



TECHNICAL REPORT

Migrant health: Access to HIV prevention, treatment and care for migrant populations in EU/EEA countries

ECDC TECHNICAL REPORT

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in EU/EEA countries**



This report was commissioned by the European Centre for Disease Prevention and Control (ECDC) and coordinated by Teymur Noori.

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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EU	European Union
CORRELATION	European Network Social Inclusion & Health
GUM	Genito-urinary medicine
HIV	Human Immunodeficiency Virus
IOM	International Organisation for Migration
MSM	Men who have sex with men
NGO	Non-governmental organisation
PICUM	Platform for International Cooperation on Undocumented Migrants
TAMPEP	European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers
UNAIDS	UN Joint Programme on HIV/AIDS
UNHCR	Office of the UN High Commissioner for Refugees
WHO	World Health Organization

Summary

This report summarises the findings of a review of access to HIV prevention, treatment and care among migrants in the EU conducted between May and September 2008. The review was commissioned by the European Centre for Disease Prevention and Control (ECDC) to be part of a wider series of reports on migration and infectious diseases in the EU.

Based on information gathered through a survey of respondents in the 27 EU Member States and three EEA countries and through a literature review, this report aims to provide an overview of the current situation and material for future policy, research and services aiming at improving access of migrant populations to HIV services. Approximately two thirds of the respondents represented non-government organisations (NGOs), and the remaining third were representatives from governmental organisations. Findings and suggested actions, therefore, do not necessarily represent the views of EU national governments

Section 1 briefly describes the review background and methodology. Section 2 highlights the main findings about migrants and HIV, focusing on factors that increase their HIV vulnerability and that prevent them from accessing prevention, treatment and care services, and on the way in which the EU and Member States are responding to the HIV needs of migrants. Section 3 considers the way forward, summarising challenges and actions suggested by respondents to improve access to HIV services for migrants in the EU. The following summarises key findings, challenges and suggested actions.

Key findings

- The EU has taken important steps to address migration and health in general and migration and HIV specifically. The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia in 2004, and subsequent declarations, put HIV higher on the European agenda. The Lisbon Conference and follow-up meetings and reports in 2007 drew attention to the issue of migration, health and HIV. Both have influenced EU political commitment, which is reflected in policy and legal instruments intended to ensure that migrants have access to healthcare, including HIV prevention, treatment and care services. However, there is significant diversity within the EU Member States regarding policy and legal frameworks and HIV prevention, treatment and care services for migrants.
- The most relevant migrant populations in terms of HIV originate from Sub-Saharan Africa, Eastern Europe and Asia and, in some specific European countries, from Latin America and the Caribbean. Important sub-populations are asylum seekers and refugees, undocumented migrants, sex workers and men who have sex with men. Language barriers, marginalisation and social exclusion, and legal obstacles were reported as the most common factors contributing to the HIV vulnerability of migrants. Cultural attitudes, religion, fear of discrimination and low HIV knowledge in migrant communities were also cited.
- Factors that prevent migrants from accessing services relate to policies and laws, service delivery, migrant communities themselves and wider society. Policies to disperse migrants within countries were reported to limit access to prevention and treatment services. Legal status — lack of residence status and health insurance — was mentioned most often as a barrier to HIV treatment, in particular by respondents in new EU Member States. Lack of culturally sensitive information in relevant languages, suitably trained professionals and services tailored to the specific needs of migrants were barriers in all three areas of services. Within migrant communities, culture, religion, fear of discrimination and limited knowledge of available services prevent access to services. Within the wider society, stigma and discrimination towards migrants prevent access to prevention and care services in particular; the social circumstances of migrants were cited as a specific barrier to accessing treatment.
- Almost all countries report HIV interventions targeting migrant communities and sub-populations. Some countries, in particular those with a longer history of migration, provide a wide range of services through government agencies, NGOs and community organisations. In others, few if any services exist. Migrant communities are involved in the implementation of interventions in most countries but, with a few notable exceptions, their involvement in policy is limited. However, the issue of migration and HIV was reported by respondents as a low priority in a large proportion of the 30 participating countries. Higher priority is given in countries where HIV prevalence in migrant populations is relatively high.

Key challenges

- Policy and legal frameworks are a challenge to the provision of HIV services to migrants. Inconsistencies between health and immigration policies may be counterproductive to public health. The access to HIV treatment for undocumented and uninsured migrants is a key area of concern. A related challenge is the

lack of a clear and consistent legal framework for migrants' rights with respect to healthcare.

- Information gaps are also a challenge. Lack of standardisation in data collection across countries makes it difficult to compare the situation of migrants within the EU. Despite the considerable amount of research that has been conducted, there are gaps in information, for example, about migration and HIV in the new EU Member States; about HIV risk behaviours, health and HIV needs of migrants; and the impact of culture and religion on health beliefs, attitudes and health-seeking behaviour within migrant communities.
- At service delivery level, legal, administrative and cultural barriers to access still need to be addressed in some countries. Ensuring that government agencies' and NGOs' community-based prevention and care interventions receive adequate and sustainable funding is also a challenge.
- Comprehensive action to tackle negative social attitudes towards migrants, exacerbated by unhelpful media reporting, and initiatives to meet the wider social, economic and legal needs of migrants, is a challenge as this requires joint efforts between policymakers, health and social care professionals and civil society.

Key suggested actions

- For the collection of accurate and comparable surveillance data and the development of consistent and appropriate policies and interventions, a shared EU-wide definition of 'migrant' is needed. Respondents also suggested specific actions at both European and national levels in the areas of policy, funding, research, networking and services.
- Clear policy and legal frameworks to protect the rights of migrants, in particular undocumented and uninsured migrants, to HIV care were suggested as a priority at European and national levels. Other actions suggested included addressing policy inconsistencies, sensitising policymakers on issues related to HIV and migration, and increasing migrant community involvement in policy processes. Funding for European networks and projects working on migration and HIV issues and for NGOs providing HIV services for migrant populations was also highlighted as a priority action.
- Several areas of research were proposed. At the European level, studies to improve understanding of migration patterns, of the impact of European laws and policies on treatment access and evaluations of the costs and benefits of universal access to treatment, and of the impact of interventions were suggested among other actions. At the national level, improved epidemiological information, better understanding of migrant communities — including HIV-related knowledge, attitudes and behaviours and the role of culture and religion — and analysis of the impact of legal regulations and of the effectiveness of interventions for migrant populations were suggested.
- Priority networking actions proposed included EU support for a European-wide network of organisations working on migration and HIV and other mechanisms to share resources, experience and good practice, and stronger links and cooperation between associations of healthcare and social care professionals, migrant and human rights organisations at EU and national levels.
- With respect to service delivery, most respondents highlighted the need for culturally appropriate materials and interventions, related training for health and community workers, and greater involvement of migrant communities in service delivery. Community approaches to HIV testing, such as outreach, and comprehensive approaches to treatment and care, together with increased efforts to inform migrant communities about available services, were suggested to improve coverage and uptake of services.

1 Introduction

1.1 Background

The United Nations defines a migrant as 'any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country'. According to the International Organisation for Migration (IOM), approximately 3% of the world's population — 191 million people — were international migrants (IOM 2008) in 2005¹. Patterns of migration are affected by political tensions, war, economic and environmental crises. In Europe, for example, the disintegration of the former Soviet Union and recent enlargements of the European Union have had a significant impact on migration.

Migration into and within Europe has implications for public health, including provision of HIV services for migrant populations, and the issue of migration and health was put on the European agenda during the Portuguese Presidency of the EU in 2007. A conference on health and migration held in Lisbon in June 2007 led to a draft Council Conclusion, adopted by the Council of the EU meeting in December 2007, which specifically called for the European Centre for Disease Prevention and Control (ECDC) to produce a series of reports on migration and infectious diseases in the EU.

