This initiative has been independently developed by AAF and EATG, and was made possible through sponsorship from Gilead Sciences Europe, ViV Healthcare Europe and Merck Sahrpe & Dohme Europe. AAF & EATG acknowledges that Gilead Sciences Europe, ViV Healthcare Europe and Merck Sahrpe & Dohme Europe have not had any control or input into the structure or content of the initiative.
i) Acknowledgements:

Africa Advocacy Foundation (AAF) and The European AIDS Treatment Group (EATG) wishes to thank everyone who submitted applications to attend the M-Care 2018 training programme. We are grateful to the training coordination and development team for putting together a robust and rich course content, and to the selection committees for the effort and time spent reviewing applications, shortlisting and selecting trainers and candidates for the training.

We especially thank our remarkable trainers Prof. Julia Del Amo, Dr. Stephan Dressler, Dr. Charles Mazhude, Winnie Sseruma, Julian Hows, Lisa Power, Maureen Louhenapessy, Janice Reul and Angela Noonan for their support and in reviewing and enriching contents for each of the three training modules. Their expertise, experiences, resourcefulness, wit and fun created a fantastic learning environment.

We wish to thank all participants who took part in the training. We had a fantastic group of participants with a diverse range of expertise in their respective areas of work. These experiences were very useful in our sessions discussions, group work etc.

We would like to acknowledge the excellent work done by Kristjan Jachnowitsch, EATG Training Coordinator and Denis Onyango, AAF Programmes Director in coordinating the training. We also thank the finance and logistics teams at EATG and AAF for their support. The long hours spent on training preparation and set-up, quality assurance, selection of trainers and participants, logistics, and interviews ensured a well balanced programme.

Lastly, we would like to acknowledge the financial support from Gilead Sciences, ViiV Healthcare and Merck Sharp & Dohme, which made it possible for us to plan and deliver this important programme. We hope that you will be inspired by results of M-Care 2018 far and look forward to a continued partnership.

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Prepared by: Kristjan Jachnowitsch, Denis Onyango & Julian Hows
ii) Background:
Africa Advocacy Foundation (AAF) and the European AIDS Treatment Group (EATG) jointly implemented the M-Care 2018 training programme between March and July 2018. The aim of the programme was to create a strong network of European migrant community advocates, who have the potential to make a change in their communities, and to equip them with specific skills and resources to enhance their capacity and 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.
This year's programme consisted of the following three training modules:
1. Module 1 on 22-25 March in Sitges, Spain, focusing on overcoming the various barriers that migrants in Europe face regarding healthcare services and stigma and discrimination.
2. Module 2 on 24 – 27 May in Frankfurt, Germany, focussing on the importance of epidemiological data for advocacy in promoting access to healthcare services for migrants; tuberculosis and hepatitis co-infections; counselling and psychosocial support and instruments to ensure the Right to Health for migrants.
3. Module 3 on 05 – 08 July in Warsaw, Poland, focussing on practical advocacy instruments to promote migrant community participation in research and foster migrant access to healthcare services.
All M-Care training programme presentations are available under here: https://www.eatgtrainingacademy.com/mcare-training-materials-2018

iii) Participants:
The call for participants for the M-Care programme was disseminated on 19 January 2018 through the networks of EATG and AAF. 84 complete participant applications were received out of which 20 were selected. The selection process was guided by the aim of the programme to set up a strong network of European migrant community advocates-consequently following criteria was applied:
1. Applicant demonstrates a good understanding of the healthcare system and of the issues barring migrant healthcare access in his or her respective 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 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 how he or she wants 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 20 participants from 14 countries (Greece, United Kingdom, Belgium, Portugal, Czech Republic, Denmark, France, Ireland, Italy, Malta, Austria, Netherlands, Spain, Germany) were selected for participation in the programme.
iv) Trainers:
Three different trainer teams were selected for the three modules M-Care programme modules based on their expertise and experience, to ensure the topics addressed by each module were covered in-depth at very high level. Trainers for the 3 modules were as follows;

<table>
<thead>
<tr>
<th>Module One Trainers</th>
<th>Module Two Trainers</th>
<th>Module Three Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephan Dressler, Germany</td>
<td>Julia Del Amo, Spain</td>
<td>Stephan Dressler, Germany</td>
</tr>
<tr>
<td>Charles Mazhude, United Kingdom</td>
<td>Charles Mazhude, United Kingdom</td>
<td>Julian Hows, Netherlands</td>
</tr>
<tr>
<td>Maureen Louhenapessy, Belgium</td>
<td>Winnie Sseruma, United Kingdom</td>
<td>Lisa Power, United Kingdom</td>
</tr>
<tr>
<td>Julian Hows Netherlands</td>
<td>Stephan Dressler, Germany</td>
<td>Janice Reul Netherlands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Angela Noonan, United Kingdom</td>
</tr>
</tbody>
</table>

v) Training Content:
The content of the programme was structured in a way that allowed the development of the discussion from identification of the various barriers migrants face with regard to access to prevention, testing and treatment services (module 1), over the discussion of epidemiology, co-infections and migrant community activism (module 2) to addressing the practical approaches, tools and advocacy instruments for the future work (module 3).

1. Module One:

1.1 Day One:
The first module of the program took place on 22-25 March 2017 in Sitges, Spain. After an introduction to the programme by the organisers Denis Onyango and Kristjan Jachnowitsch participants were asked to work in groups to fill in a grid template about testing and access to care and treatment for refugees, asylum seekers, undocumented/irregular migrants and settled migrants in their respective countries. The assessment of participants was then compared with the information available at the Barring the Way to Health website (http://legalbarriers.peoplewithhiveurope.org/index.php).

