



Report on Migrant and ethnic minorities Health projects
funded by European Health Programme 2003 – 2008, related to communicable diseases

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1. EUROPEAN HEALTH PROGRAMME 2003-2008, AND EXECUTIVE AGENCY FOR HEALTH AND CONSUMERS (EAHC)

The Public Health programme legally speaking, is based on [Article 152 \(4\)](#) of the Treaty, establishing the European Community. The Health programme is considered as an 'incentive measure designed to protect and improve human health', 'excluding any harmonisation of the laws and regulations of the Member States'. It constitutes one of the Community actions in the field of public health, together with the promotion of co-operation and co-ordination between Member States and other legislative measures, which have as direct objectives the protection of public health or Council recommendations. All these actions shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care.

The Executive Agency for Health and Consumers (formerly the Public Health Executive Agency) was created on 1 January 2005 to support implementation of EU Public Health Programme. In 2008, the Agency's lifetime was prolonged till 31 December 2015, and the tasks expanded to include actions in the field of consumer protection and training for safer food. The EAHC new mandate includes implementation of EU Health Programme, Consumer Programme and Better Training for Safer Food initiative.

The Agency provides professional service in performing the tasks entrusted to it by the European Commission, and it works closely with Directorate General for Health and Consumers. The EAHC manages relations with some 2200 beneficiaries involved in more than 200 projects in the field of health; it has about 40 staff members based in Luxembourg.

Initially from 1993 to 2002, the funding of health programmes was done through eight separate action programmes covering: health promotion, cancer, drug dependence, AIDS and other communicable diseases, health monitoring, rare diseases, accidents and injuries, pollution-related diseases and different programmes covering different dates.

The Community Action Programme for Public Health covered the period of 2003-2008, with a budget allocation of 353.77 million €, organised in three strands: health information, health threats and health determinants. It has supported a total of 329 projects.

2. HEALTH AND MIGRATION ACTIONS UNDER THE ANNUAL HEALTH PLANS PRIORITIES

In the early annual Workplans, most of the action related to the Health and migration projects belonged to the priority area on socioeconomic determinants of health (2.3.9.), when actions tackling socioeconomic determinants were considered as a key priority for the Health programme. In 2004, work was supported on identifying effective strategies to address inequalities in health and the health impact of socioeconomic determinants in specific settings and for population groups which are particularly affected, in particular in socially excluded, minority and migrant populations.

In the WP 2005 the actions were orientated to address priority area 2.3.6. on Capacity building, with an incentive to promote co-operation between educational institutions on the content of training courses and to support the development of common European training courses in key areas of public health. This included projects proposing the development of tailor-made training curricula for health care personnel and other professionals involved in services dealing with people living with HIV/AIDS and with populations that are particularly vulnerable to HIV/AIDS (including intravenous drug users, men having sex with men, sex workers, prison inmates, migrants).

In the following year, WP 2006, the priority was extended to cover the need to estimate the health status of migrant and ethnic minorities, when actions were supported to develop information and knowledge systems targeting those belonging to socially excluded groups, at the same time addressing priority 2.1.2 paying special attention to the preparation of reports on young people, the elderly, migrants, ethnic minorities, specific problems of social groups with low living standards. Additionally, support was provided to (2.1.4) actions for developing strategies and mechanisms for preventing, exchanging information on and responding to non communicable disease threats. Particularly, actions contributing to the EU strategy on Mental Health, as developed following the Commission's Green paper on Mental Health, producing more information (on, health and socioeconomic status) about vulnerable groups at risk of developing mental ill-health and/or of committing suicide in the EU (ex: unemployed, migrants and refugees, sexual and other minorities).

In 2007, actions on Health and Migrants addressed more health threats, in support of the (2.1.2.1) priority area to increase the capacity to deal with pandemic influenza and tackle the particular health threats actions, to further develop

communicable disease management aspects of migrant health and cross border issues, including screening and contact tracing issues. Furthermore, the priority area (2.1.2.2) on generic preparedness and response proposed the support of actions, which should aim to improve health sector preparedness for crisis situations and to foster intersectorial collaboration to ensure a coherent response to a crisis. Of particular interest were activities that support the implementation of generic preparedness planning, making links between different institutions to prepare for mass gathering and to develop the capacity to mitigate the impact of mass emergencies (e.g. casualties and migration waves/floods, vulnerable groups, displaced persons and refugees). Still as part of the WP 2007, under health promotion, the priority area (2.1.3.2) Integrative approaches on lifestyles, HIV/AIDS and sexual health and reproductive health activities were supported, in line with the Commission communication on combating HIV/AIDS, with projects focusing on the identification of good practice and guidance on voluntary counselling and testing of HIV, taking into account the diversity of specific vulnerable groups (such as youth, migrant populations, injecting drug users). Other actions addressed the wider determinants of health (2.1.3.3) supporting the assessment of the social determinants of health, concentrating on innovative approaches to addressing migrant health issues.

Since 2008, the Second Programme of Community Action in the field of Health has been launched to cover the period from 2008-2013, with 321.5 million € allocated, covering priority areas in Health Security and Safety, Health Promotion, including Health Inequalities and Health Information.

On the WP 2008 the issues of strategic importance consider that actions that contribute to the reduction of health inequalities in and between EU Member States and regions were considered as of significant European added value. Further, under the Health Promotion strand, actions which aim to improve knowledge and facilitate access to information, such as the review and monitoring trends in health inequalities or public health capacity building, development and implementation of policies aiming to reduce health inequalities at national, and sub-national levels in Europe. To generate health information about socio economic inequalities, the priority was given to the elaboration of health indicators (3.4.1.2), to link mortality to census data on socioeconomic status or by the analysis of self reported health by socioeconomic status.

When reviewing the projects funded under the two European Health Programmes (2003-2008), there were 28 projects related to Migrants health with a total EC co-funding 17.143.925,68€. Of those 14 cover issues related to the communicable disease situation and management addressing the needs of migrants or ethnic minorities, such as vaccine preventable diseases, HIV/AIDS, STI, Tuberculosis, Hepatitis, etc. This review provides a reference to all projects identified under the Health Programme, which mentioned the immigrants or one of the ethnic minorities as one of the target population groups. A comprehensive description is provided to the current projects under the responsibility of the European Agency for Health and Consumers and reference is given when they are the follow up of a previous action, with the inclusion of the website address, where the full description of the project is presented, together with the available reports and deliverables. The full title, acronym, contract number, contact details and address of the main beneficiary and the extension of the partnership are given for reference in the foot note.

3. ACTIONS TO GENERATE AND DISSEMINATE HEALTH INFORMATION AND KNOWLEDGE

From the action oriented **to generate and disseminate health information and knowledge**, the most frequent outcome is the assessment of the Health status, through the performance of Health Interview surveys, Knowledge Attitude Practice surveys or health services uptake surveys based on qualitative methods.

Three projects is under development to produce knowledge about the health status of migrants and ethnic minorities; they involve 27 public health organisations and a total EC co- funding of 1.542.718,00€. The MEHO project is the only in this group that has a specific workpackage that addresses communicable diseases (WP 7), the other two projects: Roma Health and MIGHEALTHNET address more access to health care in general..

3.1. 2005122 The Migrant and Ethnic Minority Observatory¹ - MEHO

The MEHO project is led by the IBMG/ Erasmus University Centre, (NL), with EC co-funding of 791.776,00€. The main objective of MEHO is to develop indicators to monitor the health status of immigrant/ethnic minority groups in Europe. MEHO

¹ 2005122 MEHO Monitoring the health status of migrants within Europe: development of indicators, by IBMG/ Erasmus University Centre, (NL), Address: PO Box 1738, 3000 DR Rotterdam (NL), tel.:+ 31 10-4081372, fax+ 31 10-4089094; e-mail: m.foets@erasmusmc.nl, <http://www.meho.eu.com>, partnership: 7 associated partners: University of Edinburgh (UK), European Public Health Association (NL), Agenzia di Sanita Publica della Regione Lazio (IT), Universität Bielefeld (DE), University of Copenhagen (DK), University of Pavol Jozef Safarik (SK) and University of Hamburg (DE). Starting date: January 2007, the 7 partners are the University of Edinburgh (UK), European Public Health Association (NL), Agenzia di Sanita Publica della Regione Lazio (IT), Universität Bielefeld (DE), University of Copenhagen (DK), University of Pavol Jozef Safarik (SK) and University of Hamburg (DE).

focuses on five critical health areas for which we know already that ethnic specific health data is available: mortality, cardiovascular diseases and diabetes, infectious diseases, cancer, self-perceived health and health care use.

