



# a&mnews

Biannual newsletter of AIDS & Mobility Europe • No. 7 • June 2004



**New AIDS & Mobility**  
in a new Europe

Working Plan  
**2004 – 2006**

**Dublin: European leaders**  
commit themselves

African HIV advisors  
**graduate in Denmark**

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## *Continuity and Innovation*



# Editorial

In May 2004, the NIGZ signed a contract with the European Commission (DG SANCO/ C4) containing an agreement on the working plan for 2004 to 2006. On the occasion of a new mandate for AIDS & Mobility, we have chosen for a new design of *A&M News*. This issue discusses the activities agreed upon in the contract, as well as presenting the new National Focal Points (NFPs) and covering recent projects, events and publications.

The new working plan has been subtitled *Continuity and Innovation*. Continuity, as many A&M services and network partners remain unchanged. Innovation, because of some important new aspects. First of all, the working plan is the outcome of the merging of two European networks, AIDS & Youth and AIDS & Mobility. As a result, A&M will be paying more attention to the situation of young migrants.

The merging has also led to a new compilation of NFPs in the European member states. Some network partners were formerly involved in AIDS & Mobility, others were involved in AIDS & Youth. On the back page you will find an overview of the NFPs.

Our gratitude goes to the former National Focal Points who have contributed their efforts to the AIDS & Mobility network in the previous years.

Another important change is the enlargement of the European Union. This entitles the accession countries to take part in the Public Health Strategy of the European Commission. Representatives of AIDS and public health organisations from the accession countries already participated in the last A&M network meeting. During the new mandate, these contacts will be intensified, and structures of collaboration will be set up.

Some methodologies of A&M have changed. A number of working groups will be formed out of the NFPs. Each group will address a certain issue, such as the situation of (young) mobile and migrant people in the accession countries, or young migrants living with HIV/AIDS. For more information about the working groups, please see the article about the working plan on pages 8 and 9.

The NFPs will meet in the first week of June 2004 to fine-tune the working plan and discuss the division of tasks between the different partners.

Next to these innovations, there is continuity in the working plan. We will continue to organise the yearly NFP meetings. The documentation, consultancy and referral service remains available: if you are looking for information about publications or partners in a certain field, you can contact the A&M staff. Our website, (electronic) mailings and *A&M News* will continue to inform you about developments, activities and achievements of the A&M network.

A&M will also continue to facilitate the exchange of expertise, skills and experience among community-based organisations. The European Migrants Meeting – an important forum for exchange – will be organised again in 2005. Further, a small budget is available to support international exchange visits by people working for community-based organisations.

We as A&M staff strive to continue our support of the network partners and to deliver high quality services. We will update you regularly on the state of affairs – either through this newsletter, the (electronic) mailings or the website.

*We look forward to a productive and rewarding new period!*

*Best regards from the A&M staff,*

*from left to right:  
Chris Canter  
Kathelijne de Groot  
Linda Eduardo  
Georg Bröring*

# Pluss-LMA: recent projects related to migration in Norway

## Survey on living conditions

Pluss-LMA is a nationwide organisation for people with HIV/AIDS and the Norwegian National Focal Point for AIDS & Mobility. In collaboration with a research institute, Pluss-LMA conducted a survey examining the living conditions of people with HIV living in Norway. After a year's research, the survey was published in 2002. Its results have guided a significant part of the organisation's activities, in terms of in which fields we should concentrate our efforts.

The survey resulted in the *HIV manifest 2003*, drawn up together with three other entities working for and among people with HIV in Norway, namely Gay Men's Health Committee, African Health Watch and Aksept, the Church's City Mission's centre for all people affected by HIV. The manifest was presented to cabinet ministers and other politicians and government representatives. Its conclusive points are:

- Preventive information about HIV and AIDS must be strengthened!
- HIV positive people are invisible in society!
- People with HIV are still stigmatised at every level!
- The living conditions of people with HIV are still not satisfactory!
- Immigrants with HIV are neglected!
- The global situation is dramatic!

Throughout 2003 the group behind the manifest has convened once a month for dialogue and discussion on central topics, and cooperation towards an information campaign and the commemoration on World AIDS Day.

## Project for immigrant women

Both the survey on living conditions and other experiences suggest that women with HIV with an immigrant background are a minority living in difficult psychosocial conditions. They face stigmatisation and condemnation, especially within their own communities, due mainly to prevailing gender roles. Pluss-LMA was granted financial means from the municipality of Oslo to initiate a project for this group. The project was launched in the autumn of 2003 through a two-day seminar attended by twelve women originating mainly from Africa, Asia and Eastern Europe. A self help group was established following the seminar. Several other women have contacted Pluss-LMA since then, hoping to join the group. According to plan, the group will meet about once a month for mutual support and the sharing of experiences. In the meetings, there will also be lectures by external professionals on topics of common interest, such as sexuality, the relation to partners, motherhood, and integration into Norwegian society.

Another outcome of the seminar was to get HIV positive immigrant women in touch with the volunteer network of Pluss-LMA. Some of the members of this network go to schools to educate children on HIV/AIDS, others serve as "buddies" for HIV positive people. They offer practical information and emotional support. We try to mix people of about the same age, sex, background, et cetera.

## Project for asylum seekers

Asylum seekers testing positive for HIV are another traumatised group. They reside mostly in reception centres. Due to a lack of knowledge among the staff and fellow asylum seekers about HIV/AIDS and how it is transmitted, this group is not provided with the treatment and aid they need. Pluss-LMA was granted means from the municipality of Oslo to initiate a project for asylum seekers in the Oslo region. The project's dual purpose is: to educate the staff of three selected reception centres on HIV and ways of transmission, and to inform asylum seekers about Pluss-LMA's network of volunteers. The first step in the project is to conduct the courses for the staff of the reception centres. These courses will take place in April and May of 2004. The next step will be to present the organisation to asylum seekers, through information material. If the project succeeds in the Oslo region, we will hopefully be able to export the model to reception centres in the rest of the country.



