

## Projects 2005

**Project number: 2005122**

**Acronym:**

**MEHO**

**Strand:**

1. Health information (HI 2005)

**Title:**

development of

Monitoring the Health Status of Migrants within Europe: indicators

**Main partner name:**

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**Project Leader Name**

DENTKAS Semiha

**Associated partner(s) name**

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European Public Health Association

Agenzia di Sanita Publica della Regione Lazio

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**Country**

The United Kingdom

The Netherlands

Italy

Germany

Danmark

Slovaquia

Germany

**Duration:** 36 months

**Funding Recommended** 791.776

### **Abstract:**

#### **1. General Objective**

Main objective of the project is the development of indicators to monitor the health status of ethnic minorities by using existing health related databases and surveys. A European network of epidemiological observatories on minority's health will be established. This network will generate a European overview of comparable and exchangeable data on socio-demographic and health profile of ethnic minorities for selected health problems. Aim is to include as many countries as possible, depending on the availability of data.

#### **3. Methods and means**

The main methodology of this project is to analyse existing ethnic minority specific health data, to discuss problems of identification and comparability during workshops, to analyse health differences between ethnic minority and indigenous populations using epidemiological techniques, to develop and discuss potential indicators to assess ethnic specific health differences and to present and discuss results.

#### **4. Expected outcome**

Results to be achieved

- Development of a set of comparable health indicators for migrants based on existing data in EU (take a census of available information on ethnic minorities within health and socio-demographic databases in EU countries, identify criteria for a definition of "ethnic minority" which can be comparable among EU countries; define strategies of analysis and common indicators to assess the relative differences in health between ethnic minority and indigenous populations across EU countries).
- Generate a first overview of (available data sources on) mortality of ethnic or migrant minorities in Europe (identify and describe existing data bases with information on mortality

according to ethnic or migrant status (first and second generation migrants, other ethnic minorities; assess the coverage, completeness and quality of these databases, and to identify data bases useful for studying mortality in relationship to ethnicity or migrant status; collect data and analyze levels of mortality (by age, sex and/or cause of death) in ethnic or migrant minorities compared to the majority populations).

- Identification, description and set up communication links between databases that can be used to shed light on ethnic variations in cardiovascular disease in minority ethnic populations in Europe, re-analyse and present data to allow comparisons between European countries, to contribute to the larger EU project and to improve public health through linking data to policy.
- Characterisation of major infectious disease burdens in migrants in Europe from surveillance data and their impact on Public Health; to identify systematic deficits of official surveillance and reporting systems for migrant groups with respect to important infectious diseases; to provide better instruments for an improved assessment of the migration status to address more effective public health.
- Self-perceived health and health care use, to provide a list of indicators and data on health care use and perceived health as combined effects of health care needs community and health system characteristics. The indicators and data regard health care use and perceived health of migrant groups within and across countries relative to health needs, socio-demographic and health system characteristics of the countries included.
- Cancer, to identify and compile the ways information on migrant status is collected in European cancer registries; to develop a uniform definition on migrant status; to develop indicators for cancer risk, access to prevention & care, and survival, of migrants; to thereby contribute to improving the reporting and analysis of cancer risk, as well as cancer prevention and care, for migrants in Europe.
- The health of Roma people in EU, define the most important criteria identifying Roma health; to set an existing databases with available information on Roma health issues in EU; collect and analyse data on the health of Roma in comparison with the indigenous population.

## **Projects 2006**

**Project No:** 2006302

**Title:** Health and migrations in the European Union

### **Beneficiary**

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**Project leader:** José Pereira Miguel

**EC contribution:** EUR 220 000

**Duration:** 12 months

## **ABSTRACT**

### **1. General objectives**

The project aims 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;
- identify best practices about immigrants' access to healthcare (including health promotion, prevention and healthcare services);
- 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.

### **2. Strategic relevance and contribution to the public health programme**

The project will provide evidence and identify good national practices related to the integration of migrants with regard to healthcare.

### **3. Methods and means**

The methodology used differs between the two reports. The first is a report elaborated by an editorial board and its purpose is to analyse migration's socio-epidemiological, demographic and political context, study migrants' health status in Europe and its determinants, and evaluate health policy responses across EU Members States.

