Mobilising Migrant Communities via Capacity Building and Resource Development (M-CARE)

M-CARE 2019

NARRATIVE REPORT

AFRICA ADVOCACY FOUNDATION

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i) Executive Summary

Building on the experience gained during the development and implementation of the 2018 M-Care training, Africa Advocacy Foundation (AAF) worked in conjunction with The European AIDS Treatment Group (EATG) to develop the 2019 training programme. The programme was delivered over two four full day training modules.

Additional Activities:

Though the core aim of the training activities remained the same as in 2018[1], AAF supplemented the activities in 2019 in the following ways:

1. Mentoring course participants to provide presentations as part of the programme
2. Developing a more structured approach to evaluation of the programme by involving an independent consultant
3. Working with participants to create individual action plans as a result of the meeting and maintaining contact with them and mentoring them through the implementation of these activities – including putting in place monitoring and evaluation of these initiatives and actions
4. Creating a community of practice for participants so that participants of the 2019 programme (as well as those from 2018) could keep in contact with each other in a structured way and be alerted to the work they are doing and the challenges, successes they encounter as well developing future activities

These additional activities are designed to move the programme from being 'merely' training (though there is value in such an approach) toward creating a space and opportunity for participants to engage in a way which was more interactive and user led, as well as supporting the M-Care initiative in its transition to being a platform and initiative with a greater reach and more able to support migrant advocacy, information sharing, and collective action of the communities it aims to serve at all levels of the response.

Conclusions:

The programme was well received and well evaluated by participants and has received favourable independent evaluation. It has also engendered a feeling of ownership and involvement amongst participants; all of whom have identified specific 'actions' and initiatives as a result of their involvement. Most 'tellingly' participants have agreed to carry out activities as a result of their involvement without additional resources being provided to them, and to devote their time (and resources in some cases) to carrying out these activities.

As such AAF considers this an excellent programme and suitable for further development and investment.

Prepared by: Andy Dyson & Julian Hows

[1] The core aim of the programme is to work towards the development of a strong network of European community advocates, who have the potential to drive change in their communities, and to equip them with specific skills and resources to enhance their ability to mobilise, educate and empower their communities to fully participate in healthcare services access and in shaping the planning and delivery of healthcare services in the future

ii) Programme Overview

The 2019 M-Care training programme consisted of two modules:
Module1, held in Milan, Italy. 26th-29th September 2019. This module focused on ECDC Epidemiology Data and Guidance on Testing, Treatment of HIV and Viral Hepatitis; Migrant Specific Barriers to Access, Effective Outreach Strategies. It also explored PrEP in Europe, Stigma and Discrimination; Access to Antiretroviral Treatment for Undocumented Migrants; Sexual and Reproductive Health and Rights of Migrant Women and Girls.. It explored Data, Research for Advocacy on Migrant Health Issues and the Legal and Institutional Health Frameworks.

Module 2, held in Sitges, Spain. 11th - 5th December 2019. This module focused on Stigma and Discrimination as Barriers to Service Access; Understanding the Needs of Diverse Key Populations; Support Systems for Irregular Migrants; Rights to Health in Europe; Digital Health; The Dublin Declaration and Health for Migrants in Context of EU Countries. It also explored Communications, Campaigning, Social Media; HIV and Ageing; Patient Reported Outcome Measures (PROMs); Advocacy and Campaigning – Best Practice Interventions; Stakeholder Mapping, Identifying Allies; Designing an Advocacy Strategy; Viral Hepatitis: Testing, Treatment and Prevention; This module was used as a platform to introduce the NLO Initiative i.e. Nobody Left Outside i.e Meeting Challenges of Access to Healthcare for Undeserved Populations; and Partnerships and Collaboration in M-Care Context
During this module participants also devised action plans and discussed the ways they wanted to engage further with M-Care

iii) Participant Selection

The call for participants for the 2019 M-Care meetings was made in Q2 2019 and with 56 applications received. The criteria for selection as a course attendee were the same as for the 2018 course to ensure continuity. 16 candidates were selected to attend the course based on the following criteria .

1. Applicant demonstrates a good understanding of the healthcare system and of the issues barring migrant healthcare access in their locality, country or region
2. Applicant has to potential to initiate practical actions to influence policy and practice and to involve migrants in initiatives that increase access to testing, treatment and care post training
3. Applicants should be currently involved in some form of organisation through which they can influence the issues they would like to address within their respective migrant communities
4. Applicant works in a country with a high prevalence of HIV, hepatitis and STIs among migrants from sub-Sahara African region.
5. Applicant demonstrates a strong motivation for learning, international experience exchange and to become part of a European network of migrant community activists and has a clear vision of they want to apply the acquired knowledge

The selection process consisted of creating a list of shortlisted candidates, conducting Skype interviews and selecting the final list, based on the impressions from the interviews. Finally, a group of 16 participants from 14 countries (Austria, Belgium, France, Cyprus, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Spain, Sweden, Switzerland, U.K.) were selected for participation in the programme.

iv) Trainers:

Following the development of the outline Agenda for the two M-Care 2019 meetings, a detailed analysis was undertaken to identify presenters / facilitators for each session, as well as tailoring the sessions to the needs identified by the participants in their initial application as well as (for module two) the evaluation and feedback provided as a result of module one.

Module One Trainers	Module Two Trainers
Teymur Noori , *Sweden*	Prof. Jeff Lazarus , Spain
Dr. Charles Mazhude, *United Kingdom*	Takudzwa Mukiwa, *United Kingdom*
Sara Causevic, *Sweden*	Anna Miller, *United Kingdom*
Julian Hows, *Netherlands*	Elias Phiri, *United Kingdom*
Denis Onyango, *United Kingdom*	Maria Dutarte, *Belgium*
	Julian Hows ,*Netherlands*
	Denis Onyango ,*United Kingdom*

In addition to the lead facilitators participants (and local organisations in Italy and Spain where the modules took place) were approached to provide sessions, being 'mentored' and briefed by the lead trainers and AAF where necessary. This approach led to the development of a programme which built on the specific expertise that participants had, making for a more 'interactive' programme, utilizing the expertise of participants.

A number of factors were considered during the development of the programme for the two 2019 meetings. These included feedback from both the attendees and presenters from the 2018 meetings, as well as from the AAF and EATG representatives. This led to the development of meeting Agenda's with a more interactive and discussive elements than in the previous year.