This report is based on a review of access to HIV prevention, treatment and care among migrant populations in the EU, conducted between May and September 2008. The review was commissioned by ECDC, together with other work on HIV, tuberculosis and vaccine preventable diseases, to form the comprehensive report series.

1.2 Methodology

The content of this report is based on information gathered through a questionnaire, a literature review and web search.

Due to the relatively short timeframe for the review, the number of questionnaire respondents was limited to one per country and the number of questions included was also limited. The questionnaire (see Annex 2) was completed by one respondent in each of the 30 participating countries — 27 EU and three EEA countries — with the exception of Belgium, where two respondents were selected to represent the Flemish and the Walloon parts of the country.

National Focal Points on migration and HIV, who had participated in the EU-funded AIDS & Mobility network, were selected as questionnaire respondents in the majority of countries. In countries without National Focal Points (Liechtenstein, Iceland, Bulgaria and Romania), respondents were identified through a review of participants in expert meetings on migration and HIV or through the AIDS & Mobility database.

Most of the 31 respondents were from a non-government organisation (NGO) background, as shown in Table 1. Findings and suggested actions, therefore, do not necessarily represent the views of EU national governments.

Table 1 Organisational background of questionnaire respondents

Type of organisation	Number of respondents
HIV/AIDS NGO	15
Public health institute	6
Government organisation	3
Migrant NGO	2
Other NGO	2
Other	3

The literature review and web search (see Annexes 3, 4 and 5) focused on migration and health in general and migration and HIV more specifically. Again, because of the relatively short timeframe, the review focused on material published since 2000.

¹ A comprehensive overview of patterns of population mobility can be found in Haour-Knipe (forthcoming): *Dreams and disappointments: migration and families in the context of HIV and AIDS*.

The literature review covered global publications, such as WHO, IOM and UNAIDS documents, and publications related to the European region, including documents on migration and HIV published by EU-funded projects and networks, such as AIDS & Mobility Europe, TAMPEP and Correlation.

The web search reviewed sites relevant to the topic, including the EU Commission, ECDC, WHO, IOM, NAM, UNAIDS, AIDS & Mobility, MigHealthNet, and also used more general search engines, such as Google Scholar, to identify related literature and resources.

2 Migrants and HIV: the situation and the response

2.1 The situation

EU and EEA countries differ widely in terms of HIV epidemiology. HIV is a significant health issue in some countries, while in others HIV prevalence and incidence are comparatively low². Migration patterns and migrant populations also differ between EU and EEA countries, depending on geographical, historical and economic factors.

The following section summarises country responses to questions about migrant populations that are most relevant for HIV, in terms of their region or country of origin and their legal, social or economic background, and about the factors that increase the vulnerability of migrants to HIV and that prevent migrants from accessing HIV prevention, treatment and care services (for a detailed breakdown of responses to these questions see Annex 2).

Which migrant populations are most relevant for HIV?

Migrants from Sub-Saharan Africa were reported most frequently as the most relevant for HIV prevention, treatment and care, followed by migrants from Eastern Europe and Asia. Migrant groups reported as relevant in some countries reflect geographical proximity. For example, respondents in Greece and Austria mentioned migrants from the neighbouring Balkan countries of Bosnia, Serbia and Turkey and those in Estonia, Finland, Hungary and Poland mentioned migrants from Russia and Ukraine.

Responses also reflect colonial history or the presence of specific migrant populations. For example, respondents in Spain and the Netherlands highlighted Latin American and Caribbean migrants, respectively, while the Netherlands also mentioned migrants from North Africa, and Italy, migrants from Brazil.

Responses about specific sub-populations of migrants were related to risk behaviours and legal status among other issues. Asylum seekers and refugees, sex workers and undocumented migrants were mentioned most frequently.

Some sub-populations were specifically reported by some country respondents, for example, men who have sex with men by Latvia and the UK, and young migrants, in particular girls and children from Sub-Saharan Africa adopted by relatives, by Ireland, Portugal and Sweden.

What makes migrants vulnerable?

Cultural, social, policy and legal factors contribute to HIV vulnerability among migrant populations. Factors most often mentioned were language problems, marginalisation and social exclusion, and legal obstacles. Cultural attitudes, religious beliefs, taboos, fear of discrimination and limited knowledge of HIV within migrant communities were highlighted as factors that increase vulnerability, as were negative social attitudes towards migrants, racism, poverty and services that are not culturally sensitive.

Migration policies and asylum procedures that restrict the ability to work or prevent access to services by undocumented migrants were among the specific policy and legal factors mentioned by respondents.

What prevents migrants from accessing HIV services?

Factors that prevent migrants from accessing services broadly relate to policies and laws, service provision, migrant communities and wider society. These factors are discussed in more detail following the summary in Table 2 below.

² The epidemiological aspects of migration and HIV in Europe will be addressed in a separate ECDC review.

Table 2 Key factors that prevent migrants from accessing HIV services

	Prevention	Treatment	Care & support
Policy			
Low political priority	X		
Legal status		X	
Policies, e.g. dispersal	X	X	
Services			
Language barriers	X	X	X
Lack of culturally sensitive services	X	X	X
Lack of funding	X		X
Lack of trained health professionals	X	X	X
Lack of health insurance		X	
Administrative barriers		X	
Migrant community			
Cultural and religious factors	X	X	
Fear of stigma and discrimination	X	X	X
Lack of information about available services	X	X	X
Limited time	X		
Societal			
Stigma and discrimination	X		
Poverty and poor living conditions		X	X

Prevention services

- **Policy** — Respondents indicated that HIV is not a policy priority in relation to migrant populations. HIV prevention is not always addressed by asylum centres or included in wider education and integration services for migrants. Some policies, for example dispersal of migrants to different areas of a country, may hinder provision of HIV prevention interventions for these populations.
- **Services** — Factors most frequently mentioned as obstacles to accessing prevention services were lack of culturally sensitive information in relevant languages and inappropriate or poor quality services. The latter is related to lack of funding, lack of NGOs working with migrants, lack of suitably trained health professionals, translation services and information about migrant populations. Some respondents noted that HIV is not high on the agenda of many migrant organisations. Others cited lack of community-based HIV testing as an obstacle to accessing services.
- **Migrant community** — Many of the factors within migrant communities that increase vulnerability also limit access to prevention services. Cultural and religious factors, especially in marginalised or traditional migrant communities, were mentioned most often. Fear of stigma and discrimination and lack of information about available services were also mentioned.
- **Societal** — Stigma and discrimination towards migrant communities were seen as the main obstacles to accessing prevention services.

Treatment services

- **Policy** — Legal status was mentioned most often as an obstacle to accessing HIV treatment. In some countries, treatment is not available to migrants without health insurance or residence permits. Respondents from some new EU Member States reported illegal residence status as the main barrier to treatment. Some noted that dispersal policies can also limit access to treatment.
- **Services** — As with prevention, the most frequently reported factors that prevent migrants from accessing treatment were language barriers, which hinder effective communication about diagnosis, treatment and adherence, and lack of appropriately trained and culturally sensitive health professionals. Services that are not comprehensive or tailored to the needs of migrants and administrative barriers were also mentioned.
- **Migrant community** — Again, as with prevention, the main factors reported by respondents were lack of information about treatment and available services, which can result in late presentation and diagnosis of HIV, and fear of stigma and discrimination. Other factors that prevent access to treatment included stigma within migrant communities towards people living with HIV and concerns, especially among undocumented migrants and asylum seekers, that revealing their HIV status may result in expulsion or have an adverse effect on the asylum process.
- **Societal** — Precarious living conditions, poor housing and poverty were reported to limit access to treatment and present challenges for adherence; even when treatment is available, social circumstances

can be a barrier to accessing services.