The methodology for the second report will develop a conceptual model. The determinants of health thus identified will be the basis to identify good practices at country level. The selection of best practices will include practices from different countries and from the perspective of public and private health sectors. The third sector is about non-governmental organisations, such as Médecins du Monde, Médecins sans Frontiers, Caritas, Mikado, IMISCOE or Women's Lobby.

A European conference will be organised, based on the preparation of two reports, which will be used as preliminary works.

#### **4. Expected outcomes**

The main results of the project will be the organisation of the conference with elaboration of the proceedings and recommendations, which will be presented to the Council of Europe.

Two reports will be produced, which will be used as preliminary documents for the European Conference on Health and Migration taking place during the Portuguese Presidency of the EU. A network in 'health and migration' will be set up from the beginning of the project in order to share information between EU Member States and other networks which are working the same issues.

Key words: Conferences, Health Care, Immigrants, Health Promotion, Health Status

**Project No:** 2006129

**Title:** Best practice in access, quality and appropriateness of health services for immigrants in Europe (EUGATE)

**Beneficiary**

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**Project leader:** Stefan Priebe

**EC contribution:** EUR 700 000

**Duration:** 36 months

**Associated partners**

- Ludwig Boltzmann Gesellschaft, Vienna, Austria
- Université Catholique de Louvain, Louvain-la-Neuve, Belgium
- Department of Health Services Research, Institute of Public Health, University of Copenhagen, Denmark
- National Research and Development Centre for Welfare and Health (Stakes), Helsinki, Finland
- Etablissement public de santé Maison Blanche, Paris, France
- Universitätsklinik Charité, Campus Mitte, Charité, Berlin, Germany
- National School of Public Health, Athens, Greece
- University of Debrecen, Medical and Health Science Centre, Debrecen, Hungary
- Agency for Public Health, Lazio Region, Lazio Rome, Italy
- Kaunas University of Medicine, Kaunas, Lithuania
- Stichting Nederlands Instituut voor Onderzoek van de Gezondheidszorg Nivel, Utrecht, Netherlands
- Instytut Psychiatrii i Neurologii, Warsaw, Poland
- Universidade do Porto, Faculdade de Medicina, Porto, Portugal
- Agencia de Salut Publica de Barcelona, Barcelona, Spain
- Karolinska Institute, Stockholm, Sweden

**ABSTRACT**

**1. General objectives**

EUGATE aims to provide a European-wide definition of what is meant by 'migrant', explore legislation, policies and funding arrangements relating to migrants and minorities, investigate organisation and utilisation of services, describe evaluation and monitoring methods, and identify and compare models of best practice.

**2. Strategic relevance and contribution to the public health programme**

Meeting the health needs of migrants and minorities is a challenge for public health. Inequitable variation in the utilisation of healthcare services between migrants and minorities concerns both healthcare providers and policymakers in Europe. EUGATE will bring together a multidisciplinary consortium from 16 EU Member States to consolidate the currently fragmented knowledge in the field,

and identify best practice in access, quality and appropriateness of health and social services for different immigrant populations.

### **3. Methods and means**

Systematic sampling and analysis of documents (on legislation, policies, funding arrangements, evaluation and monitoring mechanisms) will ensure a comprehensive inventory. Collecting information on institutions providing healthcare to migrants in the fields of primary, emergency and chronic care will provide an overview of the situation in Europe. Qualitative interviews with staff (medical and non-medical) to investigate organisation and utilisation of healthcare institutions will be carried out. The review and analysis of best practice models will allow the development of a toolkit to support best practice all over Europe.

### **4. Expected outcomes**

The project is expected to provide:

- the first comparable definition and set of indicators for describing migrants, immigrants and minorities to be used in health services and in health services research;
- a compendium on legislation, policies, funding arrangements, organisation, utilisation, evaluation and monitoring;

an inventory and synthesis of best practices for addressing better the needs of migrants, immigrants and minority populations. The project can build capacity in public agencies, in the healthcare sector, in universities and among politicians and thereby improve the skills of the European workforce.