The aim of the whole programme was to give the participants a thorough education and grounding in a wide range of key issues relevant to migrant healthcare throughout wider Europe, as well as developing their confidence and skills as required.

v) Training Content:

A number of factors were taken into account during the development of the Agenda's for the two 2019 meetings. These included feedback from both the attendees and presenters from the 2018 meetings, as well as the AAF and EATG representatives. This led to the development

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Module One:

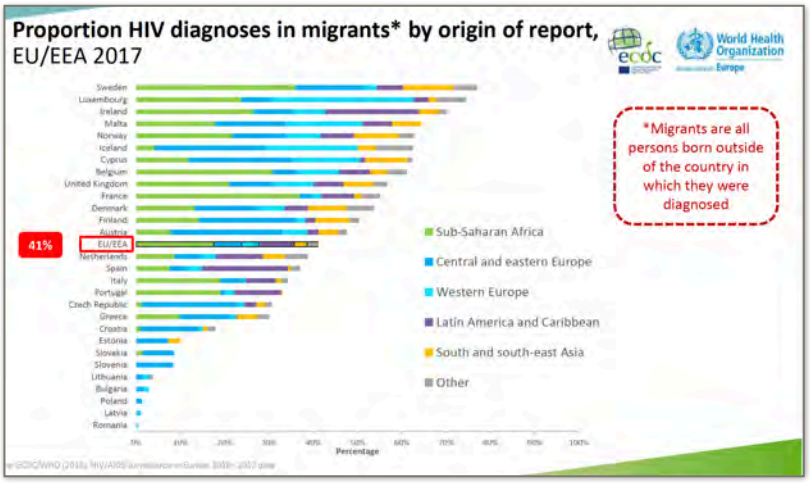
1.1 Day One:

The first presentation was given by Teymur Noori of The European Centre for Disease Control (ECDC). This presentation covered the Epidemiology, Testing, Treatment and HIV and the aim was to provide a baseline level of knowledge for all attendees. Teymur also reflected on what the data means for improving our understanding of Migrant health.

He gave an overview of the epidemiology of HIV in Europe and Central Asia, as well as discussing Pre-exposure prophylaxis (PrEP), the progress toward achieving the 90-90-90 treatment targets and whether we are on track to end AIDS by 2030.

The conclusions were that there were declining trends of HIV diagnoses among heterosexual migrants, however new diagnoses were increasing among migrant MSM. Also, a significant proportion of migrants acquire HIV after they arrive to the EU. It was noted that, countries need to provide primary prevention to migrant communities many years after arrival to the EU. Also, the PrEP gap in Europe was significant among MSM, with very low uptake among migrant communities.

Data about the continuum of care for migrants was lacking in all but 5 countries, and in those 5 countries with disaggregated data, migrants performed poorer along the continuum compared to the general population. Teymur concluded that undocumented migrants were not provided the same opportunities for HIV testing as non-migrant populations, and more than half the countries in Europe did not provide HIV treatment to undocumented migrants.

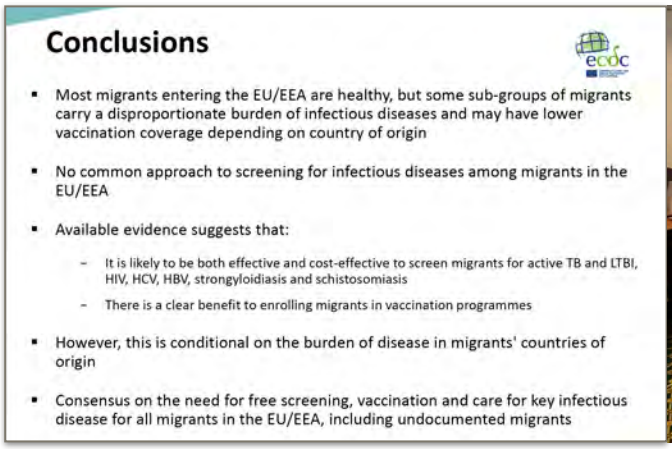


Later on day one two sets of group work were facilitated by Julian Hows. The first of these investigated was what we know about the situation in the meeting attendees' own countries. He posed the question **"Is Testing available to Migrants?".**

Migrants were broken into four groups. The first group were refugees, to which all participants said "YES" to the question. The second group were asylum seekers, to which most the participants answered "YES" and three had "YES" but with exceptions. The third group were undocumented migrants to whom the participants had different reactions. Most answered, "YES but with exceptions" and it was a "YES" everywhere when the question was applied specifically to settled migrants. Following this, Julian Hows facilitated another session of Group Work. The topic was **"Exploring the issues of barriers to access for migrant communities".** Why was late

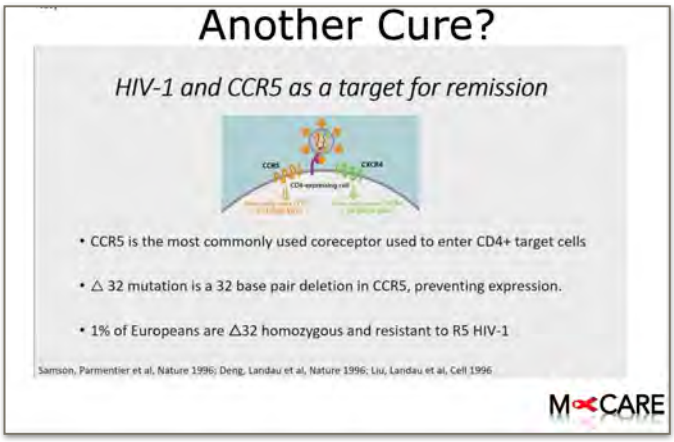
diagnosis so high? What was needed to change this? How could the time from HIV infection to diagnosis and diagnosis to treatment initiation be shortened? Finally, what was needed to ensure that all migrants including undocumented migrant had access to HIV prevention, Testing and Care.
The participants divided into four groups each tackling one of the issues from the perspective of their own countries. There was a general consensus that migrants in the countries where the participants were from were able to access emergency medication. In most countries access to HIV medication or preventative measures could be access through the different charities that dealt with HIV and sexual health. It was noted that not all migrants knew where to find these organisations. In Germany for example there is no free access to medication for undocumented migrants whereas in the UK they can walk into any Sexual Health clinic and be assessed and treated. The participants found this exercise quite insightful and enjoyed learning about the practices in different European Countries.

The second afternoon session was facilitated by Teymur Noori (ECDC) and it covered **"Guidance on Screening and Vaccination for Infectious Diseases Among Newly Arrived Migrants to the EU/EEA".** He outlined surveillance of infectious disease amongst Migrants in the EU for HIV, TB, and Hepatitis B and C, risk assessment on newly arrived migrants, including refugee, and evidence-based guidance on screening and vaccination of infectious diseases among newly arrived migrants in the EU/EEA. Here again, this session aimed to bring all meeting participants up to speed regarding the wider European situation.