Following this, the session “advantages of antiretroviral therapy” addressed the benefits of antiretroviral therapy on individual level (prolonged survival time, reduction of AIDS-defining events, increase of symptom-free period, increased life-expectancy) and on the level of public health. Stephan Dressler highlighted the milestones of the global HIV response and development of antiretroviral agents and showed the decline of mortality of people living with HIV that was associated with the implementation of HAART/cART.

Two particular studies were referenced during this presentation. These were Strategic Timing of Antiretroviral Treatment (START) trial resulting in recommendations to initiate ART in all adults with
chronic HIV infection, irrespective of CD4 counts\(^1\) and, within the context of the treatment as prevention discussion, the PARTNER trial showing zero HIV transmissions from over 58,000 individual times that heterosexual and gay mixed (serodiscordant) HIV-status couples had sex without condoms when the partner with HIV had an undetectable viral load\(^2\). The presentation further discussed whether ART is reaching everybody. The various research and publications presented showed – both from a continuum of care perspective, as well as from the numbers of late presenters – that migrants, particularly sub-Saharan African migrants, perform worse on the treatment cascades when compared to the general population and have a disproportionately high number of late presenters.

The afternoon sessions of the first training day focused on testing. Following an introduction to CDC testing guidelines participants had a discussion whether all migrants should be tested for HIV ‘at point of entry’ or whether testing should be targeted at groups with the highest risk, considering that over 50% of migrants living with HIV in Europe have acquired the virus after arrival in EU/EEA\(^3\). Potential benefits have been mentioned but also the disadvantages such as possible legal consequences, stigma and discrimination and violation of autonomy. The training day finished by discussing effective outreach strategies for testing and prevention that are targeted at those migrants who are not reached by the current services.

**1.2 Day Two:**

The second training day started with a block on HIV treatment – following an introductory presentation to HIV life cycle and antiretroviral treatment by Charles Mazhude participants were given the opportunity to ask Charles Mazhude and Stephan Dressler all their questions related to HIV treatment. Following this block, Maureen Louhenapessy discussed with the participants migrant-specific barriers to prevention. Participants were asked to work in groups to list barriers for prevention in different living environments and to identify actions by community to help overcoming them. The discussion showed that community mobilisation and education, de-medicalised and decentralised HIV testing, training of healthcare professionals and

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fighting stigma within the community are key elements for promoting HIV prevention among sub-Saharan African migrants in Europe. Maureen Louhenapessy highlighted the importance of being aware of the specific vulnerabilities created by the individual migration trajectory and to understand the difficulties they create for HIV prevention. The day ended by the discussion of migrant-specific barriers to adherence, that followed-up on many aspects that have been addressed during the day. After a presentation on the importance of adherence from a medical perspective Charles Mazhude elaborated together with participants the migrant-specific, cultural and socio-economic barriers such as fear of status disclosure, ARV being a constant reminder of HIV status, lack of treatment literacy and of access to sources of information, language barrier, spirituality and religious beliefs leading to HIV denialism, transportation costs, trajectory of migration and housing problems.

1.3 Day Three:
The sessions on Sunday focussed on stigma and discrimination and ways to overcome stigma. Trainer Julian Hows followed-up with participants on the discussions of the previous two days – stigma and self-stigma have been mentioned as the key barriers for accessing prevention, testing and treatment services. Participants were asked to brainstorm about the definition of stigma and the difference between stigma and discrimination. Julian Hows suggested the definition of stigma as “[…] Stigma is being perceived as different from others. Stigma can cause the feelings of despair, shame, guilt, distress and hopelessness and the most dangerous effect of stigma occurs when stigma changes the way a person views himself. This is known as self-stigma. … Discrimination can be a result of social stigma.” The group elaborated that the main difference between stigma and discrimination is that stigma leads to people being viewed as different, while discrimination means that people are treated differently. However, the distinction between viewing people differently and treating them differently is often very blurry.

The session proceeded with the presentations of the HIV Stigma Index (www.stigmaindex.org) and the factors used in the stigma index. Julian Hows highlighted the pervasive power of stigma and discrimination and the different and subtle forms it can take. Programmatic interventions can help creating enabling interventions but not necessarily enabled people to fight stigma and discrimination. The session proceeded with discussing examples of stigma and discrimination that participants have been asked to send beforehand. For each example participants analysed the specifics, forms and results of the stigma presented and discussed the best ways to react to it. Participants agreed that documenting and being able to write such examples of stigma and discrimination to an agreed template is a useful tool to address these issues and help people and other organisations reacting to them.

2. Module Two:

2.1 Day One:
The second module was organised on 24 – 27 May 2018 in Frankfurt, Germany. The training started with the discussion on epidemiology. Julia del Amo provided the participants with definitions of the terms prevalence and incidence used as frequency measures in epidemiology before addressing in-depth the methodological challenges when studying health issues in migrant populations, such as the question of
how to define migrant populations and the availability of data. The session finished with the presentation of the frequencies of HIV, viral hepatitis and TB in migrant populations in Europe. Julia del Amo’s second session explored the importance of epidemiological research for advocacy for migrant communities. Epidemiological research provides ‘hard facts’, evidence that can be used in advocacy work towards the universal access to HIV testing and treatment for migrants, irrespective of their administrative and legal status. Epidemiological research shows that a significant proportion of migrants acquire HIV after arrival to Europe, which emphasises the need of early testing and treatment in Europe and counters the populist myths of ‘treatment tourism’. Furthermore, epidemiological research allows to set priorities for community work and advocacy by identifying vulnerabilities and barriers among the migrant community. The session on epidemiology and advocacy finished by the group discussion of the paper ‘Restricted access to antiretroviral treatment for undocumented migrants: a bottleneck to control the HIV epidemic in the EU/EEA’ that participants have been asked to read beforehand.