Key words: Migrants, legislation, benchmarking, health care sector, health care

**Project No:** 2006206

**Title:** Increasing public health safety alongside the new east European border line

**Beneficiary**

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**Project leader:** Roumyana Petrova Benedict

**Associated partner**

- University of Pécs, Hungary

**EC contribution:** EUR 501 737

**Duration:** 30 months

**1. General objectives**

This project will contribute to the increase in public health safety of all EU Member States and help provide appropriate healthcare to migrants entering the European Union border area as a fundamental human right. The project will target the eastern external border of the enlarged EU where the implementation of the Schengen criteria is an ongoing process (Hungary, Poland and Slovakia). In support of the increased general security provided by Schengen II, the project aims to develop a public health and border management module (PHBMM) as well as a proposal for structural changes in the public health services of targeted border sectors.

**2. Strategic relevance and contribution to the public health programme**

The enlarged European Union faces increased and more complex migration flows. The registered 39 million migrants represent approximately 8 % of the total population of the European Union (EU), while the number of irregular migrants in the EU is difficult to estimate. At present, the EU does not have a harmonised migration health policy, and the current protocols of border management along the EU external borders do not address the human public health aspects (nor do the Schengen criteria). Providing appropriate healthcare services for migrants is an important humanitarian obligation, but also, with growing importance, a public health concern for countries of transit and destination alike. The availability of healthcare for migrants and the ability of border staff to deal with the health concerns of migrants is one of the best security measures against public health risks associated with migration. Moreover, such measures are vital to the effective management of national, regional and EU-wide public health matters. National borders (making up the external borders of the EU), as the first point of entry for migrants, are an important target for actions aiming to improve the public health impact of migration.

**3. Methods and means**

The project's pilot phase will be implemented in the eastern border of the enlarged EU (Hungary, Poland and Slovakia) where the implementation of the Schengen criteria is currently ongoing, and will also include the participation of Romania. The project will be developed in four phases:

- (1) extensive assessment of the current conditions of the current border management procedures and structures regarding human public health aspects as well as securing the transnational regional network within the pilot area;
- (2) training material development and testing at the regional level;

- (3) public health minimum standard-setting checklist and development of a proposal for structural changes; and
- (4) dissemination of the experiences gained with the pilot PHBMM through country-level consultations with relevant governmental bodies of EU Member States and an EU-level seminar.

#### **4. Expected outcomes**

An innovative, comprehensive model will be developed and used to analyse the migration-related public health hazards and the conditions and capacity of the border management structure to respond to and control these challenges.

A core public health and border management module (PHBMM) will also be developed. Following the regional testing of the training materials, the module could be easily adapted and implemented in other EU Member States. The module will consist of two elements: training materials and minimum standards for public health in border management.

Finally, the project will increase the awareness of Member States' governments to the health impact of migration and will support the development of EU migration health policy through the EU-wide dissemination of its results.

Key words: Migrants, Security measures, health care, health policy, human rights, standards, safety



**Project No:** 2006347

**Title:** Assisting migrants and communities: analysis of social determinants of health and health inequalities (AMAC)

**Beneficiary**

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**Project leader:** Roumyana Petrova-Benedict

**EC contribution:** EUR 200 000

**Duration:** 18 months

**ABSTRACT**

**1. General objectives**

The strategic objective of the project is to improve the health of migrants and communities affected by migration and, therefore, to tackle existing health gaps. The project's goal is to enhance the understanding of the complex relationship between health and population mobility.

**2. Strategic relevance and contribution to the public health programme**

While migration itself is under normal circumstances not a risk for health, conditions surrounding the migration process, particularly the inequalities in access to health services and in social determinants of health, can increase vulnerability for ill-health. Moreover, migrants are at risk of not receiving the same level of healthcare in the diagnosis, treatment and preventive services that the average population receives in host communities. Healthcare services are not responsive enough to the specific needs of these groups. Building upon recent European initiatives addressing health and migration, the AMAC project aims to consolidate the results and promote multi-stakeholder engagement in the dialogue on health inequalities linked to migration.