Geir Nese  
Pluss-LMA

*"We educate the staff of reception centres on HIV and ways of transmission."*

### More information:

Geir Nese  
Pluss-LMA  
Hausmannsgate 7  
0186 Oslo  
Norway  
Tel.: +47 21 31 45 80  
geir.nese@pluss-lma.no  
www.pluss-lma.no

*Introducing the new  
Flemish National  
Focal Point:  
“We can support  
organisations that  
want to develop  
concrete activities.”*

**More information:**

Thomas Demyttenaere  
sensoa  
Kipdorpvest 48 A  
2000 Antwerp  
Belgium  
Tel.: +32 3 238 68 68  
Telefax: +32 3 248 42 90  
thomas.demyttenaere@sensoa.be  
www.sensoa.be

# Sensoa: centre of services and expertise on sexual health and HIV/AIDS

## History and mission

In response to the outbreak of the AIDS epidemic in the mid-80s, several organisations were founded to set up AIDS prevention and care for people living with HIV/AIDS in Flanders, Belgium. In 2001, the five Flemish STD and HIV/AIDS organisations were integrated into one new organisation: sensoa. The name refers to the link between sexuality and STDs (soa in Dutch).

In 2003, sensoa merged with CGSO Trefpunt, the former association of family planning centres founded in 1955. From then on sensoa became the Flemish centre of services and expertise on HIV/AIDS, STDs and sexual health in general, including reproductive health and quality of life of people living with HIV/AIDS.

## The programme for migrant people

We have translated our mission into five key programmes focusing on five target populations, and one project focusing on international (development) cooperation. The mission of the programme for migrant people is the promotion of sexual health of ethnic minorities in Flanders. To achieve this goal we need to collaborate with a number of other organisations, among which migrant organisations. Therefore, one of the items on this year's planning is developing a Flemish network on sexual health and cultural diversity.

Concrete activities include a new programme focusing on sex education and reproductive health for refugees as a part of the integration programme of the Flemish government. In 2003 we co-organised the AIDS & Mobility expert meeting on HIV/AIDS care for people with a precarious residence status in Europe. We also started a national network on this issue. We create prevention materials and we can support organisations that want to develop concrete activities.

Sensoa has regular contacts with the project for African people in Flanders of the Institute of Tropical Medicine in Antwerp, who were the National Focal Point for AIDS & Mobility until last year. This project works with a network of leaders in the African community in Flanders. With the help of these community leaders, the Institute organises all kinds of AIDS and STD prevention activities, such as information sessions on safe sex and AIDS, a campaign to promote HIV testing, a self-help group of people living with HIV/AIDS, et cetera.

## The other programmes

The main goal of our *Programme for children, adolescents and their parents* is high quality sex

education for children and young people. At a structural (public policy) level, this means support and sensitisation of teachers, school principals, universities, Centres for Education Guidance and Social Centres. IPAC, one of the founders of sensoa, has been the National Contact Person for the European Information Centre AIDS & Youth and after the merge in 2000 sensoa continued this.

The *Programme Living with HIV/AIDS* offers a number of concrete services such as individual (emergency) aid and social-legal assistance, basic information on medical issues and psychosocial support. At a structural level the programme pays special attention to solidarity and combats all forms of discrimination against people with HIV/AIDS.

The *Programme for adults* focuses on prevention of sexual violence, hepatitis B vaccination, HIV tests, women, sexual health, the work environment, institutions, expats and travellers.

The *Programme for lesbians and gay men* combines working on a structural level, such as collaboration with gay groups and commercial venues, with more concrete activities, such as AIDS prevention campaigns for gay men.

Aside from these programmes, sensoa runs the *International advocacy project* which seeks to guarantee the necessary attention for sexual health and HIV/AIDS in the policies and programmes for development cooperation. The project advocates a maximum observance of specific international agreements, and respect for the sexual and reproductive rights of individuals all over the world.

## European partnerships

Sensoa is a member of the Steering Committee of the Pan European HIV/AIDS NGO Partnership. The Partnership will develop activities in three areas: re-prioritising HIV in Western European countries, HIV programmes in Central and Eastern European countries, and North-South collaboration.

Sensoa is a member of the International Planned Parenthood Federation and of EuroNGOs, the European Non-Governmental Organisations for sexual and reproductive health and rights, population and development. Sensoa is also involved in the European AIDS Treatment Group (EATG).

We are very happy to take the commitment to be the National Focal Point for AIDS & Mobility and we are looking forward to a good collaboration with many European partner organisations.

# Safer sex in African theatre play

## A peer education intervention by and for asylum seekers

ASERAG and A&M staff



How can you tackle issues like condom use, HIV transmission through ritual practices and other AIDS-related themes for an African audience, in particular in the setting of asylum centres? In the Netherlands, an enthusiastic group of theatre makers and actors – most of them asylum seekers themselves – have developed a theatre play that addresses these issues in a serious and at the same time playful way.

*Inheritance*, a play written by asylum seekers from Sierra Leone and Cameroon, is set in an African village. An important community member dies of AIDS, while the villagers believe sorcery is involved. The man's wife is inherited by his uncle and spreads

the virus when she has sex with him and others. An unhygienic practice addressed in the play is female circumcision with an old knife. Finally, a doctor comes to the village and explains about AIDS. Apart from creating awareness about the health risks of certain traditional customs, the play strives to break taboos around condom use.

The people behind the play are members of ASERAG – the Asylum Seekers/Refugees AIDS Group, created in 2002. It is a group of asylum seekers in the northern Netherlands devoted to combating the spread of HIV and STDs through health awareness campaigns using popular theatre. ASERAG wants to bring the message of HIV/AIDS/STDs to asylum seekers and refugees of diverse cultural, linguistic and religious backgrounds, in a way that corresponds socially and culturally to their needs. The group collaborates with a variety of actors in the field, including municipal health services, refugee centres and AIDS organisations.

In addition to staging the theatre play, ASERAG trains community-based peer educators and HIV counsellors. They organise exhibitions, social activities and sports activities in asylum centres. All activities seek to involve asylum seekers and to increase awareness and knowledge about sexuality, dangers associated with certain cultural practices, sexual misconduct and drug or alcohol abuse.

A study carried out at the University of Groningen into the effects of the play indicated that it increases people's intention to use a condom when having sex with a new partner and to undergo an HIV test in the event of having had unsafe sex.