Care and support services

- **Policy** — Policies and regulations that prevent migrants from accessing social services were reported as obstacles to HIV care and support. Related factors mentioned were the remoteness of many asylum centres which hinders provision of and access to services, and reluctance to fund specific services for migrants because of concerns about social cohesion.
- **Services** — Lack of culturally appropriate services was the most frequently reported factor preventing migrants from accessing care and support. In some countries, there are no migrant self-help groups or specific care services for migrant communities. This is particularly the case in new EU Member States where the NGO sector is small and funding for community services is limited. Even in countries where services exist, respondents reported barriers to access — health professionals and community workers do not have the capacity to provide culturally appropriate care and support, there are few HIV counsellors from migrant communities, and migrant support groups are not linked with clinical services.
- **Migrant community** — Language barriers, cultural and religious factors, lack of knowledge about available services and fear of disclosing HIV status were again reported as the most common obstacles to accessing care and support services.
- **Societal** — Stigma and discrimination were reported as the main obstacle to accessing care and support services. Some respondents highlighted stigma and discrimination towards young people and children living with HIV or from families affected by HIV as a specific factor.

2.2 The response

EU commitments and actions

The EU has taken a number of steps to address migration and health and migration and HIV. The literature review done for this report has identified EU commitments and actions which confirm the importance attached to policies and regulations that support public health interventions to improve the health of migrants. Key examples (for more detailed information see Annex 5) include:

- The EU Ministerial Conference on HIV held in Ireland in early 2004 resulted in the *Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia*³, reaffirmed in the *Vilnius Declaration* later in 2004 and the *Bremen Declaration* in 2007. The 2008 WHO Europe and UNAIDS progress report on the Dublin Declaration commitments identified migrants as particularly vulnerable to HIV⁴.
- A conference on HIV and migration in June 2007 produced an important report: *The right to HIV/AIDS prevention, treatment, care and support for migrants and ethnic minorities in Europe: The community perspective*⁵.
- This was followed in September 2007 by the Lisbon conference *Health and migration in the EU: Better health for all in an inclusive society*. The draft conclusions of the conference⁶, which were presented to and adopted by the Council of the European Union in December 2007, highlighted the link between the health of migrants and that of all EU citizens and recommended that the European Commission establish a network of national experts on migration and health and support action through the 2008–2013 Programme of Community Action in the Field of Health. It also invited Member States to integrate migrant health into national policies and to facilitate access to healthcare for migrants.
- These issues were taken further at a subsequent conference in 2007 on *Health and Migration in the EU: Challenges for health in the age of migration*⁷, which resulted in a comprehensive report on migrant health,

³ See ec.europa.eu/health/ph_threats/com/aids/docs/dublin_decl.pdf

⁴ The Dublin Declaration progress report can be downloaded from www.euro.who.int/Document/SHA/Dublin_Dec_Report.pdf

⁵ Background documents and recommendations can be found at www.eatg.org/Projects/Policy-and-Advocacy/The-right-to-HIV-AIDS-prevention-treatment-care-and-support-for-migrants-and-ethnic-minorities-in-Europe-The-community-perspective-2007-2008/

⁶ The draft conclusions are annexed in the draft EU Council conclusions (15609/07): register.consilium.europa.eu/pdf/en/07/st15/st15609.en07.pdf

⁷ The conference report can be downloaded from www.episouth.org/doc/r_documents/Challenges_for_Health_in_the_age_of_Migration.pdf

and at an ECDC meeting in 2006 on *HIV prevention in Europe: Action, needs and challenges*, which identified migration as a focus for future action⁸.

- The EU has also funded a range of projects, which have gathered comprehensive information and published many reports on the situation of migrants with respect to HIV. These include AIDS & Mobility, focusing on general assessments of migration and HIV in Europe, TAMPEP, focusing on HIV and sex work, and Bordernet, focusing on HIV and STI in border regions between old and new EU Member States. AIDS & Mobility has also maintained a database of publications on migration and HIV relevant to the European context since 1992 (www.aidsmobility.org)⁹.

National responses

The following summarises questionnaire respondents' views about the extent to which countries give priority to migrants and HIV, types of programmes and interventions being implemented and migrant community participation in policy and interventions.

Priority given to migrants and HIV

According to the questionnaire respondents, the issue of migration and HIV is a low priority in the two thirds of the participating countries (see Table 3).

Table 3 Priority given to migration and HIV

	High	Medium	Low	No priority
Number of countries	8	3	15	5

Most respondents who reported it as a high priority were from countries where HIV prevalence in migrant populations is relatively high, although countries with low prevalence, such as Iceland and Malta, were also reported to give HIV and migration high priority. Despite the considerable migration to, through and from Central and Eastern European countries, respondents from all 10 of these countries reported that migration and HIV is given either low priority or no priority.

Interventions and good practice

Almost all of the 30 countries are reported to be implementing services or projects to address the HIV needs of migrants. These range from comprehensive services for specific groups, for example pregnant migrant women, to projects targeting specific sub-populations such as migrant sex workers, MSM and prisoners.

Countries with a long history of migration, such as France, Spain and the UK, tended to report a larger number of interventions. Most good practice examples were reported from the NGO sector, but a number of good practice initiatives implemented by government organisations were also cited. For example, in Latvia, the Office of Citizenship and Migration Affairs runs the EU-funded project 'Improvement of rendered services for asylum seekers, refugees and persons with subsidiary protection'; in Poland, specific interventions are offered to migrant prisoners; and in The Netherlands, municipal health services work with the National AIDS Fund to improve access to basic needs for undocumented migrants. Table 4 includes examples of interventions and good practices cited by respondents (Annex 6 provides the complete listing).

⁸ The conference report is available at www.ecdc.europa.eu/pdf/MR%20Hiv%20prevention%20web.pdf

⁹ The database was transferred in August 2008 to the Ethno-Medical Centre in Hanover