Existing health related databases and surveys are used and a European network of epidemiological observatories on migrants' health is being developed. The network will generate a European overview of comparable and exchangeable data on the sociodemographic and health profile of immigrant/ethnic minority groups for selected health problems. Specific attention is given to the conceptual, methodological, ethical and practical issues of identifying immigrants and ethnic minorities in health databases and to the assessment of valid comparisons between these groups within countries and between countries.

The MEHO network considers the **definition of an immigrant** as a person who migrated to the EU coming from outside the European Union (EU-15) and staying as a resident i.e. not a visitor, asylum seeker, temporary worker or student, excluding North America, Japan, Israel, Switzerland, Norway and Australasia. An **ethnic minority** was considered as those population groups that do not comprise the majority population of the country, or a sub-set of the majority. The **ethnic minorities can be identified** by the country of birth of the person or country of birth of one of the parents and/or the person, self-identification, nationality or citizenship and finally, last names, religion or language are sometimes used as indicators for ethnicity. The workpackage that addresses communicable diseases (WP 7) aims to characterize the **major infectious disease burden** in migrants, based on surveillance data and their impact on Public Health performed by the University of Bielefeld. The three major infectious disease burden (HIV/AIDS, TBC, hepatitis) estimates have been assessed by the identification of the surveillance systems data, bibliographic review and evaluation of childhood vaccination coverage.

The MEHO Infectious diseases working group intends to identify systematic deficits of official surveillance and reporting systems for migrant groups with respect to important infectious diseases and to provide better instruments for an improved assessment of the migration status to address more effective public health actions (http://www.meho.eu.com/infectious_diseases.php).

The main activities carried out in the first two years are 1. the assessment of the major infectious disease burdens on the health of migrant populations in six European countries using official national and international health information registries and additional epidemiological data from surveys; 2. the review of the different methodologies used by comparing the assessment of the migration status in infectious disease reporting systems between different European countries. Moreover, the infectious disease data analysis and evaluation will allow the disease-specific comparison of different European countries and the analysis and evaluation of infectious disease mortality and morbidity statistics including their societal and economical impact. At the end of the project, the critical evaluation of the deficits in the assessment of the migration status in European infectious disease surveillance systems in the light of differing structures of these systems between the various Member States will be identified.

An additional work package (wp10) focuses on the burden of infectious diseases, in particular studying the Roma ethnic minority in three countries with larger Roma population (Slovakia, Czech Republic and Hungary or Romania) and is led by the University of P.J. Safarik Kosice in Slovakia http://www.meho.eu.com/health_of_roma_people_in_cee.php. The Roma Health working group will define the most important criteria identifying Roma health, inventory the existing databases with information on Roma health in the EU, identifying the organizations and experts dealing with Roma health issues in the EU, considering governmental, academic, research, private and NGO sectors and collect and analyze data on the health of Roma compared with the indigenous population. The activities will focus on at least 3 critical health areas; cardiovascular diseases, infectious diseases and reproductive health.

4. ACTIONS ON HEALTH PROMOTION, INCLUDING REDUCTION OF HEALTH INEQUALITIES

The large majority of the Health and Migration projects are under development to "promote health, including the reduction of health inequalities", most of them perform the compilation of examples of best practices on access and quality care for Migrants and ethnic minorities at the MS level, and develop initiatives for advocacy towards the MS and European policy makers. 20 projects were funded to foster the exchange of good practices and the evaluation of the access and quality of health care, their partnership covers more than 130 organisations and makes a total EC co-funding of 11.830.438,00€. 5 projects have been finalised. 11 projects address communicable diseases issues, mostly HIV/AIDS, Hepatitis and Tuberculosis among migrants.

4.1. 2006302 - Health and migration in the EU²: Better health for all in an inclusive society (Health and Migration)

The European Conference on Health and Migrations was organised by Instituto Nacional de Saúde Dr. Ricardo Jorge (National Institute of Health) PT, with EC co-funding of 220.000, 00€. The Health and Migration conference aimed to improve the knowledge about the health status of immigrants coming from third countries, and its health determinants considering: demographic dynamics of migratory processes and their impacts; the specific political and legal frameworks at the national and international levels; to identify best practices about immigrants' access to healthcare (including health promotion, prevention and healthcare services) and to contribute to the definition of health policies and strategies that could be implemented both at the EU and Member State level, aiming at better migrants' integration.

The Portuguese Presidency European Conference on Health and Migration in the EU was organised in 28-29 September 2007 in Lisbon. The Presidency summary of the conclusions of the European Conference on "Health and Migration: Better Health for all in an inclusive society" is available in: <http://register.consilium.europa.eu/pdf/en/07/st15/st15609.en07.pdf>

The 1st Plenary session of the conference: Health and Migration in the EU presented the overall view of the demographic dimension of the migratory flow in the UE and the epidemiological challenges due to the mobility of the population. The speakers invited were Jorge Malheiros (Migration and Demographic Challenges), Manuel Carballo (Challenges of Communicable and Non-communicable diseases) and Agnes Czer (Health and Migration - Exploratory opinion). The preparatory work was started in January 2007 with the organisation of the Health and Migration Advisory group in Luxembourg under the support of DG SANCO C4, with representatives from all MS. During the meeting the draft structure of the two proposed reports were presented and the contribution for the MS representatives were request for the completion of the demographic data and on the identification of best practice examples. The website for the conference was launched in March 2007, where the registration, presentation of reports, public consultation was published at <http://www.eu2007.min-saude.pt/PUE/pt>, and where the deliverables related to WP4 and WP5 are available online.

The second meeting of the H&M advisory group was held in May 2007 to discuss the preliminary reports, to present the criteria/methodology for the selection of best practice examples from the more than 300 models identified by the MS.

The first report on Migration and Health covers health and migration in the EU, including the health status of migrants in the EU, health status determinant and access to health, an overview of immigration patterns of integration, immigrants in the EU: features, trends and vulnerabilities (covering demographic data and trends), health implications of migration addressing communicable and non communicable diseases and a concept paper on the national policies comparison.

The report on the Demographic, social and political context of migration and the health status of migrants achieved its objectives to increase the knowledge on migrants' health issues, with the estimation of the demographic impact for European populations, the health challenges for health care systems and public health and to present international and national policy responses. The second report addressed the Good Practice on Health & and Migration, with the presentation of the definition of good practice, the presentation of a good practice matrix, analysis and limitations, the importance of structural changes and an overview of policies concerning migrant health, conclusions and recommendations (<http://www.eu2007.min-saude.pt/NR/rdonlyres/0A87C6E4-30B0-41D0-9A0A-6B457F76BCBE/10592/capacontracapaeagradercementos.pdf>).

The members of the Advisory group on Health and Migration provided the contact for national organisations working on access to health care and health promotion for migrants. The organisations were asked to identify and characterise examples of best practice.

The conclusions of the EU conference on Health and Migration were presented to the WHO Executive Board which issued a recommendation on the Health of Migrants (Document A/61/12 from the 24th January 2008) and the Health of Migrants was included on the 61st World Health Assembly agenda. On 24 May, WHA issued a statement (WHA 61.17). Additionally, the Portuguese presidency convened the 8th Conference of European Health Ministers, in collaboration with the Council of Europe: "People on the Move: Human Rights and Challenges for Health Care Systems", organised in Bratislava – Slovak Republic, 22-23 November 2007, http://www.coe.int/t/dg3/health/Conferences/programme_en.asp; <http://www.eu2007.min-saude.pt/PUE/en/conteudos/Noticias/Brastislava.htm>.

