



AIDS & Mobility Conference “Bridging Policy and Action”

Utrecht, The Netherlands - 28 to 30 September 2006

Report

General rapporteur: Simon Forrest

AIDS & MOBILITY CONFERENCE: "BRIDGING POLICY AND ACTION"

Utrecht, the Netherlands,
28th - 30th September 2006

Colophon

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Aids & Mobility Conference: "Bridging Policy and Action"
Utrecht, the Netherlands, 28th - 30th September 2006

Organised by :

AIDS & Mobility Europe

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Introduction

AIDS & Mobility Europe (A&M) is a networking project on the issue of migration and HIV/AIDS in Europe. The project strives to stimulate the exchange of knowledge and expertise among health professionals at all levels – from community-based workers to policy makers – and to disseminate information nationally and throughout Europe. A&M fulfils its tasks in close collaboration with National Focal Points (NFPs) in the European member states. The co-ordination of A&M is based at the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ).

From 28 till 30 September 2006, A&M network members and other interested parties met in Utrecht, the Netherlands, for the conference “Bridging Policy and Action”. The meeting aimed at bringing together field workers and policy makers involved in the issue of migration and HIV. The format and contents of the conference had been developed by an international preparatory committee, which consisted of experts from different professional, geographical and ethnic backgrounds. They also established the aim and objectives of the meeting, which were as follows:

Main aim:

- to increase synergy between communities and policy makers in the field of HIV and migration, based on the work of the AIDS & Mobility network

Objectives:

- to identify highlights and emerging issues regarding migration and HIV in Europe
- to expand and intensify linkages between community sectors and policy makers
- to present and discuss results of AIDS & Mobility 2004 – 2006
- to look into future plans of AIDS & Mobility 2007 – 2009

At plenary sessions and in workshops, the issue of migration and HIV in general, and the different perspectives of community workers and policy makers in particular were highlighted. The participants of the conference looked specifically at the possibilities of improving collaboration and synergy. The meeting was attended by more than 100 delegates, originating from all over Europe.

This report summarises the main points of discussion and the outcomes of the various sessions. In the appendices, the list of participants and the evaluation can be found. Many people have contributed to the success of the meeting, but a few people deserve specific attention: the preparatory committee – Julia del Amo, Maureen Louhenapessy, Agne Marudinaite, Girmay Assemahegn, Antonio Jester, Bryan Teixeira, Zeina Dafesh, Ms Astrid van Leeuwen – provided great support before and during the meeting; in addition, the congress office of the NIGZ and the A&M secretariat took care of all logistic challenges. Last but not least, gratitude is expressed to Simon Forrest, the general rapporteur of the conference, who summarised in an excellent way the process and results of the meeting during the closing session, and who compiled this report with great care.

Woerden, 30 November 2006

Georg Bröring, co-ordinator AIDS & Mobility Europe

1 Thursday 28th September 2006

1.1. Opening session

Welcome and opening address by Mr. Hans Krosse, chief executive NIGZ

Having briefly welcomed participants to the conference and introduced Dr del Amo as co-chair for this session, Mr Bröring invited Mr Hans Krosse, chief executive of the NIGZ, to formally open the meeting.



Mr Krosse reiterated the welcome issued by Mr Bröring and noted how satisfying it was to see that every European country was represented at the meeting. He also noted that the meeting was an opportunity to draw together people from a wide range of different ethnic, organisational and professional backgrounds. He noted that the timing of this conference towards the end of a period of European Commission funding for AIDS & Mobility provided an opportunity both to look back and review the activities undertaken during the current phase of the project and begin to look towards the future.

Mr Krosse made some observations about the history and development of AIDS & Mobility noting that it had been established 15 years ago in light of a WHO report on AIDS and mobility and was now the network with the longest period of uninterrupted support from the EC. In this period it has grown from a small to a comprehensive network and expanded the range of topics to which it pays attention.

Looking towards the future, Mr Krosse observed that subject to confirmation the application for funding for AIDS & Mobility for the period 2007-2009 has been approved. He noted, however, that AIDS & Mobility should anticipate that the level of financial support would decrease and that one task for the conference would be find some solutions to the challenge of reducing support. He added that the NIGZ is keen to support the network but that any commitment needs to be supported by the efforts of national networks and partners to identify and secure additional resources.

Mr Krosse closed his presentation by highlighting some of the issues raised in country and trend reports submitted by the European partners of A&M, which set the context for this conference. He noted the continuing rise of mobility between neighbouring states within Europe as well as migration into Europe from countries outside the continent. He noted too that there is still a need for migrants to achieve improved access to information, treatment and care and that public policy alongside social discrimination presents a barrier to this activity and undermines their access to health in some countries. He concluded by pointing out that the trend and country reports also suggest either solutions – or at least the direction for thinking towards solutions – to these new problems including achieving greater involvement of target groups and collaboration between governmental, non-governmental and community-based organisations as the basis for successful intervention. He said that he hoped that the conference would be a success and contribute to the improvement of the health situation of migrants all over Europe particularly with regard to HIV.

1.2. Opening Act

Sir Tom Toppenberg Foundation

Ms Zeina Dafesh introduced the not-for-profit organisation Sir Tom Toppenberg Foundation, represented by Christa and Clay Toppenberg who gave a short interactive performance about communication. The performance comprised two scenes after each of which the performers interacted with the audience gauging their response to the problems posed in the play and eliciting suggestions for alternative action on the part of the characters being represented.

In the first scene the audience were introduced to Mr Fieldworker, Ms Policy-Maker and Ms Policy-Maker's secretary. In this scene Mr Fieldworker's was seen being repeatedly frustrated in his attempts to get in touch with Ms Policy-Maker to talk about a report he was due to submit. At the end of scene the audience were invited to suggest how Mr Fieldworker might approach this communication problem. Most of the audience who contributed to the discussion said that they recognised these problems from their own experiences. Some suggested circumnavigating the practical problems with making contact posed by the bureaucratic interventions of Ms. Policy-maker's secretary by being more assertive, using email or some other form of communication, or even visiting her office in person. Others observed that in their experience there was not often much communication between commissioners and practitioners once a contract had been drawn and agreed.

In the second scene Mr Fieldworker and Ms Policy-maker met face to face to discuss the progress and outcomes of a project as it neared its conclusion. As Mr Fieldworker strived to pitch an argument for more resources, time and for a change in the nature of the work which had been planned in order to achieve better outcomes, Ms Policy-Maker pressed him for immediate results. At the end of the scene the audience were invited to suggest how they would deal with this kind of conflict between the views of commissioner and practitioner. Most of the audience who contributed to the discussion focused on strategies that Mr Fieldworker could deploy to ensure that his argument was at least heard by Ms Policy-Maker. They included recommending that he was more organised and creative about communicating his argument and also that he should ensure that he spoke in a way which was accessible and intelligible to Ms Policy-Maker.



The performance closed with the reading of a poem which highlighted the importance of self-awareness and self-respect as a precursor for effective communication and interaction with others.

♥♥♥♥♥♥

Poem created by Ms. Christa Toppenberg

♥♥♥♥♥♥

1.3. Migration and health – the specific HIV vulnerability of migrants

Ms Ndioro Ndiaye, Deputy-Director General of the International Organization for Migration (IOM) Geneva.

Mr Bröring extended his thanks to the performers for highlighting the importance of issues around communication between practitioners and policy-makers and introduced Ms Ndioro Ndiaye, the Deputy Director of IOM noting the links between AIDS & Mobility and IOM cemented through their contributions to a satellite session at the AIDS conference held in Durban, South Africa.



Ms Ndiaye thanked Mr Bröring for the opportunity to make a presentation, acknowledged the presence of some familiar faces and highlighted her personal investment in this area of work as a woman, a mother and an African. She explained that her presentation would include a brief description of the work of IOM with particular reference to HIV/AIDS, followed by an overview of migration trends, migration and health issues and an examination of the specific vulnerabilities of migrant women.

Ms Ndiaye explained that IOM is an intergovernmental body founded in 1951 with the aims of assisting in meeting the operational challenges of migration, advancing understanding of migration issues, encouraging social and economic development through migration and upholding the dignity and well-being of migrants. She emphasised that IOM is committed to the principle that humane and orderly migration has benefits for both migrants and society. Ms Ndiaye went on to outline the main activities of the organisation drawing attention to its role in building human capital through migration labour programmes, return and reintegration of qualified nationals, capacity-building for governments and the empowerment of women. Cross-cutting activities include the promotion of international law, stimulating and informing policy debate and developing guidance and working to protect migrants' rights. She highlighted the importance attached to protecting and promoting migrants' health and the special attention paid to gender issues.

Turning to migration trends, Ms Ndiaye prefaced the presentation of some detailed data with some general comments about the universality of migration. She noted that all the sovereign states in the world are now points of origin, transit or destination for migration and that while, war, famine, political upheaval, the search for employment and education all remain important motivations for migration there has been a rapid change in the types of migration. In particular, forms of temporary migration including overseas study and work have all increased. She identified several forms of migration including permanent, temporary and emergency migration, and noted that migration includes movement within a country or region as well as between countries.

Turning to the detailed data on migration, Ms Ndiaye said that approximately 3% of the world population, some 175 million people, are migrant – a doubling of the figure between 1960 and 2000. More than 60% of the world migrant population live in the more developed regions

with Europe predominant accounting for 56 million persons, Asia, 50 million and North America, 41 million. Nearly one in every ten people in the more developed regions is a migrant compared to only 1 in 70 in the developing world. She emphasised that the greatest proportion of refugees and internally displaced people remain in developing countries.

Ms Ndiaye next talked about the relationship between migration and health pointing out that extended and faster travel was linked to the rapid spread of disease including, in recent years, SARS, HIV, influenza and the re-emergence of tuberculosis in the developed world. She emphasised that the effects of globalisation, especially its influence on patterns of migration also impacted in health with an increase in circulatory or repeated migration as well movements to and from rural and urban areas and richer and poorer countries. She summarised factors which bear on the relationship between health and migration in four statements noting that: Mobility can either take the form of planned movement which is accepted by host countries or be conducted in an irregular fashion

That any given country maybe be simultaneously a host for immigrants, source of emigrants, a country of transit and/or return;

That mobility implies not only the physical movement of people but also the mobility of cultures, health beliefs and epidemiological factors;

And, finally, that the legal status of a migrant person in the host country determines their access to health and social services.

She noted that effective public health practice meant establishing policies and programmes of action which promoted healthy living for all members of communities, regardless of their citizenship and migration status.

Ms Ndiaye addressed the factors influencing migrant health, noting that although these were complex and numerous, they could be thought as relating to pre-departure factors, including disease prevalence, political and social conditions and cultural practices in the country of origin. Factors related to travel such as whether it is legal or unregulated, and factors relating to the including language and cultural values, legal status and access to health services. She noted that age, gender, education and genetic factors may cross-cut all these and that given the complexity of the issue she would focus the rest of the presentation on the specific vulnerability of migrant women.

Firstly, Ms Ndiaye noted that the degree of participation of women in both formal and informal migration had altered in recent years. Women no longer tend to migrate with a spouse but had become migrants in their own right often seeking to improve their social and economic situation by leaving countries where they face socio-cultural, legal and economic repression. She identified a number of specific health and social risks faced by women as migrants including their vulnerability to sexual abuse and rape which could often lead to them being ostracised from their communities and psychological problems associated with combining wage-earning and caring for a family in the host country. She also pointed out that the legal status of women migrants often determined the quality of housing to which a migrant family might have access, and that those with uncertain status were often bringing up families in the poorest conditions with negative implications for their health. Where women migrate with, or to join men, Ms Ndiaye explained that they are often shielded or prevented from engaging the new cultural environment by family and community norms and hence have less access to information. Ms Ndiaye also maintained that they shouldered the burden of managing the tension between cultural integration and separation within families most experienced. With

regard to services women are vulnerable to late diagnosis and communication problems associated with cultural and linguistic barriers as well as racism among service providers. Ms Ndiaye recommended the development of psycho-social counselling services to help meet these challenges and forestall depression among migrants seeking access to treatment and care.