Table 4: Examples of interventions and good practice

Area of activity	Examples	Good practice features
Prevention	The FluG (Flucht and Gesundheit) project in Germany offers a range of HIV prevention interventions as part of a wider action to address the health issues of newly arrived migrants. The project cooperates with a range of organisations including e.g. the Red Cross and involves migrants as peer educators.	<ul style="list-style-type: none"> • Interventions developed and implemented by and with migrant communities. • Cooperation between different organisations.
Treatment, care and support	<p>AKSEPT in Norway uses peers to provide psychosocial support for migrants living with HIV.</p> <p>The Afrikaherz project in Germany provides support on wider health issues for migrants in addition to HIV-related support.</p> <p>The Living with HIV/AIDS project in Portugal provides home care, treatment, psychosocial, rehabilitation and legal support for migrants living with HIV and their families, working with care providers from migrant communities and multidisciplinary teams. The project works closely with local government and health facilities and also aims to promote social integration of migrants infected or affected by HIV and their communities.</p>	<ul style="list-style-type: none"> • Interventions developed and implemented by and with migrant communities. • Comprehensive approach to health and social needs. • Meets basic needs of migrants living with HIV and their families. • Links clinical and care services.
Policy	<p>The African HIV Policy Network (AHPN), an alliance of African community-based organisations in the UK, focuses on policy, advocacy and representation on HIV and the sexual health of Africans in the UK. AHPN has contributed with expertise and knowledge about the needs of African communities to consultations of the British HIV Association, British Infection Society and the British Association for Sexual Health and HIV organisations, as well as conducting campaigns. An example of the latter is 'Destination unknown', which tackles the issue of deportation of migrants with HIV (Reynolds et al. 2008a) and highlights the discrepancy between UK policy on access to HIV treatment for all and policy on deportation of undocumented migrants to countries where treatment is not readily available.</p> <p>In France, a similar network of community-based organisations works on advocacy and policy issues. Réseau d'Associations Africaines et Caribéennes brings together 34 migrant and HIV NGOs to promote the HIV needs of migrant communities at national level¹⁰.</p> <p>The All-Party Parliamentary Group on AIDS (APPG) in the UK brings together MPs from all political parties who are concerned about HIV. In 2003, the APPG published a comprehensive policy document on migration and HIV in the UK, which called for improvement in the situation of people who are infected and affected and acknowledged the potentially negative impact of immigration policies on individuals' physical and mental health and on public health in general.</p>	<ul style="list-style-type: none"> • Alliances of community-based organisations representing migrants. • Advocacy based on sound policy research and analysis. • Alliances and links between individuals and organisations with shared interests.
Research	<p>The Positive Living Under Stigma (PLUS) project in the Netherlands conducts quantitative and qualitative research on stigma related to HIV and migration and links research outcomes with the development of interventions¹¹. Findings have been used in multimedia campaigns, drama and training for community leaders.</p> <p>The International Centre for Reproductive Health in Belgium, in cooperation with partners in the Netherlands, conducted research on refugee sexual health needs and sexual violence towards refugees to raise awareness and develop a prevention tool. The results and the tool were presented and a Call for Action was made at the seminar 'Hidden violence is a silent rape: Prevention of gender-based violence against refugees in Europe', in February 2008, in Ghent.</p>	<ul style="list-style-type: none"> • Support from municipal health services, NGOs and community organisations. • Use of research to shape the design of interventions.

¹⁰ More information can be found at www.raac-sida.org

¹¹ Personal communication with and project summary by Ms Sarah Stutterheim (Maastricht University).

Area of activity	Examples	Good practice features
Networking	<p>In Belgium, community leaders are working together on the HIV-SAM project, which aims to improve the sexual health of African migrants through developing culturally appropriate interventions for sexual health promotion, building capacity for self-support for African migrants living with HIV, and reducing HIV-related stigma.</p> <p>The African women's network AKN in Sweden unites several organisations and aims to improve the sexual health of African women and girls. The network carries out advocacy initiatives and organises meetings for network members.</p>	<ul style="list-style-type: none"> • Alliances of community-based organisations representing migrants.

Involvement of migrant communities

Community involvement has played an important role in the HIV response, as the examples above illustrate. While most country respondents reported that migrant communities are involved in interventions, relatively few reported the participation of migrants in policy processes (see Table 5), with the exception of the examples cited above.

Table 5 Participation of migrant communities

Interventions		Policy	
Yes	No	Yes	No
20	11	10	21

Migrant communities are involved in prevention, peer support — including for migrants living with HIV — and outreach interventions. Some country respondents noted that the involvement of migrant communities in research is increasing. Migrants were least likely to be involved in interventions in Central European countries, and this was attributed to the lack of stable migrant communities and of migrant NGOs.

Respondents were more likely to report the involvement of migrants in policy processes in countries with significant migrant communities, or with national networks on migration that bring together governmental and non-governmental organisations, such as Ireland and Italy, or with national health platforms, such as Portugal and Spain.

3 Migrants and HIV: The way forward

This review indicates that much has been achieved in the area of migration and HIV in Europe. The issue of migration and health is high on the EU agenda and EU political commitment is reflected in policy and legal instruments intended to ensure that migrants have access to healthcare, including HIV prevention, treatment, and care and support services. At national level, governmental and non-governmental organisations in European countries are implementing a wide range of interventions to address the HIV needs of migrant communities.

The review has also identified a number of challenges that need to be addressed in order to improve HIV services for migrant populations. Respondents suggested a range of possible actions to improve access to HIV prevention, treatment and care for migrants in Europe. These challenges and suggested actions are summarised below.

3.1 Challenges

- **Inconsistency of policies** — There are tensions between EU and national policies related to migration and health and universal access to HIV prevention, treatment, and care and support, and those related to illegal residence status. Policies of government departments of immigration, justice or interior — for example, strict policies with respect to deportation of undocumented migrants — may be counterproductive to public health. Respondents noted that the recently adopted EU *Directive on Return of Illegal Immigrants*¹² could increase marginalisation and make it more difficult to reach migrants with public health interventions. As noted earlier, respondents also reported that dispersal policies may be counterproductive to effective service provision for migrants.
- **Lack of a legal framework** — There is no clear and consistent legal framework for migrants' rights with respect to health, social and related issues or one that supports a rights-based approach to public health. Even policies that support the rights of HIV-positive undocumented migrants to access services, such as the 1999 regulation for undocumented migrants in France (PICUM 2007), are coming under pressure¹³.
- **Lack of standardisation** — The main methodological challenge for the review, and for all studies attempting to compare the situation of migrants within the EU, is that the term 'migrant' is used in different ways in different European countries. 'Migrant' may or may not include short-term and long-term migrants; transit populations and settled communities; people with and without legal residence papers; first, second and third generation migrants. Lack of standardisation also makes it difficult to establish a clear picture of the burden of HIV in migrant communities in Europe in order to develop appropriate policies and interventions.
- **Gaps in information** — Despite the significant number of resources, the literature review has identified gaps in available information. With a few exceptions — for example, the Mayisha study in the UK (HPA 2005) — there have been few anthropological studies on migration and health. Limited information is available about how health beliefs and attitudes, culture and religion and the relationship between 'traditional' and 'modern' medicine affect health-related behaviour. There is also a lack of information about migration and HIV in the new EU Member States. For example, the Platform for International Cooperation on Undocumented Migrants (PICUM) country review of access to healthcare for undocumented migrants only includes Hungary.
- **Obstacles at service delivery level** — Translating EU policy commitments into practice, and addressing administrative barriers to HIV prevention, treatment and care at service delivery level is a challenge. The influence of the EU on national provision of services is limited. Article 152 of the *Treaty establishing the European Community* states that Community action '... shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care'¹⁴.
- **Funding and sustainability** — Limited financial resources put pressure on health services in general, and HIV-related services in particular, while at the same time there are economic arguments for early testing,

¹² www.europarl.europa.eu/news/expert/infopress_page/018-31787-168-06-25-902-20080616IPR31785-16-06-2008-2008-true/default_en.htm

¹³ www.plusnews.org/Report.aspx?ReportId=75197

¹⁴ Full text at eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12002E152:EN:HTML

prevention, treatment and care interventions¹⁵. Respondents raised concerns about the sustainability of projects and interventions, especially those implemented by NGOs that rely on international funding¹⁶.

- **Social exclusion and media reporting** — Negative attitudes towards migrants exacerbate marginalisation and exclusion. The media plays an important role in influencing attitudes and debate in society, but the way in which the media represents migrants and reports on HIV is not always helpful. Analysis of daily newspapers showed significant differences in how print media report migration and HIV (del Amo et al, 2006). In some countries, print media strive to achieve a sensitive, balanced approach, but in others, newspaper reporting is less balanced.

3.2 Suggested actions

Suggestions were made by the respondents for actions at both European and national levels in areas including policy, funding, research, networking, and interventions and services. These are summarised below in Table 6 and Table 7.