² 2006302 Health and migrations in the European Union: Better health for all in an inclusive society
Main partner: Instituto Nacional de Saúde Dr. Ricardo Jorge (National Institute of Health)
Address: Av. Padre Cruz, P-1649-016 Lisbon, E-mail: jomiguel@mail.telepac.pt, website: www.insarj.pt

The conference proceedings and the conference conclusions and recommendations can be found under <http://www.eu2007.min-saude.pt/NR/ronlyres/8F67C156-89D4-457F-A2DA-5571A19508A2/11558/ConclusoesConferenciaMigrantesEN22Nov.pdf>

4.2. 2006333 The Health Care in NowHereland, Improving services for Undocumented migrants in EU³- NoWhereCare

The Health Care in NowHereland, Improving services for Undocumented migrants in EU- NoWhereCare has the main beneficiary the Donau Universitat Krems, with EC co-funding of 499.995,00€. The project aims at improving the level of health protection and quality of health care services for the people of Europe by addressing migrants' and immigrants' access, quality and appropriateness of health and social services as important wider determinants for health. The project focuses on undocumented migrants (UDMs), estimated to cover up to 4% of the population as an especially vulnerable group with high health risks due to difficult living and working conditions often characterised by uncertainty, exploitation, and dependency. UDMs also build a challenge for public health through uncontrolled risks of infectious diseases (HIV, Tuberculosis).

The EU Member States do acknowledge the right to health care for everybody as a fundamental human right, which is especially important for socially disadvantaged and vulnerable people like UDMs. Nevertheless, different national laws and policies are in place that restrict the access of UDMs to health care e.g. to emergency care. In general, UDMs face considerable barriers in accessing services. Working with quantitative and qualitative methods, the project will identify and assess contextualised (for policy frameworks and clientele needs) models of good practice of health care for undocumented migrants. It works on compilations of policies in EU 27 (national level), practices of health care for undocumented migrants (regional and local level, collected in a public database) and "People": experiences from NGOs and other advocacy groups from their work with undocumented migrants (from European to local level). The main actions of the first year were to set up project structures, communication between project partners and other projects and networks and work on a conceptual model to guide the development of indicators and data collection.

The conceptual model introduces the concept of health care provision for UDMs as management of a paradox: National policies have to deal with the paradox of a human rights and a state control logic, which puts health care organisations and professionals in a paradox situation: if they give care, they may act against legal and financial regulations, if they don't give care they violate human rights and exclude the most vulnerable. Also, the status of UDMs leads to a paradox situation for people as access to health care may threaten their existence - they might become visible to the system and be imprisoned and deported. That paradox cannot be dissolved on a practical level, but has to be managed somehow by different players and organisations. NGOs play an important role in taking over the management of health care provision by providing resources and bridging the gap between policy frameworks and people's needs. The conceptual model introduces different strategies on policy and practical level, namely "Functional Ignorance" and "Structural compensation". These concepts were presented at various European meetings.

First site visits to service providers were conducted and first draft instruments compiling indicators on policies, practices and people's level were developed. Next steps in 2009 will be pre-testing and finalising the instruments for the compilations, the set up of a data base for the collection of practices and the selection of models for in-depth assessments.

Several actions are specifically dealing the priority area related to improving healthier living and promoting health with focus on HIV/AIDS and sexual health, particularly of young people.

4.3. 2004302 - AIDS and action integration projects 2005-2008⁴ - AAI

The AIDS and action integration projects 2005-2008, was coordinated by AIDES (FR), with EC co-funding 837.390,00 €. The AAI project was developed to enable local HIV/AIDS, Hepatitis and Sexual Health services, based especially in the 10

³ 2006333 NoWhereCare, Health Care in Now Here land, Improving services for Undocumented migrants in EU, main partner: Donau Universitat Krems (Danube University- DUK), Universitat fur Weiterbildung Krems, Address: Dr Karl Dorrek Strasse 30, 3500 KREMS AT
Partnership: 5 associated partners: Azienda Unità Sanitaria Locale di Reggio Emilia (IT), University of Brighton (UK), Malmö Institut for Studies of Migration (SE), Platform for International Cooperation on Undocumented Migrants (BE), Centre for Research and Studies in Sociology (PT). The NowHerecare project has started in January 2008 and will run during 3 years.

⁴ 2004302 AIDS and action integration projects 2005-2008 by AIDES (FR), adresse: Tour Essor 14, rue Scandicci, F-93500, Pantin (FR), Tel: (33) 1.41.83.46.31. fax: (33) 1.41.83.46.39. Web site: <http://www.aides.org>. Contact Person Arnaud WASSON-SIMON, e-mail: asimon@aides.org, web site: www.integration-projects.org/. The starting date February 2005: 36 months, 8 associated beneficiaries were AIDS Foundacija Robert (SI), ARAS (RO), Badz Z Nami (PL), CEE-HRN (LT), DIA+LOGS NGO (LV), EATG (DE), SCAP CZ, SOA AIDS Nederland (NL). It is considered as the follow up of the Integration Projects 2001-2004.

new EU Members States and the 3 accession countries, to benefit from Best Practice and lessons learned at the pan-European level, through the participation in 9 Best Practices Seminars (BPS) organised in Central Europe and the Baltic States to ensure local ownership of results. Each Seminar covered a key-issue (including Harm-Reduction for drug users, Prevention in Schools, Health Project Management and Fundraising) and was designed to produce innovative tools (such as training modules or health campaign kits).

The general objectives were to update and to make available lessons learned and best pan-European practice on HIV/AIDS prevention and support, harm reduction, and sexual health promotion, especially to local health-service providers based in the 10 new EU members states and the 3 EU Accession Countries, through implementing a series of 9 Best Practices Seminar, 8 of which would take place in New EU Member States and in Romania so as to enable the greatest possible local ownership of the results. The 9 seminars covered topics on Women: facing HIV in our wider Europe; sustainability services for vulnerable groups; Hepatitis C and Drug Use in the New EU Member States and Neighbourhood; Facing management challenges for HIV/AIDS prevention and supporting NGOs in new and future EU Member States; Quality of Life for People Living with HIV/AIDS (PLWHA); The Silent Epidemic –Treatment Issues in HIV/AIDS in the Central East European Region; HIV, work and social issues, by Czech AIDS Help Society; HIV treatment for people who use drugs, and Youth and AIDS. Detailed reports for each of these seminars and the follow-up publications are available online: <http://www.integration-projects.org/keydoc.html>. Each seminar led to the production of innovative new tools such as guidebooks, public health campaign kits, training modules.

Country missions were performed to assess from a European perspective the local context resulting in 5 synthesized country-reports: BU (October 2005), CY (July 2008), SK (January 2007), SI (June 2006) & TU(October 2005) The reports for these missions are also available online: <http://www.integration-projects.org/keydoc.html>. Additionally, inter-country internships were hosted in flagship local health projects across the EU, to benefit especially health actors from the 13 new EU and 3 Accession countries, as well as training sessions (based notably on modules produced in the seminars). The training sessions organised were: fundraising for HIV/AIDS NGO, Non-directive peer counselling and its implications for outreach work; Peer-education in response to HIV/AIDS among young people, Principles and international lessons learned with regards to the Greater Implication for People Living with HIV/AIDS; Outreach Work with Commercial Sex Workers; National Conference on Harm Reduction, Harm Reduction and other pragmatic approaches for the prevention of HIV among vulnerable groups, Good NGO management Practices for Latvian NGOs and Leaders European Nordic regional HIV/AIDS NGOs meeting.