The sessions in the afternoon were led by Stephan Dressler and Charles Mazhude. Stephan Dressler introduced the participants to the various types of viral hepatitis, covering the transmission routes, prevention and testing. Building up on this introduction Charles Mazhude’s session presented treatment options for Hepatitis B and C.

2.2 Day Two:

The second training day addressed tuberculosis in the morning. Stephan Dressler and Charles Mazhude introduced the participants to tuberculosis and its types, the life cycle of tuberculosis and to the fact that HIV is the most powerful factor for both, acquiring tuberculosis and the progression of tuberculosis to disease. Stephan Dressler highlighted the social dimension of tuberculosis as a disease of the poor, where the transmission and disease progression is closely linked to social determinants such as housing and living conditions. Consequently migrants, particularly refugees in crowded mass accommodations, are particularly vulnerable to tuberculosis. By showing a recent poster from the German right-wing populist party AfD and referring to the historic discourse about tuberculosis, Stephan Dressler showed that in Europe tuberculosis has been historically associated with migration and that these associations are now used by far-right wing parties in Europe. The response to migrants facing a higher risk to acquiring and progressing tuberculosis should, however, not be to close the borders but to provide treatment and care and improve the social conditions for migrants in Europe. This would prevent the development of multidrug-resistant tuberculosis. Following this session, Charles Mazhude discussed tuberculosis treatment, side effects and the co-administration with antiretroviral therapy in case of co-infections.

The training day continued with discussing anonymised case studies from the clinical practice of Charles Mazhude with a focus on counselling and psychological support. Participants worked in groups with each group discussing a case study of migrant patients facing certain difficulties and elaborating approaches for social and psychological support. Each group presented their approaches to the plenary and compared them with the practical solutions taken in real life. This session was very appreciated by the participants as it brought back many of the issues that were discussed in the two training modules of the programme and linked them to real life examples of working with patients. In the last session of the day
Stephan Dressler introduced the participants to the existing international framework for Human Rights and Right to Health that they can use for their advocacy work. He presented on the key international declarations and articles through which the right to health is enshrined in the international human rights law. He highlighted that the right to health is an inclusive right that contains important entitlements such as the right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health, the right to prevention, treatment and control of diseases, access to essential medicines, maternal, child and reproductive health, equal and timely access to basic health services, the provision of health-related education and information, and the participation of the population in health-related decision making at the national and community levels. All these points are relevant for migrant community advocacy as migrants in Europe face many issues that are barring the realisation of their right to health. Migrant community advocates should be aware of the right to health framework and use it as advocacy instrument.

2.3 Day Three:
During the last training day of the second module the trainer Winnie Sseruma gave a talk on her experience of being an undocumented migrant in the US. This has been a very powerful and inspiring talk that led into the discussion of migrant community activism, in the course of which Winnie presented the example of the African HIV Policy Network (AHPN) as a case study for advocacy on behalf of migrants at policy level. The training module concluded by an open discussion where every participant was asked to speak out any thoughts and impressions he or she had about the M-Care training and the work with migrant community in general.

3. Module Three:
3.1 Day One:
The last module of the programme took place in Warsaw, Poland. The training started with a session titled “Migrants: From research object to research partner” by Julian Hows and Stephan Dressler. Recognising the importance of research/producing scientific evidence as a tool to improve the situation of migrants living with or at risk of acquiring HIV, the session aimed at identifying together with the participants the research needs for different groups of migrants, that could be led by migrant community organisations. The session consisted of four short presentations on biomedical research, psychological research, epidemiological research and social research, that followed-up on the discussions during the previous modules. After each presentation, participants were given five minutes to think about what they consider a priority in the research area and write it down. After the coffee break participants were split in four groups with each group covering one of the four research areas and discussing the most important issues, priorities, and the possibilities for involvement and advocacy. The session closed by the presentation of the group work results and plenary discussion.

In the afternoon participants discussed legal and regulatory barriers to treatment access with the trainer Lisa Power. The session started with a feedback round on the laws and regulations that participants
would like to change in their country (these have been identified by the participants as preparation for the training module). Following a discussion on the difference between a law and a regulation, participants worked in groups to identify approaches for advocating for the change of the identified laws and regulations and presented these to the plenary. The session continued with the categorisation of legal and regulatory barriers and the discussion on how to identify and respond to them. The training day finished with the session on support systems for irregular migrants where the trainer Janice Reul showed the participants a short movie about the experience of an undocumented migrant in Europe that was followed by a joint reflection and the comparative analysis of existing support systems in the countries of the participants.

3.2 Day Two:

The second training day addressed advocacy strategies. Janice Reul focussed in her session on stakeholder mapping and alliance building and provided participants with an advocacy strategy framework to develop and articulate a theory of change. She presented participants with six key questions to support the development of an advocacy goal:

1. Who specifically is the strategy trying to influence and how? (who is your public, influencers and decision makers?)
2. What are the underlying assumptions and beliefs about how change happens? (look at social science theories, values and experience)
3. Who else is working on this and how? (identify how both collaborators and opposition are positioned in the framework and what do you want to accomplish with each audience?)
4. How is your strategy positioned? (which audiences need to be targeted and what do you want to accomplish with each audience?)
5. How will your strategy look in several years? (how might possible shifts in the context - political, economic, social factors affect how your strategy is positioned? How will you adjust your strategy if it does not go according to plan?)
6. What interim outcomes are relevant to know if the strategy is on track? (changes in target audiences not advocacy outputs)

Following the theory block participants were split in group with each group developing and outline for an advocacy framework on an issue chosen. The advocacy strategies developed by each group were then presented to the plenary. After the presentation one participant from each group wrapped-up the group work results in a one-minute elevator pitch.