Table 6 Suggested actions at European level

Area of activity	Suggested actions
Policy	<ul style="list-style-type: none"> • Establish policies on universal access to HIV treatment and related healthcare for migrants in Europe. • Establish a clear legal framework protecting migrants' rights, including legal protection against discrimination. • Decriminalise HIV transmission. • Formulate clear recommendations and guidelines for all Member States on compassionate policies for undocumented HIV-positive migrants from countries with limited treatment access. • Increase the involvement of migrant communities in policy processes. • Sensitise policymakers on migration and HIV in Member States.
Funding	<ul style="list-style-type: none"> • Sustain funding for NGOs providing HIV and related services for migrant communities.
Research	<ul style="list-style-type: none"> • Establish standardised surveillance of HIV and migration in Europe to allow better comparison between countries. • Conduct studies to improve understanding of migration patterns in Europe. • Review the impact of EU enlargement on the HIV epidemic, e.g. the impact of increased migration within the EU from east to west on IDU-related prevalence. • Analyse the costs and benefits of providing universal access to treatment. The experience of the Treatment Access Expansion Project, which explored the cost-effectiveness of early access to HIV treatment, could be a useful starting point¹⁷. • Review European laws and policies related to migrants and HIV, including discrimination, criminalisation and deportation issues. • Assess what happens to undocumented HIV-positive migrants following deportation. • Investigate the extent to which the media contributes to stigma and discrimination and develop strategies to support for positive reporting. • Investigate in more depth the factors that hinder provision of HIV treatment to all in Europe, irrespective of their residence status, including policy and operational gaps. • Monitor access to treatment for migrants, including identifying appropriate and feasible indicators and reporting mechanisms. • Evaluate HIV prevention interventions to contribute to the development of good practice.

¹⁵ An article about late HIV diagnosis in France (Delpierre et al, 2007) emphasises the link between late diagnosis and unnecessary high mortality rates and treatment costs, and pleas for increased efforts in the field of testing and early treatment interventions.

¹⁶ One problem in this context is that various Global Fund projects in Central Europe lost their funding after Central European countries joined the European Union.

¹⁷ Selected articles on cost-effectiveness of early treatment can be found at www.taepusa.org/studies&reports.html

Area of activity	Suggested actions
Networking	<ul style="list-style-type: none"> • Use EU funding to encourage joint action and collaboration. • Support a European-wide network of organisations and individuals working in HIV and migration. • Establish a mechanism to improve sharing of resources and information about HIV-related services for migrants and good practice, and to facilitate access to expertise. • Increase cooperation with international bodies e.g. IOM. • Increase cooperation with countries of origin. Since many migrants maintain close contact, there is frequent travel and mobility between home and host countries, which may have an impact of the development of the epidemic¹⁸, and methods and materials in countries of origin could help develop interventions in host countries. • Strengthen links between professional associations, e.g. of physicians, nurses and social workers, migrant organisations and human rights organisations.
Interventions and services	<ul style="list-style-type: none"> • Promote comprehensive approaches to HIV interventions and services that address wider issues, e.g. gender, sexual violence, trafficking and social exclusion. • Strengthen EU-wide and bilateral prevention campaigns and interventions. • Increase efforts to provide accessible HIV testing services for migrants, e.g. through community organisations and outreach. • Provide guidance on training and clinical practice for health professionals in provision of culturally-sensitive prevention, treatment and care services, and for development of culturally appropriate materials. • Encourage Member States to involve migrants in planning and delivery of interventions and services.

Table 7 Suggested actions at national level

Area of activity	Suggested actions
Policy	<ul style="list-style-type: none"> • Establish policies on access to HIV treatment and related healthcare for undocumented and uninsured migrants. • Ensure coherency of policies of departments dealing with public health and immigration.
Funding	<ul style="list-style-type: none"> • Increase and sustain funding for NGOs and community-based organisations providing care and support.
Research	<ul style="list-style-type: none"> • Evaluate the impact of legal regulations on migrant health and access to HIV treatment for non-EU migrants. • Improve collection and analysis of epidemiological information regarding sub-populations of migrants. • Improve the representation and involvement of migrants in the design and implementation of research and evaluation. • Conduct studies to improve understanding of risk behaviours of migrants and specific sub-populations, e.g. sex workers, and their information and health needs¹⁹. • Conduct studies to improve understanding of migrant communities' beliefs and attitudes (including the impact of culture, gender and religion), knowledge of available services and health-seeking behaviour (including factors influencing late presentation of migrants with HIV and treatment adherence). • Analyse the quality of life, coping strategies and support needs of migrants living with HIV, including children and young people. • Evaluate the effectiveness of health screening of asylum seekers. • Evaluate the effectiveness and impact of services and interventions aimed at migrants.

¹⁸ Fenton et al (2002) argue that a considerable proportion of men and women engage in unprotected sex when travelling to their home countries.

¹⁹ There is concern in many southern European countries about the lack of information about the health status and sexual health behaviour of undocumented migrants. Personal communication with Dr Elli Ioannidi.

Area of activity	Suggested actions
Interventions and services	<ul style="list-style-type: none">• Develop guidelines for good clinical practice that take account of the specific situation and needs of migrants and provide diversity and culture training for health professionals.• Develop multilingual and culturally sensitive materials, in particular prevention information for new arrivals and for specific migrant sub-populations, e.g. young people, women, MSM, sex workers, drug users.• Implement campaigns promoting HIV testing and clarifying the impact of test results for asylum seekers and undocumented migrants, and community testing services.• Improve information about existing services, including how they are structured and how to access them.• Implement targeted prevention interventions that use peer education and outreach approaches and involve migrant communities in planning and delivery.• Implement comprehensive treatment and care services that take into account the social circumstances and needs of migrants.• Introduce cultural mediators and translators in services.• Improve psychosocial and support services to improve the quality of life of migrants living with HIV.

Annex 1 – List of country respondents

Austria	Aids-Hilfe Wien
Belgium/Flanders	Sensoa
Belgium/Wallonia	Sireas
Bulgaria	Ministry of Health and Social Care
Cyprus	Cyprus Family Planning Association
Czech Republic	National Institute of Public Health
Denmark	Aids Fondet
Estonia	AIDS Information & Support Centre
Finland	Finnish AIDS Council
France	AIDES NGO
Germany	Deutsche Aids-Hilfe
Greece	National School of Public Health
Hungary	Institute of Public Health
Iceland	Centre for Health Security and Communicable Diseases
Ireland	Baleskin Refugee Reception Centre
	Beaumont Hospital
Italy	Istituto Superiore di Sanità
Latvia	Dia + Logs
Liechtenstein	Amt für Gesundheitsdienste
Lithuania	Coalition "I can live"
Luxembourg	Aidsberodung-Croix Rouge
Malta	IOM
Netherlands	STI AIDS Netherlands
Norway	Aksept
Poland	National AIDS Centre
Portugal	AJPAS
Romania	ARAS
Slovak Republic	Prima
Slovenia	National Institute of Public Health
Spain	National Plan on AIDS
Sweden	HIV-Sverige
United Kingdom	Naz Project London

Annex 2 – Questionnaire and responses

Questionnaire

Introduction

The European Centre for Disease Prevention and Control (ECDC) in Stockholm is currently compiling a report on migration and infectious diseases in Europe. This project is a follow-up of the Portuguese EU Presidency in 2007, which was focused on migration and health, and is aimed at analysing the burden, control and interventions for four key diseases affecting migrant communities.

The project has a strong component of migration and HIV/AIDS. There will be reviews about three major areas:

1. An epidemiological review of HIV in migrant populations.
2. Practices and barriers in access to HIV prevention, treatment and care for migrant (including undocumented) populations in the EU.
3. HIV testing policies across Europe (paying attention to migrant populations).

The epidemiological review will be carried out by the Institute Carlos III, Madrid, and coordinated by Dr Julia del Amo; the review on access to prevention, treatment and care is being conducted by Mr Georg Bröring, an independent consultant; and the review on testing is currently implemented by the University of Ghent, Belgium, coordinated by Ms Jessica Deblonde.