**3. Methods and means**

The project will begin with a review of the policy environment in view of the migration health-related conferences and consultations of 2007 and in relation to ongoing European-level projects in migration health. Based on this review, the expert team will identify priority areas as the topics of three individual workshops and develop a plan to establish synergies between their respective ongoing projects. Team members will prepare background papers on key issues linked to the chosen priorities, which will be discussed at the workshops, along with identified best practices and policy recommendations. The workshop results will be presented at a final EU-level consultation with key stakeholders in the fields of health, social affairs and justice/interior with a view to developing action points for integrating the recommendations into related national and EU strategies.

**4. Expected outcomes**

The project will provide governments and the European Commission with guidance on how to best address existing inequalities in access to, as well as the quality and appropriateness of, health services and on how to positively influence the social determinants of the health of migrants.

Key words: Inequalities, Migrants, Health Care, Health Services, Conferences

**Project No:** 2006342

**Title** Health and the Roma community: analysis of the situation in Europe

**Beneficiary**

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**Project leader:** Nuria Serrano

**EC contribution:** EUR 367 056

**Duration:** 24 months

**Associated partners**

- Network of Local Authorities Efxini Poli, Athens, Greece
- Rede Europeia Anti-Pobreza, Porto, Portugal
- Roma Centre for Social Intervention and Studies, Romani Criss, Bucharest, Romania
- Office of the Council for Roma Community Affairs, Prague, Czech Republic
- Initiative for Health Foundation, Sofia, Bulgaria
- Health of Romany People Foundation, Sliven, Bulgaria
- Partners for Democratic Change, Bratislava, Slovakia

**ABSTRACT**

**1. General objectives**

The project will:

- contribute to the reduction of health inequalities affecting the Roma community in Europe; obtain reliable and objective data about the social/health situation of the Roma population and the use made of healthcare resources available for the mainstream society;
- identify factors considered vital in improving the Roma situation and promote equity;
- promote synergies between public/private sphere (health centres, hospitals, social organisations, public administrations, etc.).

**2. Strategic relevance and contribution to the public health programme**

The Roma community comprises Europe's largest ethnic minority and is generally characterised by the situation of social exclusion it faces. Inequalities in terms of healthcare and access to health services are one of the main factors contributing to that social exclusion. Despite their glaring visibility, their health conditions are not backed by statistics or reliable, updated data.

**3. Methods and means**

The project will perform a survey to collect reliable and objective data in regard to the health situation of Roma and the use made of and access to healthcare resources. Training for interviewers/researchers/field workers will be organised in each country focused on methodology and questionnaire administration. A group of experts will be formed in each country on health and the Roma community to support the project activities at national and European levels. The team of project partners will use the results of these reports to draft a joint report describing the situation of inequality detected and will make recommendations of active measures designed to foster Roma

community health throughout Europe. In each of the countries, priorities to work on will be set up in order to develop specific actions to improve the health situation of the Roma communities in these countries, developing some fact sheets to work on with the community itself.

#### **4. Expected outcomes**

- Diagnosis of the social/health situation of the Roma community in seven European countries (Spain, Portugal, Greece, the Czech Republic, Slovakia, Romania, and Bulgaria — all with a significant Roma population).
- Drafting of an action proposal and recommendations' document targeting different key players in the social/health domain (political decision-makers, healthcare administration technicians, healthcare personnel, social entities working in the sphere of health and the Roma community, etc.).
- Awareness-raising and dissemination actions.
- Setting up priorities of action in each of the countries, in order to improve the health situation of the national Roma communities.

Key words: Inequalities, Health Care, Social Work, Recommendations, health status

**Project No:** 2006333

**Title:** Healthcare in Nowhereland — Improving services for undocumented migrants in the EU

**Beneficiary**

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**Project leader:** Ursula Karl- Trummer

**EC contribution:** EUR 499 999

**Duration:** 36 months

**Associated partners**

- Azienda Unità Sanitaria Locale di Reggio Emilia (AUSL), Reggio Emilia, Italy
- University of Brighton (IHDRC), Brighton, United Kingdom
- Malmö Institut for Studies of Migration, Diversity and Welfare (MIM), Malmö, Sweden
- Platform for International Cooperation on Undocumented Migrants (PICUM), Brussels, Belgium
- Centre for Research and Studies in Sociology (CIES), Lisbon, Portugal

**ABSTRACT**

**1. General objectives**

The project aims at improving the level of health protection 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, focusing on healthcare services for undocumented migrants (UDMs) as an especially vulnerable group, an increasing public health risk and a group providing difficulties for healthcare providers and health policy.