In the second advocacy-focussed session of the day Lisa Power presented two best practice advocacy interventions using two case studies from the OptTEST toolkit relevant to migrants: obtaining free treatment for undocumented migrants in England and challenging Greek laws and police actions which focussed on mistreatment of migrant sex workers. Key lessons learned of these case studies were the need for documentation and data, the importance of forming alliances, the advantages of using lawyers and the practicalities of lobbying politicians, as well as the need to define realistic timescales for major change.

The training day finished by the sessions on Project Management and Fundraising led by the trainer Angela Noonan. The project management session covered the project life cycle project life cycle and
explored each stage of project management, including key terminology, success factors as well as reasons for project failure. The session on Fundraising discussed with the participants principles and strategies for effective fundraising that should complement the primary objectives of their organisation’s work. Participants worked in groups to identify funding sources and presented them to the plenary.

3.3 Day Three

The last day of the training programme provided a review and recap of the learning from previous sessions and modules and a discussion on the outputs of the training programme and whether and how the participants wished to collaborate after the completion of the programme. The sessions were facilitated by Julian Hows and Denis Onyango.

During this session participants agreed on the following:

Course outputs:
- The M-Care training programme report for funders is to be produced by EATG and AAF
- Report for participants is to be produced by the participants that would contain detailed information about the training content and discussions and links to all the presentations and resources referred to

Next steps:
- Impact Assessment: It was agreed by participants that AAF and EATG will contact them 6 months’ time to fill in an online survey to assess the impact of M-Care on their professional development and work in the HIV field.
- Continuation of WhatsApp group and Slack online platform: There was an agreement that the WhatsApp group that has been set up and used by nearly all participants would be continued. The group has become a great source of information dissemination and sharing of the work and initiatives of participants. For more practical collaboration participants would continue to use the slack platform that they have created during the programme.
- Collaboration after M-Care: The participants agreed to collaborate after the completion of the training programme. Specifically, four areas for future collaboration have been discussed:
  1. Collaboration within the framework of the Mi-Health platform
  2. Dissemination and intervention at the AIDS 2018 conference in Amsterdam
  3. Organisation of the conference on migrant health in Oporto in December 2018
  4. Exploring linkages to tuberculosis and viral hepatitis

The session was followed by the graduation where participants received their M-Care certificates from Denis Onyango and Esther Dixon-Williams
4. Monitoring and Evaluation:

4.1 Assessment by Organisers:

The training participants have been the key to the success of the M-Care 2018 programme. They have exhibited a great deal of enthusiasm and willingness to learn as well as to share their own knowledge and experience with fellow participants and trainers. From the first day of the programme the M-Care trainees impressed the trainers and organisers by the high quality of discussions and group work assignments during the training modules. It is important to note that participants continued communicating and updating each other on the progresses of their work in between the modules, via online platforms such as WhatsApp and Slack. We therefore expect that the group of trainees will continue collaborating with each other beyond M-Care, thus forming a strong network of European migrant community advocates.

The level of discussions, activities and learning shared by the participants on social media and work platforms has highlighted the need to ensure that the networks and partnerships created through this programme are sustained. The participants have therefore challenged us of the need to establish stronger collaborations and networks for migrants across Europe.

EATG and AAF made the decision to select different trainer teams for each module, based on the expertise and experience of the respective trainers. While this approach required more efforts from the organisers to brief the new trainers about the programme, the trainees and the topics discussed at previous modules, it at the same time ensured very high quality of the training sessions by making sure that each topic was addressed by a strong expert in the respective area. The training programme has undoubtedly benefited from new insights and perspectives brought by each new trainer. It also provided participants with unique networking opportunities. EATG and AAF will therefore maintain this approach in future editions of the M-Care programme.

The programme has been a continuous learning process for everyone including the organisers. It was important find the right balance between ‘theoretical sessions’ focussing on knowledge transfer and more interactive group work elements and joint discussions allowing participants to share their experience with each other. Participants’ feedback was captured via evaluation forms distributed at the end of each training day and then discussed and analysed by the organisers and trainers in daily feedback meetings. The very positive feedback about the training from the participants shows that the trainers and organisers have succeeded in designing the training sessions according to the needs and expectations of the participants.

Future editions of the M-Care programme are likely to maintain the narratives of the training modules as well as the allocation of the topics. Following the feedback of the participants more attention will be given to the topic of HIV and women's issues (including pregnancy. Furthermore, as a lesson-learned, we will allocate more time for a detailed discussion of practical aspects of organisational development and management, rather than splitting the topic into more theoretical discussions on ‘fundraising’ and ‘project management’.

We also learned that participants must be involved in the discussions about follow up project ideas and post training collaboration right from the start of the first module, rather than towards the end of the programme as it has been done by us this year. This will allow them enough time to form ideas and discuss and crystallise them in time for the third module when decisions are made on what projects to implement as part of practical outcomes of the training.
4.2 Evaluation By The Participants:

4.2.1 Evaluation of Module 1

Module 1 Participant's feedback on sessions:

agree or strongly agree that

- Group Work: Barriers to...
- Advantages of...
- Testing migrants for...
- Effective outreach...
- Introduction to HIV...
- Prevention and migrant...
- Adherence to treatment...
- Sigma and...
- What to do about sigma?