This questionnaire is linked to the second review on access to prevention, treatment and care. You/your organisation has been selected due to your specific expertise in the area of migration and HIV and you are kindly requested to fill it in and send it back **before 30 June 2008**. Please do not hesitate to contact me if you have any questions or suggestions regarding the review in general or this questionnaire in particular. Thank you very much for your cooperation!

Amsterdam, 16 June 2008
Georg Bröring

Contact information

Country.....
 Organisation
 Name
 e-mail
 phone

Other persons/organisations involved in filling in the questionnaire

.....

1. Migrant populations in your country

Which do you consider the migrant populations in your country that are most relevant with respect to HIV prevention, treatment care and support (in terms of prevalence and in terms of specific needs)? Please prioritise the three most important (sub) populations of migrants.

1.

- 2.
- 3.

2. Factors of vulnerability

Which do you consider the most important factors of vulnerability in migrant populations in your country (e.g. marginalisation, xenophobia, linguistic problems, workplace problems, legal problems, migration policies, restricted liberty of movement)? Please prioritise the three major factors of vulnerability.

- 1.
- 2.
- 3.

3. Obstacles to access services

Can you identify major obstacles for migrants in your country to access services? Please prioritise.

In the area of prevention (e.g. availability of materials in different languages, culturally sensitive awareness campaigns):

- 1.
- 2.
- 3.

In the area of treatment (e.g. legal obstacles, difficult settings such as asylum centres or prisons):

- 1.
- 2.
- 3.

In the area of care and support (e.g. availability of culturally sensitive services):

- 1.
- 2.
- 3.

4. Community participation

Are migrants or migrant community-based organisations in your country involved? Please also indicate if migrant community-based organisations are not present in your country.

In the field of interventions (e.g. prevention campaigns, support groups):

.....

In the field of policy and advocacy (e.g. participation in local or national health boards):

.....

5. Priorities in your country

Could you indicate whether HIV and migration is an important issue in your country, compared to other issues and target populations? HIV/AIDS and migration has

- High priority
- Low priority
- No priority

Comments on priorities:

.....

6. Could you indicate what you base your observations on?

- Experiences in own service/organisation
- Discussion with colleagues
- Epidemiological research
- Media
- Internet
- Debate in society
- Other

7. Specific experiences in your country

Are you aware of any interventions in your country regarding access to prevention, treatment or care specifically designed for certain sub-populations of migrants (e.g. pregnant women, new arrivals, migrant sex workers, undocumented migrants, migrant MSM)? Please think also about interventions that take place in specific settings, e.g. refugee centres, border areas, prisons.

.....

Are there services or projects in your country in the field of prevention, treatment and care for migrants that can be considered good practice?

.....

If yes, please provide contact details.

8. Need for action

Could you suggest concrete activities that are needed in the area of migration and HIV.

In your country:

.....

At the European level:

.....

9. Need for research

Could you suggest areas of research that are needed with respect to migration and HIV.

In your country:

.....

At the European level:

.....

10. Areas not covered in this questionnaire

Do you think that some important aspects in the area of access to prevention, care and support for migrant populations in Europe have not been addressed in this questionnaire? Which?

.....

Further contact

Do you agree that I contact you for more in-depth information about the responses you gave?

Yes

No

Detailed questionnaire responses²⁰

1. Migrant populations in your country

Most relevant migrant populations: geographical background	
Sub-Saharan Africa	18
Eastern Europe	13
Asia	8
South America / Caribbean	4
Balkan countries	3
Other	2

Most relevant migrant populations: legal, social or economic background	
Asylum seekers and refugees	7
Sex workers	7
Undocumented migrants	6
MSM	4
Migrant youth	3
Temporary/seasonal migrants	2
Other	6

2. Factors of vulnerability

Major factors of vulnerability	
Linguistic problems	19
Marginalisation and exclusion	14
Legal obstacles	13
Cultural and religious factors	9
Migration policies	8
Poverty	8
Work, lack of occupation	7
Lack of knowledge	5
Discrimination and xenophobia	4
Lack of appropriate services	3
Other	7

3. Obstacles to access services

Obstacles in the area of prevention	
Lack of multilingual materials	17
Lack of tailored, culturally sensitive interventions	14
Cultural and religious factors	9
Lack of information about existing services	7
(Fear of) stigma and discrimination	7
Low on the political agenda	5
Practical obstacles / limited time	5
Lack of trained personnel / poor quality of services	4
Lack of funding	4
Low awareness of migrant organisations	2
Other	7

²⁰ In most questions of the questionnaire, more than one answer was possible, which explains varying totals in the tables.

Obstacles in the area of treatment	
Legal status	10
Lack of information about existing services	8
Linguistic obstacles	7
(Fear of) discrimination and exclusion	6
Lack of culturally competent staff	5
Financial obstacles	4
Precarious living conditions	4
Administrative obstacles to allow access	3
No health insurance	3
Complicated treatment regime	2
Other	4

Obstacles in the area of care and support	
Lack of culturally appropriate care services	17
Linguistic obstacles	6
Lack of competence and interest of medical staff	6
Lack of funding	5
Fear of stigma	4
Insufficient links between primary and secondary care	4
Lack of knowledge about existing services	3
Poor living conditions	2
Other	7

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Annex 4 – Resources reviewed

1	WHO Euro country profiles	www.euro.who.int/aids/surveillance/20051114_1
2	London School of Economics	ec.europa.eu/employment_social/spsi/docs/social_situation/rn_migration_health.pdf
3	HPA UK on numbers accessing HIV care	www.hpa.org.uk/web/
4	IOM on migration and the right to health	www.iom.int/jahia/Jahia/cache/offonce/pid/1674?entryId=16273
5	TAEP (US) on cost-effectiveness	www.taepusa.org/studies&reports.html
6	THT/NAT statement on HIV treatment for UM	www.tht.org.uk/binarylibrary/westminsterhallbriefingonaccess.pdf
7	IMISCOE statement on migration research	www.imiscoe.org/publications/policybriefs/documents/
8	Pt EU report <i>Health and migration in the EU</i>	www.eu2007.min-saude.pt/PUE/en/conteudos/
9	Pt EU report on good practices	www.eu2007.min-saude.pt/PUE/en/conteudos/
10	EASAC Statement	www.easac.org/document.asp?id=79&pageno=1&detail=1&parent=31
11	International migration policies	www.oecd.org/department/
12	Previous AIDS & Mobility reports	www.aidsmobility.org
13	Assuring the quality of health care in the European Union	www.euro.who.int/document/e91397.pdf
14	WHO on international travel and health	www.who.int/ith/chapters/en/index.html
15	WHO Towards universal access	www.who.int/hiv/pub/towards_universal_access_report_2008.pdf
16	ECDC meeting report on HIV prevention	www.ecdc.europa.eu/pdf/MR%20Hiv%20prevention%20web.pdf
17	Plus news on undocumented migrants in France	www.plusnews.org/Report.aspx?ReportId=75197
18	Community recommendation on Migration and HIV/AIDS	Migration and HIV/AIDS: Community Recommendations
19	Progress report Dublin Declaration	www.euro.who.int/Document/SHA/Dublin_Dec_Report.pdf
20	WHO Health of Migrants	www.who.int/gb/ebwha/pdf_files/EB122/B122_11-en.pdf
21	WHO on growth in access to HIV treatment	www.who.int/mediacentre/news/releases/2007/pr16/en/index.html
22	PICUM: Access to Health Care for Undocumented Migrants in Europe	Access to Health Care for Undocumented migrants in Europe
23	EC Treaty Art. 152 Public Health	eur-lex.europa.eu/en/treaties/dat/12002E/htm/C_2002325EN.003301.html
24	Draft Council Conclusions on Health and Migration in the EU	register.consilium.europa.eu/pdf/en/07/st15/st15609.en07.pdf
25	Health in all policies	www.euro.who.int/document/E89260.pdf
26	Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009	eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2005:0654:FIN:EN:PDF
27	White paper Together for Health	ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf
28	Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia	www.unicef.org/ceecis/The_Dublin_Declaration.pdf
29	AIDS & Mobility: Looking to the Future — Migration and HIV/AIDS in Europe	Report commissioned by the European Project AIDS & Mobility (NIGZ)

Annex 5 – Literature review summary

A large amount of material on migration and HIV has been published in recent years. This review focused on relevant international, regional and national grey literature, including EU policy documents and country reports (see Annex 4). The review did not look at legislation in participating countries regarding access to HIV prevention, treatment, care and support as this had already been addressed by earlier studies (Ministério da Saúde 2007a; PICUM 2007; Bröring et al 2003; NIGZ 2006).

Key global and European publications identified by the review are highlighted below.

Global publications

At the global level, publications emphasise the importance of human rights, the impact of the health status of migrants on broader public health and the need for specifically designed and targeted HIV interventions for marginalised migrant populations.

- *International Guidelines on HIV/AIDS and Human Rights* (UNAIDS 2006), developed by UNAIDS and the UN Centre for Human Rights, emphasise that 'There is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status...' and '...any restrictions on these rights based on suspected or real HIV status alone, including HIV screening of international travellers, are discriminatory and cannot be justified by public health concerns' (p. 93). With respect to migrants, the document recommends that States '...support the implementation of specially designed and targeted HIV prevention and care programmes for those who have less access to mainstream programmes due to language, poverty, social or legal or physical marginalisation, e.g. minorities, migrants, indigenous peoples, refugees and internally displaced persons' (p. 55). The guidelines also emphasise the link between protection of human rights and effective HIV programmes and the specific needs of groups that may be disproportionately affected including migrants and that '....Lack of human rights protection disempowers these groups to avoid infection and to cope with HIV, if affected by it' (p. 78).
- UNAIDS, IOM and others issued a statement on human rights and travel restrictions related to HIV (UNAIDS and IOM 2004), which emphasise that 'HIV/AIDS-related travel restrictions have no public health justification'²¹.
- Recent guidelines on HIV testing and counselling (WHO and UNAIDS 2007) address the issue of migration stating that 'Specific population groups in all epidemic types are at higher risk for HIV. These may include sex workers and their clients, injecting drug users, MSM, prisoners, migrants and refugees. These populations often (...) have more difficulty accessing quality health services'. It suggests 'strategies are needed to increase access to and uptake of HIV testing and counselling for these groups (...) through innovative client-initiated approaches such as services delivered through mobile clinics, in other community settings, through harm reduction programmes or other types of outreach'.
- *Health of Migrants* (WHO 2008) analyses the specific vulnerability of migrants, including health risks related to the migration process and the precarious living conditions of some migrant groups in destination countries. The report argues that migrant health is a critical area of public health. Strategies recommended to improve the health of migrants include advocacy, policy development, research, capacity building and migrant-friendly service delivery.

European publications

At the European level, a wide range of documents have been produced that describe the health situation of migrant populations, the public health importance of addressing migrant health, and models of good practice within the EU.

- *AIDS & Mobility: The impact of international mobility on the spread of HIV and the need and possibility of AIDS/HIV prevention programmes* (Hendriks 1991) was one of the first comprehensive studies of migration and HIV in Europe. The report considered both migration and tourism and concluded that mobile

²¹ In March 2008, UNAIDS set up an international task force on HIV-related travel restrictions, a joint effort between international, governmental and non-governmental organisations; an advocacy document (*Denying entry, stay and residence due to HIV status Ten things you need to know*) has been published.

populations may be particularly exposed to HIV-related risks.

- The EU-funded project AIDS & Mobility has produced numerous reports on the situation of migrant populations in Europe with respect to HIV. The first report (de Putter 1998) has been updated twice (Clarke and Bröring 2000; Bröring et al 2003). In 2006, country reports were compiled for the new European Member States (NIGZ 2006) and the 'old' member states contributed trend reports (Cronberg et al 2006)²². Information was collected from governments and NGOs and the reports reflect both achievements and challenges. One of the main achievements mentioned is the growing number of migrant organisations involved in HIV prevention and care projects. Challenges identified included the lack of culturally appropriate information and educational interventions, and communication barriers, which limit access to treatment even in countries where treatment is available to all regardless of legal status.
- Health in all policies: *Prospect and potentials* (Ståhl et al 2006), published during the Finnish Presidency of the EU, highlights the need for health to be integrated in social, education, labour and housing policies and for links between local, national, European and global levels. The integrated approach is particularly important to avoid inconsistencies in policies that relate to migration and health. This approach is one of the principles explicitly mentioned in the CEC White Paper *Together for health: A strategic approach for the EU 2008–2013*.
- *Health and migration in the EU: Challenges for health in the age of migration* (Ministério da Saúde 2007a) provides a comprehensive review of migrant health and specific risk factors related to migration. This conference report also highlights inconsistencies in policies, research and information gaps and the role of socio-economic factors. The authors propose integration of health in all relevant policies and closer cooperation both between EU Member States and with countries of origin and transit countries. A second report (Ministério da Saúde 2007b) describes examples of good practice on migration and health in the EU, including government and NGO initiatives with a specific focus on HIV.
- *The right to HIV/AIDS prevention, treatment, care and support for migrants and ethnic minorities in Europe: The community perspective* (EATG 2007a) and *community recommendations* (EATG 2007b) were the outcome of a conference involving civil society. The report and recommendations emphasise the importance of political commitment, comprehensive, human rights approaches to public health interventions and meaningful inclusion and involvement of concerned communities.
- The focus on migration and health during the Portuguese Presidency of the EU resulted in the publication of a range of documents including research notes. One such note (Mladovsky 2007) argues that relatively little is known about the health of migrants in some Member States although available evidence suggests that use of health services by migrants is low, due to educational, cultural and legal factors. The author proposes that the EU play a role in facilitating exchange of knowledge and experience, both with respect to methodological research problems and to analysis and development of policies and interventions. Another research note (EASAC 2007) identifies key challenges in the field of migration and health and three major areas for EU involvement: improved collection of epidemiological data, increased sharing and implementation of good practice in screening, and mechanisms to improve access to healthcare. The authors also argue that denying entry because of detected infections will be counterproductive, making it more difficult to reach infected migrants with health services.
- *Access to Health Care for Undocumented Migrants in Europe*, published by the Platform for International Cooperation on Undocumented Migrants (PICUM 2007), reviews access to healthcare for undocumented migrants and the barriers they face in European Member States. The report found significant differences between countries, ranging from those where all healthcare is provided on a payment basis, such as Austria and Sweden, to those that render health services to all, irrespective of legal status, such as Italy and Spain. It also found that, while all countries provide care in urgent situations, definitions of 'urgency' vary considerably.
- The EU-funded TAMPEP network (www.tampep.org) has produced a range of publications analysing HIV risks related to migration and sex work. One of the most recent is a European overview *Institutional Strengthening and Support for HIV Prevention Activities* (TAMPEP 2007)²³, which summarises factors of vulnerability among migrant sex workers. While many of these are the same as factors affecting other migrant populations, such as lack of linguistically and culturally appropriate services, marginalisation and insufficient access to services, sex workers are also vulnerable because of repressive prostitution laws in some countries.