1.2 Day Two:

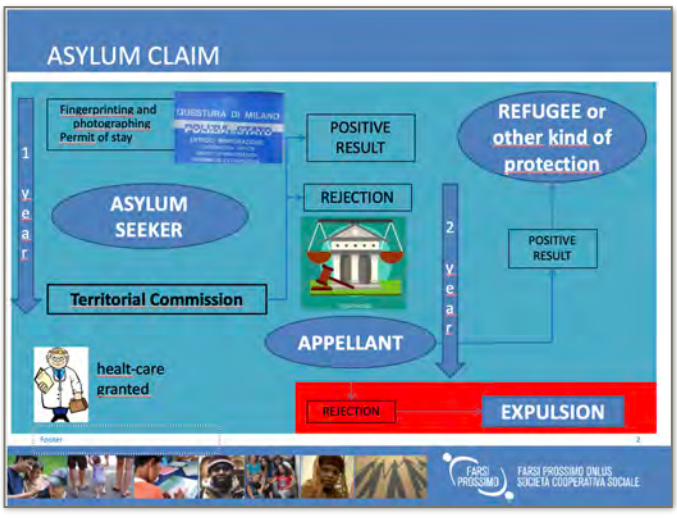
The second training day started with a section on HIV treatment with an **introductory presentation to the HIV life cycle and antiretroviral treatment** by Charles Mazhude. Charles covered how the treatment works, basic issues in relation to the HIV Virus and drugs, treatment failure and resistance, when and what to start treatment with, types of treatments available and special considerations including Hepatitis, TB, and pregnancy. After the presentation participants were given an opportunity to ask questions and this led to an interesting discussion around the various options.



Later in the day Julian Hows ran a group work session titled on "**Effective Outreach Strategies for Testing and Prevention"**. The purpose of the session was to allow participants to map out their experience of the 'Barriers' (regulatory, legal, practical) that impact upon providing HIV testing, treatment and care services for migrants on an equitable basis with the 'general population' on a country by country basis. The session also allowed them to identify and discuss the psychosocial issues which need to be addressed and considered to engage with, serve the needs of, and empower migrant communities.
By the end of the session the participants had taken the opportunity to learn about the barriers and psychosocial issues from other countries and were able to identify possible similarities, differences and approaches to their work across countries. This session also set the 'tone' for the rest of the module.

The final session of the day was a talk about migrant reception centres in Italy which covered barriers for migrants and community experience. This was facilitated by Lella Cosmaro (Fondezione LILA Milano ONLUS) and local partners, Sara Peroni, Silvia Bonalbertiand Anna Grassini.

The group learned learned that the process of immigration, seeking asylum and achieving refugee status lasts nearly a year and throughout this process one is entitled to health care until they are potentially denied settled migrant status. Whist waiting for a final decision they are provided with cultural and linguistic mediation, and basic needs are supported. They are also provided with health assistance, job training, psychological and social



support, information on migration law etc. In relation to health care, it was noted that healthcare is universal, and this would be available by showing a government issued Health Card.

Services offered for HIV include the following: free testing available to everyone, even unregistered foreign citizens. Free and anonymous testing at STD Ambulatory (Sexual Health Clinics), a free blood test for latent TB (at Villa Marelli), blood test screening for pregnant women. Appointments and clinical follow-up by the Infectious Diseases Ambulatory department at the local hospital unit are also provided. There is also a life-long specific exemption for PLHIV and this provides free medicines supply. Reception houses for HIV-positive and 'affected' migrants are also provided.

For TB, they offer the first medical check at the arrival point (disembarkation centre). Also, a medical history and risk evaluation form are completed, as well as a Mantoux Test. Acceptance and clinical follow-up at the regional reference centre for tuberculosis is guaranteed and further tests are undertaken as required. Emergency care and preventative treatment are also available.

Hepatitis is checked using the following procedures, i.e. through blood test screening during pregnancy, an assessment of other connected pathologies and previously discovered diseases. Acceptance and clinical follow-up by the infectious disease clinic at the local hospital unit are provided, in conjunction with a life-long disease specific exemption, and free medicines supply.

Best Practices for migrants were also discussed. Education for operators working with migrants is important. She explained that migrants needed to be given information and education together with psychological support, listening and privacy. Connection and cooperation with the local network of healthcare services and units plus clinical follow-up for children if the mother is HIV+ was imperative. Overall, healthcare rights are the same for Italian Citizens and Migrants.

The speakers cited the difficulties that were faced by migrants. The immigration processes are slow, and renewal of the Health card can be extremely difficult to achieve. Communication was also a problem due to language barriers and this made it difficult to provide Informed Consent forms. This was also an issue in the hospital setting.

Cultural mediation, privacy protection, stigmatisation and compliance with the assumption of medical confidentiality especially TB were all key factors, especially in relation to T.B. There is a lack of relevant training in relation to these issues. Finally, there is no regulated contact tracing or partner notification procedures even for Italian citizens.

1.3 Day Three:

The day opened with a session on **Stigma and Discrimination** which explored participants experience of stigma in the communities where they work and, in some cases, the national picture. Participants shared case studies of stigma and discusses strategies for reducing and eradicating stigma as a key feature in the fight for HIV elimination. Key points to address stigma were noted and discussed and action plans explored. There were references to national initiatives to address stigma such as the UK Stigma Index and National Voices Survey for follow up.

Discussion of the paper: **'Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA'** was deferred as participant had addressed the issues in their respective country situation presentations

The afternoon session focused on **Data Research and Advocacy** – Risk Profile & Preferences of Migrant MSM in Sweden. This was facilitated by one of the participants from Sweden, Sara Causevic (Karolina Institute). She talked about the determinants of sexual behaviour in MSM's. The aim of the profile was also to evaluate the appropriateness of migrant health policies related to sexual and reproductive health and their rights in Sweden. Also to increase knowledge of HIV testing and to meet the needs of the newly arrived migrants. And lastly it was to enable a more coordinated appropriate, accessible and reproductive health and rights response.

