 66% of all AIDS cases, and 'non-resident', which account for 34% of the total number. The proportion of AIDS cases considered to have possibly been contracted outside of Belgium is much higher among non-residents (88%) than among residents (23%). The majority of the non-residents originate from sub-Saharan Africa. Trend analyses show that while a marked reduction of AIDS cases is observed among residents from 1994 onwards, this decrease is not observed among non-residents (Institut Scientifique de la Santé Publique 2001).

By June 1998, France had a large number of non-French nationals living with AIDS (6,571 cases). The proportion of non-French nationals among AIDS cases has increased markedly over the years, from approximately 13% in 1991 to 20% in 1998. Of these 6,571 non-French nationals living with AIDS, 31% were from sub-Saharan Africa, 20% from European countries, 23% from North Africa and 12% were Haitians. Since the introduction of HAART, AIDS cases in France have decreased noticeably, but this decrease has been less among non-French nationals. From 1996 to 1998 there was a 61% drop in the number of AIDS cases among French nationals and a 44% drop among non-French nationals; 32% in persons from sub-Saharan Africa; 42% in those from North Africa and a reduction similar to that of the French in Haitians (59%) and of 70% among Europeans (Savignoni et al. 1999).

By 1997, Germany had 2,250 AIDS cases whose nationality was not German. These represented 13% of the cumulative number of cases and of those, 55% were of European (including Turkish) nationality. Of the remaining 45% (1004) non-European foreign nationals, the breakdown by nationality was 39% African, 26% North American, 18% Asian and 13% Latin American.

In Italy, the number of AIDS cases in people with nationalities other than Italian, reached 2,326 by November 2000 and accounted for 5% of the total number of AIDS cases. This proportion has increased from 3% before 1993 to 11% by the year 2000 of which the most common group (6%) originate from Africa, followed by South America (3%). The absolute number of AIDS cases has experienced a significant drop in Italy from 1995 onwards and a personal communication from the Italian AIDS Surveillance centre confirms that the decrease of AIDS cases has also been less marked among non-Italians (Istituto Superiore de Sanità 2000).

By June 2000, Spain had 1076 (2%) people with AIDS whose country of origin was not Spain but this proportion has been rising and reached 6% by the year 2000. The most common area of origin was Western Europe (27%) followed by Africa (29%) and Latin America (20%). The number of AIDS cases in Spain decreased by 60% since 1994, but this trend has not been observed among certain groups such as persons originating from sub-Saharan Africa and North Africa where the absolute number of cases, though small, is increasing (Castilla et al. 2000).

Sweden no longer records nationality in AIDS surveillance. The Swedish surveillance centre publishes cases of HIV infection acquired in or outside of Sweden

and the continent where infection probably took place. Out of the cumulative number of 5,368 HIV cases in December 2000, 49% were recorded as having been infected outside Sweden. The most numerous were those probably infected in Africa, 1356 cases (25%), followed by European countries (excluding Nordic countries), 424 cases (8%), and America, 329 cases (6%) (Swedish AIDS Surveillance 2001).

By June 2001, the UK had 3,570 (22%) cases of AIDS among non-whites. Of these, the largest ethnic group with 2,307 cases (65%) were Black Africans, 326 (9%) were Indian/Pakistani/Bangladeshi/Asian/Oriental and 280 (8%) were Black Caribbean. The number of AIDS diagnoses has decreased significantly in the UK from 1994 onwards. This decrease has largely occurred among gay men (Rogers et al. 2000). This decrease has not been as marked among ethnic minorities (PHLS 2001).

### ■ **What else can surveillance data tell us?**

Ethnicity-specific AIDS and HIV surveillance data can highlight issues essential to developing specific interventions for migrants and ethnic minorities. We summarise a few examples where surveillance can be of great assistance in assessing future needs of mobile communities across Europe.

#### ■ *HIV/AIDS epidemic in Eastern European countries*

Although the incidence of AIDS in 2000 is still higher in Western Europe (22 cases per million population) compared to Central and Eastern Europe (5 and 8 cases per million respectively), the annual increase of new HIV infections in the East has increased significantly since 1995 compared to the relatively stable figures throughout the rest of Europe. Large increases in HIV infection rates have been detected in the Russian Federation, Latvia and Estonia, with the most common mechanism of transmission being IDU followed by heterosexual transmission (European Centre for the Epidemiological Monitoring of AIDS 2000).

#### ■ *Mechanisms of HIV infection in migrants and ethnic minorities*

HIV/AIDS surveillance data can provide important information about how HIV is being transmitted in different ethnic groups and/or nationalities, identifying common mechanisms of infection and trends over time. This will be especially relevant once HIV surveillance is fully implemented in all EU countries, since current AIDS surveillance data can only provide information of AIDS cases, which reflect mechanisms of infection that took place in the preceding years.

#### ■ *Diagnostic delay of HIV infection and AIDS*

Late diagnosis of HIV infection has been reported among AIDS cases in ethnic minorities. In France from 1994 to 1998, 42% of non-French nationals did not know their HIV status until they were diagnosed with AIDS compared to 22% of French nationals. The proportion of sub-Saharan Africans (51%) was larger than North Africans (32%) (Savignoni et al. 1999). In Spain, the simultaneous diagnosis of HIV infection and AIDS between 1997 and 1999 was higher among persons whose country of origin was not Spain (Castilla et al. 2001).

#### Spectrum of initial AIDS defining conditions

The pattern of initial AIDS defining conditions (ADC) is different across ethnic groups and among persons with different nationalities or countries of origin. There is a higher proportion with tuberculosis (TB) as their initial ADC among ethnic minorities in Europe. This is particularly true of those from the African continent and Asia. In the UK, the proportion of TB as initial ADC was only 5% among whites but 23% among Black Africans (PHLS 1996). In France this proportion was 22% among non-French nationals compared to 6% among French (Savignoni et al. 1999). In Spain, the proportion of TB as initial ADC is very high among Spaniards (37%) but is much higher among persons from sub-Saharan Africa (50%) and from North Africa (53%) (Castilla et al. 2000).

#### Summary

There are serious methodological problems in the variables used to identify AIDS cases in migrants and ethnic minorities in the EU, thus hampering comparability across the different countries. There is an obvious need to unify criteria for data collection and establish which data should be collected in order to identify migrant communities from established ethnic minorities.

Both absolute and relative numbers of AIDS cases in migrants and ethnic minorities vary widely across the different EU countries, as do countries of origin, nationality and ethnic group. However, the most heavily affected community is that of people from sub-Saharan Africa in all EU countries except for Spain. Caribbeans are also affected by HIV/AIDS, especially in France and the UK, as are people from the North of Africa, especially in France.

All EU countries have experienced important decreases in the number of AIDS cases, largely attributable to HAART, but this decrease has been less noticeable among migrants and ethnic minorities. Possible causes to explain this phenomenon are poorer access to health services, both for early HIV diagnosis and HIV/AIDS treatment, as well as migration into Europe of people with advanced HIV disease from high HIV prevalence areas.

### 3.2 Tuberculosis trends in migrants and ethnic minorities

In addition to being one of the most serious infectious diseases world-wide both in terms of the number of cases and deaths, tuberculosis is the most common AIDS defining condition throughout the world. It is the only disease declared by the WHO as a 'global emergency' (1993), and this state of emergency is still applicable. It is estimated that 300 million people in the world are infected by mycobacterium tuberculosis and each year there are 8 million new cases of TB and 3 million deaths. HIV is the most potent risk factor for the development of TB and there has been a great overlap of the two epidemics; 98% of the TB cases are living in developing countries with the most heavily affected parts of the world being South East Asia and sub-Saharan Africa, with TB rates of 250 cases per 100,000 people. TB rates vary across Europe ranging from 13 cases per 100,000 in Western Europe to 78 per 100,000 in Eastern Europe (European Centre for the Epidemiological Monitoring of Tuberculosis 1998).

Data on the incidence of TB across Europe have been collected by the EuroTB programme. In contrast to HIV and AIDS surveillance, data on the geographic origin of TB cases have been collected for some time now and special attention has been placed on this variable. There have been numerous discussions on the preferred variable to describe this type of information and, although the recommendation is 'geographic origin of the case defined by country of birth', other data such as nationality and citizenship are also accepted (European Centre for the Epidemiological Monitoring of Tuberculosis 1998).

Compared to 1995 TB notification rates in 1998 decreased by 9% in Western Europe, were stable in Central Europe and increased markedly, by 37% in Eastern Europe. In Western European countries, patients of foreign origin accounted for 27% of the notified TB cases, and more than 40% of TB cases in 10 countries were reported as being among persons of foreign nationality. Between 1995 and 1998, the proportion of TB cases of foreign origin increased in Belgium, Finland, Germany, Italy and the Netherlands and remained relatively stable in the other countries. In many of these countries, rates of TB were higher in foreigners than in nationals (from 1.3 times higher in Ireland, to 33 times in the Netherlands) (European Centre for the Epidemiological Monitoring of Tuberculosis 1998).

Another important issue is the level of drug resistance to the drugs used to treat TB. Resistance, both in untreated patients and in those who received treatment in the past, is increasing in the Baltic countries. This is worrying since Multi Drug Resistance TB (MDRTB) (resistance to two essential drugs; isoniazid and rifampicin) has compromised successful TB control programmes. In Western Europe, the proportion of MDRTB was higher among foreigners compared to nationals. The increase of TB and MDRTB in Eastern Europe is due to a combination of factors such as socio-economic difficulties, disruption of health services and the poor functioning of TB control programmes. The large HIV epidemic emerging in the East is likely to complicate things further (European Centre for the Epidemiological Monitoring of Tuberculosis 1998).

### **3.3 Developments according to HIV/AIDS organisations and other key stakeholders**

As seen from the previous sections, there have been considerable changes in the field of HIV and migration/mobility in Europe over the past decade. It is important to examine how these changes are perceived by organisations working with affected communities. A section in the questionnaires sent to NFPs and other related organisations asked about these changes. The respondents came from a number of different types of organisations (see Table 2) and most frequently worked with asylum seekers, labour migrants, mobile sex workers and drug users (see Table 3). They were asked what they considered to be the most important changes in the previous 10 years in their respective countries in relation to migration, mobility and HIV/AIDS.

**Table 2: Types of respondents (n=40)**

Type of organisation	Percentage
Non-governmental organisation	52.5%
Government body	30 %
Community-based organisation	15 %
Other (international organisation)	2.5%

**Table 3: Types of mobile populations dealt with by respondents (n=40)**

Type of migrant	Number of times cited
Asylum seekers	27
Labour migrants/migrants in general	27
Mobile sex workers	18
Gypsies	9
Mobile drug users	8
Men who have sex with men	3
Migrants from sub-Saharan Africa	3
Prisoners	1

Note: respondents were asked to indicate which mobile groups they work with, therefore, the figures represent the number of times a particular group was cited.

The changes most cited by respondents (see Table 4) were concerning the increases in the number and types of mobile population groups, specifically migrants. There was also a concern for increases in the number of asylum seekers, mobile sex workers and mobile intravenous drug users. This is reflective of the epidemiological data provided in the previous section, but respondents went beyond recounting migration trends and described the ongoing developments that have resulted from these changes. For instance, several respondents noted that migrants are now recognised as a group with specific HIV/AIDS education and prevention needs. A Southern European NGO felt that the most important change in this area over the past ten years has been “the (increasing) focus on this population sector (mobile population groups) as a target group for HIV/AIDS prevention and treatment and the adaptation of interventions to the characteristics of minority groups and their specific needs”. Respondents also referred to other positive developments including the increase in migrant HIV community-based organisations and raised awareness amongst migrants concerning sexual health.

Another important issue raised in this evaluation was the governments’ role in relation to changes in immigration laws that have taken place in various European countries. Several respondents commented on the increased hostility towards migrants and one noted the developing marginalisation of migrants.

The hostility of the government to asylum seekers – including the withdrawal of benefits, a dispersal scheme that takes no account of need ... people are in greater need than ever before. We now help people with basic food and essentials rather than providing additional support to complement the underlying safety net which was provided by the state. (Western European NGO)

Another respondent felt that the government was the main barrier to implementing appropriate services for mobile populations.

*As long as the legal situation does not change and structures remain inflexible, providing proper service is difficult. We are forced to fight in every single case (housing, work, permission to stay, social benefits, treatment etc). (Western European NGO)*

Although this is country-specific, it reflects the importance of policy and the legal system on the situation of migrants affected by HIV/AIDS.

Many of these organisations have responded to the increase in mobility in Europe by adjusting their activities and services to reflect the populations involved. Other organisations were set up specifically to work with migrant populations. In either case, respondents felt that prevention and care activities must take into consideration the unique and complex situation faced by the different mobile population groups. One organisation noted the need for “training in culturally appropriate methods/information in relation to asylum seekers” (Western European NGO). Another health-based organisation pointed out “the increasing need for adequate health-care, treatment and psychosocial support to the marginalised and socially excluded” (Southern European NGO).

**Table 4: Changes in the field of HIV/AIDS and mobility over the past 10 years as cited by organisations working with, or providing services/policies for, affected communities (n=40)**

<b>Developments</b>	<b>Number of times cited</b>
Increase in number of migrants	11
Different populations migrating	7
Increase in number of mobile sex workers	6
Increase in number of drug users	6
Government hostility to asylum seekers/dispersal & changes in migration laws	5
Migrants recognised as a group with HIV education/prevention needs	4
Increase in number of asylum seekers	3
Development of migrant HIV community-based organisations	2
New immigrations laws	1
Increase in number of younger refugees	1
Different reasons for migration	1
The term migration has become politicised which makes targeting migrants for HIV prevention sensitive	1
Marginalisation of migrants	1
More women diagnosed	1
Increased awareness of sexual health among migrants	1
Limitation of migration	1
Increase in sexually transmitted infections	1



#### 4.1 Structure

##### Host institution and human resources

A&M was initially hosted and co-ordinated by the Dutch National Committee on AIDS Control until 1995, when the Dutch National Committee on AIDS Control was abolished. In 1996, NIGZ took over the management of A&M and since then it has been managerially accountable.

The NIGZ mandate is to systematically develop processes of change to promote healthier behaviour. Its mission is “to enable people to promote their own health and to contribute to a healthier environment, either individually or together with others”. In order to achieve this, NIGZ’s main objectives revolve around the implementation of health promotion and health education strategies and the support of intermediaries involved. At the policy level, NIGZ advocates policies that enable and encourage healthy behaviour. In addition to A&M, the NIGZ also hosts the European Information Centre for AIDS & Youth (EIC), a network of health professionals active in the field of HIV/AIDS and young people. This project has a structure comparable to A&M and is also mainly funded by the European Commission.

The A&M staff team is comprised of individuals who are fluent in at least 3 languages and have professional backgrounds suitable for the positions. The team includes:

- Project manager (80%-90% part-time)
- Project officer (70%-80% part-time)
- Secretary (70%-80% part-time)
- Librarian (20% part-time)
- Management and financial administration support from NIGZ (20% part-time)
- Freelance budget for consultancy and training as needed.

##### Strategic development

Various forms of strategic development have been used by A&M. Initially the project received advice from two steering committees; one national (met four times a year) with representatives from the Ministry of Health, Institute of Public Health and human rights experts; and one international, set up in 1998 with representatives from the Commission of the European Communities (CEC), the International Organization for Migration (IOM) and the World Tourism Organization. The current steering committee meets approximately once a year to advise A&M on its activities and formulate plans for the future. The members represent the different EU member states as well as different fields of interests and expertise relevant to

the A&M project that are not covered by the NFPs (see list of members in Appendix II). The main fund providers, the EU and the Netherlands Aids Fonds, and two NFPs are also invited to participate at each steering committee meeting.