- Knowledge has been enhanced/improved
- Content was interesting and engaging
- Content was relevant and on appropriate level

Module 1: Participant’s feedback on Trainers

Agree or strongly agree that

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

- The trainers were able to address/answer questions effectively
- Trainers were interactive and engaging
4.2.2 Evaluation of Module 2
Module 2: Participant's feedback on Trainers

Agree or strongly agree that

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree

- The trainers were able to address/answer questions effectively
- Trainers were interactive and engaging

Module 2 - Participant’s feedback on organization aspects

- Poor
- Fair
- Good
- Very good
- Excellent

- Overall organization
- Venue facilities and location
- Food and refreshments
4.2.3 Evaluation of Module 3

**Module 3 - Participant's feedback on sessions**

I agree or strongly agree that

- Knowledge has been enhanced/improved
- Content was interesting and engaging
- Content was relevant and on appropriate level

**Module 3: Participant's feedback on Trainers**

Agree or strongly agree that

- The trainers were able to address/answer questions effectively
- Trainers were interactive and engaging
Module 3 - Participant's feedback on organizational aspects

![Bar chart showing feedback on organizational aspects]

Participants overall assessment of the M-Care 2018 programme

![Bar chart showing participants' overall assessment]

<table>
<thead>
<tr>
<th>Description</th>
<th>Strongly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overall programme was well organized</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>The content provided by the programme was relevant to my work</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>The structure of the programme was logical</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>The trainers delivered training to a high quality throughout the whole programme</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Trainers were able to answer questions effectively throughout the whole programme</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>I have benefited from the interaction with fellow participants and trainers</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>The M-Care programme has met my expectations</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>I feel more empowered now than I was at the beginning of the M-Care programme</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>
5. Participants Voices:

Peter Maraga, Italy

M-Care 2018 has contributed many factors in our work of serving migrants in the area of sexual and reproductive health. M-Care has enhanced our previous knowledge we have had about HIV/AIDS early testing and treatment as well as about challenges and barriers that can hinder migrants to access health services regarding HIV/AIDS. M-Care has motivated us to carry out well the lobbying and advocacy for improving health services for migrants. Moreover, M-Care has built our capacity in fundraising and managing our projects. We try now to incorporate all this in the day-to-day activities in our association, presently diligently advocating for free and unconditional access to HIV/AIDS health services for migrants as well as forming a strong voice for migrants' health services. We do this, at the same time, paying heed to what other members of M-Care 2018 (from other countries across Europe) are doing in their organisations and areas of influence.

Marcelle Bugre, Malta

My name is Marcelle, I am Maltese, and my husband is from Ghana. Together we have pastored migrant-led churches for 23 years. In 2010 we established the Foundation for Shelter and Support to Migrants which provides education and psychosocial support services to asylum seekers, refugees and third country nationals. In 2014 FSM supported 18 migrant-led organisations in developing a national platform for advocacy and representation, the Third country National Support Network, which was registered in 2016. Through my work in the church and the Foundation I have met several migrants who are HIV positive, struggling to accept the news they have been given, and to access important medical and psychosocial support. People do not talk about it, especially in their own small communities, because they are afraid of being judged. In churches spiritual leaders lack discernment, training and knowledge in spiritually counselling people with HIV. Many Africans today in Malta are coming from Italy to find available jobs, but with no prospect of residency, accommodation or social benefits. Although the country is planning to bring in more workers for its economic growth, there are no policies facilitating regular work permits for Dublin refugees coming from other EU countries. Relocation programmes are limited, and the process can also be difficult for other third country nationals coming from the same countries. Migrants are exploited in construction, catering and other industries. With these poor prospects taking a mental toll, some turn to drugs and prostitution, falling victims to persons who use the vulnerability of others to make cash. The M-Care training was a privilege for me. I learned a lot about HIV care, and the role of representation and advocacy among migrant diaspora in Europe on health. I also met great people who have the same mind, and we shared our experiences and discussed our different perspectives. Since Malta is discussing the decriminalisation of sex work, and many are concerned about its impact on human trafficking, I found persons from other countries in Europe who shared their experience of how these policies are working in their countries. I also met Christians who work with churches to raise awareness on sexual health. After the second training I developed connections with the Department of Public Health in Malta; the Head there helped me with information needed to develop a concept for a new project that reaches out to migrants in hospital with information, advocacy and psychosocial support. The project concept will be used to apply for local grants this year. I am also planning to start a PhD which looks at the relationship between human trafficking, HIV and the decriminalisation of sex work. The people I met in the M-Care training will be a great help in connecting me to their country context in order to increase knowledge and awareness and advocate for more access to health for migrants in Malta and the Mediterranean region.

I am very grateful to MCARE and AAF and EATG, Mr. Denis Onyango and Mr. Kristjan Jachnowitsch, for organising this training in such a formidable manner, empowering grass-root diaspora organisations to take an active part in migrant health advocacy and enabling them to develop a capacity for networking with others in a holistic approach to ensuring health access for migrants.
Debora Silves, Portugal

M-Care has been an empowering training for me with a strong scientific source of European epidemiological information, clinical background of HIV/AIDS and co-infections as Hepatitis and Tuberculosis.

I am able to understand the best practices that will effectively work in the Portuguese environment (such as addressing HIV/AIDS advocacy taking charge of clinicians and public health workers to achieve the global and human rights of migrants and refugees affected, infected or in high risk of getting in direct contact with HIV).