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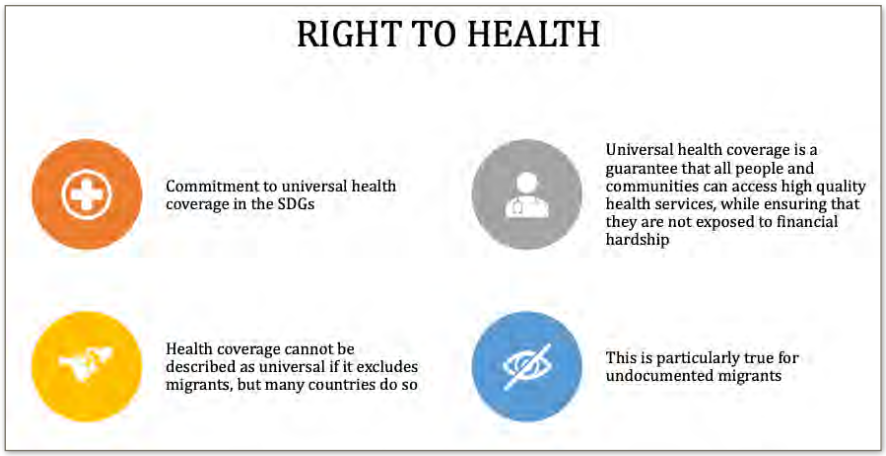


1.4 Day Four:

During the final day, participants discussed in groups **Human Rights and Right to Health** with specific reference to the legal, institutional frameworks. Julian Hows led the discussion by referencing the OptTest project database which shows the most common legal and regulatory barriers to HIV testing, linkage to care and treatment access across Europe and in each individual European country, including how they affect particular key populations such as undocumented migrants. Participants were invited to practise how to extract data and how to use this data for advocacy.

The final part of the day was used for open discussions where participants shared their impressions of the 4 draining days, content, interactions as well as their expectations and suggestions for Module 2

Module Two:

The meeting opened with a round of introductions as there were a number of new speakers present for the second module. Module 1 was reviewed, and feedback was taken from the group. Key points raised included a request for more groupwork (already actioned for Module 2) and the fact that the sharing of challenges and successes at a country level had been extremely useful. Other points of relevance raised at the start of Module 2 included a reminder of the fact that the attendee group contained a wide variety of skillsets and knowledge, as well as the fact that this was a slightly truncated course and due to this there would be a need to cover some issues in a "top level" manner

2.1 Day One:

In session one meeting delegates were asked if they would be happy to be contacted in 3-6 months after the meeting to ask them how the course had impacted on their day to day / policy / campaigning activities, asked to think about a specific activity they might carry out as a result of their involvement in the programme and the extent and how they might wish to be further involved in M-care activities at the end of the programme.

The second session focussed on **"Stigma and Discrimination as Barriers to Service Access – and what we do about it!"** and this was led by Julian Hows. The session looked into the differences between stigma and discrimination and encouraged the meeting delegates to identify examples of both from their own experience. These were then discussed by the group. The session led to a realisation and acceptance that stigma could be a barrier to healthcare access.

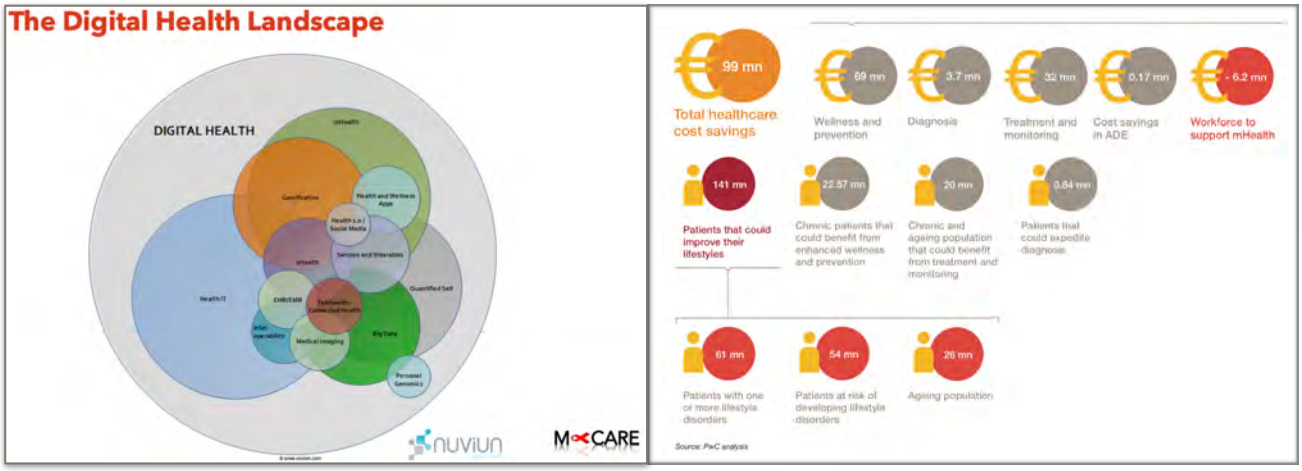
This session also included a number of parallel workshops. These sessions were led mainly by participants, who had been 'mentored' by the lead trainers and AAF to ensure that the sessions delivered These investigated the needs of different groups in relation to their sexual and reproductive health rights. Each workshop was chaired by a meeting attendee with experience in the area. The topics covered were Women, Prisoners / People in Detention, Sex Workers, MSM, Youth and Faith Groups. Some of the key takeaway points from each group are noted below:

1. **Women**: Stigma is still a key issue**.** The community may not think you should be sexually active**.** Lack of knowledge of sexual health services is an issue**.** Faith schools can lead to a lack of knowledge**,** Language / literacy is an issue**,** Fear of outcome of screening and diagnosis**,** Finances, legal rights and entitlement to services. May be free but people may not know this
2. **Prisoners / People in detention:** Prisons and detention centres have different legal frameworks), what is the situation if you are detained under the mental health act?, the situation differs if a citizen / non-citizen (migrant documented or non-documented)**,** There are many risk factors – injecting, tattooing, self-harm, mental health issues, MSM, Consensual / non-consensual, trans issues**,** PrEP and PEP availability in prison?, there is a need for a joined up healthcare when people leave prison, especially if they are HIV positive
3. **MSM:** MSM are still stigmatised and discriminated against, and the situation for migrant MSM's is worse. Discrimination builds. Male, MSM, migrant, HIV positive, sex worker.
4. **Youth:** Adequate information provision is a challenge, they think they need to pay, poor sex education, many people still think HIV is a death sentence**, a** drop in centre approach works well (avoids stigmatisation)**,** websites / apps an important approach.
5. **Faith Groups:** What is a Faith Group? - not necessarily a church group, Faith Group Leaders have huge influence**,** They can be very useful if they can be harnessed**,** Often sin is attached to sex!, Training need to be sensitive to faith / culture, Look for ways into the Faith Group via someone who is already a member**,** Link something in their beliefs to what you are trying to train on**,** Training needs to be interactive**,** It can often help NOT to have the leaders there

The group then looked at "**Support Systems for irregular migrants – Instruments to ensure the right to health in Europe (Institutions, organisations providing support)"** led by Julian Hows. The group looked at a definition of irregular Migration – "movement that takes place outside the regulatory norms of the sending, transit and receiving country" and this was discussed. Other relevant legal treaties etc. were also looked at and referenced, for example the 1951 Geneva Convention of the protection of refugees. The fact that the EU Committed to establishing a Common European Asylum System was discussed, along with the fact that you cannot say all people from a single country are a migrant or a refugee. It needs to be an individual decision based on an individual analysis of each person's situation.
Irregular migrants fall into a number of different categories including the following: students who stay, EU Citizens who move country and do not declare their presence, tourists who stay, people whose visa ran out and they stay, people who left their home country for fear of persecution and have not declared their presence in the new country and people who cannot renew visa for financial reasons. The group also recognised that data on irregular migrants is very poor and because there is a lack of good data 'fictional figures' are produced and this feeds into anti-migrant agendas.