*Playful HIV prevention  
for asylum seekers*

#### More information:

Lami Kamara and Eric Akum  
ASERAG  
C/o Moesstraat 20  
9717 JW Groningen  
The Netherlands  
Tel.: +31 6 4238 5468  
or +31 6 1421 0112  
aseragholland@yahoo.com

## Introducing the new National Focal Point for France

### More information:

Alain Legrand  
AIDES  
14 rue Scandicci  
93508 Pantin Cedex  
France  
Tel.: +33 1 41 83 46 31  
alegrand@aides.org  
www.aides.org

# Introduction of AIDES

AIDES was founded in 1984 and is one of the largest European community-based organisations against HIV/AIDS. We aim to bring people living with HIV/AIDS and their loved ones together into an organised entity to fight the disease and defend the rights of people and communities affected by it. We provide information to people who are most vulnerable to HIV/AIDS, and alert the government when we find shortcomings in the health care system.

In France, 350 staff members and 800 volunteers are active in 80 cities. We have developed strong partnerships with community-based NGOs both in Africa and in Europe to strengthen the role of civil society by sharing best practices and to jointly advocate global access to care and prevention.

### Migrants survey in the Paris region

An important development concerning HIV/AIDS and migrants/foreign people in France has been the publication in February 2004 of a study undertaken by the Institut de Veille Sanitaire (National Institute for Public Health Surveillance, INVS). The objective was to describe the socio-demographic characteristics of HIV positive patients of sub-Saharan origin in the Paris region hospitals. The summary we present below is derived from this study, which can be downloaded from [www.invs.sante.fr](http://www.invs.sante.fr).

"Since 1999, an increase has been observed in the number of AIDS cases in France among sub-Saharan Africans. In order to understand the reasons for this increase, a descriptive survey of HIV positive patients from sub-Saharan countries was conducted during the first six months of 2002 in several hospitals of the Ile-de-France region. The aim of this study was to describe the demographics



Photo: Stéphane Blot – AIDES

and lifestyle of these patients and to determine their HIV testing circumstances and access to medical care.

By June 2002, 250 patients had been included. Among them, 19 percent had arrived in France until 1987, 47 percent between 1988 and 1998 and 34 percent after this period. The main reasons for immigration were family reunification, studies

and employment (67 percent). Only 6 percent of migrants to France from sub-Saharan Africa in 2001 came with the aim of obtaining a residence permit for medical reasons. At the time of inclusion in the survey, 52 percent of the cases lived in precarious conditions, 47 percent were unemployed and 6 percent had no national health insurance. The main reason for HIV testing was the appearance of symptoms (46 percent).

Three homogeneous categories of individuals could be distinguished according to the period of immigration:

- Men who arrived in France before 1988 for employment, who had a job and national health insurance and who were tested for HIV very late because of symptoms
- Women who arrived in France between 1988 and 1998 for family reunification, and were tested for HIV during pregnancy
- Individuals who arrived in France since 1999, who had no national health insurance or who were covered by the emergency State medical aid 'AME' and who were living in extremely precarious conditions

According to Home Office data, the recent increase in the number of AIDS cases among sub-Saharan Africans living in France can be explained by the recent increase in migratory flow from sub-Saharan Africa. This is consistent with the observed high proportion of cases in the study who have arrived since 1999. Migrants from a high HIV prevalence region like sub-Saharan Africa are more likely to be infected with HIV and hence develop AIDS after their arrival in France. However, this increase could also be due to an increase in incidence of HIV infection in the past years among Africans who have been resident in France for years and who have been tested for HIV at a late stage.

Access to national health insurance seems to be partially solved for sub-Saharan Africans in the study, but the situation might be deteriorating because of changes in the rules of allocation of emergency medical aid from the government. However, the precarious socio-economic status of this population is of great concern, since it is known to be a factor for limiting access to HIV testing and medical care."

The actions of AIDES meet several of the study's recommendations, particularly on these points:

- Campaigns for information and prevention through community support
- Lobbying for access to care and for measures against discrimination (for instance, during job and residence seeking)
- Social and therapeutic support for HIV positive people
- Specific actions for women

# The Training, Information and Counselling Centre (TICC), Copenhagen

## Training African advisors

The Training, Information and Counselling Centre (TICC) primarily approaches Africans living in the greater Copenhagen area. TICC is financed by the Danish National Board of Health, and administered by AIDS-Fondet. The main activity of TICC is training African HIV/AIDS advisors. The course deals with modes of HIV infection, safe sex, the Danish social and health care system, communication, counselling, psychology and networking. The advisors work partly in their own local networks, for instance in social organisations, at family gatherings, at HIV/AIDS information arrangements in the African communities, and partly in the asylum centres, language schools and hospitals. To date, TICC has trained a group of eighty-five advisors.

## Graduation of African advisors

TICC coordinates several meetings and activities each month. Some events are for a few people, other activities may include as many as 500 people. Three recent successful events have included African leaders, African ambassadors to Denmark, African youth, and other Africans in the community.

The recent graduation ceremony of forty-five newly trained African HIV/AIDS advisors will certainly go down in TICC history! As the new advisors received their diplomas in November 2003, the keynote speech was presented by Dr Kenneth Kaunda, former president of Zambia, and Special Envoy on HIV/AIDS appointed by the Secretary General of the United Nations. In his speech, Dr Kaunda encouraged the African community living in



*Dr Kenneth Kaunda, first president of Zambia and UN Special Envoy on HIV/AIDS, with Peace Kabushenga of TICC at the graduation of 45 African HIV/AIDS advisors in Denmark, 2003. Photo: TICC*

Denmark to use condoms and to regularly get tested for HIV. He challenged the newly trained advisors to be proactive in the fight against HIV/AIDS and encouraged them to share the knowledge gained in the TICC courses with Africans in the Danish community and their families back home. He shared his personal story of losing his son to HIV/AIDS.

There were over 500 people in attendance at this event, and afterwards, over 200 Africans registered for the upcoming training course.

Another successful event was a seminar TICC organised for the twelve African embassies and their communities in Denmark (two African embassies from Stockholm were also represented). Ambassadors from South Africa, Lesotho, Swaziland, and Botswana participated in a panel discussion to share experiences and knowledge on HIV/AIDS. Emphasis was placed on HIV/AIDS training and on raising awareness, and the Ugandan ambassador was able to share many useful experiences and strategies that worked well in Uganda. Over 150 Africans attended this event.

A third successful event was an HIV/AIDS seminar conducted for African youth on the subject of raising awareness. Over 250 people living in the African community attended this event.

## Future goals

As we move forward in the global fight against HIV/AIDS, TICC aims to greatly increase information-sharing activities in Denmark, to train more HIV/AIDS advisors, and to secure funds for a much-needed full time social advisor. The social advisor would be dedicated to working with the many clients who face social problems connected to HIV/AIDS.