It has also helped me to link my medical skills to epidemiology and advocacy, by knowing which social groups to target inside the bigger group of migrants and refugees (documented, undocumented, SAA, Latin America communities, western Europeans etc), improve my projects’ elaboration and learn how to manage them as well as strategies for fundraising.

The M-CARE network is of great value for me. It is a solid foundation where I can reach advocacy news of my colleagues and getting to know and divulge our works and results.

I plan to reach the migrants through their faith, by working with religious institutions (firstly Christian churches), specially with their spiritual leaders so I can effectively teach about the phenomenon of HIV/AIDS, the prevention, and how to counsel in this environment.

As the new national project coordinator Health Advocacy for Migrants and Refugee at FPCCSIDA, one of the projects I am enrolling at, I would like to take advantage of compatibility capabilities between the church and Public Health regarding HIV prevention based of evidences. Sexual protection, monogamy, abstinence, psychological support, counselling among other topics as HIV/AIDS awareness, stigma and discrimination decrease, global rights (human, health, sexual) are points to be discussed.

I am so willing to engage in projects where I can spread all the knowledge I have formed so far and reproduce it onto others that will reproduce as well so that more satisfactory results can rise.

Rodgers Orero, UK

The training has changed the way I work in such a positive way. I have been able to use the skills and knowledge acquired with great positive outcome already.

The trainers were very knowledgeable and were able to adapt the materials to meet the various individual needs of the trainees. It was very informative and eye-opening programme, especially the opportunity to discuss issues openly without any prejudice. Not forgetting the opportunity for continuous sharing of knowledge with fellow trainees and for future collaborative work.

We are currently in discussion with the Local CCG to strengthen our peer support project to take care of the young people and the 50+, some of whom are facing a number of challenges, and to enable more people from minority community to take part in the various research programmes so that their unique issue and challenges can be captured.

Letonde A. Hermine Gbedo, Italy

Overall, I feel strongly empowered after the 2018 M-Care training. Once more, it has made me realize how important it is to keep abreast of information on health issues such as HIV/AIDS, TB and Hepatitis destined to migrant people within migrant communities in the EU. The challenge I learnt from the training is to apply an effective communication strategy in order to reach out to migrant communities in a positive way. I am very keen on introducing sex work issues in the future M-Care training sessions. This year's edition highlighted, in my view, the need to draw attention to the conditions of sex workers from a human rights perspective and,
in particular, the effects of immigration and health legislation on migrant sex workers.
I have, till now, shared my experience with some groups that work on the health of migrants and sex workers such as the Tampep International Foundation on the issue of sex work, and the Integra-Interreg project coordinator Italia-Slovenia of IRCCS Burlo Garofalo in Trieste. The aim of this project is to increase knowledge and cross-border collaboration among health professionals on migrant women’s social integration, sexual and reproductive health. A team of cultural mediators will also be involved to help create informational leaflets in several languages.

**Amos Madra, UK**

The M-Care experience has enabled me to gain and develop the knowledge, skills and experience that has been of value to me. It has given me strong teamwork, organisation, research and analytical skills which have been developed and demonstrated throughout my time at one of the M-Care programmes.

The M-Care programme helped me to transform creative ideas into practical reality. I can look at existing situations and problems in novel ways and come up with creative solutions especially as an advocate for migrant communities. I can demonstrate the ability to think ahead in order to establish an efficient and appropriate course of action for myself and others. I am able to prioritise and plan activities taking into account all the relevant issues and factors such as deadlines, staffing and resource requirements. I am also able to demonstrate the ability to get my message clearly understood by adopting a range of styles, tools and techniques appropriate to the audience and the nature of the information. I have the ability to build and maintain effective working relationships with a range of people. For example, lobbying government members, to championing and supporting migrant communities. I can demonstrate the ability to maintain personal effectiveness by managing emotions in the face of pressure, setbacks or when dealing with provocative situations. I can demonstrate an approach to work that is characterised by commitment and motivation.

**Eid Kamanyire, Netherlands**

The M-Care training enhanced my knowledge of HIV, Hepatitis and TB treatment and care. The training has provided with the capacity to engage with the migrants I work with in a number of avenues where I have applied and shared in my work as a counsellor and an advocate. I am holding workshops and peer discussions especially in the migrant communities with the theme “KNOW YOUR HEALTH”. I have used the skills gained in the training to initiate the mobile testing unit in the migrant set-ups including festivals, community events among others.

**Paqui Bonachera, Spain**

I have gained deeper knowledge about HIV and other STIs, tools and resources for research and have had access to real cases of people affected and how they overcome the difficulties. I have also had the opportunity to make contact with other HIV organisations and activists in the EU and to share my experience working in access and treatment of HIV and other STIs in my country.

I am currently working in building a strategy in order to assure real access to information and healthcare to populations affected by HIV and other STIs, and specially to migrants within my community. Together with other participants of the M-CARE I am working to create a powerful network to support any request of assistance from professionals and organisations in other EU countries regarding access to test and treatment and also to promote campaigns to fight against stigma and discrimination.
Bo De Fooz, Belgium

Through the M-care programme I learned a lot of interesting people who are doing a lot of good work. After every M care training weekend I was full of ideas. The trainings, discussions and the evening talks gave me the power to go through with our work. But it also showed me we still have a lot of work. For example in the hepatitis field, I saw how unknown this disease is. I became more motivated to work around viral hepatitis. Hepatitis B and C are a world problem, there is only little access to screening or to care and especially migrants or suffering from this lack of care. For the future I try to share the knowledge, visions and ideas of my M-Care colleagues wherever I go. And when before I only used contacts in Belgium when I needed collaborations I know now I can reach out to a lot of different people across Europe. I hope we will all find the time to meet and organise our own actions within this year’s M-Care group.