The next session looked at **"Digital Health"** and this session was co presented by Denis Onyango and Maria Dutuarte. Denis gave an overview of the wide digital health landscape, noting that digital health is used as an umbrella term for all healthcare related apps, technologies and delivery systems. In reality Digital health. Very diverse, covering big data, genomics, wearables, imaging, telehealth and telemedicine.

e-Health was also covered, and this was defined as a broad term referring to the use of information and communication technologies in healthcare, for example electronic health records, electronic medical records, telehealth and telemedicine etc. To some degree an ageing



population is driving the development of many e-health initiatives (due to the increase in patients living with chronic disease. Finally, four key areas of potential future impact were identified: Wellness and Prevention, Diagnosis, Treatment and monitoring and the development of stronger healthcare systems.

In the second part of the Digital Health session Maria Dutarte gave an overview of the Emerge project. This multi-centre project focused on the development of an app for HIV patients where the aim was to give patients seamless access to their clinic and their individual data. 5 cities were involved in the development of the application: Lisbon, Barcelona, Bristol, Zagreb and Antwerp, and crucially, the project included patients from day one.

The 'app' allows access to results, medication management, additional help, appointments, important messages from physician, whilst allowing patients to check and personalise settings. Importantly, no data stored is stored on the phone itself.

The next presentation was from George Freeman, Pride Equality International. Barcelona. This covered the development of his migrant organisation in Barcelona. George was evacuated form Sierra Leone and Spain "rescued him". George had to take the government to court to allow him to set up his migrant organisation and they now offer support to migrants locally, as well as in France via a separate organisation.

Pride Equality International offers a wide range of services to migrants including document and legal assistance and the provision of emergency shelters. In addition to this they undertake educational initiatives locally.

2.2 Day Two:

To start day two of the meeting Julian Hows ran a session titled **What we know and what we think we know – data from ECDC, the Dublin Declaration and other sources.** This session highlighted the fact that even though the Dublin Declaration dates from 2004, it is still a useful document. It is however a commitment, not a law. It was the first international commitment to "universal access to effective, affordable and equitable prevention, treatment and care" and it involved all WHO 53 countries.

Follow up meetings led to the Vilnius Declaration and the Bremen Declaration and a progress report was produced in 2008. Following this, the PLHIV communities in many countries produced "shadow reports" which gave real world country specific overviews, and these were used to call countries to task.

At the time of the meeting ECDC was in the process of developing a migrant specific report. Headline excerpts from a 'draft' version of this report were shared with participants. This report has now been published and can be accessed at https://www.ecdc.europa.eu/en/publications/hiv-migrants-monitoring-implementation-dublin-declaration-2018-progress-report which will be an an extremely useful reference document at a country level. The group also referenced the "Barring the Way to Health" online resource which was developed as part of the OptTest project. http://legalbarriers.peoplewithhiveurope.org

This session was followed by an exercise where the meeting attendees were encouraged to **Utilise data to develop an elevator pitch.** The aim was for them to use data specific to their country and migrant cohort to develop a short pitch covering their key "asks". These were then played out in front of the whole group, followed by a discussion of each pitch. The meeting attendees found this session extremely useful as it encouraged them to concentrate their arguments down into succinct asks. A useful reference used in the session can be found at Reference www.optest.eu tip sheet number 11.

Taku Mukiwa from THT facilitated a session on **Communications, Campaigning and Social Media.** This was an interactive session that used examples of public health campaigns from Canada to engage the group in a discussion of some of the key issues.

The session also identified the key elements of any communications strategy, including the need to identify the context, identify the key considerations, identify the key choices that need to be made and identify the potential evaluation criteria. There was an interesting discussion during the session around the need for audience insights to inform the development of a strategy. Some groups have used these in the past whereas others have developed their strategies in isolation.

The next session covered **HIV and Ageing and the use of Patient Reported Outcome Measures (PROMs)** This session was led by Elias Phiri, Sexual Health Advisor, Bart's NHS Trust and Denis Onyango. The group found this presentation to b of great interest as this was a new concept for some of the group.

The session identified the fact that the average age of PLHIV is increasing in many patient cohorts and because of this co morbidities are becoming more of an issue. The use of PROM's

to capture information on co morbidities and other criteria allows the analysis of trends in patient populations.
It has been demonstrated that the use of PROM's can lead to improved adherence and better relationships between patients and physicians, as they can move the focus of the discussion away from a purely clinical focus. However, PROM's are not perfect as they are not HIV specific although work is underway to develop an HIV specific PROMs.

2.3 Day Three

Day three commenced with a presentation from Anna Miller from Doctors of the World (part of the Medicines du Monde network) on **Advocacy and Campaigning – Best Practice Interventions.** This described the work undertaken in the U.K. by this organisation.

Doctors of the World focus on helping people who are not accessing NHS services. This is normally because they are not registered with a GP in their locality. The organisation runs clinics in London and 9% of the people they see are asylum seekers, 62% are undocumented migrants and 29% fall into the "other" category. Interestingly the average person who they interact with has been in the U.K. for 5.5 years before they engage.
Doctors of the World also undertakes campaigning work, for example they campaigned on issues including NHS charging and patient information sharing between the NHS and the Home Office. In addition to this they have helped to develop the "Safe Surgeries Initiative".
The session on developing an action plan can be found here

Following this the group enjoyed an interactive session presented by THT entitled **"Making Choices".** This made use of a number of interactive video presentations produced by THT where the audience can decide what decisions people in the video's take. Potential outcomes form these decisions are then shown. One of the videos can be found via the following link https://www.youtube.com/watch?v=g6pv_q56VLg and the full range is available via the "Their Story, Your Choice" section of the Terrence Higgins Trust website via www.tht.org.uk.

2.4 Day Four

The final morning of the Conference was dedicated "**Viral Hepatitis: Testing, Treatment and Prevention"** and the session also included discussion of the "**Nobody Left Outside"** initiative. The session was run by Jeff Lazarus.