A&M has always been in close contact with its network members concerning issues on strategic development and the direction in which A&M should follow. Since the creation of the NFP structure (see below), these representatives have a very important role to play in strategic development and guide the main lines of action for the organisation.

### ■ **National Focal Points**

In 1997, a major structural change took place in A&M. At the request of the European Commission, A&M created a structure of National Focal Points from each EU member state. The aim of the new structure was to improve the co-ordination of AIDS prevention activities aimed at migrants and ethnic minorities and to facilitate communication between the national and the European level. A&M activities became decentralised and tasks were sub-contracted to appropriate NFPs. Southern and Northern European countries became more actively involved in A&M and EU member states were responsible for the organisation of their own national network. 1997 was a preparation year where one interim NFP per country organised consensus meetings with representatives of migrants, AIDS organisations and governmental institutions to discuss priorities around HIV/AIDS and mobility/migration within the country. The first task for the NFPs was to compile country reports with respect to the state of affairs regarding mobile populations and HIV/AIDS. These reports were compiled into a publication (de Putter 1998) which then became the first policy document on the subject at the European level.

It is the role of NFPs to develop the activities of A&M at national levels as well as being the key representative for each particular country. An NFP can be based in either governmental or non-governmental organisations with the choice being left to each particular country. NFPs from Southern European countries (Portugal, Spain, Italy and Greece) and Ireland are based at governmental organisations, while NFPs from most central European countries (France, Germany, UK, Belgium, Austria, and Denmark) are in NGOs. NFPs from the remaining countries (Sweden, Finland and the Netherlands) are based in university departments, health promotion institutes or public health schools. Several NFPs have changed host organisations in the previous years, such is the case in France and Austria.

### ■ **Economic resources**

A&M was initially funded by the DG5 of the Commission of the European Communities (CEC), the World Health Organization/Regional Office for Europe/Global Programme on AIDS and the Ministry of Welfare, Health and Cultural Affairs of the Netherlands. It also received partial local funding in 1993 for specific activities such as a Turkish Expert Meeting, co-funded by Deutsche AIDS-Hilfe and activities aimed at young tourists in Greece. From 1997, EU Member States through the NFP structure are counterparts of the project. Currently, the European Commission provides 70% of the funding, the

Netherlands Aids Fonds provides 10% and NFPs provide 10%. Co-organisers of activities such as seminars and workshops contribute the remaining 10%. The Open Society Institute (also known as the Soros Foundation, a New York-based development agency for Eastern European countries) has contributed to A&M in the year 2001.

## **4.2 Outputs and activities**

### **International documentation centre and advice service**

Over the years, A&M has built a comprehensive documentation centre and advice service concerning HIV/AIDS and mobility/migration. The documentation service has grown significantly from 800 publications and resources in 1993 to over 1700 in 2000, and includes journals, books, reports and conference abstracts as well as educational materials such as leaflets, videos and games. A&M provides this information via the documentation and advice service on request and through general mailings, in addition to producing publications summarising the material available. A new multilingual thesaurus was introduced in 1997 to facilitate searches and referrals, and current information on available publications is now available on the A&M website ([www.aidsmobility.org](http://www.aidsmobility.org)). A&M has generated publications on issues relating to AIDS and mobility such as access to treatment, culturally and linguistically appropriate services, female African migrants, intravenous drug users, male prostitution (from East to West), migration from various African countries, peer education, Southern European and Middle Eastern countries, travellers and young tourists. For a summary of major A&M publications, see Appendix IV.

Since its inception, A&M has provided advice on issues related to HIV/AIDS and mobility to all types of organisations working in the field, ranging from community-based groups to policy makers. A&M staff members are available to offer advice and often receive queries on how to organise services for migrants, develop strategies and contacting other groups. Since early 2000, there has been an average of 4.2 advice or information requests per month, but the trend has recently increased to approximately 7 per month. The requests are mainly by e-mail (60%) but are also received by post/fax or phone. Although the information service is predominantly used by EU member states, 48% of the requests came from Africa (21%) and other parts of the world. The majority of requests concern publications (35%), followed by requests for information, advice and addresses.

### **Networking with institutions and individuals**

Over the years, A&M has built a comprehensive network of individuals and/or institutions (both governmental and non-governmental) working in the field of HIV/AIDS and mobility in Europe and various non-European countries. Network members receive regular mailings on A&M activities with a periodicity that has varied over the years from once every 6 months to once a year. In the last two years, all network members received an update letter including an annual report/working plan, a list of A&M resources and the A&M newsletter.

In September 1997, a questionnaire was sent to all network members to get more specific information about the organisations and individuals in the A&M database, hereby improving the quality of the information. The updated database, which currently has over 1100 addresses, holds information on target groups, type of organisation, geographical scope, language knowledge and activities.

### ■ **Agenda setting at international conferences**

A&M has been present in the agenda setting of many international conferences, seminars and working groups and has been an important actor on HIV/AIDS and mobility issues, both by presenting its work and organising satellite meetings. A&M has organised satellite meetings on the issue of migration and HIV/AIDS at the Second and Third European AIDS Conference on Social Aspects of HIV/AIDS in Berlin and Amsterdam, and at the 12<sup>th</sup> and 13<sup>th</sup> International AIDS Conference in Geneva and Durban. The satellite meeting in Durban was co-organised with the International Organization for Migration (IOM) and the Asian network on AIDS and migration CARAM. Furthermore, oral and poster presentations were presented at the above-mentioned conferences.

### ■ **Seminars, workshops and small-scale projects**

A&M has consistently organised meetings and workshops on issues relating to HIV/AIDS and mobility. Each activity is set up and co-ordinated by a preparatory committee with representatives from various countries and backgrounds. A summary of the seminars, workshops and meetings can be found in Appendix III. Announcements and information concerning these activities are distributed according to the previously described channels via the A&M network. Since 1997, the NFPs have pre-selected candidates for the preparatory committees to guarantee a more balanced representation of participants from each country. In general, there are no course fees for the seminars and A&M often assists with travelling expenses.

A&M also carries out small-scale, short-term projects such as the 'Male prostitution and mobility project: Eastern European young men who engage in prostitution in Western countries' on an ad hoc basis. Some of these projects have given rise to sustainable and on-going activities such as the CAP Prevention Project, which was started in 1996 and is still being conducted by AIDES Provence in France.

### ■ **Exchange visits**

From 2000, A&M has also been organising exchange visits between NGOs whereby members of NGOs and CBOs visit other institutions in Europe for one week. The aim of this exchange is to allow organisations to gain deeper insight in approaches and methods carried out by other similar organisations. NFPs have the role of co-ordinating the visits at national level. To date there have been 16 visits between most of the NFP countries including Germany, Denmark, Netherlands, France, Portugal, Austria, Spain, UK, Finland, Ireland, Greece and Sweden. The types of organisations that have participated have been migrant organisations (10), an organisation that works with sex workers, NGOs (11) and governmental organisations (2).

## 4.3 A&M's response to recent developments

### Access to HIV treatment

Gradually over the nineties, A&M began to expand its activities beyond the scope of HIV/AIDS prevention and by 1998, access to HIV/AIDS treatment became an important issue. The turning point was clearly the second NFP meeting held in Athens in 1999 called 'Access to New Treatments for Migrants'. This meeting gave rise to the 'Athens Declaration' which advocated treatment rights for those living with HIV/AIDS. In this seminar, the accessibility of care and treatment for members of migrant groups living with HIV/AIDS in the member states was discussed by experts from every country in the European Union. The factors identified as barriers to equal access to health care were legal and administrative obstacles, socio-economic problems, lack of culturally and linguistically appropriate information and services, and stigmatisation. The Athens Declaration called on governments of all EU Member States and European institutions to create the following conditions in order to guarantee access for migrants, ethnic minorities and other mobile groups to appropriate HIV/AIDS health care:

- 1 Access to new treatments should be guaranteed for all people residing in the European Union, including migrants, ethnic minorities and other mobile groups.
- 2 Migrants living with HIV/AIDS who have no legal residency status but who require medical care should have access to adequate health care.
- 3 Information about HIV testing and HIV treatments should be available in different languages.
- 4 Health care providers should offer services that are culturally and linguistically appropriate, by:
  - a) sensitising professionals working in health care and social services to the specific needs of migrants, ethnic minorities and other mobile groups;
  - b) strengthening services that are already working with migrants, such as those provided by non-governmental and community-based organisations; and
  - c) recruiting more migrants to work in health care and social services.

The declaration was sent to members of the Health Committee at the European Parliament and various NFPs disseminated the report within their network. This declaration gave rise to a stronger development of advocacy in the organisation.

### Broadening the remit of A&M

In the last decade there has been a reduction in the prioritisation of HIV/AIDS in relation to funding and policy across Europe. In part, this has been driven by the increasing availability of effective anti-retroviral therapy, which had dramatically reduced death from AIDS. Consequently, removal of the 'fear of death' and the reducing burden of advanced disease on health services have both led to complacency within many western European governments and communities. At the same time, the reduction in prioritisation and exceptionalisation of AIDS had been accompanied by a growing interest in sexual health, as other sexually transmitted infections and teenage pregnancy have increased. A&M has also deliberated over this

issue and in the last 2 years, A&M proposals for funding have included TB and other STDs as key areas of intervention. To date, no clear action has been taken on this issue. In 2001, the NFPs – together with migrant organisations, policy makers and other experts in the field – will discuss the impact of broadening HIV/AIDS to other health issues on the provision of services for migrants and ethnic minorities.

## ■ **Advocacy**

Advocacy was first raised as an issue in May 1996 when A&M, together with EuroCaso, prepared a presentation for a UN meeting on HIV/AIDS and human rights. Since then, A&M has moved toward the role of advocacy for several reasons. Firstly, laws and regulations concerning migration and refugees are determined at the European level (Schengen Accord, Dublin Agreement). Secondly, the organisations participating in the A&M network are usually not in the position to tackle legal problems or lobby governments. Therefore, because of A&M's European focus and contacts, it could play an important role by highlighting common problems encountered across European countries and make this information available for policy makers and local organisations alike. Advocacy was made one of the priority areas for A&M in 1999-2000 and a strategy was developed. Since then, A&M has published a number of documents and reports that have been used as advocacy tools and have been sent to the European Commission as well as to numerous European Members of Parliament. In addition, A&M has organised four European meetings in order to stimulate discussion on the subject of HIV/AIDS and mobility and identify concrete steps for action. A comprehensive report of these activities is summarised in a document written for A&M by Loes Singels (2000).

## ■ **Closer collaborations with countries outside Europe and other related networks**

A close collaboration with countries of origin is implicit in A&M's philosophy. In the early years, there were administrative problems related to EU regulations that made it difficult to invite organisations from outside Europe. However, this has gradually improved and those restrictions are no longer in place. In 1997, a proposal to collaborate with UNAIDS and network partners in Central Asia could not be implemented due to lack of resources.

AIDS & Mobility has collaborated with a variety of other European initiatives in the field of migration and HIV/AIDS including:

- The Umbrella Project, co-ordinated by SPI Berlin (1993-1999): a project focussing on mobility in border regions and HIV/AIDS, mainly related to sex work and intravenous drug use; A&M has attended several regional meetings and provided support in terms of identifying contacts
- TAMPEP, a European project aimed at migrant prostitutes: TAMPEP has been involved in various meetings organised by A&M (Szczecin and Thessaloniki in 1996, Vienna 2001)
- The European Network Male Prostitution (ENMP), co-ordinated by AMOC Amsterdam: all information gathered by A&M concerning mobile male sex workers was transferred to the ENMP when it was set up and A&M has provided advice at several ENMP meetings

- A&M also participated in the steering committee of LOOKS, a European-funded initiative for male sex workers in Cologne/Germany: once again, the expertise developed during A&M activities concerning male sex workers was contributed
- The African Partenariat, a European network specifically designed for African migrants in Europe, co-ordinated by GRDR in France and Focus Consultancy in the United Kingdom: A&M has attended several Partenariat meetings; GRDR and the Belgian Partenariat member are NFPs for A&M.



## 5.

# Views on A&M's current structure and activities

### 5.1 Survey of HIV/AIDS organisations

#### Overall effectiveness of A&M

The response rate to the questionnaire for HIV/AIDS organisations was disappointingly low (25%, 40/160). This coupled with the heterogeneity of the responding organisations and the stark variations between country situations makes comparative analysis problematic (for analysis by country see Appendix V). On the whole, NFPs and representatives from other organisations who had engaged with A&M viewed the organisation positively. The survey indicated that A&M is particularly useful for countries that are in the early stages of addressing issues of mobility and migration. Portugal, Spain, Finland and Ireland were all particularly positive about the A&M network and the support it provided. Of the 20 non-NFP organisations (i.e. organisations working in the field of HIV/AIDS and mobility that are not A&M National Focal Points) that reported knowledge of A&M, 70% felt that being part of the A&M network had helped them with their work. Also, the non-NFP organisations reported that A&M had affected the situation in their country and at the EU level by highlighting difficulties encountered by migrants, raising awareness regarding HIV/AIDS and promoting exchange and co-operation between institutions and organisations involved in AIDS work (see Tables 5 and 6).

**Table 5: Ways in which A&M has affected the situation nationally as cited by non-NFPs**

Highlighted difficulties encountered by migrants and raised awareness regarding HIV/AIDS

Promoted exchange and co-operation between institutions and organisations involved in HIV/AIDS work

Helped strengthen the position of community-based organisations

Allowed migrants to be involved in decision-making

Stimulated national activities

Advice and support

Listed in order of number of times cited

Among the non-NFPs, one quarter had not heard of A&M before receiving the questionnaire. It is important to note that the representative from the largest HIV voluntary organisation in the UK with a large black African clientele and a high national profile in terms of migrants' rights, was not aware of A&M. This would suggest that A&M needs to raise its profile in some countries.

**Table 6: Ways in which A&M has affected the situation at the EU level as cited by non-NFPs**

Distribution and sharing of knowledge and information
Raising awareness/shows government what works in relation to AIDS and migration in various countries
Facilitated more co-ordination between countries
Developed networks among migrant community-based organisations
Protected migrants' rights to health
Created a European forum
Listed in order of number of times cited

**Use of A&M resources**

The resources most widely used by respondents were reports from A&M meetings and seminars, A&M annual reports and A&M work plans (see Table 7). Over 75% of respondents who received these publications had used them at least once in relation to their work. As one Northern European community-based organisation stated, "I look at them regularly and find them very useful – they give new ideas for directions to go in the future". Literature reviews and summaries prepared by A&M were used frequently (five or more times per year) by 26% of respondents. The recently revamped A&M website is also used frequently by 32% of the respondents and several commented that they have recommended the website to other organisations. It is clear that these A&M resources are often used to support work done on a national level:

*I use all these services whenever I need background information or models/examples from other countries for my national work like developing new materials, setting up new projects etc.  
(Western European NGO)*

The NFP seminars have been attended by over 70% of the respondents and were found by most to be stimulating sources of support and information. However, one Western European NGO noted that although the seminars are interesting, they are of little practical use if basic needs are not provided for the affected communities. Other A&M training workshops and seminars were noted by one respondent as being especially appreciated by newcomers to the field and community-based organisations. Just under half of the respondents had participated in the exchange visits and one respondent pointed out that this service should be more accessible for more organisations.