## Cooperation with other organisations

TICC believes strongly in the importance of communication. This includes cooperating with similar organisations to share best practices, lessons learned, and other experiences. TICC welcomes communication with other organisations dealing with HIV/AIDS – specifically on the training aspect – so that we may share our knowledge and experiences to become stronger in this area.

TICC looks forward to a future of more fully utilising the AIDS & Mobility network through exchanges with trainers, through participation exchanges for training courses, and through greater interaction amongst members of the network.

Peace Kabushenga  
TICC

*“TICC believes strongly in the importance of communication.”*

### More information:

Peace Kabushenga  
TICC

Lille Kirkestræde 3  
1072 Copenhagen K  
Denmark

Tel.: +45 36 31 08 08

info@ticc.org

www.aidsfondet.dk

# The A&M working plan 2004 – 2006

The working plan of AIDS & Mobility for 2004 – 2006, as agreed with our main funding agency, the European Commission (DG SANCO), contains the following agreements.

## Background

AIDS & Mobility addresses HIV/AIDS in relation to mobile and migrant populations, with a focus on young people, in the member states and the accession countries of the European Union. These populations are in a disadvantaged position regarding prevention, care and support, which leads to worrying health inequalities.

With the enlargement of the European Union, mobility into and within Europe will grow, which makes an increase of efforts in the field of health promotion necessary. Europe has become a far larger multicultural and mobile society than ten years ago, and the group of young people living with HIV/AIDS has unfortunately become bigger as well. In the ten accession countries that have joined the European Union, especially young people are vulnerable to HIV/AIDS because of their high level of mobility and their high-risk behaviour, such as unprotected sex, drug use and sex work.

AIDS & Mobility responds to these challenges by operating a centre of expertise, with contact persons in all European member states and the accession countries. A&M collects, disseminates and develops information, knowledge and best practices regarding prevention, care and support.

## Aims and objectives

The general aim of A&M is to develop and exchange solutions to handle specific issues relating to the HIV/AIDS vulnerability of mobile and migrant populations, with a focus on young people.

More specifically, the objectives of A&M are:

- To collect and disseminate in-depth information, including epidemiological developments, regarding mobile and migrant populations in the European member states and the accession countries
- To stimulate collaboration and networking between European member states and accession countries on the issue of (young) migrants
- To stimulate links and collaboration between governmental and non-governmental organisations in the area of mobility, migration and young migrants at the national and the European level, with a focus on active involvement of the respective populations/communities
- To assess and document best practices with respect to prevention, care and support in Europe in the field of HIV/AIDS and (young) mobile and migrant people

- To continue developing new approaches for effective HIV/AIDS prevention, care and support, concerning (young) mobile and migrant populations
- To provide health professionals in the field of migration and youth with the opportunity of skills building and exchanging knowledge and expertise
- To operate a helpdesk and make information and consultancy available to a wide network of professionals in the field and to policy makers at the national and the European level

To achieve these aims, A&M will carry out a variety of activities, from coordinating working groups to organising meetings and publishing newsletters and reports.

## A new activity: working groups

In the current period, the National Focal Points of A&M will form working groups to highlight some issues related to HIV and migration in greater detail. The idea is that some countries facing comparable questions or problems have the opportunity to address them in collaboration with partners in other European countries. It is important that the participants in the working groups work closely with relevant (community-based) organisations in their respective countries, so that the results will have a wider impact.

The main issues that will be addressed in the working groups are:

1. Consequences of epidemiological trends in specific sub-groups
2. The situation of (young) mobile and migrant people in the accession countries of the European Union
3. (Young) migrants living with HIV/AIDS
4. Access to prevention, care and support for people with an uncertain resident status
5. Gender issues

The final design of the working groups will be developed together with the National Focal Points. Information about the final contents and the participating countries of the different working groups will be available by the end of 2004. Please consult the A&M website, [www.aidsmobility.org](http://www.aidsmobility.org), for further details.

## NFP Meetings

The National Focal Points will meet annually to provide A&M with a pan-European overview of the main challenges, and to make agreements regarding collaboration between the A&M network partners. Delegates from the new member states of the European Union will attend these meetings as well.

### Contact details

Tel. Georg Bröring: +31 348 43 98 47  
[gbroring@nigz.nl](mailto:gbroring@nigz.nl)

Tel. Kathelijne de Groot: +31 348 43 98 86  
[kdegroot@nigz.nl](mailto:kdegroot@nigz.nl)

Tel. Chris Canter: +31 348 43 98 18  
[ccanter@nigz.nl](mailto:ccanter@nigz.nl)

Tel. Linda Eduardo: +31 348 43 76 36  
[leduardo@nigz.nl](mailto:leduardo@nigz.nl)

## A&M Advisory Board

An Advisory Board with members from a variety of professional and geographical backgrounds will support the A&M team to achieve the project's aims. The Advisory Board, NFPs and A&M staff will strive together to place and keep the issue of HIV/AIDS and migration on the political agenda, both at the national and the European level.

## The European Migrants Meeting

In 2005, A&M will organise the 8th European Migrants Meeting, a forum at which community experts in the field of migration and HIV/AIDS exchange experience, expertise and views, in particular from a community-based perspective. The meeting will be an excellent opportunity to identify new issues, problems, solutions and recommendations of the populations involved, and to communicate them to health workers and policy makers at the national and European level.

## The final European conference

The final conference of the current A&M period is scheduled for autumn 2006. It will be aimed at health workers and decision makers alike. The conference will present the results, conclusions and recommendations of the various A&M activities (working groups, European Migrants Meeting et cetera). The conference will address both the practical level (prevention and care interventions) and the policy level (such as guidelines for access to information and support). In workshops, priorities for the future will be formulated and suggestions will be made for European follow-up initiatives in the field of migration and HIV.

## Exchange visit programme

A&M has an exchange visit programme that allows people working for non-governmental organisations and community-based organisations to spend a few days with a partner organisation in another country, so they can increase their knowledge of intervention strategies and project management. Participants (in particular from accession countries) can learn about methodologies and interventions for addressing mobile populations and young people. The programme seeks to encourage the development of new initiatives in the field of HIV/AIDS and migration, and to encourage the development of long-term partnerships between NGOs and CBOs.