**2. Strategic relevance and contribution to the public health programme**

Undocumented migrants (UDMs), estimated to cover up to 15 % of all migrants in the EU, are a relevant and complex challenge for European public health and healthcare. UDMs are vulnerable groups with high health risks also threatening public health (HIV, TBC, etc.). Service provision for UDMs is precarious due to, for example, late contact, language, no entitlement, uncertain legal/financial frameworks. Health policy has to deal with contradictory aims and criteria from public health, human rights, security and law enforcement policies.

**3. Methods and means**

The project uses different methods aiming to achieve the objectives at the levels of policy, providers, clients and for integration of the three perspectives:

- public health policies: secondary analysis of documents and scientific literature and expert interviews;
- providers: group discussion and consensus conferences of practice experts, scientific/evaluation experts, and migrant representatives/advocacy groups; assessment of practice models following a stakeholder approach using document analysis, questionnaires, interviews and site visits;
- UDMs: telephone interviews with advocacy groups, semi-structured interviews with UDMs including a short, structured questionnaire.

**4. Expected outcomes**

- Results will create a knowledge base for providing, exchanging and developing good practice and contribute to a more pragmatic perspective in a so far largely ideological based debate on UDMs in the EU. In addition and complementary to other EU initiatives, it will put a focus on this specific migrant group of UDMs that find themselves in a specific situation and that pose a specific challenge to EU policies and healthcare organisations.
- By setting up an international network of experts, country reports of 27 EU Member States will be produced, which will be complemented with the EU landscapes presenting the results of the policy documentation and the country reports.
- Database on contextualised practices of healthcare for UDMs, to be able to make the knowledge of the models of practice accessible.
- Models of good practice will be selected and assessed. As a result a compilation of success stories in relation to given legal frameworks and UDM needs will be published.
- The results of the in-depth interviews with the UDMs containing their perspectives will be published in a scientific article.
- Fact sheets, translated into six EU languages, will include EU landscapes, models of good practice and UDM views, thus offering the possibility of a broad dissemination.
- A book will be published which combines the results of the findings on policy, at the provider and client level.
- An assessment tool, a tool for assessing models of good practice will be developed. Existing indicators (ECHI, OECD quality indicators) will be taken into consideration.
- A manual for conduct of the assessment will be developed.

Key words: Migrants, Law Enforcement, Health Care, Quality Indicators; Health Personnel

**Project No:** 2006317

**Title:** Information network on good practice in healthcare for migrants and minorities

**Beneficiary**

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**Project leader:** Athena Linos

**Associated partners**

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- Baskent University, Mighealthnet, Turkey
- Middlesex University Higher Education Corporation, Middlesex, United Kingdom
- Charles University Prague, 1. Lekarska Fakulta, Prague, Czech Republic
- University of Southern Denmark, Statens Institut for Folkesundhed, Copenhagen, Denmark
- Universität Bielefeld, Germany
- Utrecht University, Netherlands
- Ullevaal University Hospital, Nakmi, Norway
- Jagiellonian University Medical College, Kraków, Poland
- Universidade de Lisboa Faculdade de Letras, Portugal
- Queen Mary University of London, United Kingdom
- Internationell Migration och Etniska Relationer, Malmo, Sweden

**EC contribution:** EUR 383 886

**Duration:** 24 months

**ABSTRACT**

**1. General objectives**

The project will promote exchange of expertise, information and good practices on healthcare for migrants and minority populations. The project will act as a catalyst in the formation of scientific and professional communities in each country concerned with migrant and minority health.

**2. Strategic relevance and contribution to the public health programme**

The project will allow healthcare professionals, policymakers, health authorities, researchers, educators, and migrant and minority groups to exchange information and good practices on healthcare for migrants and minority groups.