Jeff covered the key issues regarding Hepatitis and TB infections and co-infections amongst migrant populations. The key points included the fact that there are now hepatitis B vaccination programmes in 49 of 53 European countries, although migrants are generally not vaccinated. Jeff also noted that hepatitis C is now curable, and vaccines are key to disease control and in some cases eradication. Diagnosis and treatment (and access to treatment) are however still a major issue for migrant populations, even though cheap and fast testing is now available.

The session also covered World Health Organisation (WHO) work and guidance, noting that the WHO have defined the building blocks of a healthcare system, and these can be a useful comparator for the healthcare systems in individual countries.

Finally, Jeff discussed the **"Nobody Left Outside"** initiative (www.nobodyleftoutside.eu). The Nobody Left Outside (NLO) initiative is a collective of organisations representing people in some of the most marginalised communities in Europe, including homeless people, LGTBI people, people who use drugs, prisoners, sex workers and undocumented migrants. The organisation has produced a checklist that enables service providers and policymakers to assess the accessibility of their services. This can be accessed via the website.

Graduation

After the formal sessions a brief evaluation session was held in which all participants were provided with a certificate.








3. 2019 Innovations:

As part of the innovative nature of the 2019 programme three additional activities were carried out as part of the programme. These are detailed below

3.1 Action Planning for Local Implementation

One of the main aims of M-Care is to develop defined **Action Plans for Local Implementation** and Julian Hows led a session on this. All meeting participants were asked to define actions and goals that they would work towards achieving over the coming months / years. This included an analysis of the specific thing they wanted to achieve, how it would be measured, how they would achieve it, an analysis of whether the goal was relevant and realistic, a timeline for the activity and identification of any meeting attendees who could help them. An example of an action plan is given below: -

Your name	Edwin Sesange
Your country	UK
GOAL Title of your action	Increasing the 'uptake' of PrEP among the community I work with
Specific thing you wish to accomplish	Increasing the uptake of prep in the community I work with for who it may be 'useful'.
Measurement - how will you measure what you have done and know when it is accomplished	I will survey the members/people that I work with to measure the number who know about prep, are on prep, want to be on prep, etc.
How will you achieve your goal - what are the steps?	By identifying from the survey those for who 'prep' might be a useful strategy and one they want to access - and 'recording' how many have been able to access it or ' register' for it
Is your goal relevant and realistic	Yes it is relevant and realistic - but I will need to work with the relevant authorities to identify and overcome and resource issues
Timeline	The surveying of 'need', existing uptake, and possible 'barriers' to access (5, 6,7) should take 3 months - to end of April 2020
Who will help you from this group?	Annete

All of the participants developed an action plan during these sessions. Following the meeting these were entered into a database, and then feedback to participants for review and clarification.

3.2 Developing a Community of Practice

Participants were also asked to consider who (and whether) they wished to engage with M-Care – and what support they could give/would need. All participants (and some of the invited session presenters) wanted to continue to be involved with M-Care and made suggestions how that could happen, and best be supported.
As a result of this AAF has instituted a 'closed' and moderated Facebook group for all participants (from both years), alongside maintaining a 'WhatsApp' group and is exploring other possible platforms for M-Care.

4.2 Independent Evaluation:

In order to provide an independent review of the M-Care 2019 course, the organizers asked Andy Dyson, a retired advocacy Consultant (AdvocacyAligned Limited), to attend and review the Sitges meeting, as well as undertaking a number of anonymized, structured interviews with meeting attendees. The aim of this was to give the meeting attendees the opportunity to provide open and honest feedback to be used by the meeting organisers to inform the development of future M-Care initiatives / training.

Andy Dyson attended all of the **Sitges meeting** and these are his key thoughts following the meeting:

1. It was obvious from my arrival at the hotel in Sitges that the **meeting attendees** had developed into single, strong group during the Milan meeting. All attendees interacted with each other during meeting downtime (meals etc.) and the level of enthusiasm for the M-Care meeting / and project was readily apparent. During training meetings like this it can be easy for the meeting to lose engagement from some individual attendees, but this was not the case with this meeting. All attendees remained engaged in the training at all times. It was also apparent that the attendees helped each other if one member of the group needed clarification of an issue and the interaction between the group members was truly impressive too see.
2. The **meeting agenda** included a selection of plenary sessions and more interactive sessions. All sessions were however run in an open, engaging manner and there was a huge degree of interaction with the meeting attendees in all sessions. In addition to this, the Agenda was not viewed as a "rigid" timescale and this allowed some sessions to be longer and others to be shorted than originally planned. This approach led to the best use of time throughout the meeting.
3. During the meeting there were a number of **interactive activities** where the meeting attendees were called upon to work in groups and report back to the wider group. These tasks were approached with enthusiasm and led to some outstanding feedback sessions. The outcomes from these sessions were captured by Julian Hows and provided a valuable resource for future M-Care planning, as well as capturing the "next steps / follow up" for all attendees. See here
4. The **logistics and location** for the Sitges meeting all worked well. It was apparent from discussions with meeting attendees that the use of Sitges was a popular choice as it offered a readily accessible location (via Barcelona airport then bus). The hotel and meeting facilities worked well and as far as I am aware there were no issues.

As outlined earlier I undertook a number of **structured interviews** with meeting attendees during the second half of the Sitges meeting to allow meeting attendees to give confidential feedback to the meeting organisers on the whole M-Care project, including the Milan and the Sitges meeting. The key points from these discussions are outlined below:-

1. The key points in relation to **what worked well** were the fact that relevant preparatory work was provided, the content of the modules were varied and relevant, the variation in presenters worked well, there was sufficient downtime and time to meet the other attendees (over dinner etc.) and the fact that all

attendees brought different specialism's to the meeting really helped the meetings to be useful, informative and relevant, as different perspectives were presented.

2. The key points in relation to **what didn't work well** were the fact that Module 1 (Milan) was a little data heavy, the location of the hotel was poor, timekeeping amongst attendees and adherence to the Agenda were an issue at times, leading one of the breakout session could led to you losing out on hearing the more general discussion and at times there was too much chatter during the meeting sessions and this could have been closed down more quickly in some instances.
3. When attendees were questioned on **what else would be covered,** there were a couple of items highlighted. The first was the need for a session on clinical trial data interpretation, and the second was a suggestion that it would be useful to be presented with more detail on campaigns that had had an effect on PrEP policy development and implementation at a local level.

In summary, the feedback from the meeting attendees was extremely positive overall and in addition to this there was a strong feeling from all meeting attendees that the M-Care project needed to continue. There was agreement from the people interviewed that they would be happy to be involved in future initiatives developed under the M-Care banner.