## Information centre

- The widely known website [www.aidsmobility.org](http://www.aidsmobility.org) provides information about HIV/AIDS, migration and young people in the European member states and the accession countries. It also reports on the state of affairs and the current activities of AIDS & Mobility. A broad variety

of A&M publications can be downloaded from the site.

- The bi-annual newsletter A&M News provides information about the activities of A&M and the National Focal Points, as well as paying attention to recent publications.
- A&M operates a documentation, consultancy and referral service which is accessible to a wide audience. Databases on people and organisations in the field (1,200 entries) and on publications and education materials (900 entries) are accessible through A&M staff. The second database can also be accessed through the A&M website.

If you wish to contact A&M staff regarding specific activities, please have a look at the division of tasks below, so that you can contact the appropriate person.

General coordination:	Georg Bröring
• Contact with the European Commission	
• Financial administration and contracts	
NFP Meetings	Kathelijne de Groot Georg Bröring
8 <sup>th</sup> European Migrants Meeting	Kathelijne de Groot
Working groups I:	Kathelijne de Groot
• (Young) migrants living with HIV/AIDS	
• Access to prevention and care for people with an uncertain residence status	
• Gender issues	
Working groups II:	Georg Bröring
• Epidemiological trends	
• Migration in the new EU member states	
Trend reports	Georg Bröring
Editing and information processing:	Chris Canter
• A&M News	
• Electronic mailings	
• Website	
• Documentation Centre	
• Reports	
General support & secretariat	Linda Eduardo

*Far-going  
commitments can  
support lobbying  
efforts*

## European leaders reach agreements to fight HIV/AIDS

On February 23 and 24, 2004, the conference *Breaking the Barriers – Partnership to Fight HIV/AIDS in Europe and Central Asia* took place in Dublin, Ireland. It was attended by ministers and delegates from 55 European and Central Asian countries. In the resulting *Dublin Declaration*, the attending governments identified economic growth, gender equality, access to sexual health services and openness about sex as crucial in the fight against HIV/AIDS.

Below you will find selected highlights from the *Declaration*, followed by highlights from the statement issued in response to it by delegates from civil society organisations. You may find the commitments made by the governments helpful in your lobbying efforts.

### **From the Dublin Declaration**

The governments declared that **promoting safer and responsible sex** “must be the mainstay of the subnational, national, regional and international response to the epidemic”. This is in line with the ambitious goal set by the UN General Assembly Special Session on HIV/AIDS, namely to open up information, education and preventive services to at least 90 percent of young people aged 15 to 24 by 2005.

The governments want to ensure access to education, information and services **for all those in need**.

**Low cost treatment in the most affected countries** with the greatest needs is to be supported with increased financial and technical resources.

HIV infection among infants in Europe and Central Asia is to be eliminated by 2010. In preparation for this, national and regional strategies are to empower girls and women to harness themselves against infection with HIV.

The Global Commission on International Migration was set up in 2003 to produce a report combining a wide range of migration perspectives and expertise. The governments request this Commission to **pay particular attention to migrant women and unaccompanied and orphaned children**.



*Sir Bob Geldof and Archbishop Desmond Tutu at Breaking the Barriers. Used by permission of [www.eu2004.ie](http://www.eu2004.ie).*

## From the civil society statement

Besides the *Declaration*, a statement was issued at the conference presenting some of the outcomes of meetings involving civil society organisations.

The statement supports the *Dublin Declaration* and wants it to be **“a collective catalyst for immediate action”**.

The civil society delegates urge governments and international agencies to make proactive efforts “to go beyond tokenistic involvement to include NGOs and people living with HIV in planning, implementation and evaluation of HIV/AIDS-related programmes and decision-making.”

According to the statement, the *Dublin Declaration* is inadequate in pledging increased resources for national and regional responses to HIV/AIDS. The civil society organisations want **EU countries to specifically commit themselves to supporting the Global Fund to fight HIV/AIDS**. Also, funds that are “potentially available” through the European Development Fund should be made available as soon as possible.

The statement calls attention to the Irish government’s suggestion to install an **EU HIV/AIDS Ambassador**. This Ambassador is to

coordinate efforts against the regional pandemic and to monitor the implementation of the *Dublin Declaration*.

Stating that community-based initiatives are occurring “on a huge scale”, the civil society statement notes: “The *Dublin Declaration* does not sufficiently acknowledge **the dominant role that communities and self-empowerment efforts have played, and continue to play, in the response to HIV/AIDS**. The role of communities must be complemented by government efforts to establish transparent and equitable partnerships with civil society, in large part by actively empowering vulnerable and/or marginalised groups to participate in the design, implementation and monitoring of national HIV/AIDS programmes.”

Seeking to tie the implementation of the *Dublin Declaration* to rigorous monitoring, the civil society statement proposes “the establishment of an independent monitoring body (possibly the European Commission), to which governments must submit biannual reports on their compliance with the provision of the *Declaration*. Participants in this monitoring body should include people living with HIV/AIDS, civil society organisations and young people”. (This monitoring role could be part of the responsibility and mandate of the proposed EU HIV/AIDS Ambassador.)

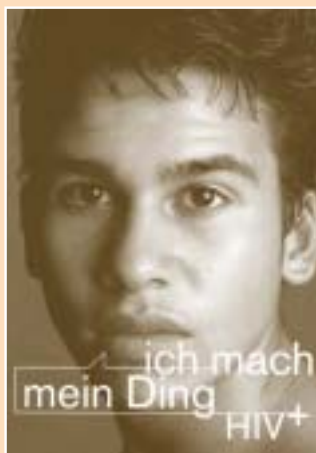
## Availability:

The *Dublin Declaration* can be downloaded from the website of the Irish EU Presidency, [www.eu2004.ie](http://www.eu2004.ie)



Irish Prime Minister Bertie Ahern, singer Sir Bob Geldof and European youth at *Breaking the Barriers*. Used by permission of [www.eu2004.ie](http://www.eu2004.ie).

## Introducing the new National Focal Point for Germany



### More information:

Joyce Dreezens-Fuhrke  
Deutsche AIDS-Hilfe  
Dieffenbachstraße 33  
10967 Berlin  
Germany  
Tel.: +49 30 69 00 87 38  
joyce.dreezens@dah.aidshilfe.de  
www.aidshilfe.de

# Deutsche AIDS-Hilfe as NFP: interests and expectations

The non-governmental organisation Deutsche AIDS-Hilfe (DAH) is very glad to represent Germany as National Focal Point of AIDS & Mobility for the next period. Politically this is very important, because Germany is eager to contribute to European prevention efforts.