It was apparent that organisations that are more directly involved with A&M make better use of its resources. Although this is not surprising, it would be useful to investigate further whether this is due to lack of communication from A&M or NFPs, or because A&M's resources are not appropriate for certain types of organisations.

**Table 7: Respondents' use of A&M resources, in percentages (n=31, respondents who had heard of A&M)**

<b>A&amp;M Resource</b>	<b>Never Used</b>	<b>Infrequently (1-2 times per year)</b>	<b>Occasionally (3-4 times per year)</b>	<b>Frequently (5+ per year)</b>	<b>Other (yes or as needed)</b>	<b>Missing</b>
Literature reviews and summaries	32	13	10	26	13	6
Annual reports and work plans	16	35	6	19	16	6
Reports from meetings, seminars, trainings and workshops	13	26	13	19	23	6
Country reports from National Focal Points	29	26	3	13	23	6
AIDS and Mobility network newsletter ('A&M News')	35	16	6	10	26	6
Samples of educational materials	52	3	10	13	16	6
A&M Website	32	6	6	32	16	6
Advice	45	6	19	10	13	6
National Focal Point seminars	23	32	10	10	19	6
Training workshops and small seminars	42	23	6	10	13	6
European Migrants Meeting	45	32	0	3	13	6
Exchange visits	52	35	0	0	6	6
Presentations at conferences and satellite meetings	55	26	6	3	3	6

Note: percentages may not add up to 100% due to rounding up/down of figures

### **The National Focal Point network**

50% of NFPs sent A&M information to their national network four or more times per year and 66% of NFPs reported that they contacted A&M monthly for advice or information. A substantial proportion (60%) of NFPs described difficulties encountered in fulfilling their commitment to the A&M due to a lack of time and human resources. This feeling was summed up by an NFP:

*The difficulties are lack of time. No funding is set aside to do A&M activities as a proper job – as I have other jobs... it is often difficult to fulfil all of the duties. (Western European community-based organisation)*

One NFP noted the difficulties associated with maintaining an active network around HIV/AIDS and mobility issues and “fostering interest and support from national organisations for a national network” (Western European statutory body).

Regardless of such difficulties mentioned above, NFPs generally made use of A&M resources as and when necessary in their work. This varies from occasional participation in NFP seminars, to consistent use of the range of A&M resources. One NFP was particularly enthusiastic concerning A&M:

*A&M is a very important organisation for us (a migrant organisation). We have very few opportunities here to receive any kind of consultation. Let alone inclusion in the decision-making process. The development of organising activities here can be directly attributable to the A&M project which has been most generous with their help and advice. In short, A&M has been a lifeline. (Western European community-based organisation).*

## 5.2 Interviews with key stakeholders

The overall impression of the first 10 years of A&M was positive. HIV/AIDS in migrants and ethnic minorities in Europe was felt to be an increasingly relevant issue that should remain present in the European agenda. It was felt that before 1990, nobody in Europe knew what to do with the issue of HIV/AIDS and migration and that A&M has succeeded in creating and maintaining a network, as well as establishing itself as a reference point for information. The level of motivation of A&M staff, their national counterparts and the general A&M network were felt to be important factors contributing to the successful functioning of the organisation. There was, however, the perception that the work had been too centred on Europe and not enough work had been done with the countries of origin. It was suggested that both the experience and the strategies developed by A&M could contribute to international work outside Europe and this was put forward as a line for future development. A&M activities such as seminars and workshops were very much valued although there were some reservations about the quality of the reports.

The NIGZ was thought to be an appropriate organisation to host A&M because of its interest in health promotion and migrants' health. Both A&M and NIGZ benefit from this partnership although its continuation is strongly dependent on how NIGZ moves forward in relation to HIV/AIDS, its interest in engaging in international work and the funding conditions imposed by the new European Public Health Programme. Other organisations, such as the Aids Fonds, which has been developing a growing interest in international health, could be alternative candidates to host A&M.

The development of the NFP structure was seen as a very important step towards decentralisation and allowing more participation from the Northern and Southern European countries. It was generally felt that although NFPs were based in different types of organisations, this was not considered a problem since flexibility and common sense are necessary to adapt the structure to the different national realities. The advantages to having an NFP in an NGO were flexibility, decentralisation and a grass-rooted approach, while the benefits of being in a governmental institution were a more policy-oriented approach and a wider national implementation

of activities. There was a general agreement to leave each individual country with the choice of deciding which type of organisation and representative was appropriate. It was also suggested that having two representatives in each country; one from an NGO and another from a governmental institution, could improve the implementation of A&M activities. It was felt that because A&M had concentrated more on working with NGOs in the past, it would now be useful to collaborate with governmental public health institutions in order to improve policy development both at national and European levels.

The role of the steering committee was seen to be about providing advice and new ideas to the project. One of the interviewees felt that the committee was not totally fulfilling that role. It was suggested that there should be more meetings and that the committee should have a wider representation from Southern European countries to ensure that members are in close contact with the reality of HIV/AIDS in migrant populations. A formal representation of UNAIDS was felt to be missing and was considered important.

### 5.3 Focus group discussion

In general, participants felt that A&M was an organisation that, over time, had developed an excellent reputation and was particularly well known for the quality and range of its outputs. It was felt that although NFPs had played a distinct role in raising the profile of the organisation locally, more work was required to maintain this profile. NFPs were seen to have a key role in keeping local NGOs, governmental and voluntary organisations in touch with the network's activities, however they were not always successful in doing so. As previously mentioned, a clear example given was the fact that a representative from one of the largest NGOs working with African communities in Britain was not aware of the NFP or A&M activities (although others in the organisation may have been aware of them).

*I did not know about A&M and was only just recently introduced to it by a colleague. As an organisation we need to find out about the activities of A&M. We were concerned because I have never heard of A&M, even when working as a healthcare manager at another major HIV organisation. (Western European NGO)*

Possible reasons for poor local awareness among NGOs were discussed. They included:

1. *Limited capacity of NFPs to raise profile:* In some instances, NFPs simply did not have the resources required to keep and maintain strong links with all relevant organisations within a particular area/country. This ongoing supportive and communication work was seen as being resource intensive and not simply the distribution of leaflets. Cultivating professional relationships can be expensive and there was a feeling that NFPs did not receive enough resources to be as proactive as possible.
2. *NFPs receive limited support to undertake much PR work:* On a related note, it was also observed that NFPs received relatively little to support 'profile raising' work, needed to raise awareness of, and interest in, A&M. NFPs therefore had to undertake this work in addition to their daily funded activities, which might prove exceptionally difficult for smaller or poorly resourced NFPs.

- 3. *Changing NGOs makes it difficult to keep abreast of new groups entering the field:* There was also a realisation that the ever-changing landscape of HIV/AIDS-related organisations meant that it was often difficult to keep updated address lists and databases. This could frustrate the process of liaising and communicating unless dedicated resources were provided for this.
- 4. *Nature of the NFP:* In some countries, the NFPs were situated in governmental or statutory organisations which enabled greater organisational support for A&M activities. In contrast, there was some suggestion that NFPs which were based in voluntary organisations or NGOs, although being more 'grass-roots', did not have this support and faced greater challenges in fulfilling the requirements of being an NFP.
- 5. *Relationship between NFPs and other organisations:* Finally, it was felt that the quality of the relationships which exist between the NFP and other local organisations could influence the profile and awareness of NFPs and A&M. Contrasting examples were drawn from Spain, where the NFP is based in the Spanish Ministry of Health, and Ireland (a Health Authority-based NFP), both of which reported having relatively good links with local NGOs as compared with the situation in England and Germany, where the NFPs were NGOs. The perceived benefits of the former included greater organisational stability, greater kudos and ability to call upon greater organisational resources (human and financial). NFPs in governmental positions are also perceived to be more objective and to have less conflict of interest when dealing with NGOs.

Participants were asked about the current structure of A&M, particularly the development and use of NFPs and their effectiveness. Participants expressed a range of experiences from outright enthusiasm and support for the structure, to sincere reservations about the effectiveness and future of these posts. Participants felt that NFPs, if chosen well, had a key role to play in:

- raising awareness of A&M in host countries
- facilitating communication between local organisations working with migrant populations
- facilitating policy discussion, review and development
- advocacy
- raising standards through the production and dissemination of key A&M resources.

There was some disagreement however, as to whether NFPs were the preferred structure for the future. In Spain, the NFP played a key role in raising awareness of HIV/AIDS and migration issues nationally, bringing together key local individuals in the field, and co-ordinating a range of diverse and interesting activities. This was felt to be greatly facilitated by the NFP being associated with the Spanish Ministry of Health (Plan on AIDS), and therefore perceived as being objective, a potential source for funding/support and a key strategic ally. However, for some participants, the NFP structure was less effective. This was particularly so when the chosen NFPs felt that they had relatively little resource support from A&M and yet were expected to contribute significantly or to work with other NFPs in sometimes very hostile environments. Participants also suggested that being designated an NFP could have a negative impact on the chosen organisation as it may have unintentionally engendered negative feelings (e.g. jealousy) among peers.

These small organisations have little time or money; even as an NFP, there isn't any support and all the distribution is done personally. (NFP, Western Europe)

Ineffective NFPs may also occur as a result of deterioration in the relationship between themselves and other NGOs/community organisations working within a particular area/country.

In theory, NFPs are a great idea but in practice, it is a nightmare because it is a complex issue and being an NFP became a burden and destroyed the system; the NFP had to prove it wasn't involved in money and power... (NFP, Western Europe)

**Table 8: Factors which appear to improve the role and effectiveness of NFPs**

Being in a government or statutory sector
Committed and enthusiastic NFP contact
Ability to define and ensure protected time dedicated for A&M work
Objectives of A&M coincide well with the objectives of the host organisation
Good links and communication with centre
Ability to 'tack-on' A&M work with existing activities

**Table 9: Characteristics of less effective NFPs**

NFPs located within voluntary organisations or NGOs
Conflicts between NFPs and other key national organisations working in a similar field
Conflicts between objectives of A&M and organisation
Lack of adequate resources to support NFP requirements



## 6.

# What are the future challenges and how can A&M respond?

It was clear from all participants in this research project that the last decade had seen tremendous changes in migration in Europe both in the number and range of migrant communities, as well as in changing attitudes towards migrants. Dramatic changes are also being observed in the demography of migrant populations with recent increases in intra-Europe migration. Projections suggest that this migration is set to increase over the next decade. Although HIV/AIDS may be less of a priority for many of these migrants, recent reports of outbreaks of syphilis, HIV and MDRTB among many of the former Russian Federation states raise cause for concern. Respondents felt that increasingly, countries that were not 'traditional' entry points for migrants were now beginning to see an influx. This has raised both the interest in, and need for, involvement in issues related to migration and health.

*In 1997, the migrant population in XXX [small Western EU state] had begun to increase from about 40 per year. Because of the relatively small numbers before, there was a reluctance to join A&M but now there are approximately 1000 migrants per month. (NFP Western Europe)*

On the other hand, this increasing interest was accompanied by varied social attitudes towards migration and the need to support migrants. Some participants alluded to recent social trends in which migrant communities were increasingly stigmatised and being blamed for social ills, and where xenophobic and racist attacks were on the increase. This underscored the need for NGOs and community-based organisations to tackle issues related to migration, discrimination and health.

In the questionnaire part of this project, NFPs and other related organisations were asked to list the issues they think will be important in the future regarding HIV/AIDS and mobility in their country and how A&M can assist in addressing these priorities. The most frequently cited priority was the development of culturally and linguistically appropriate services and information materials. Other frequently cited issues included:

- building up the capacity of migrant community-based organisations
- improving access to care for migrant people living with HIV/AIDS
- addressing psycho-social problems of migrants living with HIV/AIDS
- lobbying to raise awareness.

Organisations felt that A&M could assist in addressing these priorities at national levels by providing information and promoting exchange of experience and ideas, putting HIV/AIDS on the policy agenda and through the provision of training opportunities. At the European level it was felt that A&M could best assist by providing information and examples of good practice, lobbying and raising awareness of migrants and health issues, and facilitating the exchange of information and ideas with other European Union member states.

The following sections highlight the most pressing areas in the field of AIDS and mobility in Europe for A&M.

## 6.1 Prioritising AIDS and migrant communities

The forthcoming changes in EU funding streams resulting from the implementation of the new European Health Programme in the near future means that A&M will need to decide where it is best placed to ensure continued funding and support. The three EU priority areas were considered in turn by the focus group and the relative merits of being located within them discussed:

- Track 1: Improving health information and knowledge
- Track 2: Communicable diseases and rapid response
- Track 3: Health determinants.

It was felt that a key strength of A&M is health education and identifying markers for health determinants. It was felt that Track 1 (and to a lesser extent Track 3) might well be the most appropriate place for A&M to be situated given its current and anticipated remit. The key stakeholders who were interviewed felt, with the exception of one, that A&M would be most appropriately placed in Track 1.

Concerns from the focus group participants were expressed about the need to expand A&M's remit. It was felt that through AIDS "the door has been opened to address other healthcare issues for these communities", but there was some doubt as to whether AIDS remained as relevant or powerful enough to enable this continued focus. Some felt that it may be necessary to "get away from AIDS" as this was not the only (and often a much lower) priority for migrants and risked the organisation being alienated. There was a feeling that as migrant populations have become more established, there was a need for a more holistic approach to their health needs. Exceptionalising AIDS would lead to further stigmatisation of the target communities – as they are seen as bringing the disease, and its burdens, to Europe.

However, any decision to broaden A&M's remit is not straightforward. Proponents felt that this would enable the organisation to take a more holistic approach on migrant health; establish a wider and more proactive network of collaborators; improve the perception of the organisation; and strengthen its role in the fields of policy and advocacy. It was felt that, over the years, A&M had developed considerable expertise in working with migrant communities which could now be used to develop and train local expertise in ethnicity and general health issues. In so doing, a huge void in ethnic health training and prevention could be addressed. Key areas, which could be addressed in ethnic health, include:

- economic disadvantage and health
- racial and religious discrimination
- access to and utilisation of health care
- assisting health care providers to better meet the health needs of migrants
- helping to improve the quality of health care services currently provided to migrant communities
- housing and quality of life issues.

On the other hand, many study participants felt that broadening the remit of A&M would possibly mean losing the well-defined focus (and identity) that the organisation has built over the past decade. Several members of the steering committee felt that the AIDS epidemiology data argued for keeping AIDS as the key issue since the different evolution of the epidemic in Europe called for specific interventions. There was also a feeling that ethnic health may be too broad a remit to allow for efficient

functioning. Given the diversity of migrant communities, AIDS provided at least one challenge in common to all and therefore provided a focus for collaboration.

*... be careful not to go into denial. Just because AIDS isn't fashionable on the EU level, it is still an issue in the migrant communities, especially in poorer countries. (NFP, Southern Europe)*

The focus group participants discussed a potential way for overcoming this conflict however. This involved taking a wider approach to issues around AIDS, by looking at other related communicable diseases and issues related to migrant health. Thus AIDS could enable A&M to take an active interest in other associated infectious diseases which are also prevalent among migrants, e.g. hepatitis and TB. It would also allow examination of broader health issues such as inequalities in access to health care and mental health. Thus, by broadening to include the wider health issues associated with AIDS, much could be made to increase A&M's relevance in the future. A steering committee member confirmed this view and stated that it is not a question of if A&M should broaden the focus, but *how*. He felt that the Public Health Programme doesn't leave much choice and that A&M should not have a disease-oriented approach, but a health services-oriented approach. It would be one of A&M's tasks to match migrants with services, i.e. increase access to services for migrants. In each country, A&M should find a way to improve the health of migrants. This however, should not be done alone. NFPs can stimulate others to address related issues and develop strategic partnerships. As an example to this, EUROPAP (a network of European sex workers projects) has shifted its focus from a disease-oriented network to broader issues that cannot be addressed by general health services.