²² See also www.aidsmobility.org

²³ The report can be downloaded at www.tampep.com/documents.asp?section=reports

- The EU-funded project Correlation (www.correlation-net.org) produced *Overcoming barriers: Migration, Marginalisation and Access to Health and Social Services* (Domenig et al 2007). This covers a range of issues including legal aspects of access to healthcare, migrant community involvement and empowerment, and the specific health needs of populations such as migrant drug users.
- An IOM paper on legal aspects of migration and health in the EU (International Migration Law No 12) reviews European Community Law and Council of Europe instruments, many of which recognise health as a fundamental human right for nationals and non-nationals alike. The paper highlights inequalities between host populations and migrants, asylum seekers, refugees, victims of trafficking and others in terms of health status and access to health services, and the challenges within Europe relating to laws and their application.

Annex 6 – Examples of interventions and good practice

Interventions

Most participating countries have initiatives that address the needs of migrants. The following table gives a summary of initiatives reported by respondents. It is important to note that this list is not comprehensive. Respondents from countries with a wide range of interventions and services for migrants, such as France, Germany, Spain and the UK, emphasised that they could only highlight a selection of these in the questionnaire.

Country	Intervention
Austria	Park Project Model trial on testing Radio broadcasting in Tyrol Various other organisations (Caritas etc.)
Belgium (Flanders)	Photonovel 'Idriss' educational package for refugees 'Shalimar' educational game Network of community leaders Research project on sexual violence
Belgium (Walloon)	Not specified
Bulgaria	Outreach activities, e.g. to migrant sex workers
Cyprus	No migrant-specific activities
Czech Republic	Specific programmes for migrant sex workers, migrant drug users Prevention materials for migrants
Denmark	Support project for vulnerable migrants living with HIV Interdisciplinary migrant clinic Interventions for migrant drug users
Estonia	EU project on health promotion for sex workers EU project Bordernet, prevention in border regions
Finland	Support project for sex workers Low threshold health centres for drug users Telephone helpline for migrants
France	Not specified
Germany	Not specified
Greece	Migrant sex workers (TAMPEP) Asylum seekers (UNHCR) Educational materials
Hungary	Various European projects for migrant populations
Iceland	Outpatient healthcare service
Ireland	Services for asylum seekers Specialised nurse at GUM clinic International MSM group Migrant sex worker projects
Italy	Not specified
Latvia	Integration contact point for refugees
Liechtenstein	Free of charge health check for newcomers
Lithuania	No migrant-specific activities
Luxembourg	Interventions for newcomers Interventions for sex workers Interventions in prisons
Malta	HIV awareness campaign

Country	Intervention
Netherlands	Peer support for pregnant migrant women Sex workers and trafficked African women Undocumented migrants Various information tools Work with Muslim community Newsletter targeted at migrants Theatre group targeting asylum seekers Research on stigma and taboo
Norway	Project aimed at asylum seekers Project aimed at African women Training of peer supporters
Poland	Programmes aimed at pregnant women and asylum seekers
Portugal	Project aimed at young migrants
Romania	Outreach activities IOM project
Slovak Republic	Street work and outreach activities
Slovenia	Telephone helpline in different languages Prevention for foreign MSM Prevention aimed at (migrant) prisoners
Spain	Not specified
Sweden	African women's network on HIV prevention
United Kingdom	Many initiatives aimed at specific populations, such as migrant women, MSM, sex workers All-Party Parliamentary Group on AIDS

Good practices

The questionnaire respondents also provided examples of good practice projects and activities, which are listed in the following table. Again, this is not comprehensive. Respondents from countries with a longer history of migration, such as France and the UK, noted that there are numerous examples and that it was not possible to include an exhaustive list. Respondents reported examples of good practice in the areas of prevention, treatment, care and support, and also in policy and research. Further information and examples are provided in the report *Good Practices on Health and Migration in the EU*.

Country	Good practice example
Austria	Park Project (aimed at Turkish women)
Belgium	Photonovel about HIV in the African community in Belgium 'Idriss' educational package for training on sexual health for newcomers and refugees 'Shalimar' educational game on cultural diversity, relationships and sexuality ITG: network of community leaders ICRH: research project on sexual violence against refugees and sexual health needs of refugees
Bulgaria	Voluntary counselling and testing centres Voluntary HIV (and other) testing in prisons (including of migrants)
Cyprus	Not specified
Czech Republic	Lighthouse for people living with HIV Bliss without Risk project for sex workers
Denmark	Hospital migrant clinic; other large Danish hospitals have expressed interest in establishing similar clinics Good practice activities for drug users and sex workers
Estonia	Not specified
Finland	Support project for sex workers Low threshold health centres for drug users Telephone helpline for migrants
France	Not specified

Country	Good practice example
Germany	Afrikaherz: prevention and counselling Project FLUG 'Flucht und Gesundheit', prevention and counselling in refugee centres for asylum seekers, training for translators on health issues and HIV and training for cross-cultural mediators to do prevention work in their migrant communities Various prevention services for male and female migrant sex workers Various 'Aidshilfen', 'Aidsberatungsstellen' and migrant counselling organisations working with mediator programmes and migrant volunteers Ethno-medizinisches Zentrum Hannover: cross-cultural HIV mediator programme in various regions
Greece	PMTCT services available to every pregnant mother and in every HIV unit
Hungary	Activities in migrant camps, with very low budget
Iceland	Activities provided through all outpatient health services and specialised outpatient departments for infectious diseases
Ireland	HSE Baleskin Health Screening Clinic (part of National HSE Voluntary Asylum Screening Service) Cáirde: Ethnic Minority Forum and other specific health projects Open Heart House: Ethnic Minority Membership Project
Italy	Not specified
Latvia	EU project 'Improvement of rendered services for asylum seekers, refugees and persons with subsidiary protection', run by the Office of Citizenship and Migration Affairs Integration of new members of society, run by the Secretariat of the Special Assignments Minister for Social Integration and IOM Riga
Liechtenstein	Free health check every five years, free gynaecological check for women every two and a half years
Lithuania	Not specified
Luxembourg	DIMPS, a mobile intervention device targeting migrants, drug users that promotes sexual health and offers rapid HIV and hepatitis C testing (still at the planning stage) ²⁴
Malta	Not specified
Netherlands	Access to treatment, care and 3Bs (bed, bath and bread) by some city councils and AIDS FONDS for undocumented migrants with HIV
Norway	AKSEPT: psychosocial follow-up for asylum seekers living with HIV
Poland	Approach to migrant prisoners and migrant pregnant women Staff working in asylum camps trained on HIV prevention
Portugal	'Living with HIV/AIDS', a psychosocial, support and care project
Romania	Not specified
Slovak Republic	'Prima' outreach project
Slovenia	STOP AIDS Project for commercial sex workers
Spain	National AIDS Plan produced document about HIV prevention in the migrant population, with best practices and contact details included
Sweden	Somalian Health Team, an NGO that deals with prevention among Somalis in Stockholm AKN (African women's network) prevention activities Sexaktuell – a multilingual (13 languages) website with up-to-date information and sexual- and reproductive health (www.sexaktuell.com/en-GB/default.aspx)
United Kingdom	African HIV Policy Network (www.ahpn.org) Naz Project London (www.naz.org.uk) Positively Women (www.positivelywomen.org.uk) Black Health Agency (www.blackhealthagency.org.uk) African Advocacy Foundation, working with Muslims (www.a-af.org) London Ecumenical AIDS Trust (www.leat.org.uk) Terrence Higgins Trust (www.tht.org.uk) National AIDS Trust (www.nat.org.uk)

²⁴ Personal communication with Henri Goedertz, Aidsberodung-Croix Rouge.