5.0 Annexes:

Annex i : List of Participants

	Name	Country
1	Annet Kakwera	Netherlands
2	Araneda V N Rodrigo	Spain
3	Bibiana Zirra Shallangwa	UK
4	Camila Picchio	Spain
5	Chidozie Celeste Ugochukwu	Switzerland
6	Edwin Sesange	UK
7	Jacqueline King	UK
8	Jasmine Freida Ngo Iluonga	Italy
9	Jean Paul Ngueya	France
10	Juliet Kum Yufu	France
11	Robert Ian K.O Babu	Greece
12	Rosaline M'Bayo	Germany
13	Sara Causevic	Sweden
14	Trajche Janushev	Austria
15	Tresors Gemayel Kouadio	Belgium
16	Victoria Grandsoult	Portugal
17	Yvon Lubanziladio Luky	Ireland

Annex ii : Agenda Module 1, Milan Italy

Wednesday 25 September 2019	
20:00	**Dinner**
Thursday 26 September 2019	
08:30 – 09:00	**Registration**
09:00 – 10:30	**Opening and Introduction, Expectations from The Training, Housekeeping rules** *Denis Onyango (Africa Advocacy Foundation) ; Maria Dutarte (EATG)*
10:30 – 11:00	**Coffee Break**
11:00 – 12:00	**ECDC Data on Epidemiology, Testing, Treatment of HIV** *Teymur Noori (ECDC)*
12:00 – 13:00	**Group Work: What We Know About Our Own Countries** *Julian Hows (DRAG)*
13:00 – 14:00	**Lunch**
14:00 – 15:00	**ECDC Guidance on Screening and Vaccination for Infectious Diseases Among Newly Arrived Migrants to the EU/EEA** *Teymur Noori (ECDC)*
15:00 – 15:30	**Coffee Break**
15:30 – 17:00	**Group Work: Barriers to Access** *Julian Hows (DRAG)*
17:00 – 17:10	**Wrap Up of the Day** *Denis Onyango and Maria Dutarte*
19:00	**Dinner**

Friday 27 September 2019	
09:00 – 09:45	**HIV Treatment Update** *Charles Mazhude (NHS England);*
09:45 – 10:30	**Adherence to Treatment and Migrant-Specific Barriers to Adherence, Access to antiretroviral Treatment for Undocumented Migrants** *Charles Mazhude (NHS England); Teymur Noori (ECDC)*
10:30 – 11:00	**Coffee Break**
11:00 – 13:00	**Group Work: Effective Outreach Strategies for Testing and Prevention** *Denis Onyango (Africa Advocacy Foundation)*
13:00 – 14:00	**Lunch**
14:00 – 15:00	**PrEP in Europe** *Denis Onyango (Africa Advocacy Foundation) Charles Mazhude (NHS England)*
15:00 – 15:30	**Coffee Break**
15:30 – 17:00	**Migrant Reception Centers in Italy, Barriers and Community Experience** *Lella Cosmaro (Fondazione LILA Milano ONLUS) and local partners*
17:00 – 17:10	**Wrap-Up of the Day** *Denis Onyango (Africa Advocacy Foundation) and Maria Dutarte (EATG)*
19:00	**Dinner – Out in a Restaurant**

Friday 27 September 2019	
09:00 – 09:45	**HIV Treatment Update** *Charles Mazhude (NHS England);*
09:45 – 10:30	**Adherence to Treatment and Migrant-Specific Barriers to Adherence, Access to antiretroviral Treatment for Undocumented Migrants** *Charles Mazhude (NHS England); Teymur Noori (ECDC)*
10:30 – 11:00	**Coffee Break**

11:00 – 13:00	**Group Work: Effective Outreach Strategies for Testing and Prevention** *Denis Onyango (Africa Advocacy Foundation)*
13:00 – 14:00	**Lunch**
14:00 – 15:00	**PrEP in Europe** *Denis Onyango (Africa Advocacy Foundation) Charles Mazhude (NHS England)*
15:00 – 15:30	**Coffee Break**
15:30 – 17:00	**Migrant Reception Centers in Italy, Barriers and Community Experience** *Lella Cosmaro (Fondazione LILA Milano ONLUS) and local partners*
17:00 – 17:10	**Wrap-Up of the Day** *Denis Onyango (Africa Advocacy Foundation) and Maria Dutarte (EATG)*
19:00	**Dinner – Out in a Restaurant**

Saturday 28 September 2019	
09:00 – 09:30	**Stigma and Discrimination as Barrier to Service Access** *Julian Hows (DRAG)*
09:30 – 10:30	**What Do We do About Stigma?** *Julian Hows (DRAG)*
10:30 – 11:00	**Coffee Break**
11:00 – 13:00	**Discussion of the Paper: 'Restricted Access to Antiretroviral Treatment for Undocumented Migrants: A Bottleneck to Control the HIV Epidemic in the EU/ EEA'** *Dr Charles Mazhude (NHS England)*
13:00 – 14:00	**Lunch**
14:00 – 15:00	**Interactive Session: Women and Girls: What are the Key Challenges Related to Sexual and Reproductive Health and Rights faced by Migrant Women in Europe?** *Julian Hows (DRAG); Jacqueline King (Public Health Waltham Forest)*
15:00 – 15:30	**Coffee Break**
15:30 – 17:00	**Data, Research and Advocacy:** 1. **Risk Profiles & Preferences of Migrant MSM in Sweden; Case Study** *Sara Causevic (Karolinska Institutet)* 2. **How Does Evidence Inform Policy?** *Denis Onyango (Africa Advocacy Foundation)*
17:00 – 17:10	**Wrap-Up of the Day** *Denis Onyango and Maria Dutarte*
19:00	**Dinner**

Sunday 29 September 2019	
09:00 – 10:30	**Human Rights and the Right to Health Framework: Legal, Institutional** *Julian Hows (DRAG);*
10:30 – 11:00	**Coffee Break**
11:00 – 12:00	**How is it to be an Undocumented Migrant and Advocacy on Migrant Health Issues** *Charles Mazhude (NHS England)*
12:00 – 12:30	**Feedback from Participants, Expectations and Suggestions Regarding Module 2** *Denis Onyango and Maria Dutarte*
12:30	**Lunch – Departure**