## Organisation and specific target groups

The DAH was founded in 1983 and combines self-help and service functions, including prevention and education initiatives. The organisation represents the interests of people living with HIV/AIDS and of those who are at risk of infection. Among the tasks performed by the DAH are: initiating and supporting contacts among people with HIV/AIDS, developing strategies for medical and psychosocial services, producing educational materials, and representing political interests at the national level. We develop quality standards in prevention, self-help and care on the basis of research findings and practical experience. Our main target groups are people living with HIV, gay men, male sex workers, drug users, women at risk, prison inmates and migrants.

The DAH is the umbrella organisation for about 130 autonomous local AIDS-Hilfe organisations in Germany. We provide several seminars, workshops and trainings for volunteers and professional staff of the local organisations. Also, we provide advocacy and representation for the local organisations. Each of these organisations reflects a particular regional situation and therefore has its own accents. Many focus on certain areas of work rather than providing the full spectrum of services (prevention, self-help and care). The AIDS-Hilfe organisations make themselves available to all segments of the population. Exactly who is served is influenced largely by circumstances particular to a given region or locality.

## The DAH's experience with migrants

Our input to AIDS & Mobility is years of experience in setting up secondary and primary prevention projects for migrants. Migrants make up a high percentage of the population in Germany. People from countries with a high HIV prevalence accounted for 23 percent of newly diagnosed HIV infections in Germany at the end of 2003. The legal situation of residents not from the European Union presents barriers for providing health care and health promotion to them. As a result, requests for assistance in the areas of counselling and case work have increasingly focused on legal issues related to residency status and obtaining access to care.

The DAH supports pilot projects of its member organisations. These projects have included further trainings for migrants from sub-Saharan Africa working in prevention, trainings in intercultural competence and trainings in network building for persons who work in AIDS-Hilfe groups, including migrants. The pilot projects could be tried out in other European countries too. Furthermore we have concentrated on networking and promoting self-help groups. DAH has conceived and organised three German-wide meetings for HIV positive African migrants to offer a forum for exchange and to provide information about different topics. We have also assisted in the formation of a self-help group of African migrants living with HIV.

In the field of prevention for specific target groups we have developed guidelines for male sex workers which could be adopted in other European countries.

## The DAH as National Focal Point

As National Focal Point, we are eager to contribute information about the situation of migrants living in Germany in relation to HIV/AIDS in general. Especially we would like to inform our A&M network partners about the different roles that DAH and other German organisations play in prevention work.

As our main focus is secondary HIV/AIDS prevention and our goal is providing equal access to therapy and care, our work for migrants concentrates on illegal migrants and asylum seekers. In this context we are especially interested in working with other NFPs on the following topics:

- Deportation of migrants
- Development of a European administration of justice

We think we have to support those groups experiencing discrimination, political and otherwise. The exchange of information and knowledge is necessary for successful HIV/AIDS prevention work in this field.

The cooperation between AIDS & Mobility and the Deutsche AIDS-Hilfe offers the possibility to simplify exchange and networking. In order to strengthen the network of HIV/AIDS prevention for migrants in Germany we like to learn from the experience in migration work in other European countries. Based on a situation analysis of HIV/AIDS prevention methods and strategies and their performance in the countries covered by A&M, specific common approaches could be developed to improve the health care situation of undocumented migrants living with HIV.

# The National School of Public Health, Athens

The National School of Public Health (NSPH) in Athens offers higher post-graduate education. Its twelve Departments cover a wide range of areas of study. The School also hosts the National AIDS Reference Centre, the National Nutrition Reference Centre and the National Hepatitis Centre.

The NSPH is designated by law as a teaching and research centre in public health and management of health services. Within this context, the NSPH has established a Centre for Balkan Public Health, and Focal Points or Observatories such as the Focal Point for Technology Assessment, the AIDS and Sexuality Observatory, and now the National Focal Point for AIDS & Mobility. The AIDS and Sexuality Observatory was established by the World Health Organization (WHO), and the NSPH's Department of Sociology has participated since 1990 as the national partner in European projects concerning sexual behaviour and HIV risk. The NSPH also organises seminars on public health issues.

The NSPH is internationally recognised by the WHO and the Association of Universities of Public Health Administration (AUPHA), and is a member of the Association of Schools of Public Health of the European Region (ASPHER).

## The Department of Sociology

The staff of the Department of Sociology of the NSPH work in two broad areas: *Sociology of health and illness* and *Science, technology and society*. The first area examines the psychosocial and cultural dimensions of health and illness, including:

- Migrants' health, social exclusion
- The general population and the threat of AIDS. In this framework, a KABP (Knowledge, Attitudes, Beliefs and Practices of Athenians concerning AIDS) survey was carried out financed by the WHO which contributed to a comparative work on the European level. Two books were produced based on this work (Hubert et al, 1998, *Sexual Behaviour and HIV/AIDS in Europe*, UCL Press, and Campenhoudt et al, 1997, *Sexual Interactions and HIV Risk*, Taylor & Francis).
- Young people's perception of AIDS. The studies conducted in this area include one of the first studies of young people's knowledge and practices concerning AIDS, carried out in Greek high schools in 1991 (*Knowledge, Attitudes, Beliefs and Practices of Young People*). It was carried out in collaboration with, and funded by, the WHO in the framework of the Global Programme on AIDS. A qualitative study carried out in 1994 looked into the social representations

of young people towards HIV infection and sexual practices. It included different groups of young people, such as students and unemployed people.

- HIV/AIDS in special settings (prisons). Psychological determinants of HIV risk behaviours in prison
- Constraints and modes of adaptation of HIV carriers in everyday life
- Peer education programmes on HIV/AIDS in schools
- Empowerment of people living with HIV/AIDS by using Telematics (Information and Communication Technology)
- Communities and health

## Teaching and research

The subjects offered in the postgraduate programmes *Public Health* and *Health Services Management* include the Socio-cultural aspects of health and illness, Methodological strategies and issues of social research in the field of public health, Psychology of health, Anthropology of health, Sociology of organisations/hospitals and Mass media and health.

Several projects are conducted in the area of psychological, social and cultural aspects of health and illness financed by the Greek government and the European Commission. The research is mainly focused on HIV/AIDS related issues.

Projects are also carried out concerning the future impact of biotechnology (economic, social, ethical, et cetera) on the agricultural and food sector in Greece and Europe (Delphi).