Inter-country internships were organized: Harm Reduction services for drug users; AIDES training session for the evaluation of the quality of life; Advocacy with elected officials outreach work done by AIDES in France; European and international advocacy and research on Harm Reduction for drug users; French Harm-Reduction NGOs and participation in the French National Meeting on Harm Reduction

These objectives were achieved by streamlining sexual health in HIV/AIDS services: targeted prevention and support for vulnerable groups through the elaboration of country reports on sexual and reproductive health: taking account of the information from health monitoring systems, develop health promotion strategies and define best practice to address sexual education and prevention of sexually transmitted diseases such as HIV/AIDS including the consideration of approaches in school settings and those targeting specific groups and addressing the socioeconomic determinants of health: identifying strategies to address inequalities in health and the health impact of socioeconomic determinants in specific settings and for population groups that are particularly affected, in particular in socially excluded, minority and migrant populations; develop health strategies to address the health effects of unemployment and precarious employment conditions.

The results achieved were the definition and exchange of best practice strategies in working with vulnerable groups in the field of health promotion; raising awareness of public authorities and decision makers regarding the emergency of making funds available for the prevention of HIV/AIDS and STIs among vulnerable populations; raising awareness of the media about the important role they can play in creating an image of the vulnerable populations and, subsequently, in influencing public opinion, decision makers, financiers etc and the empowerment of local organizations.

4.4. 2004107- BORDERNET⁵- HIV/AIDS and STI prevention, diagnostic and therapy in crossing border regions among the current and the new EC-outer borders

The BORDERNET project - HIV/AIDS and STI-prevention, diagnostic and therapy in crossing border regions among the current and the new EC-outer borders, was coordinated by SPI - Sozialpädagogisches Institut Forschung gGmbH (DE), EC co funding 1.945.118,70 €. The main objectives were to assess the HIV/AIDS and STD prevention, diagnostic and therapy situation in border areas. BORDERNET addresses regions along the former EC outer borders. 12 partners from 6 countries (AT, DE, IT, PL, SK, and SI) built up four model regions and integrated 5 additional collaborating partners as "tandem regions" in five countries or regions along the new EU outer border in PL, UK, SK, CR and EE in the second half of the project.

The goal was to assess the HIV/AIDS and STI prevention, diagnostic and therapy situation in border areas and German and Polish experts recommended intervention measures in view of the EC entry of Poland and other CEE states. The development methods of cross-border networks development in particular, the Open Co-ordination Method helped to define common objectives, exchange views, make commitments and evaluate implementation. Additional methods used are capacity building and trainings, RAR, KAB surveys and sentinel surveillance. In a battery of 4 -KAB-Surveys around 1700 persons from 6 countries were questioned (1085 young adults, 371 MSM, 155 sex workers and 71 HIV-positive men) about their knowledge and attitudes with regards to HIV/AIDS and STIs and their sexual behaviour. The results delivered insights into the specific risk related contexts on both sides of the borders related to mobility, sexual risk practices, access and utilisation of HIV/STIs services and were used to improve prevention and diagnostic offers. Further, cross border prevention strategies for MSM might be a possibility to develop new ideas and to reach synergetic effects and should particularly focus on irrational fears and individual risk management techniques and help to overcome still existing prejudices and misconceptions. The Sentinel Surveillance on STI provides important knowledge about the state of diagnostic offers and the epidemiological development in the model regions. A higher information density of entries allows a thorough risk analysis, the additional survey of the important STIs Chlamydia trachomatis and Neisseria gonorrhoea provides further insights into important epidemiological developments. Further, the migration specific infection routes in the participating model regions could be analysed in-depth for the first time through the cross-border construction of the system. Important epidemiological data were gained which are not represented by the national reporting systems in the collaborating countries. Syphilis and HIV was mostly found in MSM while Chlamydia trachomatis and Gonorrhoea were more common in female cross border sex workers. Migration and prostitution, especially in women, turned out as highly relevant factors influencing the epidemiological developments within some of the border regions, especially between the Slovak Republic and Austria. Several model diagnostic offers were established (e.g. a syphilis testing campaign for MSM in Austria, syphilis and Chlamydia testing in Poland, VCT HIV testing point in Poland and Germany) improving services' accessibility and quality. Trainings on diagnostic methods were conducted and played a crucial role in convincing the regional experts about the necessity to upgrade the existing standard offers and to open those more to uninsured persons, such as migrant sex workers and other mobile population. Prevention offers for groups at risk regarding the needs of the pilot regions convinced health policy makers. The group of MSM maintained a priority focus in the activities of three of the model regions. In a pilot diagnostic campaign for MSM the AIDS-Hilfe Wien (MRIII) offered Syphilis testing to 500 MSM between October 2006 and April 2007. The campaign was supported via integration into a large information campaign and reached very good response both among the client's group and the public. The neighbouring partner in the region, Slovakia organised also a small-scale anonymous and free-of-charge testing campaign in Bratislava for syphilis, HBV and HCV in 2006 and 2007 at the NRC on HIV/AIDS as well. At the same time, the incidence of STI (T. pallidum, HBV, HCV) was detected by the means of screening examinations and compared the incidence in a group of men, between heterosexuals and homo/bisexuals, outlining the group of MSM as explicitly vulnerable. Regional prevention campaigns among young people reached best-practise status: Among the HIV/STI prevention achievements in the group of young people, the Youth Film Days (YFD) deserve special attention, conducted with great success and regional support in the two German-Polish border regions. Developed as a concept by the German Federal Agency on Health Education (BZgA) they were implemented for first time in the frame of BORDERNET in border regions bringing young people from two countries together into one prevention event. More than 5.000 young persons from 40 schools could be reached through these activities in MR I and II, as well as 165 teachers and social workers. These events connected HIV- and STI prevention with sexual health activities, raised awareness in policy makers, health care and pedagogic professionals and multipliers and found a big echo in mass media.

⁵ 2004107 BORDERNET- HIV/AIDS and STI-prevention, diagnostic and therapy in crossing border regions among the current and the new EC-outer borders, SPI - Sozialpädagogisches Institut Forschung gGmbH (DE). Address: Kohlfürter Str. 41-43, 10999 Berlin (DE), Tel: +49-30-2521619 /fax: +49-30-2516094, email: spi@spi-research.de, website: www.spi-research.de. Contact Person: Elfriede Steffan, e-mail: e.steffan@spi-research.de. The starting date January 2005; 36 months. 11 associated beneficiaries were UNZG (PL), RKI (DE), MAT (DE), DPSZA (PL), (GAOSTV (DE), AHP (DE), FBF (DE), AHW (AT), NRC (SK), RCHP (IT), RIPM (SI).

4.5. 2004312- Health Promotion of sex workers⁶ in the enlarged Europe

The Health Promotion of sex workers in the enlarged Europe project was lead by Latvian Gender Problem Centre (LV), EC co-funding 104.152,00€. The Health Promotion of sex workers in the enlarged Europe project aimed to reduce sexual and reproductive health risk of female sex workers in Baltic States, by rising the proficiency level of specialists working with sex workers in Baltic States.

The specific objectives were to ensure the implementation of health promotion activities on the professional level, to provide sex workers with sanitary prevention and information concerning a healthy life style and the preservation of sexual and reproductive health, to promote the use of safe sex techniques in prostitution, to identify social and health service providers and to make their services available, appropriate and accessible to sex workers, to gather quantitative and qualitative data concerning the phenomenon of prostitution, its different forms, transformation and impact on the territory, to introduce and improve the notion of peer education, to involve police, clients of sex workers, owners of sex venues and pimps in the prevention activities in order to help them to see the benefits of these intervention activities and to ensure Mobile Unit and outreach work in Baltic States.