**3. Methods and means**

Development of interactive websites (wikis) focused on the state of health of migrants and minorities and on the development of appropriate service provision for these groups. The wikis will contain information on the following topics: contextual data on migrant populations and immigration policies; research findings concerning migrants' state of health and its determinants; the health system and migrants' entitlement to healthcare; accessibility of healthcare; quality of care; 'good practices' developed to improve the matching of service provisions to the needs of migrants; policy measures undertaken to investigate and improve migrant health and resources.

#### **4. Expected outcomes**

The project will:

- set up interactive websites in 16 countries, in the local language, containing a library of relevant documents and information about individuals, organisations and resources dealing with migrant and minority health. The websites will be linked to each other and to the central English-language site;
- organise meetings, at national and European level, to bring together representatives of the migrant and minority health stakeholders;
- stimulate the formation of networks of individuals and organisations concerned with migrant and minority health.

Key words: Migrants, Minority Groups, Health Care, Health Resources, Quality of Health Care

**Project No:** 2006344

**Title:** European network for HIV/STI prevention and health promotion among migrant sex workers (TAMPEP)

**Beneficiary**

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**Project leader:** Licia Brussa

**Associated partners**

- LEFÖ Beratung, Bildung und Begleitung für Migrantinnen (LEFOE), Austria
- Espace P (Espace P), Belgium
- Фондация „Здраве и социално развитие“/Health and Social Development Foundation (HESED), Bulgaria
- Rozkoš bez Rizika/Bliss without risk (R/R), Czech Republic
- National Board of Social Services (Servicestyrelsen), Denmark
- MTÜ AIDSi Tugikeskus/NGO AIDS-I Tugikeskus (MTU), Estonia
- Pro-tukipiste ry (PRO TUKIPISTE), Finland
- Association Autres Regards (Autres Regards), France
- Prévention, Action, Santé et Travail pour les Transgenres (PASTT), France
- Amnesty for Women Städtegruppe Hamburg e.V. (Amnesty for Women), Germany
- AIDS Coalition to Unleash Power/Drase Hellas (ACT UP), Greece
- Szex Edukáció Alapítvány /Sex Education Alapitvany (SEA), Hungary
- Comitato per I Diritti Civili Delle Prostitute ONLUS (CDCP ONLUS), Italy
- Latvijas Genders Problemu Centrs (S/O Genders), Latvia
- Lietuvos AIDS Centras (LAC), Lithuania
- Croix-Rouge luxembourgeoise (Dropin Croix-Rouge), Luxembourg
- Pro Sentret Oslo Kommune (Prosentret), Norway
- Stowarzyszenia Na Rzecz Promocji Zdrowia i Prewencji Zagrożeń Społecznych (TADA), Poland
- Administração Regional de Saude do Norte (ARS NORTE), Portugal
- Asociația Română Anti Sida/Romanian Association against AIDS (ARAS), Romania
- Občianske združenie ODYSEUS (OZ ODYSEUS), Slovakia
- Center za Preventivo AIDSA in Ranljive Skupine/Centre for AIDS Prevention and Vulnerable Groups (CARS), Slovenia
- Colectivo en Defensa de los Derechos de las Prostitutas (HETAIRA), Spain
- Scottish Prostitutes Education Project (SCOT-PEP), United Kingdom

**EC contribution:** EUR 600.000

**Duration:** 36 months

**ABSTRACT**

**1. General objectives**

The main objective of TAMPEP is 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.

**2. Strategic relevance and contribution to the public health programme**



It is internationally acknowledged that human rights form the basis of the response to HIV and sex work as stated in the 2005 UNAIDS policy position paper on 'Intensifying HIV prevention'. The TAMPEP project will contribute to the implementation of the action: '3.2.3. Integrative approaches on lifestyles and sexual and reproductive health: HIV/AIDS' of the public health programme work plan 2006.

### **3. Methods and means**

The combination of community-based research, targeted intervention and advocacy alongside the principle of direct participation of sex workers in the design, development, execution and evaluation are the key elements of the methodology. The stages of the methodology combine: national and European mapping of prostitution, assessment of changes in sex workers' populations and situations and their needs; survey on legal framework and policy development; actual interventions; evaluation and adjustment of the interventions to environmental changes; creation of models of intervention and tools, while adapting them to specific groups and settings in various member countries; implementation and assessment of effects of scaling up HIV/AIDS strategies within the European context with common indicators and survey methods at national, subregional and European levels.