The impact of such shifting priorities on organisations such as A&M are many. Firstly, HIV/AIDS is increasingly associated with marginalised sectors of the society and there is danger of stigmatising organisations in the field because of this. Secondly, organisations such as A&M may find that in the future, there will be a growing need for their services and to provide expertise to less experienced groups. Thirdly, A&M may find it increasingly difficult to work with local organisations as these begin to diversify and tackle wider health issues for migration.

## **6.2 Advocacy**

Participants of the focus group felt that A&M could play a stronger role in advocating for migrant health in the EU. The group felt that this was not an area which had been well exploited in the EU and there was some need for strategic leadership in this field. A&M was thought to be a natural leader given its established position in the field, experience and existing networks.

There was some concern however that advocacy may not be seen as a priority area for the EU, particularly in the context of the new EU public health network priorities. This is further compounded by the funding stream in which A&M is supported. There are also some pragmatic considerations, since policy and advocacy work, particularly if undertaken locally, could place additional burdens on the NFPs.

A&M could assume a policy role at the pan-European level, however this might be difficult without having a clear and proactive mandate from member states.

*The EC doesn't want to see advocacy; they want A&M only to do prevention work and therefore we can't put political aspects in EU applications. (A&M representative)*

As AIDS is now a human rights issue, this could enable A&M to legitimately become more involved in informing and setting the social policy agenda as far as migrant communities are concerned. Participants felt that since “policy is tied to everything” and “so much is driven by policy” that A&M had a key role to play in this area. This was certainly an area in which other similar organisations (e.g. the African Partenariat) were taking an active interest and indeed, policy makers were becoming increasingly involved in these activities.

Although giving some policy support, it was felt that A&M had never taken up as great a political role as it could possibly have. Whilst some viewed this as a missed opportunity, and one that could be a priority area for development in the future, others were more sceptical and wondered whether the organisation could reasonably take up a political/advocacy role across the EU, given the tremendous differences between and within countries.

The key stakeholders and steering committee felt that advocacy should be developed in order to work towards the goal of universal access of migrants to treatment. Advocacy was felt to be an important tool for the implementation of several of A&M activities. The steering committee felt that due to the increased advocacy role of A&M, it would be useful to have a new person with an advocacy background to build up A&M’s advocacy work and increase networking. A problem with hiring someone new is that this always requires pre-financing for the NIGZ, so it was suggested to hire a research assistant for 6 months to do a study on, for instance, the impact of interventions in aspects relating to migration on the TB epidemic. The results could then be used to get more funding for an extra person. This study could also be carried out by CRIM, the internal research department of the NIGZ. It was also suggested that a lot of work could be subcontracted to NFPs, even certain co-ordinating responsibilities.

### 6.3 Partnerships

Establishing and maintaining proactive partnerships with policy makers was seen by the focus group participants to be a key strategy for A&M in the future. A&M already has some experience in undertaking collaborative work with other networks and pan-European initiatives (e.g. TAMPEP, and the Umbrella Project) and this was seen as a key to avoid duplication of activities and working more efficiently. It was felt that successful collaborative initiatives now needed to be cultivated and developed strategically. It was felt that collaborative initiatives with other networks are most likely to be successful where there are concordance in organisations’ aims, shared and agreed project objectives and pooling of resources. Another useful strategy for promoting good partnerships is ensuring early joint planning.

Suggestions were made about the type of strategic partnerships which could be developed. Partnerships with EU surveillance networks (e.g. EuroHIV) could facilitate the receipt and sharing of epidemiological data related to HIV/AIDS and migrant populations to inform local, national and EU policy and planning. An example of this is the review of HIV/AIDS surveillance data currently being undertaken as part of the A&M evaluation. This exercise was seen as being particularly effective in describing and monitoring changes in HIV/AIDS burden in migrants across the EU. Though it was thought that a closer collaboration with epidemiolo-

gists in looking at HIV/AIDS epidemiology among migrants and ethnic minorities was not the main role of A&M, some of the key stakeholders felt that A&M could contribute to making epidemiology data more comprehensible so that it may be a useful tool for migrant communities.

#### 6.4 Strategies for improving the NFP network

The relative merits and disadvantages of the NFP structure have been discussed previously. The steering committee also identified various problems NFPs face such as lack of recognition of their work for A&M by their organisations and, in some cases, the lack of direct access to the money sent by A&M to support the networking activities. It was felt that much of the work is done because of personal commitment and in some cases, it is difficult for NFPs to stay involved if the work plan does not reflect the national needs. This has much to do with the heterogeneity of the NFP network. Generally, the committee felt that there should be more commitment from the NFPs' institutions and national governments and, in order to design the network for the future, it is important to involve partners from the countries that will join the EU in the coming years.

It was also suggested that A&M should put pressure on the EC to formalise the network (make A&M an organisation instead of a project) with continued funding from the EU. At the national level, the committee felt that it is the task of NFPs to contact their governments and get their commitment on this matter. It was suggested that national steering committees comprising of people from NGOs, governmental bodies and community-based organisations be set up which would meet once or twice per year to give advice to the national co-ordination. By involving government personnel in such steering committees, communication between NFPs and administrations would be increased.

According to focus group participants, the role of the NFP had become burdensome as they needed to prove that they were not unfairly advantaged by receiving this 'special status' from A&M. Participants felt that given their many limitations, there could be some mileage into looking 'beyond NFPs' to find more effective structures or activities. The key to achieving this was maintaining their current function (national co-ordination, communication and dissemination) without placing undue emphasis on individual organisations.

There was some agreement that instead of trying to impose a single structure on all countries, it may be better to work within individual countries to agree which country-specific arrangement could best work for them. This is particularly important, as countries with large migrant populations may not have the same support needs or opportunities as countries with small or few communities. Similarly, countries where the picture with respect to migrants and AIDS is changing rapidly (e.g. Ireland) may need different support to those where the problems have stabilised.

## Recommendations

1. *Recognise heterogeneity across EU countries:* Different countries are at different stages of development as far as awareness and response to AIDS and migration issues are concerned. Many larger EU countries have a long history dealing with migrant communities and have a strong and diverse community-based organisation network. On the other hand, other countries have little experience with these issues and are only recently developing structures to deal with these. A&M should consider having different strategies for networking and supporting these different scenarios.
2. *Consider placing NFPs within appropriate governmental or statutory organisations:* Government or statutory organisations were seen as being less affiliated partners, and having more influence than NFPs based in an NGO or community setting.
3. *Ensure that organisational and NFP objectives confer:* As relatively little support is available to NFPs under the current structure, it was felt that consideration should be given to choosing NFPs whose organisational objectives closely match those of A&M.
4. *Consider requesting additional funding to support network activities:* It was felt that better resourcing may be needed to improve the communication, support and networking across NFPs. This was considered vitally important if local partners were to remain motivated.
5. *Explore avenues for other incentives for NFPs:* For example exchange visits, training etc. Although funding for NFPs is limited, other incentives should be considered to motivate NFPs.

In the new Public Health Programme, countries in Central and Eastern Europe can participate. For A&M, this means that it can start looking for NFPs in these countries in the coming year. The steering committee felt that working in HIV/AIDS prevention in Eastern Europe will be increasingly important because of the rapidly expanding HIV epidemic and because of the high incidence of TB, including MDRTB. NGO development in these countries is very limited and A&M could play an important role in fostering the building up of an NGO community, by using governmental structures.

The aim of this project was to investigate the situation with respect to HIV/AIDS and mobility in Europe and evaluate the current structure and functioning of A&M in relation to future organisational challenges. This small-scale project has provided some interesting and stimulating results. However when considering these findings, it is important to be aware of the limitations of the project. These limitations arise primarily because of the low response rate achieved for the questionnaire and for recruitment to the focus group discussions. This makes any comparisons between countries problematic and mitigates against any detailed analysis of the penetration and impact of A&M outputs. With these caveats, below we summarise the key findings of the project as obtained from a review of literature and other materials, responses to a questionnaire survey of HIV/AIDS organisations, a focus group discussion and various interviews with key stakeholders. Following this summary we present recommendations for ways in which A&M can best face its new challenges.

### **7.1 What are the current needs regarding the development of an appropriate response to migration and HIV/AIDS at local and EU level?**

It is clear from the data presented in this report that migrants and ethnic minorities continue to experience serious inequalities in HIV/AIDS prevention, diagnosis and care. Although the number of AIDS cases is decreasing throughout Europe, this decrease is less marked in mobile populations – particularly in migrants from sub-Saharan Africa. However, the lack of comparability in the data produced by existing systems of HIV/AIDS surveillance across Europe makes an accurate assessment of the needs of these population groups problematic. There is a clear need for the development of criteria and for data collection processes that can be applied across countries in the EU so as to produce reliable, comparable data to enable accurate needs assessment. Such data would greatly enhance implementation of suitable interventions, at both the national and European levels, to tackle these glaring inequalities. Although AIDS may be coming off the agenda in many EU countries, the epidemiological data suggest that a refining of surveillance strategies could be invaluable in guiding HIV/AIDS public health initiatives.

From the perspective of organisations working in the field of HIV/AIDS and migration, the past 10 years have seen the following changes:

- increase in the number of migrants
- different populations migrating
- shifting in migration laws
- increased hostility in governmental and societal attitudes toward migrants.

The priorities for organisations in order to address these changes include:

- the development of culturally and linguistically appropriate services and information materials
- building up the capacity of migrant community-based organisations and
- improving access to care for migrant people living with HIV/AIDS.

## 7.2 Is the current structure of A&M working?

The structure of A&M underwent a significant change in 1997 when the network of National Focal Points was created. The role of the NFP is to develop A&M contacts and active participants at a national level and to act as the key informant for each particular country. The NFP can be hosted in either governmental or non-governmental organisations, the choice being made by the country involved. Participants of the focus group agreed that in order to improve the functioning of the NFP network, adjustments need to be made to the current NFP structure through improving funding and legitimacy. At the moment, the support (financial and human resources) that A&M can provide to the NFPs is limited. Conflicts also arise between the NFPs' organisational needs and those of the A&M network.

It was clear from the survey that the situation in regards to HIV/AIDS and mobility is very heterogeneous across the EU countries. Consequently the NFPs too are very heterogeneous as their role reflects the stage of development the host country has reached in the field of HIV/AIDS and migration. This is clearly seen when comparing countries with established ethnic minorities communities, such as UK, France, Netherlands and Belgium who now have significant input into decision making as well as forming an important pressure group with secure funding, with those where migration is still a recent phenomenon. Respondents felt that although NFPs play a key role in maintaining contacts between interested parties, they were not always successful in doing so.

Participants in the focus group gave examples for strategies, which could be used to overcome some of these difficulties. These included:

1. Establishing strategic partnerships with government agencies with a specific remit for ethnicity, migration and health. Encouraging that agency to deliver A&M activities as part of their own work plan (i.e. shared objectives and outputs).
2. In countries with many key players, creating a network group (possibly with rotating chair) so as to ensure inclusive and shared ownership.
3. In countries where the NFPs are failing to offer support to the network, facilitate focused group discussions with key players and agree shared strategies for intervention and collaboration.

Imposing a single, standard NFP structure on 15 EU states may be inappropriate and more thought should be given to developing local structures which are acceptable, appropriate and owned by all potential partners in any given country. The creation of country networks, with shared or rotating chairmanship may be a solution for countries with large and diverse migrant community groups. However, this will require some investment from A&M to establish and support them.

This research would suggest that in some countries there is a lack of awareness of A&M and that this compromises the penetration and impact of A&M's outputs. Those interviewed thought that NIGZ is an appropriate organisation to host A&M

because of its interest in health promotion and migrants' health and that both parties benefit from the partnership. However, it was felt that the continuation of this partnership was strongly dependent on how the future interests of NIGZ in this field develop as well as future funding considerations.

### 7.3 What has A&M achieved?

Overall, from the interviews, focus group discussion and questionnaire, there was a strong sense that A&M is a successful collaboration project that has achieved much throughout its 10-year existence. Respondents felt that A&M has established itself as a reference point for information relating to HIV/AIDS and migration and that it has succeeded in creating and maintaining an extensive network. However there was a feeling that perhaps A&M has been too centred on Europe and more should be done with countries of origin. Participants in the focus group had a clear vision of the organisation's strengths and thought that these should continue to be built upon in the future. However, it was felt, perhaps equally as strongly, that the changing nature of migration and AIDS in Europe required that the organisation should respond appropriately.

A&M has played a key role in many EU countries with regards to informing policy and political activity on issues related to HIV/AIDS and mobile populations. This is a particularly significant achievement at a time when AIDS seems to be falling off the political agenda and issues around migration are becoming even more topical. In many countries, A&M has set the standard politically and provided a platform for these issues to be raised. The organisation and its remit of HIV/AIDS, migration and mobility has enabled host countries to legitimately focus on these difficult issues. This has been particularly important for countries that have only recently seen an influx of migrant communities and are developing ways of dealing with the resultant health and social issues.

### 7.4 Recommendations for A&M

- Worsening public attitudes are seen as a major threat to the health and well-being of migrant communities and highlights a need for A&M to fully become increasingly involved in social and health policy. Although this advocacy role may not be fully supported by the organisation's main funding agency, there may be some role for facilitation, education and policy development that may complement and assist those more directly involved in advocacy. There is also a need to continue advocating for equal access to HIV treatments through collaboration with other networks or organisations working toward the same remit. If A&M is to move further into the role of advocacy, it is crucial that it recruits personnel and steering committee members with expertise in advocacy and lobbying.
- A&M needs to develop a clear mandate regarding whether or not to expand to other areas of migrant health and adopt a more holistic approach to improving the health of migrants. This can only be done through dialogue with all A&M NFPs and key stakeholders. Should it decide to broaden its focus, as a small organisation this may necessitate either organisational expansion or the establishment of strategic partnerships. There is a precedent for A&M initiating projects and then handing

them over to other organisations (e.g. the CAP Prevention project). A&M could explore the possibility of initiating a small-scale project on a broader issue closely related to HIV/AIDS, such as TB, with a view to it being continued by another, relevant, organisation.

- Strategic partnerships have been established with other EU networks and have largely been successful. A&M should continue to build on these successes in the future in order to widen the A&M network and improve funding opportunities. It is important to maintain strong links with networks and organisations dedicated to improving the health of specific communities, such as those working with, and for, African communities, sex workers, gypsies and IDUs.
- To date A&M has done little work with the countries of origin of migrants from outside Europe. In the future A&M could explore using its experience and strategic know-how to contribute to international work outside Europe. Once again, this would be best facilitated through collaboration with existing networks, such as the African Partenariat.
- A&M should use its influence to encourage and support the appropriate collection and use of HIV/AIDS surveillance data for migrants and ethnic minorities in Europe. It should make these data and other relevant information more accessible to migrant communities to facilitate empowerment and appropriate use of potentially sensitive information.
- Although A&M has developed a strong 'brand recognition' and is a respected force in its field, it would be useful to further explore the effectiveness of individual activities and outputs. A&M's greatest strengths have been identified as its role as liaison, publications, training and advocacy, but it is not known how useful these are for different types of organisations such as those which are grass-roots or community-based.
- A&M appears to be particularly useful in countries where the issues of HIV/AIDS and migration are just emerging. Here A&M plays an essential role in guiding NFPs in the appropriate response to the changing country situation and in providing information and expertise. This is a strength that A&M should build upon.
- The NFP network has been integral to the effective functioning of A&M, however lack of financial support and political commitment at national level compromises their ability to fulfil their responsibilities. By placing pressure on the EC to formalise the A&M network as a permanent programme at European level, A&M would improve legitimacy and therefore improve chances of securing future funding.
- In order to improve the visibility of A&M and ensure that organisations at all levels, particularly community-based organisations, are aware of A&M's activities, it is important that A&M recruits appropriate NFPs according to the country situation. A&M should consider various strategies to increase the network's effectiveness such as appointing 2 NFPs per country (e.g. a governmental representative and an NGO or CBO) in order to spread the financial and work responsibilities. Even though it is difficult to monitor the effectiveness of NFPs in relation to individual country situations, it is imperative that each NFP is committed to building an

awareness of A&M activities on a national level so that the organisations that most need the expertise of A&M can be reached.

## ■ 7.5 Concluding remarks

This report has shown that the heterogeneity that exists within the field of HIV/AIDS and mobility makes it difficult for A&M to develop uniform policies and activities. The diverse range of environments, both on a national and organisational level, is further complicated by ever-changing political and policy agendas. Even with this complex situation, A&M has not only managed to become a valuable source of expertise to those working in the field, but has also spearheaded the movement to improve the situation of mobile populations across Europe in relation to HIV/AIDS. It is hoped that this report can be used as a valuable tool in this endeavour.

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## Appendix II

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+ two representatives of the NFP network

## Appendix III

## Summary of major A&M activities

<p><b>Proportion NEC:</b></p> <p><b>Proportion CEC:</b></p> <p><b>Proportion SEC:</b></p> <p><b>Proportion COO:</b></p>	<p>Proportion of participants from Northern European Countries: Norway, Sweden, Finland, Denmark, UK</p> <p>Proportion of participants from Central European Countries: France, Netherlands, Belgium, Austria and Germany</p> <p>Proportion of participants from Southern European Countries: Portugal, Spain, Italy and Greece</p> <p>Proportion of participants from Countries of Origin</p>
<p><b>Name of the activity</b> ■</p> <p><b>Type of activity</b> ■</p> <p><b>Aims</b> ■</p> <p><b>Implementation</b> ■</p> <p><b>Number of participants</b> ■</p> <p><b>Languages</b> ■</p> <p><b>Proportion NEC</b> ■</p> <p><b>Proportion CEC</b> ■</p> <p><b>Proportion SEC</b> ■</p> <p><b>Proportion COO</b> ■</p> <p><b>Evaluation</b> ■</p> <p><b>Main conclusions</b> ■</p> <p><b>Date of report</b> ■</p>	<p>Bilateral Project Poland-Germany. AIDS Prevention for Polish Sex Workers in Berlin</p> <p>Pilot project</p> <p>The activity focused on the cities of Warsaw and Berlin. Its objectives were to assess the influence of increasing mobility between these cities on the commercial sex sector and to develop appropriate health promotion activities concerning HIV/AIDS and other sexually transmitted diseases</p> <p>Berlin and Warsaw, June 1992 to March 1993</p> <p>17</p> <p>English, Polish, German</p> <p>0%</p> <p>18%</p> <p>0%</p> <p>88%</p> <p>The experiences of the project can certainly serve as an example for comparable activities in other countries.</p> <p>The various participants of the Poland-Germany project stressed the need for health education activities specifically designed for mobile sex workers between the two countries. The current climate is characterised by a strong taboo on prostitution and it is not beneficial to the involvement of sex workers in self-help activities.</p> <p>May 1993</p>
<p><b>Name of the activity</b> ■</p> <p><b>Type of activity</b> ■</p> <p><b>Aims</b> ■</p>	<p>Drug use, mobility and the spread of HIV</p> <p>Workshop</p> <p>To discuss various aspects of the mobility of drug</p>

	users: patterns of mobility, countries/cities involved, organisational responses and the impact of this phenomenon on the spread of HIV.
<b>Implementation</b> ■	Amsterdam, 26-28 May 1993
<b>Number of participants</b> ■	23
<b>Languages</b> ■	English, Dutch
<b>Proportion NEC</b> ■	22%
<b>Proportion CEC</b> ■	65%
<b>Proportion SEC</b> ■	13%
<b>Proportion SEC4</b> ■	0%
<b>Evaluation</b> ■	Satisfying
<b>Main conclusions</b> ■	There is lack of scientific knowledge about mobility patterns of drug users and about the impact of mobility on risk behaviour and transmission of HIV.
<b>Date of report</b> ■	October 1993
<b>Name of the activity</b> ■	Male prostitution and mobility: Report of a pilot project aimed at male prostitution and mobility between Central/Eastern and Western Europe
<b>Type of activity</b> ■	Pilot project
<b>Aims</b> ■	The objectives of the pilot project were to gain deeper insight into the issue and to develop appropriate interventions.
<b>Implementation</b> ■	Berlin and Amsterdam, 1993
<b>Number of participants</b> ■	Not applicable
<b>Languages</b> ■	English, Polish, Rumanian
<b>Evaluation</b> ■	The health and social workers appreciated the international co-operation during the activity and found the exchange of knowledge and experiences very useful for their work.
<b>Main conclusions</b> ■	The health and social workers that were involved in the pilot project stressed the high degree of mobility of the target groups between metropolitan areas in Western Europe.
<b>Date of report</b> ■	Amsterdam, April 1994
<b>Name of the activity</b> ■	Migrants, Ethnic Minorities and AIDS: First European Meeting for the Exchange of Information
<b>Type of activity</b> ■	Meeting
<b>Aims</b> ■	To define problems, expectations and demands from the perspective of migrants and refugees living with AIDS in Europe and to promote a better exchange of ideas.
<b>Implementation</b> ■	Blossin, Germany, 7-10 May 1993
<b>Number of participants</b> ■	54
<b>Languages</b> ■	German, English
<b>Proportion NEC</b> ■	15%
<b>Proportion CEC</b> ■	5%
<b>Proportion SEC</b> ■	15%
<b>Proportion COO</b> ■	15%

<b>Evaluation</b> ■	Satisfying
<b>Main conclusions</b> ■	It is necessary to have a more effective co-operation between organisations of migrants and refugees, self-help groups and AIDS Service Organisations, with the objective of creating a network structure.
<b>Date of report</b> ■	November 1993
<b>Name of the activity</b> ■	Report of the evaluation meeting on Turkish HIV/AIDS educational materials
<b>Type of activity</b> ■	Meeting
<b>Aims</b> ■	To review existing HIV/AIDS educational materials for the Turkish population, to identify the gaps in existing materials and to express the needs for development of specific materials and to present concrete recommendations to people/organisations who intend to develop specific HIV/AIDS educational materials for Turkish migrants in the near future.
<b>Implementation</b> ■	Amsterdam, 10-13 October 1993
<b>Number of participants</b> ■	10
<b>Languages</b> ■	Turkish, English, German
<b>Proportion NEC</b> ■	20%
<b>Proportion CEC</b> ■	60%
<b>Proportion SEC</b> ■	0%
<b>Proportion COO</b> ■	20%
<b>Evaluation</b> ■	Satisfying
<b>Main conclusions</b> ■	The results contain a clear and systematic description of all materials which have been taken into consideration. Criteria for the effectiveness of materials have been developed. The final publication also includes pictures of the materials involved and concludes with a chapter of concrete recommendations on how to develop appropriate HIV/AIDS educational materials for the Turkish population.
<b>Date of report</b> ■	Amsterdam, October 1993
<b>Name of the activity</b> ■	Second European Meeting for the Exchange of Information on Ethnic Minorities, Migrants and AIDS: Focus on Human Rights and AIDS
<b>Type of activity</b> ■	Meeting
<b>Aims</b> ■	To facilitate the exchange of information among the associations working in this field.
<b>Implementation</b> ■	Alden Biesen, Belgium, 2-5 June 1994
<b>Number of participants</b> ■	57
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	39%
<b>Proportion CEC</b> ■	37%
<b>Proportion SEC</b> ■	21%
<b>Proportion COO</b> ■	3%
<b>Evaluation</b> ■	Satisfying

<b>Main conclusions</b> ■	The immediate result of this meeting was the establishment of a working group which, until now, not only contributed to co-operate in elaborating and distributing the documentation but also worked on possible strategies of AIDS intervention and prevention.
<b>Date of report</b> ■	1994
<b>Name of the activity</b> ■	First European Workshop on HIV/AIDS in Relation to Refugees and Asylum Seekers
<b>Type of activity</b> ■	Workshop
<b>Aims</b> ■	To exchange information, to review existing policies/programmes and to assess the needs for international collaboration.
<b>Implementation</b> ■	Noordwijkerhout, Netherlands, 29 June to 2 July 1994
<b>Number of participants</b> ■	36
<b>Languages</b> ■	English, Dutch
<b>Proportion NEC</b> ■	27%
<b>Proportion CEC</b> ■	54%
<b>Proportion SEC</b> ■	8%
<b>Proportion COO</b> ■	8%
<b>Evaluation</b> ■	Moderately satisfying
<b>Main conclusions</b> ■	All participants felt the need for a follow-up of this meeting to develop common strategies and recommendations. A background paper and country reports have been produced as separate documents. This report reflects the contents and recommendations of the meeting.
<b>Date of report</b> ■	1994
<b>Name of the activity</b> ■	AIDS Prevention for Mobile Populations in the Black Sea Region. Report of a bilateral project between Sochi (Russia) and Trabzon (Turkey)
<b>Type of activity</b> ■	Bilateral project
<b>Aims</b> ■	The activity focused on the mobility between two cities: Sochi (Russia) and Trabzon (Turkey) so that contacts between health services in Russia and Turkey and health promotion efforts can be established.
<b>Implementation</b> ■	Trabzon, Turkey, 1-3 December 1994
<b>Number of participants</b> ■	25
<b>Languages</b> ■	English, Turkish, Russian
<b>Proportion NEC</b> ■	0%
<b>Proportion CEC</b> ■	8%
<b>Proportion SEC</b> ■	0%
<b>Proportion COO</b> ■	92%
<b>Evaluation</b> ■	Moderately satisfying
<b>Main conclusions</b> ■	HIV/AIDS awareness increased but only a few preventive initiatives were of implementation and lack of involvement of local counterparts was a big obstacle.
<b>Date of report</b> ■	Utrecht, June 1995

<b>Name of the activity</b> ■	AIDS Prevention for Tourists. Report of a Pilot Project in Santorini/Greece
<b>Type of activity</b> ■	Pilot project
<b>Aims</b> ■	To raise awareness regarding HIV/AIDS and to promote safer sex behaviour among tourists in Santorini, Greece.
<b>Implementation</b> ■	Santorini, 1994
<b>Number of participants</b> ■	not applicable
<b>Languages</b> ■	English, Greek
<b>Evaluation</b> ■	The overall perception of the campaign by the tourist sector and the (health) authorities was positive. The local counterparts appreciated the idea of implementing an AIDS prevention campaign specifically designed for tourists and agreed with the promotion materials.
<b>Main conclusions</b> ■	The efforts that were made in the framework of the Santorini Project can be considered worthwhile. The project showed that it is feasible to implement AIDS awareness campaigns in a tourist setting. Some of the recommendations are valid for AIDS prevention interventions for tourists in general.
<b>Date of report</b> ■	March 1995
<b>Name of the activity</b> ■	AIDS Prevention Information for Mobile Drug Users in Europe. Report of a Pilot Project. Tips for Trips in Europe
<b>Type of activity</b> ■	Pilot project
<b>Aims</b> ■	To develop a project guide to provide information about interventions aimed at mobile populations and about organisations active in this field. The projects that are described are based in the United Kingdom, Germany, the Netherlands and Belgium.
<b>Implementation</b> ■	Woerden, January 1996
<b>Number of participants</b> ■	24
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	12%
<b>Proportion CEC</b> ■	67%
<b>Proportion SEC</b> ■	21%
<b>Proportion COO</b> ■	0%
<b>Evaluation</b> ■	The brochures Tips for Trips in Europe respond to the need for specific information aimed at mobile drug users in Europe.
<b>Main conclusions</b> ■	The efforts to provide mobile drug users with AIDS prevention and health promotion information need to be continued in the future.
<b>Date of report</b> ■	January 1996
<b>Name of the activity</b> ■	Mobility, Prostitution and HIV Prevention in Central/Eastern & Western Europe
<b>Type of activity</b> ■	Workshop

<b>Aims</b>	■	The purpose of the workshop was to promote the exchange of expertise and experiences of health professionals in the field of prostitution in Western and Central/Eastern Europe.
<b>Implementation</b>	■	Szczecin, Poland, 26-28 June 1996
<b>Number of participants</b>	■	55
<b>Languages</b>	■	English, Polish
<b>Proportion NEC</b>	■	4%
<b>Proportion CEC</b>	■	27%
<b>Proportion SEC</b>	■	0%
<b>Proportion COO</b>	■	69%
<b>Evaluation</b>	■	Overall satisfying. The small groups were appreciated. Several participants stressed the need to organise a comparable workshop in a country of the former Soviet Union, as this is a region where many sex workers come from.
<b>Main conclusions</b>	■	The participants concluded that the workshop in Szczecin responded effectively to the need for exchange of knowledge, experiences, views and concerns between health care professionals in Western and Central/Eastern Europe.
<b>Date of report</b>	■	January 1996
<b>Name of the activity</b>	■	Fourth European Meeting on Migrants, Ethnic Minorities and HIV/AIDS
<b>Type of activity</b>	■	Meeting
<b>Aims</b>	■	The main aims of the meeting were to provide a forum to highlight the specific needs of migrants and ethnic minorities with regard to HIV/AIDS prevention, care, treatment and support, stimulate exchange and strengthen collaboration between organisations and government structures and to develop concrete strategies and proposals for action.
<b>Implementation</b>	■	Barcelona, 9-13 November 1996
<b>Number of participants</b>	■	80
<b>Languages</b>	■	English, Spanish
<b>Proportion NEC</b>	■	20%
<b>Proportion CEC</b>	■	40%
<b>Proportion SEC</b>	■	37%
<b>Proportion COO</b>	■	3%
<b>Evaluation</b>	■	Positively. Some of them showed their satisfaction on how the Norway issue was dealt with.
<b>Main conclusions</b>	■	The forum provided participants with new ideas and enthusiasm. The following areas were highlighted: HIV and marginalised groups, HIV/AIDS and migrant women, drugs and HIV/AIDS, migrants and ethnic minorities in prisons, accessibility and appropriate approaches, legal aspects and HIV/AIDS, community mobilisation and empowerment, network development, HIV/AIDS and the gypsy community (Spain).
<b>Date of report</b>	■	June 1997

<b>Name of the activity</b> ■	Working with (Foreign) Boys in Prostitution. Training in Vienna – Austria
<b>Type of activity</b> ■	Training programme
<b>Aims</b> ■	A training programme for outreach workers who work with (foreign) male prostitutes was organised. The purpose of the training was to develop communication skills, especially while working with boys from a different cultural and linguistic background. The training addressed three main areas: knowledge, attitudes and skills.
<b>Implementation</b> ■	Vienna, 7-10 August 1997
<b>Number of participants</b> ■	17
<b>Languages</b> ■	English, German
<b>Proportion NEC</b> ■	25%
<b>Proportion CEC</b> ■	52%
<b>Proportion SEC</b> ■	0%
<b>Proportion COO</b> ■	27%
<b>Evaluation</b> ■	Overall satisfying
<b>Main conclusions</b> ■	It is important that health and social workers in different cities are aware of prevention messages and existing services of their colleagues abroad, in order to be able to provide appropriate contacts for the young men.
<b>Date of report</b> ■	April 1998
<b>Name of the activity</b> ■	Training for Female African Migrants. African Women Confronting AIDS
<b>Type of activity</b> ■	Training workshop
<b>Aims</b> ■	To develop a training guide which contains general information on the organisation of training on how to confront African women with AIDS. Attention is paid to the role of trainers, training methods and interaction during the training and various aspects of evaluation and attention is also paid to the modules of the training 'African Women Confronting AIDS'.
<b>Implementation</b> ■	September 1997
<b>Number of participants</b> ■	15
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	Not known
<b>Proportion CEC</b> ■	Not known
<b>Proportion SEC</b> ■	Not known
<b>Proportion COO</b> ■	Not known
<b>Evaluation</b> ■	Overall satisfying
<b>Main conclusions</b> ■	The authors expect that this training guide inspires others to start initiatives in order to empower other (African) women in the fight against HIV/AIDS.
<b>Date of report</b> ■	October 1998

<b>Name of the activity</b> ■	Fifth European Meeting of Migrants, Ethnic Minorities against HIV/AIDS; Strategies for Action Meeting
<b>Type of activity</b> ■	Meeting
<b>Aims</b> ■	The main aims of the meeting were to provide a forum to highlight the specific needs of migrants and ethnic minorities with regard to HIV/AIDS prevention, care, treatment and support, stimulate exchange and strengthen collaboration between organisations and government structures and to develop concrete strategies and proposals for action.
<b>Implementation</b> ■	Oslo, October 1997
<b>Number of participants</b> ■	54
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	13%
<b>Proportion CEC</b> ■	57%
<b>Proportion SEC</b> ■	13%
<b>Proportion COO</b> ■	17%
<b>Evaluation</b> ■	Fruitful and inspiring
<b>Main conclusions</b> ■	It provided many new ideas and strength to improve commitment in the fight against HIV.
<b>Date of report</b> ■	April 1998
<b>Name of the activity</b> ■	Male Prostitution and Mobility
<b>Type of activity</b> ■	Training programme
<b>Aims</b> ■	The purpose of the training was to support and improve the skills of outreach workers, especially while working with boys from different cultural and linguistic backgrounds. The training was aimed also at developing exercises that are suitable for capacity building of health workers addressing (foreign) boys in prostitution.
<b>Implementation</b> ■	Berlin, 6-9 November 1997
<b>Number of participants</b> ■	18
<b>Languages</b> ■	English, German
<b>Proportion NEC</b> ■	22%
<b>Proportion CEC</b> ■	44%
<b>Proportion SEC</b> ■	0%
<b>Proportion COO</b> ■	36%
<b>Evaluation</b> ■	Overall satisfying
<b>Main conclusions</b> ■	This report aims at reflecting the activities and exercises of the training for the participants. A more detailed and elaborate description of the training programme was incorporated in the training guide.
<b>Date of report</b> ■	December 1997 – Training Guide 1998
<b>Name of the activity</b> ■	Regional Training on Culturally & Linguistically Appropriate Services
<b>Type of activity</b> ■	Training workshop
<b>Aims</b> ■	To improve the skills of health workers who deal with migrant populations and ethnic minority communities.

<b>Implementation</b> ■	London, 22-25 October 1998
<b>Number of participants</b> ■	15
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	67%
<b>Proportion CEC</b> ■	13%
<b>Proportion SEC</b> ■	0%
<b>Proportion COO</b> ■	20%
<b>Evaluation</b> ■	Satisfying
<b>Main conclusions</b> ■	The author expects that the participants and all readers of this report will use the experiences made during the training workshop to improve the services aimed at migrants and ethnic minorities living with HIV and AIDS.
<b>Date of report</b> ■	March 1999
<b>Name of the activity</b> ■	Promoting Grass-Roots Initiatives
<b>Type of activity</b> ■	Seminar
<b>Aims</b> ■	The seminar brought together experts from the field from the EU member states and the National Focal Points on promoting grass-roots organisations. The seminar is a follow-up initiative of the World Health Organization meeting, which was held in London from 5-9 October 1995.
<b>Implementation</b> ■	Lisbon, 10-13 December 1998
<b>Number of participants</b> ■	37
<b>Languages</b> ■	English, Portuguese
<b>Proportion NEC</b> ■	22%
<b>Proportion CEC</b> ■	41%
<b>Proportion SEC</b> ■	30%
<b>Proportion COO</b> ■	7%
<b>Evaluation</b> ■	Overall satisfying
<b>Main conclusions</b> ■	The discussions in the workshops contributed to the development of guidelines of how to promote grass-roots initiatives in HIV/AIDS prevention targeting migrant and ethnic minority communities.
<b>Date of report</b> ■	November 1999
<b>Name of the activity</b> ■	Regional training 'An introduction to peer education'
<b>Type of activity</b> ■	Training workshop
<b>Aims</b> ■	To improve the skills of health workers/representatives of migrant organisations with respect to planning and implementation of peer education interventions aimed at migrant communities.
<b>Implementation</b> ■	Utrecht, The Netherlands, 25-28 March 1999
<b>Number of participants</b> ■	14
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	7%
<b>Proportion CEC</b> ■	29%

<b>Proportion SEC</b> ■	64%
<b>Proportion COO</b> ■	0%
<b>Evaluation</b> ■	Need of special training on education
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop with respect to planning and implementation of peer education interventions aimed at migrant communities.
<b>Date of report</b> ■	August 1999
<b>Name of the activity</b> ■	Sixth European Meeting of Migrants and Ethnic Minorities against HIV/AIDS – Achievements and Perspectives
<b>Type of activity</b> ■	Meeting
<b>Aims</b> ■	The meeting focused in particular on non-governmental and community-based organisations. The major issues were specific populations and situations with respect of vulnerability, assessment/research, policy, strategies, care issues and collaboration with countries or origin.
<b>Implementation</b> ■	Marseilles, France, May 1999
<b>Number of participants</b> ■	85
<b>Languages</b> ■	English, French
<b>Proportion NEC</b> ■	15%
<b>Proportion CEC</b> ■	58%
<b>Proportion SEC</b> ■	15%
<b>Proportion COO</b> ■	12%
<b>Evaluation</b> ■	Difficult to interpret, overall satisfying
<b>Main conclusions</b> ■	In the process of 'normalisation', AIDS has lost some of its stigma, together with an increase of treatment options and a decreasing interest to fund AIDS activities. The visibility of HIV/AIDS issues and the visibility of migrants living with HIV and AIDS have increased.
<b>Date of report</b> ■	February 2000
<b>Name of the activity</b> ■	Access to New Treatments for Migrants Living with HIV/AIDS
<b>Type of activity</b> ■	Seminar
<b>Aims</b> ■	To increase the understanding of issues surrounding access to new treatments for migrants, to assess obstacles to access and to develop solutions.
<b>Implementation</b> ■	Athens, Greece, 25-27 June 1999
<b>Number of participants</b> ■	34
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	18%
<b>Proportion CEC</b> ■	44%
<b>Proportion SEC</b> ■	32%
<b>Proportion COO</b> ■	6%
<b>Evaluation</b> ■	Overall satisfying

<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop with respect to new HIV treatments.
<b>Date of report</b> ■	October 1999
<b>Name of the activity</b> ■	<b>Migrants Living with HIV/AIDS – Overcoming Communication Barriers and Reinforcing Strategies of Support</b>
<b>Type of activity</b> ■	Training workshop
<b>Aims</b> ■	To propose practical and tangible solutions in overcoming communication barriers existing between migrants living with HIV/AIDS to enhance the support.
<b>Implementation</b> ■	Antwerp, Belgium, 28-31 October 1999
<b>Number of participants</b> ■	20
<b>Languages</b> ■	English
<b>Proportion NEC</b> ■	25%
<b>Proportion CEC</b> ■	70%
<b>Proportion SEC</b> ■	5%
<b>Proportion COO</b> ■	0%
<b>Evaluation</b> ■	Satisfying
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop to improve the services aimed at migrants and ethnic minorities living with HIV and AIDS.
<b>Date of report</b> ■	February 2000
<b>Name of the activity</b> ■	<b>Difficultés culturelles et linguistiques dans l’approche du Sida auprès des Migrants: Essai de réponse. [Linguistic and cultural difficulties regarding migrants and HIV/AIDS]</b>
<b>Type of activity</b> ■	Training workshop
<b>Aims</b> ■	To improve the skills of health workers/representatives of migrant organisations with respect to planning and implementation of education interventions aimed at migrant communities.
<b>Implementation</b> ■	Paris, 25-28 November 1999
<b>Number of participants</b> ■	19
<b>Languages</b> ■	French
<b>Proportion NEC</b> ■	21%
<b>Proportion CEC</b> ■	48%
<b>Proportion SEC</b> ■	31%
<b>Proportion COO</b> ■	0%
<b>Evaluation</b> ■	Overall satisfying
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop with respect to planning and implementation of education interventions aimed at migrant communities.
<b>Date of report</b> ■	February 2000

## Appendix IV

## Summary of major A&M publications

<b>Name of the publication</b> ■	AIDS & Mobility: A Manual for the Implementation of HIV/AIDS Prevention Activities Aimed at Travellers and Migrants
<b>Type of publication</b> ■	Guide
<b>Objective</b> ■	The guide provides information about interventions aimed at mobile populations (travellers/tourists and migrants) and about organisations active in this field.
<b>Publication date</b> ■	March 1993
<b>Authors</b> ■	Rinske van Duifhuizen and Georg Bröring
<b>Languages</b> ■	English, French, German
<b>Main conclusions</b> ■	The authors expect that this guide inspires others to start initiatives in this field.
<b>Name of the publication</b> ■	Bilateral Project Poland-Germany. AIDS Prevention for Polish Sex Workers in Berlin
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The activity focused on the cities of Warsaw and Berlin. Its objectives were to assess the influence of increasing mobility between these cities on the commercial sex sector and to develop appropriate health promotion activities concerning HIV/AIDS and other sexually transmitted diseases.
<b>Publication date</b> ■	May 1993
<b>Authors</b> ■	Georg Bröring
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The various participants of the Poland-Germany project stressed the need for health education activities specifically designed for mobile sex workers between the two countries. The current climate is characterised by a strong taboo on prostitution and it is not beneficial to the involvement of sex workers in self-help activities.
<b>Name of the publication</b> ■	Report of the Evaluation Meeting on Turkish HIV/AIDS Educational Materials
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	To review existing HIV/AIDS educational materials for the Turkish population in Western Europe, to formulate the lack of existing materials and to express the needs for development of specific materials and to present concrete recommendations to peo-

<b>Publication date</b> ■	ple/organisations who intend to develop specific HIV/AIDS educational materials for Turkish migrants in the near future. October 1993
<b>Authors</b> ■	Deutsche AIDS-Hilfe
<b>Languages</b> ■	Turkish, English, German
<b>Main conclusions</b> ■	The results contain a clear and systematic description of all materials which have been taken into consideration. Criteria for the effectiveness of materials have been developed. The final publication also includes pictures of the materials involved and concludes with a chapter of concrete recommendations on how to develop appropriate HIV/AIDS educational materials for the Turkish population.
<b>Name of the publication</b> ■	Drug Use, Mobility and the Spread of HIV. Report of the Workshop Held in Amsterdam, 26-28 May 1993
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	This report contains various aspects of the mobility of drug users: patterns of mobility, countries/cities involved, organisational responses and the impact of this phenomenon on the spread of HIV.
<b>Publication date</b> ■	October 1993
<b>Authors</b> ■	Georg Bröring
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	There is a lack of scientific knowledge about mobility patterns of drug users and about the impact of mobility on risk behaviour and transmission of HIV.
<b>Name of the publication</b> ■	Migrants, Ethnic Minorities and AIDS. First European Meeting for the Exchange of Information
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The meeting reports the problems, expectations and demands from the perspective of migrants and refugees living in Europe aimed to promote a better exchange of ideas.
<b>Publication date</b> ■	November 1993
<b>Authors</b> ■	Deutsche AIDS-Hilfe
<b>Languages</b> ■	German, English
<b>Main conclusions</b> ■	More effective co-operation between organisations of migrants and refugees, self-help groups and AIDS Service Organisations is needed, with the objective of creating effective network structures.
<b>Name of the publication</b> ■	Male Prostitution and Mobility. Report of a Pilot Project Aimed at Male Prostitution and Mobility between Central/Eastern and Western Europe

<p><b>Type of publication</b> ■</p> <p><b>Objective</b> ■</p> <p><b>Publication date</b> ■</p> <p><b>Authors</b> ■</p> <p><b>Languages</b> ■</p> <p><b>Main conclusions</b> ■</p>	<p>Report</p> <p>The objectives of the pilot project were to gain deeper insight into the issue and to develop appropriate interventions.</p> <p>April 1994</p> <p>Georg Bröring</p> <p>English</p> <p>The health and social workers that were involved in the pilot project stressed the high degree of mobility of the target groups between metropolitan areas in Western Europe.</p>
<p><b>Name of the publication</b> ■</p> <p><b>Type of publication</b> ■</p> <p><b>Objective</b> ■</p> <p><b>Publication date</b> ■</p> <p><b>Authors</b> ■</p> <p><b>Languages</b> ■</p> <p><b>Main conclusions</b> ■</p>	<p><b>First European Workshop on HIV/AIDS in Relation to Refugees and Asylum Seekers</b></p> <p>Report</p> <p>The objectives of this initial workshop were to exchange information, to review existing policies/programmes and to assess the needs for international collaboration in relation to refugees and asylum seekers.</p> <p>September 1994</p> <p>Rinske van Duifhuizen</p> <p>English, Dutch</p> <p>A background paper and country reports have been produced as a separate document. This report reflects the contents and recommendations of the meeting.</p>
<p><b>Name of the publication</b> ■</p> <p><b>Type of publication</b> ■</p> <p><b>Objective</b> ■</p> <p><b>Publication date</b> ■</p> <p><b>Authors</b> ■</p> <p><b>Languages</b> ■</p> <p><b>Main conclusions</b> ■</p>	<p><b>Handbook on AIDS and Drug Service Organisations with Specific Interventions for Mobile Drug Users</b></p> <p>Handbook</p> <p>This handbook describes the drug projects for foreign and mobile drug users in different European border regions and metropolitan areas. From every project, target groups, objectives, countries involved, kinds of services, etc. are outlined.</p> <p>October 1994</p> <p>Georg Bröring and Rik van Duifhuizen</p> <p>English</p> <p>This handbook can serve as a model for interventions to be developed in the future or those that are in the process of being established.</p>
<p><b>Name of the publication</b> ■</p> <p><b>Type of publication</b> ■</p> <p><b>Objective</b> ■</p>	<p><b>AIDS Prevention for Tourists. Report of a Pilot Project in Santorini/Greece</b></p> <p>Report</p> <p>Report of a pilot project on AIDS prevention in Santorini, Greece aimed to raise awareness regarding HIV/AIDS and to promote safer sex behaviour among tourists in Santorini, Greece.</p>

<b>Publication date</b> ■	March 1995
<b>Authors</b> ■	Georg Bröring, George Koulierakis
<b>Languages</b> ■	English, Greek
<b>Main conclusions</b> ■	The project showed that it is feasible to implement AIDS awareness campaigns in a tourist setting. Some of the recommendations are valid for AIDS prevention interventions for tourists in general.
<b>Name of the publication</b> ■	AIDS Prevention for Mobile Populations in the Black Sea Region. Report of a Bilateral Project between Sochi (Russia) and Trabzon (Turkey)
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	This activity focused on the mobility between two cities: Sochi (Russia) and Trabzon (Turkey). This report summarises the experience gained in the framework of the Black Sea Project.
<b>Publication date</b> ■	June 1995
<b>Authors</b> ■	Georg Bröring
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	Assessment was successful, HIV/AIDS awareness increased, though only a few preventive initiatives were implemented and lack of involvement of local counterparts was noticed.
<b>Name of the publication</b> ■	Report of the Second European Meeting for the Exchange of Information on Ethnic Minorities, Migrants and AIDS. Focus on Human Rights and AIDS
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The objective was to facilitate the exchange of information among the associations working in this field.
<b>Publication date</b> ■	August 1995
<b>Authors</b> ■	Kim Mulji and Oonagh O'Brien
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The immediate result of this meeting was the establishment of a working group which, until now, not only contributed to co-operate in elaborating and distributing the documentation but also worked on possible strategies of AIDS intervention and prevention.
<b>Name of the publication</b> ■	Mobility, Prostitution and HIV Prevention in Central/Eastern & Western Europe.
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The purpose of the workshop was to promote the exchange of expertise and experiences of health professionals in the field of prostitution in Western and Central/Eastern Europe.

<b>Publication date</b> ■	January 1996
<b>Authors</b> ■	Georg Bröring
<b>Languages</b> ■	English, Polish
<b>Main conclusions</b> ■	The participants concluded that the workshop in Szczecin responded effectively to the need for exchange of knowledge, experiences, views and concerns between health care professionals in Western and Central/Eastern Europe.
<b>Name of the publication</b> ■	AIDS Prevention for Mobile Drug Users in Europe, Report of pilot project
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	Poster presentation at the XI International Conference on AIDS in Vancouver
<b>Publication date</b> ■	January 1996
<b>Authors</b> ■	Georg Bröring, Rinske van Duifhuizen
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The efforts to provide mobile drug users with AIDS prevention and health promotion information need to be continued in the future.
<b>Name of the publication</b> ■	Fourth European Meeting on Migrants, Ethnic Minorities and HIV/AIDS
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The main aims of the meeting were to provide a forum to highlight the specific needs of migrants and ethnic minorities with regards to HIV/AIDS prevention, care, treatment and support, stimulate exchange and strengthen collaboration between organisations and government structures and to develop concrete strategies and proposals for action.
<b>Publication date</b> ■	June 1997
<b>Authors</b> ■	Eduardo Bada, Marisa Ros Collado, Rinske van Duifhuizen
<b>Languages</b> ■	English, Spanish
<b>Name of the publication</b> ■	Working with (Foreign) Boys in Prostitution. Training in Vienna – Austria
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The purpose of the training was to develop communication skills, especially while working with boys from a different cultural and linguistic background. The training addressed three main areas: knowledge, attitudes and skills.
<b>Publication date</b> ■	September 1997
<b>Authors</b> ■	Georg Bröring
<b>Languages</b> ■	English

<b>Name of the publication</b> ■	Male Prostitution and Mobility
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	Report of a training programme 'male prostitution and mobility' aimed at supporting and improving skills of outreach workers, especially while working with boys from a different cultural and linguistic background.
<b>Publication date</b> ■	December 1997
<b>Authors</b> ■	Georg Bröring
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	This report aims to reflect the activities and exercises of the training programme. A more detailed and elaborate description of the training programme is incorporated in the training guide.
<b>Name of the publication</b> ■	Fifth European Meeting of Migrants, Ethnic Minorities against HIV/AIDS: Strategies for Action
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The main aims of the meeting were to provide a forum to highlight the specific needs of migrants and ethnic minorities with regards to HIV/AIDS prevention, care, treatment and support, stimulate exchange and strengthen collaboration between organisations and government structures and to develop concrete strategies and proposals for action.
<b>Publication date</b> ■	April 1998
<b>Authors</b> ■	Teresa Hoefert
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The meeting provided many new ideas and strength to improve commitment in the fight against HIV.
<b>Name of the publication</b> ■	Male Prostitution in Europe – Training Guide for Health and Social Workers who Deal with (Foreign) Male Prostitutes
<b>Type of publication</b> ■	Training guide
<b>Objective</b> ■	Training guide designed for the improvement of professional skills of those who work for (foreign) male prostitutes.
<b>Publication date</b> ■	April 1998
<b>Authors</b> ■	Georg Bröring, Tracey Pierpoint
<b>Languages</b> ■	English, French, German and Polish
<b>Main conclusions</b> ■	It is important that health and social workers in the different cities are aware of prevention messages and existing services of their colleagues abroad in order to be able to provide appropriate contacts for the young men.

<b>Name of the publication</b> ■	Migrants with HIV/AIDS and Access to Health Care in Europe; Human Rights Aspects
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	To examine the right to health care, a core element of the right to health, within an international human rights framework. Special attention is given to illegal migrants.
<b>Publication date</b> ■	June 1998
<b>Authors</b> ■	Raffi van den Berg
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	This document is a useful tool for mediators in the field who advocate the right to receive adequate and quality health care for migrants in Europe.
<b>Name of the publication</b> ■	AIDS & STDs and Migrants, Ethnic Minorities and other Mobile Groups; The State of Affairs in Europe
<b>Type of publication</b> ■	Book
<b>Objective</b> ■	This book contains 12 country reports written by the NFPs on the state of affairs on migrants, ethnic minorities and mobile populations in Europe.
<b>Publication date</b> ■	June 1998
<b>Authors</b> ■	Jeanette de Putter
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	There is considerable variation in the stage of development of national HIV/AIDS policies for prevention in the different EU countries. A number of recommendations are drawn from the reports.
<b>Name of the publication</b> ■	Training Guide for Female African Migrants. African Women confronting AIDS
<b>Type of publication</b> ■	Training guide
<b>Objective</b> ■	The training guide contains general information on the training programme. Attention is paid to the role of trainers, training methods and interaction during the training. Other aspects such as the modules of the training 'African Women Confronting AIDS' were also included.
<b>Publication date</b> ■	October 1998
<b>Authors</b> ■	Rinske van Duifhuizen, Latefa Imane, Marisa Ros Collado, Maureen Louhenapessy
<b>Languages</b> ■	English, French, Spanish
<b>Main conclusions</b> ■	The authors expect that this training guide inspires others to start initiatives in order to empower other (African) women in the fight against HIV/AIDS.
<b>Name of the publication</b> ■	Regional Training on Culturally & Linguistically Appropriate Services
<b>Type of publication</b> ■	Report

<b>Objective</b> ■	To improve the skills of health workers who deal with migrant populations and ethnic minority communities.
<b>Publication date</b> ■	March 1999
<b>Authors</b> ■	Ali Orhan, Stephanie Jones
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop to improve the services aimed at migrants and ethnic minorities living with HIV and AIDS.
<b>Name of the publication</b> ■	Regional training 'An introduction to peer education'.
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	To improve the skills of health workers/representatives of migrant organisations with respect to planning and implementation of peer education interventions aimed at migrant communities.
<b>Publication date</b> ■	August 1999
<b>Authors</b> ■	Veroon Vermeer, Necip Varan
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop with respect to planning and implementation of peer education interventions aimed at migrant communities.
<b>Name of the publication</b> ■	Access to New Treatments for Migrants Living with HIV/AIDS
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	To increase the understanding of issues surrounding access to new treatments for migrants, to assess obstacles to access and to develop solutions.
<b>Publication date</b> ■	October 1999
<b>Authors</b> ■	Kris Clarke, Georg Bröring
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the seminar with respect to new HIV treatments.
<b>Name of the publication</b> ■	Promoting Grass-Roots Initiatives
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	The seminar brought together experts from the field from EU member states and the National Focal Points on promoting grass-roots organisations.
<b>Publication date</b> ■	November 1999
<b>Authors</b> ■	Manuela Santos Pardal

<b>Languages</b> ■	English, Portuguese
<b>Main conclusions</b> ■	The discussions in the workshops contributed to the development of guidelines of how to promote grass-roots initiatives in HIV/AIDS prevention targeting migrant and ethnic minority communities.
<b>Name of the publication</b> ■	HIV/AIDS Care and Support for Migrant and Ethnic Minority Communities in Europe
<b>Type of publication</b> ■	Book
<b>Objective</b> ■	This book contains 13 country reports from the European National Focal Points on issues regarding HIV/AIDS care and support for migrant and ethnic communities in Europe.
<b>Publication date</b> ■	February 2000
<b>Authors</b> ■	Kris Clarke, Georg Bröring
<b>Languages</b> ■	English
<b>Main conclusions</b> ■	There is considerable variation in the care and support issues of national HIV/AIDS policies in the different EU countries.
<b>Name of the publication</b> ■	Difficultés Culturelles et Linguistiques dans l'Approche du Sida auprès des Migrants: Essai de réponse [Linguistic and Cultural Difficulties Regarding Migrants and HIV/AIDS]
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	To improve the skills of health workers/representatives of migrant organisations with respect to planning and implementation of education interventions aimed at migrant communities.
<b>Publication date</b> ■	February 2000
<b>Authors</b> ■	Maureen Louhenapessy, Yasmina Errahmane
<b>Languages</b> ■	French
<b>Main conclusions</b> ■	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop with respect to planning and implementation of education interventions aimed at migrant communities.
<b>Name of the publication</b> ■	Migrants Living with HIV/AIDS – Overcoming Communication Barriers and Reinforcing Strategies of Support
<b>Type of publication</b> ■	Report
<b>Objective</b> ■	Enable participants to explore, identify main conflicts faced by migrants and to develop realistic approaches and strategies.
<b>Publication date</b> ■	February 2000
<b>Authors</b> ■	Maureen Louhenapessy, Luca Santoro-Gomes
<b>Languages</b> ■	English

<b>Main conclusions</b>	The authors expect that the participants and all readers of this report will use the experiences made during the training workshop to improve the services aimed at migrants and ethnic minorities living with HIV and AIDS.
<b>Name of the publication</b>	Literature and Materials. Publications on HIV/AIDS with Respect to Migrants, Ethnic Minorities and Other Mobile Populations in Europe
<b>Type of publication</b>	Book
<b>Objective</b>	To gather all relevant publications and materials on HIV/AIDS in migrants populations and ethnic minorities.
<b>Publication date</b>	February 2000
<b>Authors</b>	Nel van Beelen
<b>Languages</b>	English
<b>Name of the publication</b>	Sixth European Meeting of Migrants and Ethnic Minorities against HIV/AIDS – Achievements and Perspectives
<b>Type of publication</b>	Report
<b>Objective</b>	The meeting focused on non-governmental and community-based organisations. The major issues were specific populations and situations of vulnerability, assessment/research, policy, strategies, care issues and collaboration with countries or origin.
<b>Publication date</b>	February 2000
<b>Authors</b>	Stephane Simonpietri, Georg Bröring, Nel van Beelen
<b>Languages</b>	English, French
<b>Main conclusions</b>	In the process of 'normalisation', AIDS has lost some of its stigma. A lot of taboos have been broken but the normalisation also brings less attention to AIDS issues and a decrease of budgets. But at the end the visibility of HIV/AIDS issues and the visibility of migrants living with HIV and AIDS have increased.

As part of the analysis, the questionnaires were analysed by country. There were some restraints to this analysis. Firstly, the return rate from the organisations contacted was quite poor. Secondly, as the organisations varied tremendously it was difficult to make comparisons. Thirdly, in many cases the responses reflected personal (or organisational) experiences and opinions. Hence the country analysis is very much descriptive.

### Belgium

The feedback was generally positive, but as the 3 questionnaires were from the 2 Belgian NFPs, the results were not indicative of CBOs or organisations working at a grass-roots level. Both networking (globally and nationally) and lobbying factored heavily in the responses, and there was a request for A&M to become more involved in lobbying.

Details:

- in relation to HIV and mobility issues, the range of affected groups were represented by the organisations (migrants, drug users and sex workers)
- the main priority areas for these organisations include: legal/policy issues, improving access to treatment and reinforcing the networking process (sharing information and experiences) and obtaining funding to carry out research projects concerning migrants
- all three respondents have contributed to policy planning and involve affected communities in service development
- one of the NFPs has found A&M very useful, specifically by reinforcing the network (both nationally and internationally) and giving CBOs the opportunity to meet and exchange ideas; the other NFP has not noticed a direct impact from A&M but also finds the networking aspect useful
- there also seemed to be a language issue (political?) and one respondent stated that they would like to build a better link between the 2 Belgian NFPs
- both organisations make good use of A&M resources

### Finland

The NFP has found A&M to be crucial in setting up the organisation (CBO) – ‘in short, A&M has been a lifeline’. As there is no support from the government and much difficulty finding funding the NFP has made extensive use of the A&M network and in the future, would like A&M to help with defining strategies.

- 3 questionnaires returned (including NFP) but 2 were from the same organisation: 1 NGO and 1 CBO
- in relation to HIV and mobility issues, the NGO works with drug users and the CBO works with migrants/asylum seekers, domestic partners and students; sex workers were not represented in either organisation
- the main priority areas include: organising and empowering migrant communities, developing culturally appropriate services, treatment for drug

users, basic education, treatment and support services and appropriate means of testing

- neither of the organisations directly contributed to policy planning but both involved affected communities in service development; the NFP noted that there has been a gap between policy makers and migrant communities at consensus meetings, but this will change as there will be a specific meeting concerning migrants; the NFP is the only organisation that actively involves migrants

### **Germany**

The NFP found that A&M has opened the door for HIV organisations to partner with each other and exchange ideas and has raised issues on a national level. The government body which responded seemed disconnected from A&M's work. They felt that A&M hasn't had an impact on the situation in Germany nor does it affect the work they do (providing health information).

- 3 questionnaires received (including NFP): 2 NGOs and 1 government body
- in relation to HIV and mobility issues, the NFP deals specifically with health and migrants, the government body provides general health information but also targets migrant groups and the NGO works with all mobile groups
- the main priority areas for the NFP seemed to revolve around basic issues such as human rights and legal/policy issues, but the NGO also stated that they are keen to collaborate with other migrant organisations, promote empowerment in migrant communities and provide intercultural services; the government body was mainly concerned with collaborating with migrant groups so they can provide appropriate services
- the NFP and government organisation contributed to policy and affected communities are involved in developing services in the NFP and NGO
- the NFP feels that A&M could support the German organisations more by tailoring the information to the German situation
- neither of the non-NFPs have made use of A&M resources

### **Greece**

The NFP seems to have an adequate database and has held seminars, but it is impossible to gauge what affect this has had on a grass-roots level. This was acknowledged by the NFP as one of their goals is to link CBOs and NGOs and focus on capacity building.

- 3 questionnaires received (including NFP): 2 NGOs (one is charity health-care provider) and 1 statutory body (Infectious Diseases Centre)
- in relation to HIV and mobility issues, the healthcare provider and infectious diseases centre cover all affected groups but the NGO only works with asylum seekers
- the main priority areas include: facilitating migrants' access to healthcare and providing appropriate information, increasing public awareness, harm reduction policy and free early diagnosis
- although 2 of the organisations contributed to policy planning, only the NFP involves the affected communities in developing services
- neither of the non-NFPs have had direct contact with the NFP and only one had heard of A&M

### **Ireland**

The general feeling is that A&M was extremely useful for providing networking opportunities, both nationally and across the EC, and raising issues at a national

level. Although the feedback was generally positive, it is important to note that all the organisations were referred by the NFP and all had attended seminars and accessed A&M resources, therefore no information is available from groups outside this network.

Details:

- 4 questionnaires returned (including NFP): 3 NGOs and 1 government body
- in relation to HIV and mobility issues, the range of affected groups were represented by the organisations (sex workers, female IDUs, travellers, asylum seekers and labour migrants)
- the main priority areas for these organisations include: lobbying and advocacy on behalf of asylum seekers, training outreach workers/reaching marginalised groups (2), developing peer support (2), reducing stigma, providing resources in different languages (3), developing culturally appropriate health services and facilitating access
- 2 organisations contributed to policy planning and the other 2 involve the affected communities in developing services
- all of the organisations felt that A&M has contributed to moving issues concerning AIDS and mobility forward, specifically: advocating on behalf of affected populations and highlighting issues for the first time, providing insight from other EU states by facilitating networking opportunities and bringing together national organisations; making the network stronger
- generally the Irish organisations (other than the NFP) didn't seem connected with policy issues, either nationally or on the EU level

## **The Netherlands**

Not surprisingly, the Netherlands network seems to be more sophisticated and developed than the other European NFPs. The respondents are generally happy with A&M's resources and continue to use them on a regular basis. Contact with these organisations was supplied by the NFP so we don't know about other organisations outside the network.

- 6 questionnaires returned (including NFP): 4 NGOs, 1 CBO and 1 government organisation
- in relation to HIV and mobility issues, all affected groups were represented
- the main priority areas include: improving collaboration with CBOs, health-care bodies and policy makers, raising awareness of HIV in migrant communities, male sex workers and IDUs and HIV, human rights, studying the spread of HIV in the Netherlands, prevention in African communities, establishing links with African countries, addressing psychosocial needs, empowerment of affected communities, lobbying to raise awareness, specific attention to illegal immigrants and adolescents, antenatal testing (in asylum seekers) and policy/legal issues surrounding asylum seekers
- there was a good range of organisations who contribute to policy and most involved affected communities in service development
- 2 of the organisations were not familiar enough with A&M's work to comment on the effectiveness, but all of the others provided positive feedback particularly around the strengthening of CBOs, development of networks, raising awareness concerning human rights and HIV around Europe, provision of advice and support and organising meetings on an international platform
- capacity building and networking seem to stand out as major themes; generally, A&M's work seems to have been able to fill gaps as identified by these groups

## **Spain**

The NFP has developed a strong network amongst the respondents who have taken advantage of the opportunities to collaborate and exchange ideas with colleagues in the field (both nationally and internationally). Respondents stated that A&M has been a positive influence on the situation in Spain, especially regarding policy development, except for one respondent (more research-based) who seems to have lost touch with the NFP network. The respondents are mostly concerned with networking and sharing experiences at this stage – capacity building was not prioritised (in relation to the role of A&M).

- 6 questionnaires received (including NFP): 1 NGO and 5 government bodies
- in relation to HIV and mobility issues, all affected groups were represented except for sex workers (although the clinic who responded does work with this group)
- the main priority areas include: developing a network where health professionals, policy makers and affected communities (migrants) work together, improving surveillance, prevention and control strategies for migrants, improve access to the healthcare system for all migrants, improve health and legal policies, increase funding for CBOs, community mobilisation, develop community prevention and care programs in the gypsy community
- all of the respondents except the clinic have contributed to policy planning and involve the affected communities in developing services
- although there was a good response and feedback from the Spanish contacts, there was no community representation except from a gypsy organisation; this may reflect the Spanish situation whereas there is little community mobilisation in relation to migrants (fairly new phenomenon)
- the respondents generally made use of the range of A&M resources – except for the clinic and the researcher

## **Sweden**

The Swedish NFP database is somewhat limited (15-20 organisations) and since they have not held a seminar to date, it is hard to determine what effect A&M is having on a grass-roots level. Once again this is difficult to analyse because of limited data.

- 2 questionnaires received (including NFP): both NGOs
- in relation to HIV and mobility issues, the NFP deals with all types of migrants and the other organisation deals with Africans living with HIV (most affected group in Sweden)
- the main priority areas include: prevention and care for Africans, continuing with international exchange between countries concerning education and common practices
- the non-NFP organisation doesn't participate in policy planning (the NFP does) but does involve affected populations in developing their services; they have never heard of A&M
- A&M has helped the Swedish situation by raising awareness and supporting organisations; developing new methodologies and education

## **United Kingdom**

3 of the organisations that responded had never heard of A&M's work or knew that the NAZ Project was the NFP. This is noteworthy as 2 of the organisations have a strong presence in the HIV field, particularly in the political and policy arena. The NFP was particularly concerned about funding constraints, especially in relation to its work as an NFP.

- 4 questionnaires received (no data from NFP due to change in personnel): 3 NGOs and 1 CBO
- in relation to HIV and mobility issues, all organisations work predominantly with asylum seekers and labour migrants; one organisation claims to work with all affected mobile populations
- the main priority area for the non-NFP organisations revolves around the new dispersal act which involves both policy and grass-roots work; the NFP is concerned with monitoring the epidemiology of affected groups and focusing work for different communities
- 3 of the NGOs contribute directly to policy planning and the other 2 organisations either lobby government or provide information to those that do; all but one of the organisations involve affected groups in service development
- the organisation which had heard of A&M (a CBO) was quite negative concerning the impact A&M has had in both the national and EU context; this could be down to personal opinion and politics (the person refused to state who they were or which organisation they represented), but generally they felt that A&M did not do enough grass-roots work or capacity building at the community level in order to directly affect the situation of refugees or migrants; they also suggested to do more politically on behalf of migrants, although they did feel that A&M had a conflict of interest due to its funders (i.e. couldn't criticise the EU because they are paying the bill)

#### **Countries where only one questionnaire was received (at time of analysis):**

##### **Austria**

(NFP) – although very active with A&M, no questionnaires received from non-NFPs; organisation doesn't contribute to policy or involve affected groups; concerned about funding issues and would like NFP budget to be more flexible; priorities include networking, legal issues and empowerment of migrant groups

##### **Denmark**

(non-NFP) – has never heard of A&M

##### **France**

(NFP) – extensive database; uses majority of A&M resources; feels that A&M hasn't influenced the priority areas but has helped to create the opportunity for exchange of information on the EU level; also feels that priorities are not well-defined for A&M, there is a lack of methodologies and even though it is a large network, there is no connection with the relevant issues

##### **Italy**

(non-NFP) – has never heard of A&M

##### **Portugal**

(NFP) – small network but has held a national seminar; contributed to policy planning and are just starting to involve affected groups; priorities include better monitoring, involvement of all sectors, provision of culturally appropriate information and maintaining the A&M network; would like to have more contact with other NFPs; has found A&M to be extremely helpful and supportive

An abbreviated scenario planning exercise was undertaken with participants to identify possible challenges to HIV/AIDS and mobility issues in the next decade. The group identified the main challenges facing A&M as including:

- Changing disease epidemiology
- Challenges to healthcare provision
- Continued in-migration from high-prevalence countries
- Increases in commercial sex industry
- Increasing availability of anti-retroviral therapy in developing countries
- Compulsory screening for visa applicants, migrants and healthcare workers
- HIV/AIDS prevention priorities
- Funding crises within the sector
- HIV/AIDS and children
- Race relations
- Increasing availability of effective anti-retroviral therapies in Europe
- Social, economic and health policy developments

<b>Main challenge</b>	<b>Possible scenarios</b>	<b>Potential reactions</b>
1. Changing epidemiology	<ul style="list-style-type: none"> <li>• Increases in HIV, TB and other infectious diseases</li> <li>• Asia overtakes Africa as region of highest prevalence</li> <li>• Increasing number of HIV-positive children from migrant families</li> <li>• IDU in migrant youth increases</li> </ul>	<ul style="list-style-type: none"> <li>• Southern Europe exports HIV</li> <li>• Reduced incidence of HIV in Africa</li> <li>• Syphilis and other 'tropical' STIs increase</li> <li>• AIDS problem continues in developing countries</li> </ul>
2. Health Care Provision	<ul style="list-style-type: none"> <li>• Poor professional awareness of health and immigration issues</li> <li>• Shortage of health workers</li> </ul>	<ul style="list-style-type: none"> <li>• Influx of communicable diseases (e.g. HIV/TB) through health staff</li> <li>• Access to treatment for all pregnant women in Europe</li> <li>• Migrants excluded from health care funding</li> <li>• Quality of AIDS prevention programme improves</li> <li>• Better investment in migrant health care</li> <li>• Increased number of health-care workers from migrant countries</li> <li>• Training in cultural awareness for healthcare workers</li> </ul>

<b>Main challenge</b>	<b>Possible scenarios</b>	<b>Potential reactions</b>
3. Continued migration from high-prevalence countries	<ul style="list-style-type: none"> <li>• Migrants from low-prevalence countries acquire HIV in Europe</li> <li>• Increasing migration within Europe</li> </ul>	<ul style="list-style-type: none"> <li>• Migration from Europe to developing countries increases</li> <li>• More migrant drug users</li> <li>• HIV-positive persons from developing countries target Europe</li> <li>• More migrant prisoners</li> </ul>
4. Commercial sex industry increases	<ul style="list-style-type: none"> <li>• EU sex industry grows due to Eastern Europe and African workers</li> <li>• First EU trade union for sex workers established</li> </ul>	<ul style="list-style-type: none"> <li>• Migrant sex workers not accepted</li> <li>• Sex workers' prices increase</li> <li>• Better STD programmes for sex workers</li> <li>• Policy backlash against sex workers</li> <li>• Sex industry explodes in EU!</li> <li>• Increase in HIV in migrant sex workers</li> </ul>
5. Women/gender issues		<ul style="list-style-type: none"> <li>• Increasing domestic violence against HIV-positive women</li> <li>• HIV-positive migrant women shunned by their own communities</li> <li>• Government crackdown on arranged marriages</li> </ul>
6. Treatment in developing countries	<ul style="list-style-type: none"> <li>• Antenatal treatment for HIV becomes widely available in Africa</li> <li>• Free treatment in developing countries fails because of poor supportive infrastructure</li> <li>• HIV treatments become available in Africa (and other high-prevalence areas)</li> <li>• Unequal access to health care and HIV treatment in developing countries</li> </ul>	
7. Screening	<ul style="list-style-type: none"> <li>• Compulsory screening for HIV and other blood-borne viruses among health and education workers</li> </ul>	
8. HIV/AIDS prevention	<ul style="list-style-type: none"> <li>• More innovative health education and promotion programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders critically review how health promotion is prioritised</li> <li>• A&amp;M launches campaign on flights from high-prevalence countries</li> <li>• Huge new prevention campaigns start</li> </ul>

<b>Main challenge</b>	<b>Possible scenarios</b>	<b>Potential reactions</b>
9. Funding		<ul style="list-style-type: none"> <li>• Community organisations to help rural Africa</li> <li>• Better co-ordination of funding projects</li> <li>• HIV health promotion no longer prioritised</li> <li>• HIV/AIDS spending no longer ring-fenced</li> <li>• Funding for CBOs under continued threat</li> <li>• Social welfare cuts</li> <li>• A&amp;M receives substantial boost from donor agency e.g. Microsoft</li> </ul>
10. Children		<ul style="list-style-type: none"> <li>• Life expectancy increases and infant mortality decreases</li> <li>• More HIV-positive children continue to be born in high-prevalence countries</li> <li>• HIV-infected children attending schools</li> <li>• HIV integrated into school curriculum</li> <li>• Young people remain unconcerned about HIV/AIDS risks</li> </ul>
11. Race relations		<ul style="list-style-type: none"> <li>• Racial attacks increase due to HIV scares</li> <li>• Forced disclosure and discrimination for migrants applying for entry visa</li> <li>• Migrants told to go 'home' for treatment</li> <li>• Migrants barred from entering EU for treatment</li> <li>• Migrants blamed for increasing TB problem</li> <li>• Migrants forced to pay for therapy and health services</li> </ul>
12. Treatment issues (developed countries)	<ul style="list-style-type: none"> <li>• HIV no longer treatable condition</li> <li>• HIV vaccine becomes available in the West</li> <li>• Resistance against HIV therapies increase</li> <li>• Poor availability of effective treatments in developing countries</li> </ul>	<ul style="list-style-type: none"> <li>• More treatment rationing due to influx</li> <li>• HIV treatment becomes less effective</li> <li>• HIV-infected Europeans (East and Southern) migrate to North and Western Europe for treatment</li> <li>• Treatment tourism continues</li> <li>• Increased migration to EU for treatment</li> </ul>

<b>Main challenge</b>	<b>Possible scenarios</b>	<b>Potential reactions</b>
13. Social attitudes	<ul style="list-style-type: none"> <li>• AIDS and human rights become linked more closely</li> <li>• More relaxed attitudes towards homosexuality among migrants</li> </ul>	<ul style="list-style-type: none"> <li>• Moral backlash against visa application procedures</li> <li>• Drug and sex holidays in prisons</li> <li>• Backlash against medical migration</li> <li>• Eastern Europeans face increasing discrimination in Western Europe</li> <li>• Better networking between AIDS and human rights organisations</li> <li>• African and Asian leaders take more open and supportive approach to homosexuality</li> </ul>
14. Social policy	<ul style="list-style-type: none"> <li>• HIV/AIDS becomes subsumed within the communicable disease spectrum (loss of exceptionalisation of AIDS)</li> <li>• Compulsory contact tracing introduced</li> <li>• Needle exchange and methadone available in all EU prisons</li> </ul>	<ul style="list-style-type: none"> <li>• EU-wide standards for health care in migrants</li> <li>• Call for standardisation of EU rules and policies</li> <li>• AIDS becomes a human rights issue</li> </ul>
15. Economic policy	<ul style="list-style-type: none"> <li>• G8 cancel debts if money is invested in health</li> <li>• Bill Gates leads HIV campaign in Africa</li> <li>• Multinationals increase investment in developing countries (increased globalisation)</li> <li>• Recession in Europe</li> <li>• African countries achieve free trade and access to EU and American markets</li> <li>• Incorporation of the CCEE into EU</li> </ul>	<ul style="list-style-type: none"> <li>• Improved institutional status</li> <li>• More investment in developing countries</li> <li>• Increased public/private health partnerships</li> <li>• Business community invest money into fighting HIV/AIDS</li> <li>• Migrants accused of taking jobs of EU nationals</li> </ul>
16. Health policy	<ul style="list-style-type: none"> <li>• All children born in Europe get European citizenship</li> <li>• EU states request HIV test as mandatory for all visa applicants</li> </ul>	<ul style="list-style-type: none"> <li>• No support for visa HIV-positive applicants</li> <li>• HIV test required for increasing range of health and social requirements</li> <li>• Lowest numbers of newly diagnosed persons accepting treatment</li> <li>• HIV-positive individuals increasingly fervour not disclosing their status</li> <li>• Pre-marriage HIV testing becomes mandatory throughout the EU</li> </ul>

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