The methodology used was chosen to ensure accessible ways to master information and knowledge, i.e. elements of non-formal education. Outreach work was used for the dissemination of information among sex workers and a web site-for NGOs and GOs around Europe. **3000 copies of the booklets** about drugs, alcohol, HIV/AIDS and STI, violence against sex workers, breast cancer risk, healthy life style, peer-education bases on health promotion and possibilities for social and medical help for sex workers were available. **Training seminars were organised in each country**, in collaboration with NGOs and GOs aimed at fostering discussion about the location of organisations resulting in the development of common quality standards of Health promotion among sex workers which could be applied to countries of the EU. The **manual "Health promotion among sex workers"** was published in 4 languages: English, Latvian, Estonian and Lithuanian. It includes a description of the situation in the region and best practices and activities (basing on elements of non-formal education) for the organization of health promotion activities and projects among sex workers as well as recommendations for governmental organization concerning sex business regulation. The project web site presented information about a project, the promotion of the Manual "Health promotion among sex workers", links to the organizations related to the field. Small business cards for web site announcements were printed as well. www.genders.lv/HPSWEU.

The **outreach work was carried out by project partners (LT, EE)** in the places where the target group usually works. This activity involved the mapping of the prostitution scene, gathering information and evaluation of sex-workers' needs, running consultations for sex workers, providing health and educational information and promoting behavioural changes as far as prophylactic measures (distribution of condoms and lubricants, information materials, etc.), accompanying sex workers to social and public health facilities (mediation), recruitment, training and support of peer educators, in their educational activities among colleagues regarding safe sex techniques. The **final International conference** was held in Latvia with the participation of GOs, NGOs and 80 volunteers - students of Universities in the field of social work, with presentations of the local seminars' proposals, the web portal, the Manual as a common and unified instrument for the provision of **Health promotion among sex workers** in European countries.

4.6. 2006344 -The European network for HIV/STI prevention and health promotion among migrant sex workers⁷ - TAMPEP 8

Tampep International Foundation is the main beneficiary of the European network for HIV/STI prevention and health promotion among migrant sex workers - TAMPEP 8 with EC co-funding of 600.000,00€. TAMPEP 8 works to reduce the HIV vulnerability of migrant and mobile sex workers through the development, exchange, promotion and implementation of appropriate policies and interventions across Europe. The vulnerability of sex workers will be reduced through the

⁶ 2004312 - Health Promotion of sex workers in the enlarged Europe, Latvian Gender Problem Centre (Latvijas Gendera Problemu Centrs "GENDERS"), Address: Krasotaju 28 -1, LV-1009 Riga(LV), contact Person: Tatjana KUROVA, Telephone/Fax: +371 7 315 899, E-mail: gender@parks.lv Starting date: February 2005, 12 months, the 2 associated partners were: AIDSi Tugigkeskus (Aids Information and Support Center)(EE), Ziv Ir Aids Peveiktu Moteru Bei Ju Artimuju Asociacija (Association of HIV affected Women and their Intimates) (LT)

⁷ 2006344 TAMPEP 8 European Network for HIV/STI prevention and Health promotion among migrant sex workers, Main partner: Tampep International Foundation, Address: Obiplein 4, 1094 RB Amsterdam (NL), tel. (31-20) 692 69 12, fax (31-20) 608 00 83. Starting date: December 2007, 2 years. Partnership: **TAMPEP International Foundation** (NL) and there are 24 national partners (AT, BE, BG, CZ, DK, ES, FI, FR, DE, HG, IT, LT, LA, LU, NO, PL, PT, RO, SK, SI, ES, UK) Tampep 8 is considered the follow up of the previous action 2004320 - European network for transnational AIDS/STI prevention among migrant prostitutes, with EC cofunding 595.776,00€, the reports and deliverables can be found under the website of the main beneficiary Tampep International (NL) <http://www.tampep.eu>.

strengthening of outreach activities and the further development of effective interventions and strategies for HIV/STI prevention among (migrant and mobile) sex workers and their clients; the development of an Internet directory of health and social care services accessible to sex workers; and the production of a capacity building manual. TAMPEP will inform policy development through qualitative and quantitative assessment of the prostitution scene across Europe; mapping and analysis of the legal frameworks regarding migration, sex work, and HIV/STIs.

In the first year three Steering Committee meetings and two pan-European meeting with partners took place, ensuring the effective implementation of the work programme and skills interchange and capacity building among all 24 national partners. The fact that the majority of the partners are sex work projects and providers of low threshold services contributes directly to the sharing of the knowledge and enhancing the capacity the Network.

TAMPEP activities and results have been presented at various international policy forums, in addition to international and national advocacy work undertaken around the health and social care needs of sex workers and gaps in service provision. The First TAMPEP Newsletter (May 2008) provided summaries of the prostitution scene in the 24 participating countries, including the legal framework; a European overview of prostitution. 5.000 copies were distributed at international conferences, seminars and other gatherings.

The indicators will enable the examination of process and methodology, results and products, outcome and impact of the activities.

The prostitution mapping project. National partners focussed on collecting data through distributing questionnaires to key informants within their countries and analysing the responses – more than 300 responses being used to draft the 24 national mapping reports, providing both statistical and narrative analysis of the national situations, which in turn will inform the European Mapping Report. **The Juridical and policy assessment** was performed by each partner organization by the collection of information on their national policy and legal frameworks regarding migration, sex work, and health. The collected information was used to analyse the juridical and policy framework within 25 countries. This information will enable the analysis of the different juridical and policy systems that will be summarised in a European Report in 2009. The **Manual for Capacity Building - Work Safe in Sex Work** is being developed to provide examples of good practice in four areas - outreach work; peer education; campaigns for clients; and advocacy campaigns. 59 examples of innovative and effective interventions were gathered by partner organisations, they were shared at the TAMPEP European Expert Meeting, some examples were selected for elaboration in the manual and the structure of the manual was agreed. The manual will be published in 2009. **Internet Directory www.services4sexworkers.eu**, national partners were asked to carry out national service mappings using a standardised questionnaire, the results of which have been used to compile an online directory of services for sex workers which will serve as a practical tool of reference for services providers, (migrant) sex workers, policy makers, social and healthcare professionals, and academics. The Directory is in four languages – English, French, Spanish, and Russian. By 17 December - International Day to End Violence against Sex Workers, when the website was launched, more than 320 services-providers had completed the questionnaires and authorised their inclusion in the directory. The website also provides information concerning prostitution and migration legislation, and the possibilities for health care for migrants in each partner country. In addition e-promotion materials have been developed, including a website banner to enable the creation of a hyperlink on individual organisations' websites.

Regional Exchange and Cross Border Prostitution. Increased awareness of prostitution occurring at or near borders resulted in the identification of a need to carry out an assessment of the situation. Each region identified an important cross border area where prostitution is known to be concentrated and established a pilot project which will assess and report on sex workers' working and living conditions, the quality and quantity of existing HIV/STI prevention activities, the accessibility of health and social care services, the provision of women's shelters and the accessibility of legal counselling. The pilot projects will be developed in 2009 between the following regions/countries: **North** (Germany and Poland), **South** (Italy and Slovenia), **East** (Austria and Czech Republic) and **West** (Netherlands and Belgium).

4.7. 2007323 - The AIDS & Mobility Europe 2007-2010⁸- A&M2007-2010

The AIDS & Mobility Europe 2007-2010 aims to reduce HIV vulnerability of migrant and mobile populations in Europe), with EC co-funding of 499.767,00€, lead by Ethno Medical Ethno-Medizinisches Centrum (DE). The project will develop an innovative health education model for migrants and ethnic minorities; implement structured transcultural mediator training

⁸ 2007323 - AIDS & MOBILITY, AIDS & Mobility Europe 2007-2010. Main partner: Ethno-Medizinisches Centrum, Address: Königstrasse 6, Hanover (DE), tel: 0049 511 16841020, fax: 0049 511 457215, e-mail: ethno@onlinehome.de

The A&M 2007-2010 project has started in July 2008, and will run during 3 years. There are six associated partners: AIDS-Fondet (DK), AIDS-I Tugekeskus (EE), European AIDS Treatment Group (BE), Yeniden (TU), Terrence Higgins Trust (UK), National Institute for Health Migration and Poverty (IT).