### **4. Expected outcomes**

- A pan-European response to legal, health and social care needs of (migrant and mobile) sex workers in a framework of cooperation between 26 partners.
- Strengthening the capacities of service providers and community-based organisations for effective interventions and strategies for HIV/STI prevention among (migrant and mobile) sex workers and their clients.
- Comprehensive and updated assessment of the prostitution scene through qualitative and quantitative data gathered across the network of 25 countries, a network which has the role of a European expertise centre within the enlarged Europe.
- Comprehensive and updated assessment of legal framework regarding migration, sex work, and HIV/STIs at national and European levels, focusing on legislation and policy that impact either positively or negatively on sex workers' ability to access information and services.
- Exchange of experiences and skills within the network and beyond through the production of a European good practice manual with examples of comprehensive intervention strategies adaptable to various settings and countries.
- Strengthening referral routes to health- and social care services for migrant sex workers through the development of a new Internet resource: a website with a directory of health and social care services accessible to migrant sex workers and information for various stakeholders.
- Exchange of skills and experience in relation to cross-border prostitution at bilateral and regional and European level, thereby enhancing the capacity of health and social care service providers to respond to the needs of sex workers in this particular environment.

Key words: Migrants, Prostitution, HIV, Life Style, Human Rights

## Project 2007

**Project number:** 100890  
**Acronym:** AVERROES

**Strand:** 3. Health determinants (HD 2007)  
**Priority area:** 3.3 Public health actions to address wider determinants of health  
**Title:** AVERROES Network - Improving access to health care for asylum seekers and undocumented migrants in the EU

**Main partner name:** MEDECINS DU MONDE  
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<b>Associated partner(s) name</b>	<b>Acronym</b>	<b>City</b>	<b>Country</b>
Médecins du Monde Belgique - Dokters Van de Wereld België	MDM BE	Bruxelles	
Médicos del Mundo	MDM SP	Madrid	Spain

**Duration:** 36 months  
**EC contribution:** 749.988,00

### **Abstract:** **1. General objectives**

The project contributes to enhancing the EU general population's health, by improving asylum seekers' and undocumented migrants' access to health care. MdM seeks to improve knowledge on asylum seekers and undocumented migrants' access to health care in the EU. MdM also seeks to promote these populations' right to access healthcare on equal terms with nationals, and seriously ill foreigners' right to protection against deportation –when they do not have access to health care in their country of origin.

### **2. Strategic relevance and contribution to the public health programme**

The AVERROES project seeks to improve wider determinants of health and contributed to reducing health inequalities, notably by: sharing good practices on awareness raising, including the development of networks; providing documentation and evaluation of good practices in tackling issues of access to health care and differences in outcomes of health care by social group; promoting innovative approaches to addressing migrants health issues. Therefore it contributed to all three priorities of the 2007 Work Plan.

### **3. Methods and means**

To achieve its objectives, the project proposes to create an NGO network covering 19 EU member states, which will carry out research, field surveys, and awareness raising activities at national and EU levels. By doing this, the network intends to improve knowledge on the issue of migrants' access to

healthcare, as well as to convince policy-makers of the necessity of a policy change in the EU, aimed at improving asylum seekers' and undocumented migrants' access to healthcare.

#### **4. Expected outcomes**

A European NGOs network (covering 19 EU member states) is set up. This network aims at improving foreigners' access to health care and seriously ill foreigners' protection against deportation in the EU. The network produces a comparative study on the EU and member states' political trends and legislations on migrants' access to healthcare, and a survey on asylum seekers' and undocumented migrants' effective access to health care. The project and the network benefit continuously from and experienced coordination team's support and monitoring. The surveys published by the network are strategically disseminated in 19 Member states and at EU level. The main European and national policy-makers concerned are sensitised to the Averroes project's core messages, through their participation to national and European events organised by the Averroes network. Health professionals and the public opinion are encouraged to support the project's messages and are sensitized, through the surveys and the other material available on the project's website, to the difficulties encountered by the asylum seekers and undocumented migrants in accessing health care and prevention. The project progress is monitored and its results are measured against the project's general and specific objectives, through an internal and an external evaluation process.

**Project number:** 100897  
**Acronym:** A & M 2007-2010

**Strand:** 3. Health determinants (HD 2007)  
**Priority area:** 3.5 Capacity building  
**Title:** Aids and Mobility Europe 2007 - 2010

**Main partner name:** Ethno-Medizinisches Zentrum e.V. and TARGET GmbH  
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**Project Leader Name** Wienold Matthias

<b>Associated partner(s) name</b>	<b>Acronym</b>	<b>City</b>	<b>Country</b>
AIDS-Fondet	AIDS-Fondet	Copenhagen	DE
AIDS-I Tugekeskus	AISC	Tallinn	EE
European AIDS Treatment Group	EATG	Brussels	BE
Kültekin Ögel	Yeniden	Sisli, Istanbul	TU
Státní zdravotní ústav	SZU	Prague	CZ
Terrence Higgins Trust	THT	London	UK
National Institute for Health, Migration and Poverty	NIHMP	Rome	IT

**Duration:** 36 months  
**Funding Recommended** 500,000.00

## **Abstract:**

### **1. General objectives**

The main aim of AIDS & Mobility Europe is to reduce HIV vulnerability of migrant and mobile populations in Europe. For the purpose of this proposal, the definition of migrant is based on language barriers in access to health services as a result of belonging to a population minority (mostly ethnic group).

Specifically the project will aim to develop an innovative health education model for migrants and ethnic minorities; to implement structured transcultural mediator training and to conduct educational group sessions on HIV/AIDS; to strengthen the existing network structures of HIV prevention among migrants; to evaluate performance and outcomes; to disseminate the results and communicate them widely; to design adequate strategies to assure continuity of the approach and to influence European and national policy making.

### **2. Strategic relevance and contribution to the public health programme**

It is internationally acknowledged that migrants and mobile populations are a vulnerable group and that there is a need to develop innovative health education models for the prevention of HIV/AIDS. The A&M project will contribute to the implementation of the action: '3.2.3. Integrative approaches on lifestyles and sexual and reproductive health: HIV/AIDS' of the public health programme work plan 2007.

### **3. Methods and means**

The project objectives will be achieved through a set of learning activities carried out on the national/regional levels, with pan-European methodologies and guidance. The combination of community based research and advocacy will be based on the principles of participation of migrants and of empowerment. The stages of the methodology will combine consensus building on a holistic

and multi-level intervention and the involvement of regional networks as platforms for transcultural AIDS mediator training. This includes transfer of management methods guided by the principles of empowerment and participation of migrants in an evidence based, transparent process. The development will be informed by systematic internal review and expert advice (Master Toolkit Advisory Group, Policy Development Task Force and External Evaluation). Evidence provided will be disseminated and will also be used to inform policy development (Policy Summit and Common Recommendations). Special emphasis will be given to exploring the potential for sustaining and further expanding the capacities built through the project.

#### **4. Expected outcomes**

AIDS & Mobility 2007-2010 will build capacity in HIV- prevention in Europe through a number of innovative activities, events and publications. They include: HIV- prevention in migrant populations will be improved through the use of transcultural mediator training among six partner organisations (in Denmark, Estonia, Germany, Italy, Turkey and the UK). Regional networks as platforms for transcultural mediator trainings and transcultural mediator campaigns designed to mainstream HIV-prevention for young migrants that will also empower migrants to become leaders in the field of HIV-prevention. Additional coaching by social entrepreneurs will facilitate the development of sustainable prevention efforts. Payment schemes for transcultural mediators and the involvement of mediators in research methodology, data gathering and reporting that will strengthen the role and status of transcultural mediators in migrant and ethnic groups as well as in the interface between these communities and local health systems. Community based research that will involve all partners in the gathering of information on health literacy, knowledge, attitudes and practices, relationships of migrant groups to health care services and ways in which all these can be improved.