Annex iii: Agenda Module 2

Wednesday 11 December 2019	
20:00	**Dinner**
Thursday 12 December 2019	
08:45	**Registration**
09:00 – 09:15	**Opening and Introductions:** *Denis Onyango, Maria Dutarte*
09:15 – 9:45	**Review of Module 1 - expectations for Module 2** *Julian Hows (HIV Justice Network)*
09:45 – 10:45	**Stigma and Discrimination as Barriers to Service Access** *Julian Hows (HIV Justice Network)*
10:45 – 11:15	**Coffee Break**
11:15 – 13:15	*3.* **Parallel Workshops: Understanding the needs of different key population groups - What are the key challenges related to sexual and reproductive health and rights faced by these different groups?** 1. *Women – Anna Miller* 2. *Prisoners/people in detention – Ian Babu* 3. *Sex workers – Trajche Januchev* 4. *MSM – Rodrigo Araneda/Edwin Sesange* 5. *Youth – Jackie King* 6. *Faith groups – Luky Lubanziladio*
13:15 – 14:15	**Lunch**
14:15 – 15:15	**4. Support systems for irregular migrants - Instruments to ensure the right to health in Europe (institutions, organizations providing support)** *Julian Hows*
15:15 – 15:45	**Coffee Break**
15:45 – 16:15	**5. Digital Health** *Denis Onyango, Maria Dutarte*
16:15 – 17:00	**6. Presentation by a Local Organisation** *George Freeman, Pride Equality International*
17:00 – 17:10	**Evaluation & Wrap Up of the Day** *Denis Onyango and Maria Dutarte*
19:30	**Dinner**

Friday 13 December 2019	
09:00 – 09:30	**7. What we know, and what think we know – data from ECDC, the Dublin Declaration and other sources** *Julian Hows*
09:30 – 10:30	**8. How 'What we know' plays out in the context of our countries** *Julian Hows*
10:30 – 11:00	**Coffee Break**
11:00 – 13:00	**9. How 'what we know' - session feedback** **What we want to do about it? – country and region-specific thoughts on how to use all this for service implementation initiatives and advocacy** *Julian Hows*
13:00 – 14:00	**Lunch**
14:00 – 15:00	**10. Communications, campaigning, social media** *Taku Mukiwa (Terrence Higgins Trust)*
15:00 – 15:30	**Coffee Break**

15:30 – 16:45	***11. HIV and Ageing, PROMs*** *Elias Phiri and Denis Onyango*
16:45 – 17:00	**Evaluation & Wrap-Up of the day** *Denis Onyango and Maria Dutarte*
19:00	**Dinner – out in a restaurant**

Saturday 14 December 2019	
09:00 – 10:30	**12. Advocacy and Campaigning – Best practice Interventions** *Anna Miller*
10:30 – 11:00	**Coffee Break**
11:00 – 12:45	**13. Advocacy & Campaigning: Stakeholder mapping, identifying allies, designing an advocacy strategy** *Anna Miller*
12:45 – 13:00	**Group Photo**
13:00 – 14:00	**Lunch**
14:00 – 15:00	**14. Action plans for local implementation** *Julian Hows*
15:00 – 15:30	**Coffee Break**
15:30 – 16:45	**15. Future Collaboration in M-Care context** *Denis Onyango*
16:45 – 17:00	**Evaluation & Wrap-Up of the day** *Denis Onyango and Maria Dutarte*
19:00	**Dinner**

Sunday 15 December 2019	
09:30 – 10:30	**16, Viral Hepatitis: Testing, treatment and prevention** *Prof. Jeff Lazarus (IS Global: Barcelona Institute for Global Health)*
10:30 – 11:00	**Check-out & Coffee break**
11:00 – 12:00	**17. NLO - Nobody Left Outside** *Prof. Jeff Lazarus (IS Global: Barcelona Institute for Global Health)*
12:00 – 12:30	**Graduation** *Denis Onyango & Maria Dutarte*
12:30	**Lunch**

Annex III: Participants' Session, Modules, & Overall Programme Evaluation

A standard evaluation form was circulated at the end of each day's sessions, as well as a survey circulated post the programme via an online survey. The day by day evaluation form allowed participants to anonymously 'score' each session under three headings of

1. My Knowledge on topic has been enhanced/improved
2. Content was interesting and engaging
3. Content was relevant and appropriate level for me on a 1-5 (Strongly Disagree – Disagree – Neutral – Agree - Strongly Agree) scale.

5. Additionally, participants were able make comments on each session under the following headings:
    1. TELL US TWO KEY LEARNINGS YOU HAVE TAKEN AWAY FROM TODAYS LEARNING: KEY LEARNING ONE - KEY LEARNING TWO
    2. ANY LEARNING YOU WILL TAKE BACK TO YOUR WORKPLACE

3. ANY ADDITIONAL FEEDBACK ON TRAINING
4. THINGS NEEDED TO IMPROVE FUTURE TRAINING

The evaluations were received were overwhelmingly favorable. For reasons of space they are not reproduced here. The full analysis of the evaluations from the first module were fed back to the participants at the beginning of the second module as a PowerPoint presentation as well as informing programme changes. The evaluations of the second module have informed this report.
The results of post programme evaluation circulated via an on-line survey – which concentrated on administrative and logistics issues – will be used to improve any further training or meeting arrangements.
For reasons of space they are not reproduced here, but to give a flavor of some of the 'key learnings' identified from one day!. A full M-Care Programme Evaluation over the 2 years is underway and will be available in due course.

TELL US TWO KEY LEARNINGS YOU HAVE TAKEN AWAY FROM TODAYS LEARNING: KEY	TELL US TWO KEY LEARNINGS YOU HAVE TAKEN AWAY FROM TODAYS LEARNING: KEY LEARNING
The empowerment of Migrants to be involved in their Health Prevention is central. The responsibility of Health Prevention stays with the person themselves.	I learnt about specific and general aspects that lead people to Detention Centres. E.g. Migrants laws put in place, Border Control, poverty, situations related to minority communities, drugs etc
Great need for partnerships	Barriers in accessing services/ special needs of Sex Workers - Registering doesn't = improved services 2) Irregular Migrants Vs Refugee Vs Asylum seekers, individual approaches needed for each, needs and circumstances are managed. 3) EMERGE platform
Potential and challenges of working with Faith Groups	90-90-90 Goal, the most difficult to achieve is the last 10%. It is where you find people like Migrants, refugees, Asylum seekers MSM etc
Learned a lot about sexual orientation, gender identity and expression	it is important to listen and learn from other peoples expertise
Challenges facing the key population group and how different countries have tackled them/ strategies used to tackle them.	Understanding what the Dublin declaration was , and is, and how it can be used – and the ECDC reports Declaration.
Additional support of eHealth in the management of the patients.	Conversation with a minister giving a shadow report and pointing out key issues that need to be
Sexual Health UK compared to Switzerland, Good practices African Swiss to promote good Sexual	Always be clear with what you want people to do for you.
The difference and meaning of words like Irregular Migrants and Refugees, Discrimination and Stigma.	That I need to switch my narrative from problem oriented to a short recommendation, acknowledgement oriented presentation.

Session Information and resource lists for participants

Participants have been provided (via a dedicated 'dropbox') all of the presentations made at the meeting as well as background resource lists containing links to reports, further reading, and any of the materials referenced in the meeting.

Supported by: