



Empowerment in the field of migration

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Colophon

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1 Introduction

From the very first beginning of the AIDS epidemic, self-help initiatives and community-based work have been crucial for the development and implementation of HIV prevention and care initiatives. Gay men in particular responded to the health-related and social challenges of the disease by informing their community and fighting for their rights. Drug users and sex workers followed soon after. While governmental and public health promotion agencies took care of informing the general population about AIDS, non-governmental organisations (NGOs) and community-based organisations (CBOs) focused on populations in the margins of society and groups that were particularly vulnerable to discrimination and exclusion¹.

Self-organisation in the area of migration and HIV followed a little later – at least in the European context. Comprehensive studies were conducted in the late 1980s and early '90s (Haour-Knipe 1991, Hendricks 1991), in which the specific needs of migrants and ethnic minorities were explored. The general consensus in these studies is that the specific expertise of communities – regarding the cultural, linguistic and social aspects of migration – needs to be central in the development of responses.

This article will focus on the roles that people from an ethnic minority background and migrant organisations play regarding the empowerment of communities, in order to improve access to services - from HIV prevention to care and support. The experiences and data presented here are based on the work of AIDS & Mobility Europe (A&M), a European networking project funded mainly by the European Commission (DG SANCO) and based at the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ). This network has been operating for almost 15 years and has gathered comprehensive knowledge of, and insight into various aspects of migration and HIV– from prevention to care, from policies to interventions. Information about A&M can be found on www.aidsmobility.org.

1 A typical example is the division of tasks between governmental and non-governmental organisations in Germany. Whilst the Federal Office for Health Promotion (BzgA) coordinates campaigns for the general public, non-governmental organisations, such as the Deutsche AIDS-Hilfe, are in charge of information interventions for specific populations, e.g. men who have sex with men, drug users, sex workers and migrant populations.

2 Monitoring

Community work is very important to gain insight into emerging trends and, in particular, to collect qualitative data. Challenges in the field of prevention and care, such as misconceptions about routes of transmission and the sharing of medication, can only be identified if health workers have close and trusting relationships with the populations they wish to target. These relationships can best be established in a setting of self-organisation, i.e. in which community members themselves play a central role. The European Migrants Meeting, organised in particular for CBOs by AIDS & Mobility Europe on a regular basis, is a very valuable forum to highlight emerging trends. At the last two meetings (Brussels 2002 and Lisbon 2005), community members provided and exchanged information to identify priorities for the future. For instance, attitudes towards HIV in religious communities or in a multicultural urban setting were discussed, and conclusions and recommendations should feed into training activities or other follow-up activities on these issues.

Another example are the reports of Sabanedasan and Edubio (NIGZ 2001) who looked into attitudes of migrant communities towards service providers in Finland and Germany. Due to their community involvement as former asylum seekers and members of the African community, they were able to overcome barriers of mistrust and accessed very valuable information on the specific needs of asylum seekers and African migrants.

Finally, the trend reports that were compiled by the A&M network members in 2005 (Haour-Knipe a.o., 2007) owe a great deal to the involvement of various migrant communities. In these reports, A&M partners were requested to highlight some relevant emerging trends with respect to HIV prevention, care and support in their respective countries. The outcomes - from concrete examples of efficient interventions to highlighting crucial gaps - may help to define priorities for future action.

3 Communication

Over the years, community-based organisations have played a crucial role for the formulation and dissemination of information about HIV and AIDS. It is common sense that the mere translation of mainstream HIV information is not appropriate if the messages for specific populations – be they migrants, gay men or drug users – are to be effective. Cultural, social, linguistic and sexual contexts need to be taken into account, and this can be best achieved by the communities themselves. An example is a video letter that was developed in the framework of a working group on gender issues, coordinated by

A&M. Here, young Africans in Belgium formulated messages and debated sexuality and preventive behaviour, and these messages were exchanged with African communities in other European countries (available through www.aidsmobility.org).

Community involvement is not only necessary to formulate HIV prevention and care messages, but also for the transfer of these messages. In general, a community has access to the communication channels that are most efficient. Here, one may think about community media, such as TV and radio channels, websites and chatrooms, or newspapers in community languages. Places and moments of direct encounter – such as the coffee houses of Turkish communities or church gatherings of African communities – can play a crucial role in communication about HIV. A concrete example here is the **Safe Sex Comedy Show**, which takes place in various locations in the Netherlands, and where migrant youth communicate prevention messages and create awareness and solidarity regarding community members affected by HIV (http://children.epha.org/IMG/ppt/9._Doing_it_safe_-_the_Netherlands.ppt).

4 Care

There are numerous examples of community care services for migrants that are working in a setting of self-organisation. These services have emerged particularly in urban areas with a high proportion of migrants and ethnic minorities. In Paris, for example, Ikambere – a community service for African women living with HIV – provides comprehensive support for this community (www.ikambere.com)². Comparable services exist in other cities. In Belgium, for instance, a European country where the migrant communities are particularly affected by HIV, special social events, such as dinner evenings, are organised by community-based associations such as Siréas (www.sireas.be). Common to most of these is that their services are not limited to HIV, but address broader issues, such as psychological support, legal advice or simply the provision of a socially comfortable environment. The three Bs – bed, bath and bread – may be many people's first concern when they first approach an association, before they think about AIDS. Often, a communal meal or handcraft work is the starting point to address more critical health- or HIV-related questions.

2 In the French context, this is quite remarkable, as – based on the paradigm of equity of citizens (égalité) – specific services based on ethnicity or aimed at specific ethnic communities are not common in France.

Two concrete examples of care that involves community members should be mentioned here. In Portugal, African women are trained to provide services to migrants living with HIV. Not only does this help those who receive the services, it also contributes to the skill-building of those who provide them (see Portuguese trend report in Haour-Knipe a.o., 2007). However, this approach needs considerable financial and human resources. Another example comes from the Netherlands, where, in the Academic Hospital, post-test counselling is offered by and for community members from African backgrounds. If someone tests positive, community members are available on site to provide initial counselling and advice, and referral to other appropriate services.

An important obstacle to care is reported repeatedly: the stigma within a community that leads to the exclusion of members living with HIV. Here again, self-organisation plays an important role to mobilise communities from within and create a safe environment, based on respect and solidarity.

5 Policy

For quite some time, there was an unfortunate separation of prevention, care and policy. Prevention was for communities, care was for medical doctors and policy was for (mainstream) politicians. Fortunately, more and more links between these areas are being established, and the awareness about the need for their integration is increasing³. There are, meanwhile, various examples where community-based organisations have succeeded in influencing the political arena. The UK-based African HIV Policy Network (www.ahpn.org), for instance, is specialised in providing consultation when policies are developed that affect Black and minority ethnic communities. In other countries, such as Belgium, migrant self-organisations are on health and HIV advisory boards, thereby putting the needs of these communities on the agenda. European-wide, the involvement of migrant communities is still far from satisfying, but there are at least a few examples that can be presented as good practice, and that could serve as models for other countries.

³ In September 2006, AIDS & Mobility Europe organised a conference dedicated to the issue: Bridging Policy and Action (NIGZ 2007). The report can be downloaded on www.aidsmobility.org.

At the European level, the Civil Society Forum – established by the European Commission (<http://europa.eu/scadplus/leg/en/lvb/r12545.htm>) – acknowledges the importance of community involvement, and in addition to other issues and target populations, migrants are on its agenda. Migrant issues have also been included in the priorities of the HIV programme of the European Centre for Disease Control ECDC (http://www.ecdc.eu.int/Health_topics/AIDS/Index.html), and here again, community involvement will be crucial to develop appropriate action.

6 Challenges

Even though this article refers to a variety of good practices of self-organisation and community involvement, there are still numerous obstacles to overcome. The current political climate in Europe is not very favourable for creating a supportive environment for migrant and ethnic minority communities. Xenophobia is reported to a greater or lesser extent from virtually all European countries. A strong emphasis is put on integration at all costs, leaving little space for multi-cultural approaches. This limits the self-expression of communities and may have counter-productive effects on finding solutions (in many fields, including health and HIV) that correspond to their needs.

Funding mechanisms are another obstacle. Very often, they are difficult to access by communities that are not familiar with complicated application procedures. For newcomers in the funding world especially, the barriers may be too high to overcome, particularly limiting small-scale initiatives, which are so important in developing innovative pilot activities. The area of migration and HIV is ever-changing, as new populations and issues enter the scene: community initiatives are essential to respond to these changes. Some flexibility is needed by funding agencies to enable self-help organisations to develop these initiatives. A good example of this comes from Spain, where, as part of the National Plan on AIDS, governmental organisations provided specific training for CBOs to develop applications for funding.

Another challenge is to address the lack of people with migrant or ethnic minority background at the executive levels of health promotion and AIDS organisations: more of these individuals at the decision-making level would definitely have an impact on the level of self-organisation, too.

7 Conclusions and recommendations

After more than fifteen years of community-based work in the area of migration and HIV in Europe, the picture is still quite diverse. A lot has been achieved in the field of prevention, and many communities have overcome stigma and taboo in order to take HIV onto their agendas. At the same time, the situation is still very fragile. The public discourse and the current political climate show that migration issues remain sensitive, and a safe space for migrants in society can never be taken for granted. All members of society need to contribute to a framework that is stimulating and supportive for community involvement. Empowerment plays an important role in this respect, but empowerment needs to come from inside a community. Mainstream society – and the bigger and more powerful governmental and non-governmental organisations in particular – need to create a supportive environment, including training and funding, that makes this empowerment possible.

Resources need to be made available to share good practice concerning self-organisation and community involvement. Particularly in countries where NGO development is not (yet) well advanced, such as in some of the new member states of the European Union, efforts need to be made to increase awareness about the importance of community involvement, particularly when issues amongst migrant populations are to be addressed. The country reports that were written by A&M partners from the new member states (NIGZ, 2006) indicate that there is a clear need for improvement in this area. These efforts have to come from both governmental and civil society levels: the political level needs to create a framework and resources to enable communities to get involved, and existing NGOs need to put migration issues on their agendas and to give community members the opportunity to explore and develop their own programmes and interventions.

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