Finally, Ms Ndiaye turned to issues around migration and HIV. She pointed out that the UN General Assembly Special Session on HIV/AIDS had made a commitment in 2001 to 'by 2005, develop and begin to implement national, regional and international strategies and facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers including the provision of health and social services'. She noted that governmental preoccupation with migrants as a vector of disease into indigenous populations had shifted such that they recognised that migrants were more vulnerable to HIV than local populations and that infection could be transferred from host country to country of origin. However, debate had not moved from concern with the cost to local health services of providing for migrants to consideration of the economic costs of not taking their health needs into account. She noted that there was good epidemiological evidence from some European countries that migrants are especially vulnerable to HIV and bear a disproportionate burden of infections. Lack of access to voluntary testing and counselling increases their vulnerability and contributed to late diagnosis.

She emphasised that research now showed that it was not migrants themselves who represent a risk factor in the spread of HIV but the situations pertaining to their mobility. She gave examples relating to the conditions and structures of migration including the vulnerability of men who live and work far away from their homes, women in transit who are subject to coercive sex, and migrants returning to their countries of origin from areas of high HIV prevalence. Ms Ndiaye also explained how factors like the time taken to migrate affected vulnerability, along with cyclical or seasonal migration. Migrants in some transit zones are at particular risk because of vulnerability to involvement in drug use or formal and informal sex work. Ms Ndiaye emphasised the additional vulnerability of undocumented persons who have fewer or no rights to access health care and may avoid contact with services of all kinds. She noted that women's disempowerment leaves them less well informed, less competent and able to protect their health. She asserted a direct link between the subordinate status of women, the abuse of their human rights and the transmission of HIV.

In conclusion Ms Ndiaye summarised IOM's position of HIV and migration issues, stating that HIV vulnerability must be addressed at all stages on the migration process; the country or origin, in transit, destination and if and when people return; and that this required cross-border cooperation and regional and trans-regional action. Ms Ndiaye saw a role for IOM in facilitating this and gave some examples of recent projects.

She concluded her presentation by reiterating the views and sentiments expressed in the UN Secretary-General's report to the General Assembly on AIDS calling for effective prevention which takes into account factors which increase vulnerability including poverty, illiteracy, economic and gender discrimination, and puts in place cross-border collaboration to raise awareness of HIV risks and rights and cater for the needs of migrants.

1.4.HIV epidemiological developments in the EU: implications for policies and interventions among migrants

Prof Roel Coutinho, Director of the Dutch Centre for Infectious Diseases

Dr Julia del Amo thanked Ms Ndiaye for her presentation and introduced Prof Roel Coutinho. She described him as an important epidemiologist who has made a significant contribution to the epidemiology of HIV and STIs. She added that she hoped that it would be the beginning of a productive relationship with AIDS & Mobility.



Mr Coutinho thanked Dr del Amo for the generous introduction and began his presentation by placing the HIV epidemiology and migration issues within an historical context referring to the spread of smallpox from Europe to the Americas in the 15th century and the plague into Europe through infection brought from the Far East by Mongol invasions in the Dark Ages.

He presented data showing the global prevalence of HIV in 2004, emphasising the differences between the poorer southern and richer northern hemispheres. Focusing on data on new diagnoses of HIV by transmission group for Europe between 1993 and 2004 he demonstrated that new infections acquired through heterosexual sex overtook those among gay men from 1999 and that this rise corresponded with a rise in the number of new heterosexually acquired infections acquired from countries outside Europe with a generalised epidemic.

Examining these changes by individual European countries, Mr Coutinho noted that the data on new heterosexual infections acquired in countries with a generalised epidemic showed that those European countries with a colonial history that connected them to high prevalence countries had the highest rates of new infections acquired abroad. He suggested that this colonial past represented a 'pull' factor which could be allied to 'push' factors like civil and political unrest and war in understanding migration and HIV issues. He examined the example of England, Wales and Northern Ireland presenting data relating to the year of earliest diagnosis of HIV infection by region in which the infection was acquired for the period between 1993 and 2003. These data showed that only around 9% of all infections occurred within the UK. He emphasised that although these data demonstrate that migrants bring the HIV prevalence from country of origin with them, but there is little evidence for endemic transmission into the indigenous population.

Turning to the specific question of risk behaviours among migrant people, Mr Coutinho presented some data from a survey of immigrant men conducted in the Netherlands which showed higher numbers of partners than among the indigenous Dutch population and higher rates of infection with a STD suggestive of higher risk behaviour. However, he noted that among immigrant women the incidence of sexual risk activity seemed to be about the same as among Dutch women although many more reported ever having an STI. Mr Coutinho said that overall these data suggested that - although there was evidence of risk behaviour and

hence for the sporadic transmission of HIV - the rates would not be sufficient for the epidemic to sustain itself.

Briefly summarising some data on sexual risk behaviour and mobility among Antillean and Surinamese cyclical migrants to the Netherlands he concluded that there was evidence of unprotected sex in both country of origin and residence among about 10% of survey participants.

Mr Coutinho addressed the issue of access to testing, treatment and care among migrant people in Europe, noting that overall data suggested that whilst diagnosis among gay men was taking place earlier, it was taking place later among heterosexual women and men. He noted that for many women diagnosis was particularly late as it took place during routine screening when they were pregnant. He presented comparative data from the UK which highlighted the vulnerability of migrant people showing that more than 40% of Black African heterosexuals were diagnosed late compared to less than 30% of men who have sex with men. He added, with reference to data collected from his own clinic based in Amsterdam, that around 90% of all heterosexual people infected with HIV are not aware of their status until they have tested.

Mr Coutinho drew his presentation to a close with the following three concluding remarks noting that:

- heterosexuals are the most important transmission group in Europe but that there is no evidence of endemic transmission;
- there was potential for the spread of HIV among core groups who demonstrated risky behaviour;
- and, that late diagnosis of HIV infection among heterosexuals (including migrants) is common.

He inferred the need for two actions on the basis of these conclusions:

- The normalisation and stimulation of HIV testing;
- and, the strengthening of innovative prevention activities among migrant communities.

1.5. Discussion



Mr Bröring opened the floor to questions or comments on the presentations of Ms Ndiaye and Mr Coutinho. Mr Coutinho was asked if he could clarify his comments about endemic transmission and migration. He explained that the epidemic among gay men was self-sustaining, that was it would continue without the introduction of new infections from outside whereas the heterosexual epidemic would not. He

was also asked to explain how the origin of infections could be identified. He pointed out that measures usually included both self-report of risk behaviour and analysis of HIV sub-types to establish whether they reflected probability of the infection taking place within or outside

Europe. He added that this analysis also suggested little transmission from migrant to indigenous populations.

Ms Ndiaye was asked if she would draw any distinction between the HIV prevention, treatment and care needs of migrants and refugees. She responded that it was not always possible to differentiate needs along these lines but that other factors associated with migration or refugee status did imply different needs and approaches. It was observed from the floor that most migrants learn about their HIV status in countries of transit or destination rather than countries of origin, which means that HIV status is not generally a motive for migration.

Mr Coutinho was asked what the implications of late diagnosis of HIV among migrant people were. He prefaced his reply by explaining that late diagnosis was established through analysis of CD4 count which was a proxy for date of infection. He then explained that late intervention was problematic but compounded by problems with adherence which is much lower in all marginalised groups. He added that it is social and circumstantial factors which affect adherence not biological factors.

He was also asked for advice on how to undertake research involving tourists and migrants aiming to look at HIV subtypes and the date of infection. Mr Coutinho noted that self-report was, of course, an unreliable measure of date and location of infection but suggested using a proxy measure like CD4 count to estimate the time elapsed between diagnosis and infection. He added that study samples needed to be adequately powered to make these estimates meaningful as they were unreliable when used in relation to individuals.

Mr Coutinho was next asked if he thought that there could be an over-estimation of heterosexual transmission in African countries and under-accounting of homosexual transmission because of cultural stereotypes and taboos. He commented that data reporting homosexual transmission is rising in some countries like Thailand and Kenya but that in his view the roughly equal numbers of infections to men and women in most African countries suggested that the primary vector of transmission is hetero- rather homo-sexual.

In a final contribution it was observed that in Ghana there was a widespread perception that HIV infections were being brought back to the country by migrants rather than being exported to destination countries. Mr Coutinho noted that in relatively low prevalence countries like Ghana it might well be the case. It was also noted that barriers to the immigration of HIV positive people into some European countries should also depress the number of new infections being diagnosed.

1.6.A testimony

Mr Willy Shanti, Norway

Mr Bröring introduced My Willy Shanti who gave a short personal testimony on his experiences of living with HIV. Mr Shanti thanked Mr Bröring for inviting him to attend the conference explained that he had been born in Uganda to a family of mixed heritage and



moved to Norway in the 1970s because of political problems within the country. He qualified as a psychiatric social worker and returned to Uganda to work with orphaned children. In 2000 he tested positive for HIV. He began to come to terms with his illness when he returned to Uganda to see his mother. He was never able to establish how he contracted the virus although he had been in close contact with positive people and had several relationships in Uganda. He explained that he became reconciled to never knowing how he became ill citing a proverb which states, 'When you have a poisonous snake in the house you don't think about how it got there but how to get rid of it'. Mr Shanti said that he felt supported in Uganda and this influenced his decision to disclose his status when he returned to Norway. He described himself as married to the virus. He suffered depression, apathy and lethargy and a mixture of favourable and unfavourable reactions from family and friends to his status and left his job to take to the streets as musician. He explained how he had notified three women with whom he had sexual relationships about his status and despite and although they had at first said that they were going to support each other he was later investigated by police for criminal transmission although no charges were ever brought against him.

Mr Shanti said that he now gave talks to experts, contributes to documentaries on HIV in Norway and gives concerts and talks about his experiences in order to raise awareness of HIV. He noted the importance of being open about his HIV status. He concluded his testimony by stressing the importance of testing and suggesting that policymakers need to take more steps to encourage people to test in order to enable them to make positive choices and ensure that they can access the best support and care.

1.7. Bridging policy and action from an NGO perspective

Ms Maureen Louhenapessy, Sireas, Brussels

Dr Julia del Amo introduced Maureen Louhenapessy as a good friend, colleague and one of the most inspiring people working in the HIV field with a longstanding connection to AIDS & Mobility.

Ms Louhenapessy explained that she would very briefly present a proposal for conceptualising bridging policy and action as the interaction between migrant people living with HIV/AIDS (PLWHA), migrant communities, health actors, policy-makers, and countries of origin. She explained that this was based on many years experience within her own NGO.

First, she dealt with exploring the needs and the rights of migrant PLWHA noting that migrant communities tend to hold negative attitudes towards HIV and therefore PLWHA are often stigmatised and communities remain in a state of denial. She highlighted the weak links between migrant PLWHA and services emphasising that each complains about the lack of responsiveness of the other. She added that inconsistent and changing rights to access health-care had a negative impact on service use. She also pointed to the need for a broader understanding of a rights-based approach to HIV treatment and care noting that poverty, stigmatisation and other social factors militate against the exercise of rights to access health services. She emphasised the importance of lobbying by migrant communities and PLWHA as part of the process of influencing policymakers and developing a more robust and incisive understanding of what empowerment and networking might mean and what they involve when working with migrant PLWHA.



Turning to the issue of the contribution of migrant communities Ms Louhenapessy suggested that the priority was to give recognition to communities in order to enable them to organise, and through this to begin to articulate their needs in relation to HIV. These actions laid the basis for accessing funding. She said that she feels that expertise is slowly beginning to be recognised within migrant communities and that the next challenge is to find ways of sharing this. She said that she thought that this would involve empowering the communities and achieving genuine acceptance of their role as partners in prevention which, of course, meant connecting them to networks.

With regard to health actors Ms Louhenapessy stressed the need to identify what skills and support they require in order to work constructively with migrant PLWHA. In her experience this involves the provision of training around cultural competency with the participation of migrant communities. She emphasised that many health actors still have difficulties with recognising that migrant communities and organisations can operate as providers and experts in healthcare settings.

Looking at working with policymakers she emphasised the importance of enabling them to understand the specific problems faced by migrant communities and see HIV as a priority. Policymakers need to develop adaptable programmes and appropriate strategic perspectives. She suggested that there was still work to be done to reduce stigmatisation among policymakers and the specific issue of rights to access testing, treatment and care especially for undocumented migrants.

Finally, Ms Louhenapessy talked about issues concerning countries of origin. She stressed the importance of accepting that in many cases there is no effective treatment or care available in these countries. She briefly noted that issues about mobility and migration, globalisation, increasing Europe-wide opposition to immigration and the development of prevention programmes all needed to be addressed. Ms Louhenapessy concluded her presentation by giving a concrete example of this concerted action in practice. She explained that all planning conducted by Sireas includes the active participation of migrant communities and that this fed into policy development. In practice this meant that Sireas coordinates processes of epidemiological and sociological data collection locally working with migrant communities and representatives and acting as the conduit for information to the Ministry of Health.

1.8. Discussion

Mr Bröring thanked Ms Louhenapessy for her presentation and threw the floor open for questions.

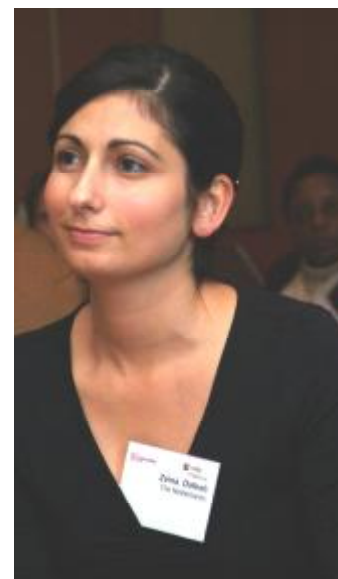
It was observed that training health actors should take place in the context of mainstream professional training and should also be available to professionals in other relevant fields, including the education and welfare sectors.

Ms Louhenapessy was asked if and how the expertise acquired in Belgium on the issue of bridging policy and action was shared internationally. She replied that they used both formal and informal networks and noted that a key to success was adopting a professional approach which helped to raise awareness and acceptance of migrant communities and organisations as experts in the field.

1.9. Content and rationale of the conference

Ms Zeina Dafesh, AIDS & Mobility/NIGZ

Mr Bröring handed over to Ms Zeina Dafesh who gave a short presentation on some practical issues relating to the conference. She reviewed the objectives of the conference and gave a brief overview of the programme. She outlined some of the major questions which the conference would address. She concluded by noting that she hoped that people would participate fully in the conference and also abide by some basic ground rules about respecting diversity. She emphasised that after the conference delegates would be supported to implement country-specific action points developed during the workshop sessions and these would be disseminated along with information about the other outcomes of the conference.



2 Friday 29th September 2006

Plenary session on AIDS & Mobility activities

2.1.NFP network and trend reports

moderated by Mr Hans Saan.

Panel Mr Frank Amort, Mr Paulo Vieira, Ms Åsa Cronberg

Mr Bröring welcomed delegates to the session and introduced Mr Hans Saan; a trainer and long-standing supporter of AIDS & Mobility who was previously a colleague at the NIGZ. Mr Bröring explained that this plenary session would focus on reviewing network activities between 2004 and 2006 and looking at issues around development for the future. Mr Saan thanked Mr Bröring for his introduction and noted that it was a pleasure to have an opportunity to get an insight into this field and contribute to the conference by celebrating the network's achievements and addressing some of the challenges that it faces. He added that he perceives that the links between network activities and public health were currently too weak and invited the conference to think about how to develop these. He also noted that AIDS & Mobility is one of the most difficult areas of public health to operate in and acknowledged the courage demonstrated by delegates in engaging with this field.

He said that the first part of the session would be given over to looking at the NFP network and its role in linking and supporting policy and practice. The main question here is whether the network is appropriately and effectively structured to achieve these objectives. Debating this issue was accomplished through voting on series of statements and the contributions of the panel of experts who Mr Saan introduced.

Statement 1: The system of National Focal Point helps to include many actors and organisations in the work of AIDS & Mobility and has a good snowball effect.

There was a mixed response to this statement. Mr Saan invited some comments. An 'undecided' voter noted that the principle enshrined in the statement was sound but not always realised in practice. Ms Cronberg commented that effective snowballing was dependent on NFPs identifying a focus for activities. Mr Saan observed that having a focus was a necessity in order to achieve results in any field.

Statement 2: The NFPs will never be able to represent the entire field of organisations working on migration and HIV.

There was greater polarisation of views in response to this statement. One participant observed that it was impossible for an NFP to represent all the divergent opinions in any country. Another added that this was partly an effect of resource limitations which precluded building a comprehensive network. The question of whether it is necessary or desirable for NFPs to seek to be representative of the diversity of views within their country was also

raised. Mr Saan invited Mr Amort to comment on this with regard to his experience of being the NFP for Austria. Mr Amort said that he tried to involve all the relevant agencies in his role as an NFP but is clear that it was not his job to represent all their views. He added that in his experience the role of the NFP has changed; whereas six years ago it was about raising the profile of particular issues and topics it was now about bringing organisations together which otherwise might not have contact, like governmental, non-governmental and community-based organisations. Mr Vieira concurred with this view. Mr Saan closed discussion on this statement noting that there was evidently a need to recognise the tension in the NFP role between acting as an agent who supported networking and acting as a representative for a country at an international level.

Statement 3: It is good to have both governmental and non-governmental organisations in the NFP network.

There was near unanimous agreement with this statement. However, it was noted that the position of a NFP within an agency can have a bearing on their capacity to bring GO and NGO representatives together: in general NFPs from GOs probably have more influence and money but NFPs situated in NGOs have greater credibility with communities. Both Mr Vieira and Ms Cronberg noted that the advantages of bringing GOs and NGOs together in a national network include the facilitation of communication, establishment of links and skills and sharing of experiences and know-how. They felt that the involvement of GOs was important in order to create an environment in which the impact of action by CBOs can be maximised.

Statement 4: NFPs need more resources in order to be able to perform their tasks properly.

There was near unanimous disagreement with this statement. One participant noted that NFPs often have networks and participate in forums which they can exploit for AIDS & Mobility activities. Mr Saan observed that the effective functioning of NFPs is about much more than money; it is about harnessing energy, managing time and juggling competing commitments.

Statement 5: Mobilising financial support from the national level for the NFP tasks and AIDS & Mobility is a priority in NFP roles.

Responses to this statement were mixed. One participant observed that this is not an easy task and can be a distraction from other activities. Mr Amort agreed with the statement and explained that in his experience NFPs need to identify sufficient resources to provide a dedicated intra-national secretariat to support the basic functioning of the network. He suggested that it might be useful to develop a set of shared standards or guidelines which helped NFPs to decide where, when and how to request funding. He added that in Austria the host organisation for the NFP already generates half its income from outside government funding streams.

Mr Saan summarised the general view that when the NFP network was created it relied heavily on government finance but over time the intra-national networks have grown and this has contributed to the need to look further afield for financial support. In conclusion, Mr Saan reviewed this section of the session and summarised the outcomes as follows:

- NFP networks can take different forms and it is necessary to consider whether they focus on inclusion or the selection of partners.

- NFPs have to decide how they are going to balance their leadership roles with that of a facilitator of intra-national networking.
- There is added-value in bringing GOs and NGOs together in intra-national networks.
- This work requires resources which include money but also human resources, time and energy.

Mr Saan moved on to discussing several statements relating to the compilation and use of trend reports.

Statement 1: Migration and HIV is an ever-changing issue, and trend reports should be written every year to be updated on recent developments.

There was a largely positive response to this statement. Participants observed that taking the specific circumstances in each country in account was important in assessing the merits of the statement because in some years trends within some countries do not change particularly rapidly whereas they do in others. In addition, it was noted that awareness of the context in which these reports were read is important. In some countries trend reports may be used in negative ways to fan political debates about migration. Mr Saan added that in his view trend reports are valuable and that AIDS & Mobility is perceived to have a good record of publishing accurate and up-to-date materials on practice, policy and epidemiology.

Statement 2: Trend reports can be a strong advocacy tool if they are used in the right way

There was general agreement with this statement although some participants aired concerns that trend reports are not very accessible to politicians. It was noted, however, that trend reports may also have a function for NFPs as a means of keeping track of developments within their own country. Mr Saan added that proper summaries are necessary if politicians were to be encouraged to access trend reports.

Statement 3: Trend reports will never reflect the reality as the authors are always biased.

Responses to this statement were very mixed. Participants pointed out that there were technical issues about collecting and collating material for trend reports and that more robust methods of generating and shifting data could go some way to resolving concerns about reliability. It was also noted that it was important to differentiate between country and trend reports. The former is a more or less factual document whereas the latter is much more subjective. Mr Saan noted that it was difficult to reach a consensus on the issue of what a trend report should comprise. He suggested considering compiling detailed reports every three years and up-dates in the intervening years.

Statement 4: Trend report writing is a special skill and very time-consuming. It would be better to hire one person who writes down the trends in the EU states based on interviews

The majority of participants disagreed with the statement noting that it is important for a country network to contribute to this process both from the point of view of establishing ownership for it and in order to ensure that it reflects the experiences of people in contact with

local situations and realities. Mr Saan noted the consensus seemed to be that compiling trend reports comprised at least two tasks – one is the process of gathering information which participants seemed generally to feel was a useful and constructive process for a national network to enter into and the other the task of writing it up which was more technical. He rounded this section of the session off observing that there was agreement that trend reports are useful, but also acknowledgement that they take considerable time and energy to compile.

2.2. European Migrants Meeting

moderated by Mr Hans Saan.

Panel: Mr Girmay Assemahegn, Mr Juan Walter, Mr Bonifacz Solymosy

Mr Saan thanked participants and panel members for their contribution to the discussion and moved on to introduce the next session of the conference. He introduced the new panel comprising Mr Girmay Assemahegn from Norway, Mr Juan Walter from the Netherlands and Mr Bonifacz Solymosy from Hungary. He then presented the first statement.

Statement 1: The success of the European Migrants Meeting and other A&M activities depends on the involvement and direct participation of the target group in all phases of planning, organisation and evaluation.

The response to this statement was mixed. In discussion it emerged that although participants agreed with the principle that it enshrined they feel that in practice representation of migrants is not currently comprehensive enough despite positive moves in recent years.

Statement 2: Future meetings do not need interpretation since health professionals with out knowledge of the English language cannot make use of other A&M services and activities

There was widespread disagreement with this statement. Participants observed that it is more important to be able to involve appropriate representatives from each country in meetings than to insist on specific language skills. It was also noted that a commitment to cultural diversity would be poorly reflected by any exclusionary policy on offering interpretation support to participants.

Statement 3: Results: Encouraging participants is reason enough to organise an EMM during every project period.

There was a mixed response to this statement. Many participants felt that it is important to organise meetings both for the value of the process and in order to achieve some additional outcomes. It was suggested that it might be useful to explore the benefits of holding both bigger and smaller meetings in order to achieve different kinds of results. Mr Walter observed that it is important to connect AIDS & Mobility to other meetings and networks, especially in the context of the Global AIDS conference where migrancy issues have a relatively low profile.

Statement 4: Follow-up: A holistic rights based approach rather than pleading for support, treatment and care is the only way to really make a difference for (migrant) PLWHA.

There was widespread disagreement with this statement. Many participants felt that it inappropriately set up a false dichotomy between rights and ‘pleading’. Mr Assemahegn noted that migrant HIV/AIDS organisations are often contacted by and engage with migrants prior to them getting residency status; that is at a time when they either do not have or are unsure about their rights to access support, treatment and care. Mr Saan added that it was important to ensure that a rights-based approach connected to European Union legal mechanisms which foreground

human rights as the basis for policy and practice. He thought that this might also mitigate the need to plead for support, treatment and care.

Statement 5: Discussing the main outcomes of the EMM at a strategy meeting will ensure the implementation of the action points and recommendations in other A&M activities.

There was general agreement with this statement and some participants made suggestions for facilitating this process and ensuring achievement of the objective of implementing action points and recommendations. There was consensus that the workshops and other sessions in meetings which focused on filtering and processing information and ideas needed to be more closely targeted on the development of recommendations although it was important not to lose sight of the value of the process of discussion and debate. Mr Saan noted the potential value of producing short summaries of European Migrant Meetings which could be carried forward both to other AIDS & Mobility activities and also be disseminated more widely.

Mr Saan moved to close this session by inviting participants to make any observations on either the process or outcomes and to put forward any proposals for issues to take into the workshop sessions which would follow later in the conference.

Ms Louhenapessy said that when attending A&M meetings she gained a sense of activity across Europe but missed a link to the broader political agenda. She proposed that during the workshop sessions participants considered how these links might be established and how AIDS & Mobility might more effectively reach into the political arena. Mr Saan concurred with the observation about the tenuous links with European policy-making noting that there would be no representative from the network at the forthcoming meeting of EU health ministers being held in Bad Gastein. He suggested that the network should consider if any representation at this event could be made. Mr Bröring responded that some organisations with which AIDS & Mobility is linked are going to be represented at this meeting. Mr Saan said that he thought a desire to achieve influence in political circles was probably a natural progression for the network. He also suggested considering sending a message to the meeting noting that migration issues are not properly represented and offering to provide a plenary session next year.

Mr Sergiu Grimalschi endorsed Mr Saan’s earlier comments about developing better links with public health noting that his role sat between health, social and legal fields. Continuing on this theme and linking it to the discussion about the advantages and disadvantages of NFPs

being situated in GOs, Dr Jaroslav Jedlicka said that he felt that migration issues were acknowledged within government in his country but had not yet achieved a high profile.

On the issue of the relationship between NFPs and AIDS & Mobility, Mr Andreas Berglöf said that he thought that not only should NFPs look to AIDS & Mobility for support but also be more aware of what they could do to support AIDS & Mobility.

Mr Juan Walter returned to this issue of connecting AIDS & Mobility to global networks and endorsed the comments of Ms Louhenapessy. He added that the network should also consider how to address the reality of a negative political atmosphere within Europe around migration issues.



Plenary session on AIDS & Mobility Working Groups

Mr Hans Saan opened this plenary session pointing out that it provided an opportunity to get an overview of the activities of the five working groups which have been engaged on different tasks during the last two years. He praised the productivity of the groups and invited representatives of each to provide a review of their work and to present the results.

2.3. Working Group I: Epidemiological trends of HIV/AIDS in specific migrant populations

*HIV/AIDS and migration in European printed media:
An analysis of daily newspapers, presented by Dr Julia Del Amo*

Dr Del Amo introduced members of the first working group and thanked them for their work on this report. She explained that the investigation aimed to identify the discourses within which the issues were being framed in each of the countries represented within the working group and the extent to which epidemiological data was having an influence on these. Dr Del Amo drew attention to the recommendations which she hoped would support network members in making positive interventions with journalists. She illustrated some of the findings of the research with reference to press coverage of cases alleged criminal transmission of HIV in Finland and the United Kingdom involving migrants noting the distortions and misrepresentations which characterised them.

Mr Saan thanked Dr Del Amo for her presentation and noted the importance of this report because it would help to raise awareness of the power of the press and also in identifying what aspects of HIV/AIDS and migration issues receive coverage.

2.4. Working Group II: The situation of migrant, mobile and young people regarding HIV/AIDS in the new European member states.

A United Europe, a Shared Concern: HIV and population mobility in an enlarged European Union, presented by Dr Jaroslav Jedlicka and Ms Maria Pisani

Dr Jedlicka and Ms Pisani presented the report produced by members of this working group comprising the new member states of the EU, Austria, Finland and the United Kingdom. Dr Jedlicka drew attention to the structure of the country reports which allowed some comparative analysis on data on mobility and epidemiological issues. He noted that this highlighted the differences in prevalence and incidence between countries. He also drew attention to the recommendations which included improving surveillance of the health situation of migrant and mobile populations into and within the EU, developing better targeted preventive interventions, dedicating resources to the provision of treatment and care to migrants, particularly undocumented migrants and reviewing policy at a community and political level to address stigma and discrimination which hamper both prevention and the provision of treatment and care.

Ms Pisani endorsed Dr Jedlicka's comments and added that this was the first time an activity of this kind had been undertaken in her country, Malta. She highlighted the value of the work as a means of drawing attention to the differences and similarities between countries and as a lobbying tool in her own country.

Mr Saan thanked Dr Jedlicka and Ms Pisani for their presentation. He noted the points that had been raised and suggested that the impact of intra-national dissemination might be enhanced by drawing attention not only to individual country reports but also to reports relating to neighbouring countries. He endorsed the view that the primary function of the publication would be to raise awareness of policy-makers.

2.5. Working group III: Young migrants living with HIV/AIDS.

Young migrants living with HIV/AIDS, presented by Dr Bryan Teixeira and Mr PJ Boyle

Dr Teixeira presented the product of this working group – a CDROM – and said that he was delighted with this outcome and saw it as a means to promote the idea of working with young people. He handed over to Mr Boyle who gave a summary of the content of the resource. He explained that it started from asking a simple question about the position in relation to working with young migrants in each of the countries participating to this working group. He said that this was diverse and invited conference delegates to consider the position in their own countries. A quick show of hands demonstrated that this was indeed the case. Dr Teixeira said that some of the effects of this relatively low profile of young migrant needs were to be seen in the processes of gathering together examples of interesting and good practice engaged in by the working group. He spoke briefly about some of difficulties in the United Kingdom which included having to broaden the focus to include not only HIV positive migrant young people but all young migrants. He said that data had been collected through surveys in schools in London and that the process had been locally productive beyond the development of the resource, because it had led to the production of a DVD and the instigation of a peer education project in participating schools. Mr Boyle said that the major points of attention were that it was clear from compiling the resource that some countries are able to address young people LWHA as part of the larger group of migrants, and that the involvement of target group is essential at all levels. He added that a detailed description of the surveys and good practices in each country contributing to the working group are contained in the resource.

Mr Saan thanked Dr Teixeira and Mr Boyle for their presentation and noted that the CDROM was a very accessible and innovative form for dissemination of information.

2.6. Working Group IV: Access to HIV/AIDS prevention, care and support for people with an uncertain resident status

You Can Speak! How HIV-positive people with an uncertain residence status survive in Europe, presented by Andreas Berglöf and Sébastien Mériaux

Mr Mériaux presented the booklet produced by this working group and thanked all the contributors. He then said a little about the context in which the resource was produced noting that people of uncertain residency status PLWHA are not just victims but also actors in HIV prevention and that it was this positive aspect of their involvement on which they had focused in compiling testimonies and other texts from PLWHA, supplemented with accounts from health and other professionals. He said that he anticipated that the booklet would help to raise awareness about the issues and support activities with both policymakers and health professionals.

Mr Berglöf then read an extract from one of the testimonies contained in the booklet which dealt with the experiences of a positive woman who despite failing to obtain the right to stay in her country of destination was pleased with the services that she had received from local health services.

Mr Saan thanked Mr Berglöf and Mr Mériaux for their presentation and noted that the personal aspects of the resource made it particularly effective and poignant.

2.7. Working Group V: Gender issues and HIV/AIDS in migrant communities.

*Gender issues and HIV/AIDS in migrant communities
presented by Ms Melita Weekers and Ms Maureen Louhenapessy*

Ms Weekers and Ms Louhenapessy presented the DVD produced by this working group which deals with the stigma and discrimination associated with aspects of difference and diversity by screening the opening sequence. Ms De Groot noted that this segment of the DVD had been developed for use in any training session or intervention around gender. Ms Weekers and Louhenapessy thanked all the contributors to the group and especially Mr Valantis Papatthasiou and Ms Elli Ioannidi who were unable to attend the conference. They added that the presentation that Mr Papatthasiou had intended to give today would be placed on the A&M website.

They briefly described the content of the DVD as a series of video letters between communities in the Netherlands and Belgium which tried to respond to some of the most complex questions about diversity and discrimination with a special focus on the particular vulnerability of women to HIV.

Mr Saan thanked the representatives of the working group for this presentation and noted the utility of the resource.

Mr Bröring moved to close the session by thanking Mr Saan for his moderation and the various presenters and panellist for their contributions. He concluded by pointing out that copies of the various products of the working groups would now be made available to conference participants.

3 Friday 29th and Saturday 30th September

Workshop sessions on bridging policy and action



3.1. Overview of the workshops

For two sessions, divided by an over-night break, the conference broke into six workshops, two on each of the following themes:

- communication
- access to HIV services
- networking.

The main goal of the workshops was to improve mutual understanding between actors at the level of policy and the community in the field of HIV and migration. All the workshops explored the possibilities for increased cooperation, collaboration and synergy in setting and achieving concrete action.

In workshop I, which focused on challenges and solutions in communication, participants explored the following questions around communication towards and between communities and policy makers:

- A common goal, but different approaches?
- How do we strengthen the communication between communities and policy-makers to improve collaboration?
- How do we eventually empower and strengthen the players in the field?

In workshop II, which focused on access to HIV services, participants explored the following specific questions around overcoming obstacles regarding access to services:

- How can communities and policy makers join forces to address legal and practical barriers?
- How can we make best use of existing resources and capacities?
- What are the challenges at the European level?

In workshop III, which focused on targeted networking, participants explored the following specific questions around targeted networking as a tool at the national and international level:

- What makes a network successful?
- How can communities and policy makers make best use of existing networks?
- How can we make the step from networking to true collaboration?

3.2. Workshop I A: Bridging policy and action: Challenges and solutions in communication

Facilitator: Ms Maureen Louhenapessy

Rapporteur: Mr PJ Boyle

Participants: Mr Kofi Adjei Somuah, Ms Maria Epaminonda, Mr Henrik Overballe, Ms Anne-Marie Vartti, Ms Kate Quinlan, Mr Christiano Berti, Ms Virginija Ambrazeviciene, Ms Laurence Mortier, Ms Maria Pisani, Ms Solveig Danielsson-Ekbom, Mr Juan Walter, Ms Silke Klumb, Ms Moono Nyambe, Mr Rhon Reynolds.

This workshop began with a round of introductions in which participants were invited to say something about the organisation that they represented, identify an obstacle relating to communication which they encountered in their work and enlarge on their motives for attending this workshop. Interests in exploring issues about communication were diverse, reflecting the variety of organisations which were represented in the workshop including regional and national networks, governmental, non-governmental and community-based groups. However, enhancing communication in order to reach the target group better was a frequently stated concern among participants, especially those with a practice-orientation. Among organisations with a policy and networking focus the most frequently reported concern was with enhancing communication in order to empower the target group and reach and engage other organisations more effectively. There were also concerns about improving communicating between organisations in order to enhance knowledge and information transfer and avoid duplication of activities. The issue of communicating with the media was also raised.

Participants felt that the difficulty with identifying common goals and priorities among policy-makers, practitioners and communities could obstruct communication and that recognition of this difficulty by all parties was required as first step in developing effective methods and channels of communication. The locally specific nature of activity and context in which activities took place was also identified as an important factor in developing communication structures and methods.

The group then set about exploring specific issues and approaches in enhancing communication by splitting into three smaller groups, which addressed the issues of communication between communities and health actors, between communities and sub-communities and between communities and PLWHA, respectively. In each smaller group there was discussion

about local practices and activities in an attempt to identify issues and principles, which might guide the development of better communication.

The small group which looked at obstacles to communication between health actors and communities identified a range of practical and structural difficulties including the policies and protocols, to which health professionals worked and their degree of cultural competency. There was also perceived to be a gap between community expectations towards health services and the realities of provision given the limitations of resources. It was suggested that the prevailing 'medicalisation' of health, and hostile political climate led to distrust between health actors and communities and that the media often played a part in fuelling this by providing inaccurate information and negative coverage of minority communities. Based on this analysis and a discussion about the role of specialist health communicators working in Sweden this small group concluded that partnership working between health services and communities mediated and supported by NGOs and CBOs had an important role to play in ensuring participation of the target group in service development and delivery and hence improving accessibility.

The second small group explored issues around communication between communities and sub-communities. They identified that norms and values were not always shared within communities as defined as health professionals and policy-makers. They discussed dimensions of difference including gender, age and sexuality and how these might differentiate people within a perceived community entity and concluded that greater sensitivity was needed when conceptualising communities and assessing their needs.

The third small group explored issues around communication between communities and PLWHA and identified that PLWHA may not wish to identify with their communities and/or be subject to stigmatisation and discrimination from within them. They may also lack the support of CBOs and NGOs which either cannot or do not want to provide for them. The small group concluded that there was a pressing need to reach PLWHA with information and services, but that effective targeting was conditional on working to reduce stigma and discrimination among CBOs and NGOs and encourage open dialogue within communities about HIV.

Finally, in comparing the results of the deliberations of these small groups the workshop group as a whole identified some overarching, common themes around communication issues. These included noting that the media has a role to play in facilitating communication at all levels despite its often inaccurate and negative stance on HIV and migration issues; that effective communication by health actors with target groups is dependent on cultural sensitivity and competence and the achievement of these depends on exploration of their own identities and values; and, that communication with communities and individuals within them should not be based on an assumption that they share common goals, values, norms or needs and hence target group participation in health service provision is essential to ensure relevance and accessibility. The major themes within the discussion and recommendations and action points with regard to communication were drawn into a presentation which was given in the plenary on workshop outcomes.

3.3. Workshop I B: Bridging policy and action: Challenges and solutions in communication

Facilitator: Dr Julia del Amo

Rapporteur: Dr Julia del Amo

Participants: Ms Ana Maria Caro, Mr Warsame Ali Garare, Mr Willy-Freddy Shanti, Ms Katarzyna Gajewska, Ms Barbora Kuchárová, Ms Maria Antonia Lizana Alcazo, Dr Mary Haour-Knipe, Mr Eric Akum, Ms Georgina Caswell, Ms Hanka Mongard, Ms Ruth Paintsil, Mr Michal Minalto.

This workshop began with a round of introductions in which participants were invited to say something about the organisation they represented, identify an obstacle relating to communication which they encountered in their work and enlarge on their motives for attending this workshop.

Dr del Amo then presented a model to support the group in an analysis of challenges and solutions to communication difficulties. This model characterised potential channels of communication according to three levels:

1. the political, government policy level and health care-workers
2. CBOs and NGOs
3. and communities, including PLWHA, migrants, commercial sex workers and IVDUs.

The model conceptualised relationships between these levels and the cross-cutting influence of the media.

The group then elaborated this model through exploring potential challenges and solutions to communication problems based on their own experience. A number of the outcomes of this process related to communication between actors at specific levels within the model. For example, the group perceived that politicians' willingness and ability to communicate with health actors and communities might be obstructed by some structural factors including bureaucracy, hierarchies between ministries and tensions between 'technicians' and 'politics'. These structural obstacles were compounded by the lack of representation which communities might have because of their inability or unwillingness to vote in elections although in countries where they were franchised voting offered opportunities to influence politicians.

In relation to communication between practitioners and policy-makers the group perceived that obstacles to communication could be created by differences in focus – on results rather than on process, respectively – and that professional skills on both sides were at a premium in ensuring effective communication as well being aware of the importance of the personal characteristics and traits of the individuals involved in mediating between these levels.

Health actors' ability to communicate effectively with communities and individuals was perceived as potentially hampered by structural factors which impacted on trust and confidentiality. These included the requirement on professionals to ask patients about the residency status and policies and guidelines which required them disclose information about their clients to other agencies, including those which might result in a migrant's deportation. Potential solutions to these problems lay in empowering clients and communities through providing accurate information about disclosure and their rights to confidential treatment and care.

Other challenges and solutions in communication were cross-cutting and less strongly related to communication between groups or individuals at specific levels. For example, linguistic and cultural problems could be a barrier in work between communities and health actors but also in policy development. The group identified that access to interpreters and cultural mediation was essential to forestall these.

Lack of knowledge about communities at all levels was identified as an obstacle to communication and this was also seen as a contributory factor in the stigmatisation and discrimination against minorities. Establishing low-threshold services, advocacy work and a rights-based approach were all regarded as potential solutions to these problems. The group also thought that people tended to be lumped together into communities regardless of difference between them and within communities. The response to this was to work to empower communities and people within them so that difference could emerge in a positive way and from within communities.

Finally, this group identified a potential barrier to communication arising from the growth in competition between NGOs in an environment where resources were evermore limited. They felt that greater collaboration and better networking were important factors in mitigating potential problems with competition and conflict.

Turning to the issue of the influence of the media, the group debated ways of engaging with them and addressing the often negative approach taken in the mass media towards migrants and migration issues. They recognised that engagement with the media was difficult but that responses to the issues around HIV and migration often depended on the particular media organ in question with minority press often adopting a more appropriate approach than the mainstream media. They agreed on the potential benefits of identifying a designated lead to engage with the media from within agencies and, most importantly, that using the media to draw attention to an issue could be very powerful at times when politicians were particularly receptive, especially at that point in the political cycle when elections were taking place.

Finally, the group agreed some basic principles which they felt supported good communication at all levels. These included agreeing on the goal of communicating, establishing trust and mutual respect and agreeing on priorities, and conducting appropriate needs assessments which involved the community affected by decisions and actions. The major themes within the discussion and the main conclusions about methods and principles in communication were drawn up into a presentation which was given during the plenary on workshop outcomes.

3.4. Workshop II A: Bridging policy and action: Access to HIV services

Facilitator: Antonio Jester

Rapportaur: Åsa Cronberg

Participants: Ms Marie-Pierre de Buisseret, Mr Godswill Eyawo, Ms Grace Ntunzwenimana, Mr Juri Kalikov, Ms Irina Mironova, Ms Tuula Seppänen-Leiman, Mr Noel Ahebla, Ms Antje Sanogo, Ms Zahra Mohammadzadeh, Mr Bonifacz Solymosy, Ms Diane Nurse, Ms Anna Colucci, Ms Maria Chiara Pezzoli.

This workshop began with a round of introductions in which participants were invited to say something about the organisation that they represented, to identify an issue relating to access to services which they encountered in their work and something that they hoped to gain from involvement in the workshop. The issues mentioned by participants were diverse, reflecting the variety of organisations which were represented in the workshop including regional and national networks, governmental, non-governmental and community-based groups. However, there were major recurrent themes around improving the accessibility to services for migrants by reducing their threshold. In order to do this, participants were interested in exploring ways that they could develop the linguistic and cultural sensitivity of services, reduce the stigma attached to services and service users, especially for migrants, and, help migrants facing deportation to countries where treatment and care services are poor or do not exist. In relation to these concerns workshop participants were looking for new ideas, opportunities to share experience and acquire knowledge and information from other organisations and the chance to develop networks and contacts, especially around advocacy issues.

After this general discussion members of the workshop split into three small groups, each of which explored in depth a specific dimension of issues around access to services. One small group explored issues around HIV testing. They concluded that good practice in the provision of testing involved a comprehensive and complex package of support including pre- and post-counselling and also prevention activity. They identified the main problems in providing such services to migrant people flowed from negative views towards services among migrants, the structure and attitudinal barriers erected by services and the wider context set by immigration and healthcare policy at both national and European levels. They concluded that the focus of activity to improve HIV testing should be to develop low threshold services which would involve building up human capacity and developing health service infrastructure and providing better targeted information to migrant communities.

A second small group looked at issues around providing services in a broader context; that is including treatment, care and support as well as testing. They identified the major difference in access issues for documented and undocumented migrants and the need to pay particular attention to lobbying at an international level to alter policies which effectively barred undocumented migrants from accessing services. In addition, they identified a range of cross-cutting issues which warranted attention in order to develop more accessible services. These included linguistic and cultural barriers, which they thought could be overcome by cultural mediation and interpretation services and the training of health actors. They also identified the importance of addressing stigma and discrimination noting that stigma exists at many levels and requires multifaceted intervention; for example with politicians to alter laws which contribute to stigmatisation of migrants and with communities to reduce their fear about HIV. They identified lobbying and information dissemination as key strategies for achieving these ends. In the light of this discussion about service access issues they sketched out a model for developing HIV services which included: a needs assessment with the target group; peer working with the community; training for health actors in cultural competency and establishment of translation of services, development and dissemination of information materials for the target group.

The third small group looked at issues around the impact of deportation of migrants on the provision of support, treatment and care. They identified a common problem across Europe with offering support, treatment and care to undocumented migrants and the need for changes in European and national law to secure these people's rights to treatment within Europe and

right not to be deported to countries where treatment is not available. They emphasised the importance of finding ways to work with organisations and networks with a high profile in lobbying and advocacy work around these issues.

Finally, the small groups developed recommendations and action points to feedback to the conference during the plenary on workshop outcomes.



3.5. Workshop II B: Bridging policy and action: Access to HIV services

Facilitator: Girmay Assemahegn

Rapporteur: Chris Canter and Annes Kallan

Participants: Ms Kathelijne de Groot, Mr Ghulam Rabani Rahmat, Ms Rima Vaitkiene, Mr Ricardo Regalado Fernandes, Ms Monika Habekova, Ms Marita Pateruse, Ms Blanca Nogués Melendez, Mr Frank Amort, Dr Jaroslav Jedlicka, Mr Vaclav Strouhal.

This workshop began with a short presentation by Mr Assemahegn on the situation with regard to HIV/AIDS in Norway and the work the organisation which he represents. He dealt briefly with his background outside HIV/AIDS work and his route, as an asylum-seeker to Norway, into counselling work with the largest HIV organisation in the country. He characterised the situation with regard to HIV activity and migrants as broadly positive in Norway. NGOs are provided with statistics on the country of origin of PLWHA by central government which facilitates targeting of resources and activities. Governmental support to CBOs is good although penetration to migrants LWHA is poor with only around 10% of all 120 registered migrant PLWHA in contact with HIV Norway, the main service provider organisation. He also noted that epidemiological data may be suspect because HIV testing in asylum-centres is

not well organised. Migrants may well be unwilling to come forward either to test or to identify as a PLWHA because of stigma. This is particularly the case when it comes to interventions made by people from the same ethnic background.

He next gave some historical background to the current situation in Norway referring to the outcomes of a meeting of all NGOs involved in HIV/AIDS work held in 2003 which resulted in the development of the 'human library' of migrant PLWHA who facilitate training workshops and give presentations in a variety of community settings.

Turning to specific issues in reaching migrants Mr Assemahegn explained some of difficulties involved in outreach work and providing support through self-help groups. He noted with regard to outreach work that there was a tensions between maintaining a sufficiently high profile to attract members of the target group but sufficiently low profile that they are not deterred from making contact because of fears about disclosing their HIV status and becoming the target for stigmatisation. He said that these had been resolved by offering telephone counselling as a first point of contact. With regard to self-help groups he noted that these only appealed to some migrant PLWHA; generally those who valued the anonymity offered by becoming members of a relatively large group; while others preferred the protection offered by individual support.

He concluded his presentation by emphasising some of the particular difficulties faced by asylum-seeking migrants and HIV organisations trying to work with them. He noted that if it was decided that an asylum-seeker had been infected outside Norway then they could be denied asylum. In addition, dispersal policies meant that asylum-seekers were often located in areas of the country far away from specialist HIV services. Finally, he highlighted the particular problems of migrants who might be simultaneously documented and undocumented because of their transit through Europe and those who were intended for deportation but whom the countries of origin would not accept.

Mr Assemahegn's presentation was followed by a few questions and comments from participants in this workshop. Mr Kallan observed that the Norwegian government seemed to be fairly progressive with regard to HIV and migration issues although stigma seemed to be the main problem. Mr Assemahegn noted that although the situation was indeed fairly good there were only two organisations which focused on HIV and migration issues compared to a large number with a more general prevention focus. He added that stigma was indeed the biggest problem in effective work with migrants. Mr Amort asked Mr Assemahegn to elaborate on the advantages and disadvantages of undertaking HIV work in the context of asylum reception centres and to comment on the potential for working in prisons. Mr Assemahegn said that most asylum-seekers achieved residency in Norway on humanitarian grounds and therefore HIV testing was not seen as disadvantage by migrants in terms of affecting their applications to stay in the country. He added that there are many projects which target PLWHA in prisons in Norway but that he had no access to reliable data on the proportion of prisoners who were migrants although he suspected it was a considerable number.

This presentation was followed by a round of introductions in which participants were invited to say something about the organisation that they represented, to identify an issue relating to access to services which they encountered in their work and something that they hoped to gain from involvement in the workshop. The issues mentioned by participants were diverse, reflecting the variety of organisations which were represented in the workshop including re-

gional and national networks, governmental, non-governmental and community-based groups, however, there were major recurrent themes around addressing stigma and discrimination both from services and communities and that the contributory influence of public policy especially with regard to the threat of deportation of migrant PLWHA, and developing new forms of more holistic and accessible service including outreach and rapid testing. The issue of working with religious leaders was also identified as a potential means of reducing stigmatisation of migrant PLWHA within communities and accessing them with information and services. In relation to these concerns, workshop participants were looking for new ideas, opportunities to share experience and acquire knowledge and information from other organisations and to compare the practices in their own and other countries.

The group then split into three smaller groups each of which discussed specific issues arising from the first part of the workshop. One small group focused on working with religious leaders and testing issues. This small group noted that working with faith-based groups provided a potentially important means of reaching migrants who often came from cultures with a strong faith orientation. They also noted that reaching them might mean targeting people other than religious leaders, who could be bound by doctrine which made it hard for them to engage with HIV issues. They agreed that churches and religious organisations were often important sources of support for migrants and that the challenge was to connect these with HIV services. With regard to testing there was debate about the advantages and disadvantages of voluntary versus mandatory testing resulting in agreement that testing should be voluntary, in all situations and contexts, and coupled with counselling and advice. It was noted that some private sector organisations still imposed an obligatory testing on potential employees.

Although another small group touched on the issue of involving religious leaders the focus of their discussion fell on developing more accessible HIV services for migrant PLWHA. Participants talked about the feasibility of developing more effective virtual meeting places for migrant PLWHA noting that targeting communities was sometimes inappropriate when they comprised very small numbers of geographically scattered persons.

The third small group focused on discussing issues around advocating for alterations in national and international policies which militated against service access for migrants. They debated the feasibility and utility of inventorising human rights legislation at national and international level and developing means to assess how these laws were being implemented at a country level. They thought that training on human rights legislation and the promotion of a rights-based approach to service provision with health actors might be productive in reducing the barriers to service access for migrant PLWHA.

Finally, the small groups developed recommendations and action points to feedback to the conference during the plenary on workshop outcomes.

3.6. Workshop III A: Bridging policy and action: Targeted networking

Facilitator: Georg Bröring

Rapporteur: Jaana Vuorio

Participants: Mr Thomas Demyttenaere, Ms Peace Kabushenga, Ms Farah Khadija Ahmed, Ms Batulo Essak, Ms Jaana Vuorio, Mr Sébastien Mériau, Mr Sergiu Grimalschi, Mr Felix Gallé, Mr Luis Carlos Escobar Pinzin, Ms Evita Leskovsek, Mr Eberhard Schatz, Mr Bernard Forbes.

This workshop began with a round of introductions in which participants were invited to say something about the organisation that they represented, to identify an issue relating to networking which they encountered in their work and something that hoped to gain from involvement in the workshop. The group then compiled a list of organisations with which AIDS & Mobility might forge stronger network links based on their professional experiences. This list included the following organisations: EATG (Treatment), IPPF (Family planning), YOUACT (Youth), Correlation (social inclusion), PICUM (Undocumented migrants), HIV Europe, MSF (Doctors without borders), AIDS Action Europe, Worlds AIDS Campaign, Stop AIDS Now, SAFAIDS, WHO, TAMPEP (sex workers), International Organisation for Migration, ICW (women living with HIV), Sharenet (national Dutch network on HIV and reproductive health) and GNP+ (people living with HIV/AIDS). Working with a selection of these organisations, the group then identified opportunities and challenges engendered with trying to forge closer network links with these organisations and explored the resource implications.

Points of discussions that were raised:

- networking is a continuing process;
- networking can be used as a tool to achieve aims;
- networking can provide additional value to your regular work;
- risk of too many networks.

As a result of these discussions they developed a set of principles for enhanced networking which highlight the importance of achieving mutual understanding between partner organisations and aiming for an increase in synergy and the capacity for joint action. The need for clear rules and roles with a network were mentioned to operate successfully. On the basis of these reflections, the group developed a 'wish list' for developing the AIDS & Mobility network and identified recommendations and action points, which would help to realise this.

3.7. Workshop III B: Bridging policy and action: Targeted networking

Facilitator: Dr Bryan Teixeira

Rapporteur: Group report

Participants: Ms Lydia Ogur, Mr Paulo Vieira, Ms Ana Ruth Bernardo de Paz, Mr Ismael Juárez Pérez, Mr Andreas Berglöf, Ms Melitia Weekers, Ms Iris Shiripinda, Mr Joost den Otter, Ms Zeina Dafesh, Ms Priscilla Nkwenti, Clay Toppenberg.

This workshop began with a round of introductions in which participants were invited to say something about the organisation that they represented, to identify an issue relating to networking which they encountered in their work and something that hoped to gain from involvement in the workshop.

The participants first had a general discussion about networking – what are the advantages? Which different networks are there in this field? How can one use the networks to prevent duplication of work? Goal of this introduction was to get more insight and understanding of the different networks and opportunities.

More specifically the participants compiled a list of international networks which work in the field of migration and HIV/AIDS that they are familiar with. It was striking for most participants to see that they could name the networks; however they knew only few details about most of them. Everyone came to the agreement that they should explore these different networks to have sufficient information on their contents and on how to make use of them. Even though this may be a time-consuming activity, the participants agreed that it is important to maintain quality standards of our work.

The list of networks which the participants compiled reflected the variety of networks in this field. Because of this variety, Mr Teixeira suggested to focus on a few networks where one sees the most potential for collaboration in the near future. Therefore the group made a selection of 6 networks: AIDS & Mobility, PICUM (on undocumented migrants), GNP+ (people living with HIV/AIDS), ICW (Women living with HIV/AIDS), IOM (International Organisation for Migration) and WAC (World AIDS Campaign).

After the selection of the networks, the participants were split into two groups. They got the assignment to explore the opportunities, challenges and necessary resources to achieve collaboration with these selected networks. One group did not get to this step – instead they conducted an in depth discussion about the different perceptions, goals and interests of these different networks. The other group did go into more detail about collaboration opportunities and formulated a possible joint action they have signalled.

4 Saturday 30th September 2006

Plenary session: Workshop reports



4.1. Introduction

Mr Simon Forrest opened this session of the conference inviting representatives of each of the workshop groups to come forward and provide some feedback on the main outcomes of their discussions. He proposed not to take questions about each presentation, but that participants carried any issues which were raised about the future development of the AIDS & Mobility network into the upcoming session with this focus.

4.2. Workshop I A: Bridging policy and action: Challenges and solutions in communication

Ms Kate Quinlan provided a short presentation on the activities and outcomes of this workshop. She explained that having first explored communication issues in terms of challenges and opportunities, successes and failures, the group then looked at some of their own experiences in relation to three models of communication: communication between health actors and policy-makers; between communities and health actors; and within communities.

She drew particular attention to some cross-cutting themes which had emerged during this analysis including the importance of ethics and respecting confidentiality and cultural competency, recognising the influence of the political and policy climate and, finally, the nature of community engagement and involvement.

She moved to close her presentation by presenting the two following action points developed by the group:

The need to build the capacity and increase the action of the AIDS & Mobility network members within their own countries;

Training around communication is required in order to do this – for network members, and through them, local actors at governmental, non-governmental, CBO and community levels.

4.3. Workshop I B: Bridging policy and action: Challenges and solutions in communication

Ms Georgina Caswell provided a short presentation on the activities and outcomes of this workshop. She presented an analysis of the challenges and opportunities group members had identified from their experiences of communication between a variety of health actors, including policy-makers, practitioners and organisations in the wider community. She said that the group had found this analysis difficult, given that communication issues were complex. They had initially approached the issue from the point of view of concern with structures but noted that communication was also dependent on people's willingness and ability to engage with one another. Notwithstanding these difficulties, they had developed a summary analysis of some communication issues which Ms Caswell presented as follows:

When one or the parties in a dialogue was unwilling to communicate this could lead to the other feeling resentment and turning to activism to make their point heard;

When there was willingness to communicate between parties but no channels existed through which this could take place, it was necessary to create them and identify opportunities and individuals which could support this;

When there was both willingness to communicate and channels through which this could take place, it was necessary to publicise them, make them attractive and identify opportunities and individuals which could support this.

Ms Caswell briefly demonstrated how these conclusions had been derived from group members' analysis of their own experiences and then made some comments about communicating with the media. She said that the group recognised that working with the press was often difficult but important. The group had concluded that it was important for organisations to designate a link with the press, to try and cultivate relationships with them, especially with potentially sympathetic organs, like journals and papers for minority and migrant groups, and to be sensitive to how press activity related to political cycles, especially politicians sensitivity around the time of elections.

Ms Caswell concluded her presentation by noting that although the group had been productive she recognised that they had not really arrived at clear recommendations or action points but some points of attention.

4.4. Workshop II A: Bridging policy and action: Access to HIV services

Mr Bonifacz Solymosy provided a short presentation on the activities and outcomes of this workshop group. He began by explaining that the group had agreed on a human-rights based approach to discussion and on reaching recommendations and actions points about access to support, treatment and care.

He then briefly described the process through which the group had arrived at its conclusions, involving splitting into four groups each of which looked at one specific aspects of service provision; testing and support, access to services; early intervention by services; and the impact of deportation on access to treatment and care.

He presented the action points and recommendations which related to the first of these issues, testing and support, noting that the goal was to achieve low-barrier services. He recommended that:

- The development of testing services always includes the provision of pre- and post-test support.

And that the network takes action to:

- Strengthen cooperation between governmental and non-governmental organisations;
- Build capacity within service providers through providing means to share knowledge and expertise.

Next members of the group presented the action points and recommendations which related to the second of these issues, access to services: They proposed the following recommendations and action points. They recommended that:

- Health actors and community leaders receive relevant training to ensure services are accessible to migrants.

And that the network takes action to:

- Support the provision of this training and the provision of multi-agency health teams in HIV services through supporting organisations at a national level to lobby the EU.

Ms Kirsten Madsen then presented the action points which related to the third of these issues, early intervention by services. She proposed action to:

- Explore, identify and map good practice in providing early intervention services;
- Increase involvement of PLWHA in providing these services;
- Develop guidelines, securing a minimum standard for inter-cultural activity in services.

Ms Antje Sanogo then presented the action points, which related to the fourth of these issues, prevention of deportation of migrants. She proposed action to:

- Forge stronger links with networks engaged in advocacy and lobbying to alter policies which allow the deportation of people needing treatment and care.

4.5. Workshop II B: Bridging policy and action: Access to HIV services

Mr Frank Amort, Mr Ricardo Regalado Fernandes and Dr Jaroslav Jedlicka provided a series of short presentations on the outcomes of this workshop group. These were as follows:

Mr Amort proposed a survey of network members to collect a 'library' of religious leaders who could be invited to contribute to activities related to HIV prevention and to identify good practice in voluntary HIV counselling and testing within the network. The results of this survey would be put to specific use at a regional meeting to be held in S.E. Europe.

Mr Fernandes proposed action to collect information on which countries had adopted human rights legislation, which had a bearing on access to treatment and care for undocumented migrants and to assess how this has been implemented in practice.

Dr Jedlicka proposed action to develop a website for PLWHA in the Czech Republic, which would aim to promote awareness and access to local support services.

4.6. Workshop III A: Bridging policy and action: Targeted networking

Ms Jaana Vuorio provided a short presentation on the activities and outcomes of this workshop. She began by explaining that the group had explored successes and failures associated with personal experiences of networking at a number of levels and, on the basis of this reflection, developed a 'wishlist' for developing the AIDS & Mobility network and identified action which would help to realise this.

Next Mr Thomas Demyttenaere and Mr Eberhard Schatz gave short presentations on the outcomes of this workshop. Mr Demyttenaere presented a series of questions, which had formed the basis for arriving at action points. These included, 'How to include new member states?'; 'How to work with countries of origin?'; 'How to work with human rights issues?'; 'How to work with other European networks?'.

Mr Schatz then listed the actions points agreed in response to these questions:

- Generate a map of potential contacts for networking with Romania and Bulgaria when they accede to EU next year;
- Generate a list of people responsible for HIV policy in each country who will be targeted by AIDS & Mobility as contact and for lobbying purposes;
- Delegate AIDS & Mobility staff to have a presence at the next meeting of the EU health summit.

4.7. Workshop III B: Bridging policy and action: Targeted networking

All workshop participants gave a short performance as a means of presenting the outcomes of workshop. In the first part of the performance, they illustrated how networks' interests can both conflict and overlap in relation to the issue of immigration in Europe. They then used the second part of their performance to propose that AIDS & Mobility form closer links with PICUM and to demonstrate how this might function.

Plenary session: A look into the future



4.8. The European Public Health Programme: Future plans in the field of HIV and the role of European networks

Mr Dadi Einarsson, European Commission, HIV/AIDS Task Force, DG SANCO

Having introduced as chair for this session, Dr Mary Haour-Knipe introduced Mr Dadi Einarsson thanking him for coming to conference and inviting him to say a little about his role and the work of the HIV/AIDS Task Force.

Mr Einarsson explained that he would be giving a short presentation on the future direction of the European Union with regard to health policy based on the working paper ‘Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood’ and the Dublin and Vilnius declarations both adopted in 2004 and the Commission communication on ‘Combating HIV/AIDS within the European Union and in the neighbouring countries 2006-2009’ adopted in 2005. Focusing on the most recent of these communications he noted that it defines Europe in fairly wide geographical terms as including both North Africa and neighbouring countries to the east of Europe, and that it includes an action plan which provides the context for policy development over the next three years. He highlighted some of the political actions taken by the EU in relation to HIV/AIDS issues, including ensuring that the subject had been discussed in every Health Council meeting since May 2004, that it had been addressed in the European Council Conclusions of June 2005 and taken up at a summit with Russia in May 2005. He noted that the debate on HIV in Europe often involved highest level discussions between Heads of State.



Returning to the direction of future HIV/AIDS policy, Mr Einarsson pointed out that the subject is reflected in the public health programme for the future and that implementation will be based on established policy priorities. He drew attention to two central tenets of the policy. First, that the core of the policy focuses on prevention with special attention being paid to vulnerable populations, even though there is a move towards scaling up activities which target general populations. Second, knowledge should be shared, so, that for example, useful materials developed in migrants' countries of origin are available for use in destination countries.

Mr Einarsson concluded his presentation by outlining the Public Health Programme for 2007-2013 noting that resources will reduce at the same time as the number of countries within the EU has expanded. He added that the programme had not yet been approved by the EU authorities who are locked in debate about the financial issues in demanding 'more for less' in particular.

Dr Haour-Knipe thanked Mr Einarsson for his presentation and noted that it was particularly useful to receive information about EU policy which was sometimes felt to be 'a closed book'. She proposed reserving questions for Mr Einarsson until after the presentation of Mr Bröring on the AIDS & Mobility work plan for 2007-2009.

4.9. AIDS & Mobility Europe 2007-2009: Responding to diversity in Europe

Mr Georg Bröring

Mr Bröring began his presentation by endorsing the comments of Dr Haour-Knipe regarding the benefits of having Mr Einarsson present at the meeting and explaining that he would be giving the same presentation that he gave to NFPs at their recent meeting.

He explained that the proposal for AIDS & Mobility activities during the next two years had been developed through discussions and surveys conducted with NFPs, the input of the Advisory Board and discussion with the host organisation at NIGZ. The application for funding from the EC had been submitted in May 2006 and laid out AIDS & Mobility main aims and specified the network's five main areas of work; networking, monitoring and trend watch, dissemination, capacity building and policy development.

He then dealt with each of these main areas of activity in turn. In relation to networking, Mr Bröring emphasised that this is AIDS & Mobility's core activity comprising supporting the NFP network, linking policy-makers and community groups and linking to other European networks. In relation to monitoring and trend watch, he summarised the main activities as compiling trend reports, which was especially important as the situation with regard to migra-

tion and HIV/AIDS changes rapidly. He added that the form that trend reports took might change as a result of the discussion within this meeting. He also listed some of the means by which trend information is disseminated, including through the internet website, via newsletter, and a variety of paper-based publications.

Moving on to talk briefly about capacity-building and policy-development Mr Bröring identified these as areas in which AIDS & Mobility was developing rapidly. The focus of capacity building activities fell on the implementation of a training programme with five strands relating to training exchange, community-based work, project management, intercultural communication and working with religious communities. He said that policy-making activities also had five dimensions – epidemiological developments, treatment standards, youth empowerment, migration in the new member states, border issues in Mediterranean region - the focus of which was on providing information in a form which can be translated into impact on policy.

Mr Bröring dealt briefly with issues about networking and partner agencies, explaining that the comprehensiveness of the network, with representation from all European countries, gave it strength and credibility although he acknowledged that having to have contractual arrangements with NFPs could be perceived as overly formal. He said that the recently submitted application opened the possibility of having collaborating partners but there would not be any closed list of potential agencies or organisation to enter into partnership. Collaborating partners included AIDS Action Europe, the Correlation network, Tampep, EATG, YouAct and IOM.

Mr Bröring turned to the issue of the budget for the period and explained that although AIDS & Mobility had sought funding for 80% of its needs from the EU, the unofficial response was that the offer might be only 60%. He acknowledged that this would put additional pressure on both NFPs and NIGZ. He suggested that discussion of how to manage any deficit be postponed while discussions took place with NIGZ about managing the risk. He added that he was acutely aware of the potential problems with fundraising in terms of its impact on AIDS & Mobility operations.

Finally, Mr Bröring explained that once the application had achieved European Commission approval he would be entering into consultation on finances and other issues. He would keep the network updated on progress.

4.10. Discussion

Dr Haour-Knipe thanked Mr Bröring and threw the floor open to questions relating to either his or Mr Einarsson's presentation.

Mr Einarsson was asked to clarify whether prevention included both primary and secondary prevention. In addition he was asked for his view on the impact of the drop in budget on European networks and what role the Commission might play in situations where a national government is not responding to European Union policy. Mr Einarsson took the questions in reverse order explaining that if any organisation felt that a national government was failing to properly implement a policy agreed at European level they should notify the EU, and, of course, they could bring the matter to the attention of their national government. He added

that all organisations should consider engaging with their national governments around issues relating to European Health Council policy since they were signatories to this document. On the issue of the finances Mr Einarsson noted that the EU is unwilling to grow the budgets so cuts are a reality. However, the situation is currently fluid and it is impossible to explore the implications until debates between health ministers have ended. He thought this was likely to have happened by the end of the year. He added that contracting was now handled by an intermediary agency and that he hoped that this would enable agreements between the EC and organisations receiving funding to be sealed more quickly than has been the case previously. Finally, with regard to the issue of primary and secondary prevention, Mr Einarsson explained that EU policy is conceived as a working document and that it is envisaged that development of specific actions will take place in the light of the available resources. Dr Haour-Knipe thanked Mr Einarsson and Mr Bröring for their contributions and moved to progress to the next part of the session.

4.11. Other European networks in the field of HIV and opportunities for collaboration



Dr Haour-Knipe introduced five delegates, each representing existing European networks: Ms Hanks Mongard for Tampep; Mr Joost den Otter for PICUM; Mr Eberhard Schatz for Correlation; Mr Paulo Vieira for YOUACT; and, Mr Andreas Berglöf for HIV Europe. She explained that each would speak for a few minutes about their respective networks and put forward some proposals for means by which AIDS & Mobility might improve its links with other networks.

4.12. TAMPEP

Ms Hanka Mongard

Ms Mongard began by explaining the TAMPEP is a network of organisations working around migrants involved in sex work in the EU. The network was founded in 1993 and now repre-

sents 25 countries, in the main through NGOs which are in direct contact with sex-workers and former sex-workers and representatives of governmental organisations. Network members work to an agreed mission and undertake specific tasks in support of the network. The network is structured through regional clusters each coordinated by a regional representative to whom national coordinators report. The regional coordinators, in turn, report to the Board.

Ms Mongard described the main activities of the network as compiling an annual mapping exercise on prostitution in each of the 25 participating countries, facilitating exchange visits between network members and supporting national events. She added that after a decline in networking, she was pleased to have agreed a partnership with AIDS & Mobility and saw this as a means of putting migrant sex work issues on the network agenda. This was particularly important as the numbers of migrant sex workers coming into the EU continues to rise. She concluded hoping that there would opportunities to engage in some common activities.

4.13. PICUM

Mr Joost den Otter

Mr den Otter explained that PICUM is the International Platform for Undocumented Migrants and its main objective is to fight for their rights. The network functions through 19 NGOs which represent 11 countries. These are mostly based in Western Europe. PICUM's principal activities are to gather information on relevant topics, develop a centre of expertise, strengthen networking among organisations dealing with undocumented migrants, and lobbying for better treatment of undocumented persons with reference to international law and treaties, especially those relating to health issues. PICUM has already collaborated with AIDS & Mobility by contributing to a working group booklet on the experiences of HIV positive undocumented migrants in Europe. Mr den Otter concluded that they hoped that a closer link with AIDS & Mobility would benefit the network in terms of giving it access to PICUM's close links with the EU.

4.14. Correlation Network

Mr Eberhard Schatz

Mr Schatz explained that the aim of the Correlation network was to improve the social inclusion of marginalised groups. Access to health and social services for migrant groups by bringing together governmental, non-governmental, community-based and peer organisations is one of the activities of the network. Correlation is organised in eight working groups, involving a number of Western and Eastern European countries and the USA. He gave some examples of the network's activities. These include establishing an expert group which works with the EU monitoring centre to produce accessible datasets; this group is currently working on issues around needle exchange schemes. The network has conducted research in four countries on issues around accessing health targeted on marginalised groups, which include migrants, IVDUs and sex workers. He added that these activities, like all of the network's work, were conducted with the close involvement of the service users. The results of these activities were shared with policymakers and service providers who helped to develop recommenda-

tions. The network produced a toolkit, enabling others to replicate the work. Mr Schatz said that other working groups were addressing sex workers, migrants, drug use, at-risk youth, methodology, outreach, the use of internet and empowerment.

Mr Schatz concluded his presentation by noting that he felt there was scope for working together with AIDS & Mobility given the number of issues in common. He hoped to develop the informal contacts with the A&M network into something more robust.

4.15. YOUACT

Mr Paulo Vieira

Mr Vieira explained that YOUACT is a relatively new European network on sexual and reproductive rights for young people. It was set up with the principle that youth participation needs to be supported. The network is currently active in twenty countries and involves young people aged between 16 and 28 years old. Mr Vieira said that the network's orientation towards advocacy could be an asset to AIDS & Mobility, along with its access to UNAIDS. He also thought that YOUACT's experiences with training around youth participation could be useful, adding that some young trainees connected to YOUACT have already collaborated with members of the AIDS & Mobility network. He concluded his presentation by directing participants to the organisation's website, where more information was available on both its activities and structures.

4.16. HIV Europe

Mr Andreas Bergl f

Mr Bergl f explained that HIV Europe is a relatively new network which came out of a conference for patient organisations which took place in Brussels in 2005. The network aims to ensure that PLWHA in Europe are represented in decisions made about prevention, treatment and care and that, ultimately, developments make a positive difference to them. The network currently has nine members. Membership is open to any national or local organisation run by PLWHA and any organisation which advocates on their behalf, which can demonstrate significant participation by PLWHA. Mr Bergl f said that the network currently has modest ambitions which focus on holding an annual meeting and building a solid network through sharing experiences and supporting national and international work.

Mr Bergl f concluded that although the main issue the network is focused on at this time, is improving the participation of PLWHA, issues around stigma and discrimination: drug use and mobility are also high on the agenda. In relation to linking to AIDS & Mobility, he observed that of course he represented a very tangible connection between the networks. Finally, he said that another meeting is being planned and he hoped this would be an opportunity to broaden the HIV Europe network.

4.17. Discussion

Dr Haour-Knipe invited the representative of the five networks who had just given presentations, Mr Bröring and Mr Einarsson to come forwards for a short period dedicated to questions from the floor.

In response to a request for clarification of the main aims of EU policy with regard to HIV Mr Einarsson explained that these constellated around coordinating evidence based action within the EU and also ensuring coherence between the EU and activities in other countries and global agencies. He restated that budgetary constraints would make this difficult, but added that policy with a bearing on HIV issues was also developed under other EU Directorates, which could defray the effects of financial limitations. He noted that with regard to HIV and migration issues the EU has no mandate to deliver services within Europe although it can support action of this kind abroad.

Mr Bröring was asked if the merger of networks was feasible and acceptable as a way of managing resources in an increasingly hostile financial environment. Mr Bröring said that he thought while there was clearly evidence of some overlapping concerns between networks, like those represented at this meeting, there was no prospect of merger. He noted that mergers between networks needed to be carefully managed; while the merger of AIDS & Youth into AIDS & Mobility had been a success leading to an enriched network and more efficient use of resources, the proposed merger of TAMPEP and a research organisation had failed because of a conflict over principles. Mr Schatz added that mergers were not always a productive as close collaboration. Mr Berglöf observed that maintaining networks as distinct entities sometimes ensured their strength. Ms Mongard noted that any merger had been based on a belief that it would add value and result in an increase in shared knowledge not its dissolution.

In response to a question about collaborating with other organisations in order to reach African women, Ms Mongard noted that currently their network was not very active in this area said that TAMPEP welcomed the suggestion. She was then asked to comment on the feasibility of cross-cultural peer working, to which she responded that she thought it was possible but that notwithstanding language issues, cultural differences would make it difficult. Another participant added that cross-cultural working sometimes had benefits, as long as these differences were acknowledged, because it could produce a distance which meant that the target of interventions felt protected from too much identification. Another noted that although they agreed that this was indeed the case, financial constraints meant that unfortunately it was often hard to bring people together when their countries of origin were outside the EU.

Dr. Haour-Knipe closed the session thanking everyone for their contributions.

Closing session

Summary of the conference and outlook on future action.

A personal view on the conference

Mr Simon Forrest, Conference rapporteur.

Dr Haour-Knipe opened the final session of the conference by inviting Mr Simon Forrest, the conference rapporteur and Mr Rhon Reynolds, Senior Policy Officer and Deputy Chief Executive Officer of the African HIV Policy Network UK, to give short presentations on the conference proceedings and the outlook for future action, respectively.



Mr Forrest began by noting that it was difficult to reflect on proceedings so close to them and offering an apology if as a consequence, the review seemed partial. He said that he would characterise the conference overall as patterned by a series of shifts to and fro between the personal and the collective, the concrete and the abstract; the local and the global, the practical and the theoretical. He exemplified this characterisation with reference to the opening acts which, in the performance of the Toppenberg Foundation, personalised the issue of coping with the gap between policy and action, and, in the testimony of Mr Willy Shanti, linked living with AIDS to the wider issues around mobility and access to treatment, care and support. He added that it had evidently been a hard and tiring emotional, intellectual and physical process for all contributors and participants to the conference but that he sensed a great deal of positive feeling about the structure and management of the event.

He moved on to list some themes and issues, which he felt had been thrown up during the conference. First he identified the issues of the amount of activity within the network observing that this was increasing in quantity and diversity and becoming more participative. He cited the examples of the products of the working groups and the focus on planning action within the workshop sessions. He said that he hoped that this trend would continue.

Second, he said that he sensed that this meeting was taking place at a crucial point of reflection within the network. There had been sessions dedicated to looking back and others to looking forward, and this characterised the articulation that this moment represented in terms of moving forward and growing. In addition, this reflection had both introspective and projective dimensions. Taking the example of the discussions about networking and communication which had been dealt with in the context of both workshop and plenary sessions, Mr Forrest noted that the network had been looking at how it communicated internally as well as with the wider world and had considered issues about capacity and purpose. He said that he felt that the willingness to communicate, to think out loud and listen which had been demonstrated

within the network throughout the conference were good examples of what would ensure the effective engagement of the network with other external partners and organisations.

Third, he said he had heard serious discussion running through the conference about the fundamental questions of the purpose of the network, and what structures and methods of working are required to fulfil to achieve this. He congratulated the conference on addressing such profound and difficult questions with candour and in a spirit of constructive debate. He added that beyond these cross-cutting issues he had noted that specific issues about the criminalisation of transmission of HIV, the continuing need to engage with policy affecting the status of undocumented migrants and the impact on the provision of and access to treatment, care and support had been touched on many times.

Finally, he suggested that in his view the solutions to many apparent problems with developing the network were not so difficult to find as they might appear. In fact he thought that they lay in the resource that the network members represented. He reiterated his view that the honest, open, and frank approach of conference participants to debate, discussion and exchange of points of view was clearly the greatest asset and likeliest guarantee that the network would reach satisfactory and successful answers to the questions about its future direction.

He thanked the conference delegates for attending to his presentation and handed over to Mr Rhon Reynolds.

Outlook on future actions

Mr Rhon Reynolds, Senior Policy Officer and Deputy CEO, African HIV Policy Network (AHPN), United Kingdom.



Mr Reynolds opened his presentation with a few words about the organisation he represented. He explained that the AHPN is an alliance of African community-based organisations and their supporters working for fair policies for people living with HIV/AIDS in the UK. The main activities of the organisation included providing training, support, research and information. He noted that AHPN is the only African organisation in the UK whose work is dedicated to policy, advocacy and representation at national level. Its major focus is on HIV and the sexual health of Africans in the UK. He emphasised the importance to the organisation's work of participation of African communities, noting that up to now the trend within the UK had been for policy targeting these communities to be developed without their involvement.

Mr Reynolds moved on to identifying some of the challenges facing HIV work targeting migrant people noting first the febrile political context. He referred to recent angry exchanges between the French and Spanish governments reported in the British press. He showed coverage from British national newspapers noting that this was often hostile and contributed to stigmatisation of migrant people with HIV. He struck a more positive note reporting that some CBOs were responding to this by producing materials which supported migrant com-

munities with information and advice. Turning next to the specific issue of access to services he linked the political and policy environment to what he termed the ‘five D’s’ which many migrants still faced; death, deportation, dispersal, detention and destitution. He next presented some examples of the activities which CBOs could engage, in which aimed to mobilise communities to challenge this situation. He referred to a specific piece of work undertaken by the AHPN which involved bringing together religious leaders to debate their responses to HIV issues. He emphasised that this was an example of how participation could be used to increase advocacy focused on the principle which he had heard described during this conference as, ‘he who feels it knows it’.

In conclusion, Mr Reynolds raised what he saw as the key question facing the AIDS & Mobility network which he framed as ‘How do we (the AIDS & Mobility network) meaningfully engage in advocacy and campaigning at European and National levels?’ and invited discussion and debate.

Discussion

Dr Haour-Knipe thanked Mr Forrest and Mr Reynolds for their presentations and invited questions and comments from the floor of the conference.

In response to a question about responding to negative media coverage of HIV and migration issues, Mr Reynolds said that the experience of the AHPN was that it was important to react quickly to correct misreporting and wherever possible to be proactive with journalists.

In response to the questions raised by Mr Reynolds, Mr Walter said that he thought moves to increase AIDS & Mobility’s advocacy role were already underway and he suggested that anyone interested in contributing to this should contact him.

Mr Reynolds was asked to elaborate on the processes and outcomes of their experiences of engagement with religious leaders. He said that in their practice the AHPN had not just engaged with religious leaders but the wider community in order to encourage internal dialogue. He anticipated that the meeting would result in a statement on working around HIV issues and the production of a toolkit to support religious leaders in addressing stigma and discrimination of PLWHA.

Ms Pisani, the Maltese NFP, picked up Mr Walter’s proposal and said that she supported developing AIDS & Mobility’s advocacy role but that she needed the support of the network, because if she acted in Malta alone it would stimulate negative press coverage of HIV and migration issues, which would be detrimental to PLWHA.

Mr Reynolds was asked to what extent he thought that the UK government understood the complexity of HIV issues. Mr Reynolds pointed out that there are cross-party Parliamentary groups on both HIV and HIV and migration issues, which were often fairly measured in their responses to these issues but that the reality was that the mass media often oriented political debate in unhelpful ways. He gave the example of the UK press stimulating debate about ‘health tourism’, despite the fact that this does not exist, and the pressure it put on AHPN and other organisations to spend time marshalling the evidence in order to rebut the claim thus diverting them from more positive activities. He added that in his view politicians found it

easy to talk about AIDS in Africa but they lacked any context for talking about AIDS in their own countries and that an important role for CBOs was to support them to develop this, especially with regard to understanding that universal access to treatment, care and support applied domestically as well as abroad.

In response to a question about his advice to a country which is just starting to address participation issues Mr Reynolds observed that the AIDS & Mobility network was a valuable resource to support any organisation.

At this point Dr Haour-Knipe closed this session thanking all the participants for their contributions.

Closing remarks

Mr Georg Bröring

Mr Antonio Jester began this session by making a presentation on behalf of the organisation which he represents, Sida Vida, to the AIDS & Mobility team in recognition of the support they have received. Mr Bröring received a gift on behalf of AIDS & Mobility.

Mr Bröring then moved to close the conference. He extended thanks to the preparatory committee, speakers, facilitators, panellist and performers for their contributions to the conference. He made special mention of the contribution of the AIDS & Mobility team and their specific contributions to the preparation and implementation of the conference and of the support and advice over this period of the project.

Finally, Mr Bröring asked Mr Willy Shanti to close the conference.

Closing act

Mr Willy Shanti

Mr Shanti began his presentation by thanking AIDS & Mobility for inviting him to contribute to the conference. He said that he had found inspiration and energy and had decided to 'get back to life' by advertising his services within the HIV/AIDS field. He said that he would like to sing a song dedicated to the conference, the 'AIDS & Mobility Blues'.

*Well I am at the AIDS and Mobility conference
Knew little about the network
Policy lady against fieldworkers
How far from the deadline?
A party, event how do we do it?
Non verbal communication
Importance of results.*

*We went to the workshop
And bridged all the gaps*

Groupworked and drank coffee

Smoked during recess

Facilitator took his hat off

And thanked everybody

It was not for kicks.

Migrants on the move

They cannot be stopped

Experts scratching their heads

Trying to make some sense

Don't worry, we will network it out

We got three more years to find other ways.

We will network it out.

APPENDIX I

*AIDS & Mobility Conference
Bridging Policy & Action
Utrecht, 28 – 30 September 2006*

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