It is considered as a follow up of the action: 2003303 - European Centre AIDS & Mobility, Netherlands Institute for Health Promotion and Disease Prevention (NL), EC cofunding 1.559.334,00€, report and deliverables available at: <http://www.aidsmobility.org/index.cfm>

and conduct educational group sessions on HIV/AIDS; strengthen the existing network structures of HIV prevention among migrants.

During the first six months the project established core co-ordination and management. The methods to achieve this included a meeting of the Steering Group (and key actors in capacity building) in August 2008. Telephone conferences and a first briefing with the external evaluator (WHO Europe, Copenhagen) served to foster consensus among partners. Monitoring tools for staff, financial management and progress in capacity building were made available and continue to be adapted from the German situation to the EU-framework. A&M 2007-2010 has established five work packages. Responsibilities and membership of working parties in each of them have been defined. In networking A&M has prepared and invited the **Master Toolkit Advisory Board**, consisting of internationally acknowledged experts in HIV-prevention and education. A&M has also participated actively in the networking of experts in the migrants' health field through the **European Scientific and Technical Network on Health, Migration and People in Poverty (ESTNHMP)** and contributed to the working group on migrants' health of the European Council.

The evaluation of the project started by beginning a systematic scientific review of published literature and by identifying external standards related to the outcomes of the project. The mailing list of A&M was reviewed and a newsletter was produced and sent to more than 1,000 subscribers (mostly from EU countries). In Copenhagen, Istanbul, London, Rome and Tallinn the formation of platforms has begun engaging with integration, health and migrants' organizations, communities and services.

Recruitment for trainers and participants in the transcultural mediator systems has begun. Sites for community group sessions and target groups are being identified. Currently, tools and methods for further developing the trainings and campaigns (to begin in September 2009) are being exchanged between partners.

Site visits by staff from Hanover are ongoing as scheduled. A **mediator training** in Hanover (Sept- Nov 2008) was used to further refine the key elements of the system established at EMZ before transfer, adaptation and implementation. **Policy development has begun to identify issues of relevance and has thus far touched upon criminalization of transmission of STIs, deportation of people with HIV and HIV in prisons.** In summary, the new grant to the A&M network has served to raise the awareness of HIV/AIDS as an issue in the migrant health field. The archive and assets of previous project periods (including the virtual face of A&M) are now being managed from Hanover. A new central telephone number and a new logo serve to highlight the innovative character in going "from research to action".

4.8. 20081204 Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS⁹: EUROSUPPORT 6 (ES 6)

The EUROSUPPORT 6 (ES 6): Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS, by the Institute of Tropical Medicine Department of Clinical Sciences/Health Promotion (BE), EC co-funding 700.000,00€. The project's general objective is to prevent HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) and other sexually transmitted infections (STI) by supporting service providers to deliver sexual and reproductive health (SRH) interventions. The objective will be reached by designing, implementing, evaluating, and disseminating a theory-guided and evidence-based training and resource package (TRP). The TRP targets service providers in HIV care and community-based settings.

ES 6 develops support strategies for SRH for 2 prioritized target groups of PLHA: men having sex with men (MSM) and migrants, focusing on heterosexual transmission. The ES6 projects build on the evidence of Eurosupport 5 (2005-2008), a project that assessed factors influencing sexual risk-taking among PLHA and service provision in HIV/SRH. Through the ES6 evidence will be translated into tailored interventions using a participatory approach to safeguard the SRH needs and rights of PLHA. Intervention mapping is used as the theoretical guidance to develop comparable interventions across settings. Methods applied are the review of existing materials, developing and implementing brief counselling sessions supported by computer-assisted modules and testing them for effectiveness using a prospective experimental design (pre- and post test). The TRP contains the revised intervention and trainer manuals for service providers. In addition, an online training tool is part of the TRP to distribute the intervention in a qualitative but cost-effective manner to a larger group of stakeholders (collaborative partners CPs and other interested field organisations). Two training workshops are held to train the associated

⁹ 20081204 EUROSUPPORT 6 (ES VI): Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS, Institute of Tropical Medicine Department of Clinical Sciences/Health Promotion, project coordinator: Christiana Noestlinger, cnoestlinger@itq.be, phone: + 32 3 247 64 72. Considered as a follow up of 2004314 - EUROSUPPORT V Improving sexual and reproductive health of persons living with HIV in Europe, Prince Leopold Institute of Tropical Medicine (BE), EC cofunding 541.266,36€, http://www.sensoa.be/eurosupport/euro_support.htm, with 12 associated partners.

and collaborative partners plus other interested stakeholders in the use of the TRP. The Eurosupport network is used to improve capacity building among service providers and for dissemination of the TRP.

4.9. 20081207 - HBV-HCV-HIV¹⁰: Three different and serious threats for European young people. A Network to study and face these challenges in the EU - H-CUBE

The HBV-HCV-HIV: Three different and serious threats for European young people. A Network to study and face these challenges in the EU - H-CUBE, has as leading partner the University of Sassari(IT), EC co-funding 580.000,00€. The H-CUBE project aims to provide a strong basis for monitoring health determinants in the spread of STDs. The general objectives of the project will be to identify and disseminate good practices, contents and tools about Hepatitis B (HBV), Hepatitis C (HCV) and HIV training programmes and prevention campaigns aiming to help Public Administrations and NGOs in the EU, particularly in associated countries. All information will be useful to organise, targeted on local needs, training courses for health care personnel directly involved in treatments and support services.

The training courses will help parents to become more aware of these specific infectious diseases issues, to be able to give detailed information to their children. Additionally, prevention campaigns in all meeting venues (schools, discos, pubs, bars, sport centres, etc) for young people, the population most at risk of infection, will be organised in the participating countries. In addition, the prevention material will be distributed also among people working with young people in conditions that could be at risk of infection such as dentists, tattoo artists, beauticians and hairdressers.

The H-CUBE project will be structured in three macro-tasks. Firstly, each partner will carry on the analysis of the local contexts studying the literature on the fight against HBV, HCV and HIV/AIDS to identify the best practices among EU countries, particularly among the partners. Secondly, thanks to the mapping and analysis of all the actions implemented in the participating countries, it will be possible to develop a multilingual and multimodal digital platform containing all the references (DB) about the health/education trainers, the key-actors of each participating country. This platform will also provide an e-learning environment for HBV, HCV and HIV education using innovative pedagogical approaches and new online learning and training methods. Finally, a prevention campaign will be organised in several meeting venues attended by young people to raise awareness about the HBV, HCV and HIV/AIDS risk of infection among young people. The venues will be selected by the partners, with the teachers and managers of discos, pubs, bars and sport centres attended by young people to check their availability to host the prevention campaign activities.

The campaign will be based on actions in the traditional field and action in the digital field.

Each task has a precise outcome in order to achieve the general objective of the project. The identification of best practices among EU countries, particularly among partners of the H-CUBE project in the fight against HBV, HCV and HIV/AIDS will aim to identify innovative strategies to promote safer sex among adolescents, including those at higher risk, including access to targeted services and raise awareness of sexually transmitted infections and their prevention.

Starting from the analysis of local contexts and thanks to international seminars, the project partners will be able to transfer the identified good practice into the new EU MS, by adapting the methodology of the local actors working in the fight against HBV, HCV and HIV/AIDS; identifying good practices and sharing the know-how of the most experienced partners and creating a multiplier effect of the evidence based prevention methods proposed by the transfer of good practices.

These best practices will be transferred and disseminated in the New EU Member States by the seminar held in Lefkosia, e-learning training courses for Health/Education professionals and a prevention campaign addressing young people and their families.

The e-learning training course will prepare professionals and parents to teach on HBV, HCV and HIV programmes while, finally, the prevention campaign will be organised in several of the meeting venues attended by young people.

4.10. 2008 1201, European Network Social Inclusion and Health¹¹, Correlation II

Correlation II - European Network Social Inclusion and Health, lead by the Stichting De Regenboog AMOC (NL), with EC co-funding of 900.000,00€, is under negotiation. The overall aim of Correlation II is to tackle health inequalities in Europe and to

¹⁰ 20081207 - HBV-HCV-HIV¹⁰: Three different and serious threats for European young people. A Network to study and face these challenges in the EU - H-CUBE, by the **University of Sassari(IT)**, EC cofunding 580.000,00€. Contact person: Dolores Forgione, **Associazione ISES**, Via F. Cavallotti, 26 - 15048 Valenza (AL), Tel: +3901311981165 - FAX: +390131951746, Skype: doloresforgione, email: dolores.forgione@associazioneises.org - www.associazioneises.org. The 13 associated partners are: IVN (RO), KETHEA(EL), KC DS AIDS (PL), SEA (HU), SKA (PL), ANLAIDS (IT), BFPA (BG), ZUUSTI (CZ), LAC (LT), OUC (CY), DHPDP (MT), SKUC (SI), ISES (IT).

¹¹ **2008 1201, Correlation II - European Network Social Inclusion and Health**, Stichting De Regenboog AMOC (NL), Stichting De Regenboog MOC Inloophuizen AMOC (NL), Droogbak 1 D NL-1013 GE Amsterdam (NL) Contact Person Eberhard SCHATZ , E-mail: eschatz@amoc.demon.nl Tel: (20) 6721192, Fax: (20) 6719694 Website: www.correlation-net.org/.

Starting date: under negotiation, 36 months, the 12 associated partners are: FRG(NL), ASUD (FR), CC-AADAS (NO), DISC (UK), EATG (BE), EHRN (LT), FIXPUNKT (DE), MPHS (NL), DHAGC (ES), CVO (NL), SBF (SE), TRIMBOS (NL).

It is considered as a follow up of **2004307 CORRELATION - European Network on Health and Social Inclusion**, Stichting De Regenboog MOC Inloophuizen AMOC (NL), EC co-funding 815.000,00€.

improve prevention, care and treatment services, targeting blood-borne infectious diseases (BBID), in particular Hepatitis C and HIV/AIDS among vulnerable and high risk populations (e.g. drug users and young people at risk).

The health situation in Europe is still characterised by considerable health inequalities. Not all parts of society have the opportunity to access existing health services and tailored services for specific groups are often non-existent. The prevalence of BBID is high in vulnerable populations. The project will substantially contribute to filling this gap and contribute to the European Health Programme by collecting, developing and disseminating information and prevention strategies regarding BBID. A European-wide network of experts will serve as an important tool to achieve the project's objectives.

Target groups are service providers, including peer educators, notably those working in drug services, harm reduction facilities or health services for young people at risk; policy makers, notably those involved in policy development on drugs and BBID.

The project will approach the issue from different angles and with interventions, which have been identified as effective, such as outreach/early intervention, e-health and peer support. The project will review models of good practice, implement field testing, develop guidance documents, develop and implement training modules, support and strengthen capacities of health service providers and influence policy agendas by formulating evidence based policy recommendations.

The following outcomes are expected. Expansion of the knowledge base of existing evidence and methodologies in the field of BBID and the quality of health promotions regarding BBID towards vulnerable and risk groups will improve as well as the capacity of service providers and other players in the field of health promotion, prevention, care and treatment. Policies regarding BBID strategies on European and national level will be influenced. In particular: a platform of exchange and mutual support between service providers, peer educators and other stakeholders is established, a documentation centre with information of existing evidence and methodologies in the field of outreach interventions, e-health and peer support and hepatitis C prevention strategies is provided, innovative interventions and training methodologies in the field of outreach, eHealth, peer support, hepatitis C prevention are developed and implemented and policy recommendations towards effective, evidence based policies in the field are developed and disseminated.

4.11. 2008 1212, Sexual Awareness for Europe¹², SAFE II: ensuring healthy future generations who love and care for each other

The Sexual Awareness for Europe: ensuring healthy future generations who love and care for each other, lead by IPPF European Network (BE), with EC co-funding of 650.000,00€, is under negotiation. The SAFE II project will build on the achievements and momentum of the EC-funded project "The way forward: a European partnership to promote the sexual and reproductive health and rights (SRHR) of youth", more widely referred to as "The SAFE project", with the goal of improving the sexual health and rights (SRHR) of young people (YP) in Europe.

The general objective of the project is to improve the sexual health and rights of young people in Europe. The specific objectives of the project are to increase the adoption and implementation of sound, rights-based policies as outlined in the SAFE policy guide to protect, promote and ensure the SRHR of YP in at least four European countries by the end of the project, to improve understanding of the determinants of behaviours and practices affecting the SRHR of YP in at least five European countries by the end of the project, to increase the uptake of good practices aiming to improve the SRHR of young people in at least four European countries by the end of the project, to increase the commitment and support for young peoples' SRHR among a broad range of national stakeholders in 13 countries as well as stakeholders on a pan-European level by the end of the project and to strengthen the involvement and empowerment of young people in initiatives to address and improve their SRHR in thirteen countries as well as on a pan-European level by the end of the project.

Methodologies to achieve the project objectives include: concerted and coordinated effort at the Member State and European levels to take action to improve policies and knowledge on YP's SRHR by promoting the adoption of sound policies on YPs' SRHR as outlined in the policy guide developed under SAFE, and test the applicability in other Member States of practices that have proved successful in another European country; development of close operational links between research institutes and NGOs to track the state of research, identify research gaps, and share information to increase the knowledge and understanding of factors affecting YP's sexual behaviour to better target actions to improve their sexual health; develop and implement technology transfer packages that will include evaluation plans in order to assess and report back on the results; transfer of good practice in a structured and supportive manner; Involvement of a broader range of stakeholders than the usual SRHR actors in promoting YP's SRHR in order to gain their understanding and support for

¹² 2008 1212 Sexual Awareness for Europe: ensuring healthy future generations who love and care for each other, IPPF with EC co-funding of 650.000,00€, under negotiation. Contact person: Elizabeth Bennour, email: ebenour@ippfen.org, Director of Programme and Advocacy, IPPF European Network, 146, Rue Royale | B-1000 Brussels (BE), Tel: +32 (2) 250 0950 | Fax: +32 (2) 250 0969, www.ippfen.org, under negotiation, 36 months, the 14 associated partners are: OGF (AT), Sensoa (BE), FPAC (CY), SPRSV (CZ), ESTL (EE), Västoliitto (FI), Pro Familia (DE), IFPA (IE), LAFPSH (LV), Rutgers (NL), TRR (PL), APF (PT), SPR (SK), FPFE (ES). It is considered as a follow up of 2003319 SAFE, The way forward: a European partnership to promote the sexual and reproductive health and rights (SRHR) of youth", EC co-funding 674.475,00€.

policies and actions to improve YPs' SRHR; and the empowered involvement of young people to voice their opinions regarding their SRHR and participate in policy dialogue and processes to improve it.

By the end of the project we expect the following results coherent, better targeted and more effective national strategies, focussing on promoting the SRHR of YP informed by the qualitative research, proven good practices and voices of YP and other stakeholders. Qualitative research that identifies knowledge gaps and provide pointers for future research. This research will contribute to an increased knowledge base on factors affecting YPs' sexual health/behaviour. Selected good practices to improve the SRHR of YP are replicated and have an impact on the SRHR of the target groups. A broad range of stakeholders on European and national levels take up YP's SRHR as a priority issue in their agendas and actively promote Yp's SRHR. Young people take a lead role in advocating to address their SRHR across Europe.

5. ACTIONS ON HEALTH SECURITY, INCLUDING SUPPORT TO THE CAPACITY TO TACKLE OTHER HEALTH THREATS

In the Health security area, there were only three projects addressing the capacity to tackle particular health threats actions, with 21 public health organisations and having as EC co-funding 3.770.769,68€. But only EPISOUTH and PBHLM cover communicable diseases issues, like vaccine uptake and Tuberculosis, hepatitis and HIV/AIDS among migrants placed in the detention or reception centers in the new Eastern European Border (Schenghen II);

5.1. 2005206, Network for communicable disease control in southern Europe and Mediterranean countries¹³- EPISOUTH

The Network for communicable disease control in southern Europe and Mediterranean countries, EPISOUTH, lead by the Istituto Superiore di Sanita ISS (IT), receives EC co funding of 1.719.032,68 €. The general objective of the EpiSouth project is to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries in the area of the Mediterranean and the Balkans.

The WP7 addresses the vaccine preventable diseases and migrant populations: intending to study the access to immunisation services by the migrant population and immigrants; to collect data and exchange information on cases/outbreaks of vaccine preventable diseases in this target group; to provide an overview of existing programmes for monitoring and improving the migrant population's immunisation coverage and to formulate recommendations. The main activities during the first year of the project have been oriented to the collection of data necessary to develop a comprehensive questionnaire, including gathering information on a country's specificity, related to the migrant population (type of the migrant population, information about immunization programs and its implementation, methods for monitoring and assessment of vaccination coverage, availability of specific programs aimed at ensuring high vaccination coverage of migrant population, monitoring and surveillance of VPD in general and in the migrant population, particularly).

A draft questionnaire "Vaccine preventable Diseases and the migrant population" was developed and a pilot survey in 7 countries to assess the access of the migrant population to immunizations was done. A preliminary analysis of this pilot assessment survey was performed, aiming at an optimization of the final version of the questionnaire. On the basis of the final version of the questionnaire, the preliminary assessment of countries migration status profile and the analysis of the access to vaccination by the migrant population" was produced. The Questionnaire "Preliminary Assessment of countries migration status profile & vaccination access of migrant population" was distributed to all partners and uploaded on the EpiSouth WEB page to be used for on-line data-entry. Next actions are the follow-up of the response to the questionnaire including a phone survey and data analysis and publication on the web-restricted area, the final analysis and report about survey data for vaccine preventable diseases and the migrant population.

The information gathering on publications regarding definitions for the migrant population, in the Mediterranean and Balkan countries, for defining the target age groups, legislation, organizations for humanitarian assistance involved, information for defining the vaccines were collected, reviewed and used for the preparation of the Questionnaire. Meetings were held with representatives of international organizations (ECDC, WHO-EURO, Red Cross, UNDP etc.), regarding issues related to the migration of the population. The WP7 Steering Team work includes experts from: Bulgaria, Slovenia, Albania, Bosnia & Herzegovina, Serbia, Morocco and Lebanon. As well, the results from VENICE Survey on immunizations confirmed these observations. Further, exchange of information on cases/outbreaks of vaccine preventable diseases among migrant

¹³ 2005206 EPISOUTH - Network for communicable disease control in southern Europe and Mediterranean countries

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The EPISOUTH project has started in January 2006, 3 years, lead by the Istituto superiore di sanita (IT), 10 Associated partners from BG, FR, EL, IT (ISS and Padua GH), ES, CY, MT, RO, SL, and 13 non-EU Countries from Balkans, North Africa and Middle East participate with support of DG RELEX and DG AIDCO-EuropeAid and partially funded by TAIEX.

populations in partner countries were carried out and the preparation of draft recommendations for improving the access to immunization and for exchanging data on vaccine preventable diseases and adjusting vaccination plans meeting the EU MS plan's requirements and presentation of the Recommendations at the Project Meeting 2008 and discussions with ECDC and DG-SANCO for the optimization of the results.

5.2. 2006206 - The Increasing Public Health Safety alongside the New Eastern European Borderline¹⁴ - PHBLM

Increasing Public Health Safety alongside the New Eastern European Borderline - PHBLM project is led by IOM - International Organization for Migration, with EC co-funding of 501.737,00€. The PHBLM project focuses on the development of a public health and border management training module and a proposal for structural changes in the public health and border services of targeted sectors. These activities will be based on a comprehensive assessment of the necessary improvements in the required level of healthcare, including the facilities in the border regions and specifically the safety and healthcare needs of the border management staff and of the migrants themselves in three countries: Hungary, Poland and Slovakia. Romania has been included in the retrospective data collection, with the aim of sharing information with future Schengen zone countries.

The project's assessment phase has five main components: retrospective data collection for the period 2004-2006; checklists of physical and hygiene conditions at targeted border checkpoints and places of detention; KAP surveys of border officials, detention centre staff, health personnel and social workers; design and feasibility analysis of a template for a Migrant Health Database; and site visits of the joint project team. The retrospective data collection template was drafted by IOM at the first meeting of the joint project team #1 in September 2007, with the contributions of government representatives and ECDC. The template collects data by type of detention centres, type of health events, staff per type of facilities, number of referrals, vaccination schedule for the staff, absenteeism data, frequency of outbreaks, and requests of emergency services. Additionally, a morbidity and mortality statistics template has been included on sending and receiving countries, which covers communicable and non-communicable diseases of major public health importance.

Two questionnaires were designed for the KAP surveys with inputs from partnered governments, Frontex and WHO EURO: one questionnaire (BGHSS) for border officials and detention centre staff and another (BLHSS) for health and social workers working at or in collaboration with the targeted sites. The survey was performed in Hungary, Poland and Slovakia between April and July 2008. The BGHSS was administered to 2309 staff at 39 sites, while the BLHSS covered 47 health and social workers at 20 sites.

For the assessment of the physical conditions and operating procedures at the border checkpoints and places of detention, two checklists were prepared and administered during the survey fieldwork. The tools were based on a model from the Hungarian National Public Health and Chief Medical Officer Service (NPHMOS), Council Directive 2003/9/EC on the Minimum Standards for the Reception of Asylum Seekers, and the International Health Regulations (IHR) 2005.

The "Migrant Health Database" is under development to systematically collect information on the profile of those migrants receiving medical attention at border checkpoints and places of detention, signs and symptoms identified, referral of the migrant, tests performed, medical diagnosis (including ICD coding), and case result.

The site visits will cover 21 checkpoints and detention/reception centres in Hungary, Poland and Slovakia between January and February 2009. The joint project team consists of IOM staff, the University of Pecs, government representatives from public health authorities and border guards, ECDC, Frontex, WHO-nominated experts on IHR, and invited external experts.

The data collected is now under analysis and will be compiled in a Situation Analysis Report, which will be used for the development of the Public Health and Border Management Module (PHBMM) and the proposal for structural changes. The PHBMM will consist of a multi-disciplinary training curriculum on health aspects of border management for both border and health staff, as well as a set of minimum human public health standards in border management. A proposal for structural changes to improve human public health-related border management procedures at the targeted sites will further be developed.

Dissemination of the PHBMM is the final component of the project, for which both national and regional seminars are planned at the project closure. This module is planned to be adaptable for use in other EU Member States, and synergies are further being identified with Frontex's Common Core Curriculum, the ECDC Early Warning and Response System, as well as implementation of the International Health Regulations (IHR 2005).

¹⁴ 2006206 PHBLM - Increasing Public Health Safety alongside the New Eastern European Borderline,

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The PHBLM project started in June 2007 for a period of 30 months. The leading organisation is the International Organization for Migration (IOM) with the University of Pecs (HU) as associated partner. The project is further collaborating with the Ministries of Health and Interior in HU, PL, SK and RO, as well as ECDC, Frontex and WHO EURO.

Further information on the projects can be found on the Executive Agency for Health and Consumers database at:

EAHC website (<http://ec.europa.eu/eahc/projects/database.html>), and on the DGSANCO Health Portal EU <http://health.europa.eu> and on SANCO Web Site http://ec.europa.eu/health/index_es.htm

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The Executive Agency for Health and Consumers (EAHC) implements the EU Health Programme, the Consumer Programme and the Better Training for Safer Food initiative.