*Dr. Elizabeth Ioannidi-Kapolou, sociologist – researcher at the Dept. of Sociology, National School of Public Health in Athens, responsible for the National Focal Point in Greece, has been involved in several research programmes both quantitative and qualitative on HIV risk and sexual behavior from a cross-national perspective. Her current research interest is the social exclusion and social integration of migrants and refugees. She has carried out qualitative research on these issues, based on the biographical-interpretative method. She has participated in the Greek meetings on AIDS & Mobility as she was always interested in these target groups.*

Elizabeth Ioannidi  
NSPH

## Introducing the new National Focal Point for Greece

### More information:

Elizabeth Ioannidi  
NSPH  
196 Alexandras Avenue  
11521 Athens  
Greece  
Tel.: +30 210 6 46 62 43  
ioanel@otenet.gr  
www.nsph.gr

# Publications

## Dutch government commission: health concerns must be part of asylum procedure

The Dutch asylum procedure pays insufficient attention to the medical needs of asylum seekers. This is one of the conclusions of the Smeets Commission, installed by the Dutch government to investigate the influence of medical aspects on the influx of aliens to the Netherlands. The Commission concludes that people with medical problems are unlikely to use the asylum procedure to enter the Netherlands for invalid reasons. Dutch asylum legislation is unlikely to encourage "medical tourism". Neither does the Commission think that asylum seekers and undocumented migrants place an undue burden on Dutch health care services.

In the Dutch system, an asylum seeker is told within 48 hours whether he or she has a possibility of obtaining a residence permit. According to the Commission, this time span does not allow for a professional evaluation of medical issues that might be related to the asylum application. In cases where the medical situation of an asylum seeker is evaluated, this is done by a branch of the

ministry of Justice. This, the Commission believes, can give rise to a conflict of interests.

The report published by the Smeets Commission in March 2004 contains a number of recommendations. Among them are:

- The government should treat asylum seekers for medical problems that arise or are aggravated during their stay in the Netherlands.
- Asylum seekers with no further legal recourse should be given a residence permit when the medical care they require is not available for them in their country of origin.
- Any evidence of health problems should lead to a thorough medical check-up extending beyond the first 48 hours of the asylum procedure.
- Asylum seekers from countries with a high rate of HIV infection should be offered a voluntary HIV test. Asylum seekers should never be obliged to undergo such a test. Also, an HIV test should never be a prerequisite for obtaining a residence permit.

### Availability:

The report of the Smeets Commission is available from the website of the Dutch ministry of Justice: [www.justitie.nl/images/11\\_47162.pdf](http://www.justitie.nl/images/11_47162.pdf)

## Access to Care: Privilege or Right?

*Access to Care: Privilege or Right? Migration and HIV Vulnerability in Europe* contains reports in which the National Focal Points (NFPs) of AIDS & Mobility describe the situation in their country mainly with regard to:

- migrants' access to HIV/AIDS treatment and health care
- policies and legislation
- projects and interventions
- populations involved
- migration patterns
- epidemiological developments

The editors list conclusions and recommendations in the aforementioned areas based on all reports. Below you will find a number of them restated briefly.

### Migration patterns

Although more and more people migrate due to the health situation in their countries of origin (for instance access to HIV treatment), "people will continue to migrate for all kinds of reasons, to all kinds of places and at all times." European institutions need to intensify their efforts to support developing countries to provide health care. Countries with longer experience with migrant and

ethnic minorities should support countries that have just started to develop policies and interventions. In view of the enlargement of the EU, there is a need for research into the public health impact of mobile populations in Central and Eastern Europe. Health promotion interventions for these groups need to be tailored particularly to mobile drug users and sex workers.

### Migrants' access to HIV/AIDS treatment and health care

Even migrants who are fairly well integrated into society may still encounter culturally inappropriate services or complicated bureaucratic procedures.

Undocumented migrants are often excluded from health services. Legislation should envision rights-based access to services. Access of undocumented migrants to health services also benefits public health. Migrants with residence and working papers can sometimes serve as intermediaries to reach out to those who are not in touch with health services.

Migrants themselves may see health as a low priority when faced with economic, social and



cultural problems. Health care providers could address this by combining health issues with socio-economic and cultural aspects. Migrant organisations should tackle stigma and taboos within migrant communities to improve the situation of migrants living with HIV/AIDS.

## Policies and legislation

Dispersing asylum seekers across national territories are designed to relieve pressure on health and social services in areas with many immigrants. However, they complicate access to care and support services.

## Ethnicity and HIV

*Ethnicity and HIV: prevention and care in Europe and the USA* contains articles by academics, clinicians, public health specialists and people working for non-governmental HIV organisations. Two articles (Del Amo et al. and Van Beelen et al.) refer in particular to the situation of migrants in Europe and the work of A&M.

The director of UNAIDS, Peter Piot, writes in the foreword: "This book suggests that biological difference on the basis of ethnicity is relatively unimportant in the course of HIV, but that ethnic minorities tend to fare badly in both incidence of HIV and in outcomes of HIV infection. The conclusion is inescapable: people from ethnic minorities are being put at risk, and their health jeopardized, by the social and economic conditions under which they experience HIV."

The book contains a critical summary with policy suggestions. The following findings and suggestions are derived from this summary.

Early HIV testing is to be promoted among communities at risk. It dramatically reduces the risk of HIV transmission to children. Antenatal testing in the UK has become more frequent thanks to a change in approach: women no longer need to give their specific consent to HIV testing ('opting in'), but must indicate whether they want to opt out of this or other tests. So HIV testing for pregnant women is presented as standard procedure.

Diseases resulting from HIV vary in prevalence in accordance with people's country of origin. The rate of pneumonia and cancer is much higher among Caucasians with HIV, while Africans are more at risk of contracting tuberculosis (TB). In the summary the conclusion is drawn that "it is reasonable to target resources for TB screening to

Expelling undocumented migrants with HIV is irresponsible when treatment cannot be practically continued in the country of origin. The privatisation of health care and the increasing importance of private insurance and patient contributions have a negative impact, especially on migrants and ethnic minorities.

The political focus should not be on how to influence migration and mobility, but on how to reduce health risks for individuals and for society at large.

those communities and patients most at risk." Also, individuals diagnosed with TB might be offered an HIV test if they have been especially at risk of HIV infection.

Many health care providers caring for persons living with HIV fail to discuss safer sex with them. Outpatient clinics and other service providers might remedy this by adopting a policy of regular assessment of the risk behaviour of their attendees.

It is hard to determine the effect of counselling around the HIV test, but some studies have shown that it has helped to prevent sexually transmitted diseases. It may be assumed that HIV transmission is also reduced by such counselling. Clinics should adopt agreed standards for counselling.

Prospective monitoring on a large scale of the HIV epidemic should be carried out to predict trends in service costs and in incidence and stage of presentation among various ethnicities.

Health authorities must set standards for making the local provision of health care more accessible to migrants. All health care providers must be trained in health care delivery to minority groups.

The summary concludes: "This book was conceived to discuss the range of issues concerning ethnic and minority groups with HIV infection. One of the strongest messages to emerge from the various contributors has been that the health of individuals, the public health, the wider economy and society would all benefit from greater attention to the particular needs of these individuals and these groups. Most of the measures that could achieve this are relatively inexpensive and rely on a greater awareness, rather than much greater cost."

### Availability:

*Access to Care* can be downloaded from [www.aidsmobility.org](http://www.aidsmobility.org). Hard copies are available from AIDS & Mobility (see the colophon on the back page).



### Availability:

*Ethnicity and HIV* was published in the International Medical Press and edited by Dawn K. Smith (Centers for Disease Control and Prevention, Atlanta), Jo T. Erwin and Barry S. Peters (both St Thomas' Hospital, London). ISBN: 1-901769-10-0

## AIDS & Mobility Europe

A network for the support of organisations in Europe in the field of HIV/AIDS and mobile and migrant populations, with a special focus on young people.

AIDS & Mobility Europe (A&M) supports (non-)governmental and community-based organisations that develop and provide HIV/AIDS policies and interventions for mobile and migrant populations. A&M provides opportunities for collaboration and exchange between all such organisations in Europe.

A network of National Focal Point organisations (NFPs) in the European Union has been created to support A&M in the implementation of its working plan. Each NFP is responsible for the coordination of a national network in which the main mobile and migrant groups are represented. One of the tasks of the NFPs is to collect information and disseminate it both at the national and the European level. Another task is to stimulate collaboration between community-based and non-governmental organisations that are working with mobile and migrant populations, and to provide capacity development. The network of NFPs is currently being extended to the new EU member states.

## About A&M News

A&M News informs the A&M network about the state of affairs of A&M, and provides a medium to discuss recent developments in the area of policies and interventions. This publication provides the NFPs with the opportunity to share information about their activities and the situation of mobile and migrant groups in their respective countries.

A&M News is sent to approximately 1,200 addresses in Europe and is also disseminated through the network of NFPs. It can be downloaded and printed from the A&M website ([www.aidsmobility.org](http://www.aidsmobility.org)).

## A&M National Focal Points

### Austria

**AIDS Hilfe Wien**  
Mr Frank Amort &  
Ms Dr Elisabeth Berger  
Tel.: +43 1 595 37 11 93  
amort@aids.at  
berger@aids.at

### Belgium

**Siréas**  
Ms Maureen Louhenapessy  
Tel.: +32 2 649 99 58  
sireas@brutele.be

### sensoa

Mr Thomas Demyttenaere  
Tel.: +32 3 238 68 68  
thomas.demyttenaere@sensoa.be

### Denmark

**AIDS-Fondet**  
C/o Training, Information and  
Counselling Centre  
Ms Peace Kabushenga  
Tel.: +45 3 6 31 08 08  
peace@ticc.dk

### Finland

**National Public Health Institute**  
Ms Anne-Marie Varti  
Tel.: +358 9 47 44 86 65  
anne-marie.varti@ktl.fi

### France

**AIDES**  
Mr Alain Legrand  
Tel.: +33 1 41 83 46 31

### Germany

**Deutsche AIDS-Hilfe e.V.**  
Ms Joyce Dreezens-Fuhrke  
Tel.: +49 30 69 00 87 38  
joyce.dreezens@dah.aidshilfe.de

### Greece

**National School of Public Health**  
Ms Dr Elisabeth Ioannidi  
Tel.: +30 210 6 46 62 43  
ioanel@otenet.gr

### Ireland

**Department of Health and Children**  
Ms Olive McGovern  
Tel.: +353 1 635 43 25  
olive\_mcgovern@health.irlgov.ie

### Italy

**Istituto Superiore di Sanità**  
Ms Dr Anna Luzi  
Tel.: +39 06 499 021 68  
nfp@iss.it

### Norway

**Pluss-LMA**  
Mr Geir Nese  
Tel.: +47 21 31 45 80  
geir.nese@pluss-lma.no

### Portugal

**Comissão Nacional de Luta  
Contra a SIDA**  
Ms Carla Martingo  
Tel.: +351 21 7 21 03 68  
cmmartingo@cnlcs.min-saude.pt

### Spain

**Ministerio de Sanidad y Consumo  
Plan Nacional Sobre el SIDA**  
Ms Dr Lourdes Chamorro  
Tel.: +34 91 5 96 12 10  
lchamorro@msc.es

### Sweden

**Statens folkhälsoinstitut**  
Ms Mariana Buzaglo  
Tel.: +46 8 56 61 35 87  
mariana.buzaglo@fhi.se

### The Netherlands

**NIGZ**  
Ms Rohina Raghoebier  
Tel.: +31 348 43 76 07  
rraghoebier@nigz.nl

### United Kingdom

**Naz Project London**  
Mr Dr Bryan Teixeira  
Tel.: +44 20 87 41 18 79  
teixeira@naz.org.uk

## Colophon

### Publisher:

NIGZ – AIDS & Mobility Europe

### Editor:

Chris Canter

### Contributors:

Geir Nese, Thomas Demyttenaere,  
Lami Kamara, Eric Akum, Alain  
Legrand, Arnaud Simon, Peace  
Kabushenga, Joyce Dreezens-  
Fuhrke, Elizabeth Ioannidi, Georg  
Bröring, Kathelijne de Groot,  
Chris Canter

### Layout:

de Vormers

## Contact details

AIDS & Mobility Europe  
NIGZ  
P.O. Box 500  
3440 AM Woerden  
The Netherlands  
Telephone: +31 348 43 76 36  
Fax: +31 348 43 76 66  
aidsmobility@nigz.nl  
[www.aidsmobility.org](http://www.aidsmobility.org)

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