Ian Kyambadde, France

M-care has contributed a lot in my working field though exchanging knowledge that I have acquired from those trainings, by teaching them to people in my association and even to other people who come to seek help, since I work in the fields of advocacy and social support. M-Care taught me how to network with other people even if they are based in different countries. In this short period, I have managed to meet different people in different associations who are willing to work with us in terms of advocacy and awareness of HIV/AIDS, not only in immigrants but to everyone, most especially in EU countries. We're looking forward to start organising conferences.

Martina Trimmel, Austria

Being part of M-Care was an invaluable experience. The numerous components of the course helped both to reinforce already learned things and introduced me to new ideas. Especially the sessions on “Human Rights and Right to Health” and “Advocacy”, gave me new ideas about how to create campaigns for vulnerable migrants, and to reduce legal and regulatory barriers to HIV healthcare in my hometown of Vienna.

M-Care provided not just tools to enact change but also an excellent environment to share experiences with fellow participants and health professionals. It enabled the free exchange of ideas and possibilities to find workable solutions for their target groups. I have learned a lot from other participants and trainers about good practice examples in various European countries.

Stephen Amoah, Germany

M-Care has given me the needed information in working with African migrants in Berlin. There were lots of project sharing experiences which I plan to incorporate in my work. An example for this is the starting prevention project with Afroshops in Berlin. Secondly, through the network I was able to link up with another former M-Care participant in Potsdam, Germany and we are planning to develop a project on HIV for asylum seekers together.
Heidi Slavin, Denmark

As an HIV prevention specialist in a small country M-Care has been an invaluable experience in gaining new knowledge and developing networks within the field of migrants and HIV prevention and intervention. M-Care allowed me the opportunity to learn from other like-minded experts in their respective areas of work and regions of Europe. Going forward this means I now have an up to date picture of the experiences of successful interventions targeting migrants, be it in HIV prevention, linkage to care, access to treatment or support around a whole range of other issues related to health and wellbeing. I’ve gained new ideas of methods and advocacy campaigns not yet tested within my work, and, just as importantly, a network of experienced professionals, I can reach out to for more support as I develop some of these methods within our context. Furthermore, I have access to a network of professionals whom I can contact when offering direct support to migrants from another European country to obtain valid information, that I can trust, on access to support or treatment in that country.

Reynaldo Kim Isip, France

Being a participant of the 3-module M-Care training helped me a lot as a person, advocate and in my profession. Working for the vulnerable communities (Trans/sex workers) it gives me confidence on implementing and educating trans/sex workers regarding HIV prevention and other related cases. I became more aggressive regarding these issues. I am planning to bring what I have learned from the M-Care training in my country (Philippines) and maybe in neighbouring countries, if given a chance, to particularly support trans/sex workers. I hope the M-Care training will continue to educate people like me who have limited knowledge and resources about this issue.

Filomena Frazão de Aguiar, Portugal

My participation in the M-CARE Course was instrumental in deepening my understanding of prevention and migrant-specific barriers to prevention, effective outreach strategies for testing and prevention, and realising new approaches to the issue of stigma and discrimination as barriers to service access, advocacy and HIV / Hepatitis co-infection.

My participation in the M-CARE Course was also very important to learn about other practices, to discuss innovative strategies in the face of migrant issues and other issues discussed and was a facilitator to meet people who have the same mission as me, at Fundação Portuguesa "A Comunidade Contra a Sida", in the field of the fight against the HIV epidemic and improve the quality of life of the people I work with on a daily basis and others I work with.

Another aspect that I would like to highlight was the special empathy among all the participants that allowed me to meet very interesting people with outstanding work in the area of HIV. This friendly atmosphere facilitated the work and allowed us to get to know each other better. All this wonderful work made by Denis and Kristjan, both of whom I really want to thank.

In addition to these aspects I reinforce that my participation in this course led me to idealise a meeting between the organizations present in order to collaborate together, and with other people also interested in these issues, which could materialise in the form of an European conference in Portugal, at Porto City, as well as the launching of a joint work platform in these areas.

Thank you very much for the privilege I received from Africa Advocacy Foundation and from EATG, for my participation in this great training course M-CARE.
Esther Ndungu, UK

The M-Care training has changed my life, as a woman living with HIV and who support women living with HIV during pregnancy and beyond. As a Mother Peer mentor with 4M Salamander Trust UK, the subjects covered at the training were very useful to my work. I gained more confidence and skills for my work supporting migrant community women living with HIV in the UK.

Most undocumented migrants living with HIV in UK are not aware of their rights and at times do not even have access to doctors or hospitals. I am now doing outreach work in clinics in North London and we also do outreach work supporting women in detention centres. We support them to get housing and care until they deliver their baby and to receive after care. The M-Care Training gave me confidence and have allowed me to make new friends and meet amazing colleagues. I am very proud to be part of the M-Care network group and I am looking forward to working together with all other advocates in the future.

Alexander Tanaskidis, Greece

The M-Care training has offered me the opportunity to meet with other representatives and spokespersons from other countries, interchange the experience and learn about the best practices being followed in other organisations and countries. Moreover, by participating as a Greek Ambassador I had the chance to discuss on the practices implemented by both, the Greek organisations and authorities and to learn about the progress in European Union and the regional countries in the Balkan and EEA region too.

After participating in the three modules I think about applying for the AVAC Ambassadors and Fellowship team of 2019, adopting the objectives for PrEP and the vulnerable populations, raising awareness for the MSM Community and/or the migrants and refugees. By implementing and focusing in the Eurobalkan region, cooperating with the organisations acting on the Human trafficking and the migrants’ and refugees’ access to treatment and care in the refugee camps and the cities where they live, I think we could overtake the chance to meet the goals of tackling the differences and the stigma against the migrant communities.

Ifedinma Dimbo, Ireland

M-Care training modules aimed at improving further, participants existing knowledge, skills and capacity at mobilising resources and creating access for migrants to healthcare services in their new country of residence. In this instance, in the areas of HIV/HEP/TB awareness, prevention, treatment, care management, discrimination and stigma therefrom. The modules were skilfully chosen and delivered in such a sequence as to activate in-depth thought processes, encourage discussions with live examples and ultimately cause directed action for participants in their work subsequently. The M-Care training also created the avenue for huge, invaluable networking opportunities for sharing of ideas, access to empirical examples from participants live work, the start of friendship, etc., all from the vantage point of about 20 countries housed in one place!

Attending the M-Care training has been a journey of self-discovery affording me the opportunity to gain further insights at EU level into other, varied nuanced issues regarding barriers to healthcare services access for migrants and barriers to healthcare services provision by the state which all come together to impact uptake of offered services by migrants.
In respect of my academic research, which explores opportunities/barriers of access to healthcare services for the illness concerns of black immigrants from Sub-Saharan Africa living in Ireland, especially in the areas of medical discourse of diagnosis and therapeutic regimen, M-Care training empowered me with in-depth grasp of core issues around migrants access to existing healthcare services as new members of a moral community.

Finally, most of the M-Care modules in the area of HIV, barriers, stigma and discrimination as well as advocacy greatly contributed to my current research for ACET (Aids Care Education & Training) aimed at exploring to understand why black immigrants from Sub-Saharan Africa do not take up testing for HIV as much as the next ethnic group in Ireland with a view to finding solutions to this problem. The research was guided by the central question “how can we overcome barriers to HIV testing for black immigrants from Sub-Saharan Africa living in Ireland? “ I am glad to report that the outcomes of the research have been used to develop a HIV testing ecological model to facilitate the target populations’ uptake of HIV testing. And from the 2nd quarter of October, we will be out in the various target community to start the pilot testing of the model. I thank the organisers of M-Care training for giving me the opportunity to sharpen my skills, acquire robust knowledge to work with as well as facilitate a very vibrant networking opportunities amongst us, the participants.

Dorothy Adobea, Belgium

M-care has helped in assessing the need for a more integrated collaboration in Belgium but also in Europe. Finding allies and exchanging ideas and experiences with other HIV and Hepatitis organisations, seems even more necessary. Because my knowledge on TB and Hepatitis has been increased, I now see the importance of an integrated health care program accessible for all and especially migrants.

Furthermore the M-care program has updated me on information about HIV, the current legislations in different EU countries and policies. I found it very helpful and inspirational to learn about good practices in Belgium as well in other EU countries having learned more about the missing links we still have and the difficulties we still face. My fellow M-care participants worked both inspirational and motivational.

As for future plans, our project would like to integrate a more global health care program also covering TB and Hepatitis. We’re planning on actively working together with Médecins du Monde (Bo de Fooz) to sensitise migrants populations and provide access to screening and information. But I also plan on reaching out to other organisations, which are not necessarily in the health care sector to create more momentum so that more policies will be created in favour of migrant populations. As I’ve learned the importance of finding allies who on first sight don’t seem as possible allies.

Elena Tulupova, Czech Republic

The M-Care training helped me to discover dimensions of migrant health so far not covered by our advocacy work in the Czech Republic, in particular, those related to HIV and other infections. Being shared with my colleagues from NGOs through two workshops I leaded, the M-Care training content allows us to better assist our clients in communication with health care institutions. In future we plan to network more with other Czech and international organisations working in areas related to HIV as well as patient rights, mental health or drugs for common advocacy and sharing best practices.
6. Annexes:

Annex 1: List of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
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<tbody>
<tr>
<td>Alexander Tanaskidis</td>
<td>Greece</td>
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<tr>
<td>Amos Madra</td>
<td>United Kingdom</td>
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<tr>
<td>Bo de Fooz</td>
<td>Belgium</td>
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<tr>
<td>Déborah Helena Silves Ferreira</td>
<td>Portugal</td>
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<tr>
<td>Dorothy Adobea</td>
<td>Belgium</td>
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<tr>
<td>Elena Tulupova</td>
<td>Czech Republic</td>
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<tr>
<td>Esther Ndungu</td>
<td>United Kingdom</td>
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<tr>
<td>Filomena Frazão de Aguiar</td>
<td>Portugal</td>
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<tr>
<td>Heidi Slavin</td>
<td>Denmark</td>
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<tr>
<td>Ian Kyambadde</td>
<td>France</td>
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<tr>
<td>Ifedinma B. Dimbo</td>
<td>Ireland</td>
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<tr>
<td>Rodgers Orero</td>
<td>United Kingdom</td>
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<tr>
<td>Letonde A. Hermine Gbedo</td>
<td>Italy</td>
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<tr>
<td>Marcelle Zanya Bugri</td>
<td>Malta</td>
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<tr>
<td>Martina Trimmel</td>
<td>Austria</td>
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<tr>
<td>Mugenyi Shaban Eid Kamanyire</td>
<td>Netherlands</td>
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<tr>
<td>Paqui Bonachera Espino</td>
<td>Spain</td>
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<tr>
<td>Peter Maraga</td>
<td>Italy</td>
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<tr>
<td>Reynaldo Jr Isip</td>
<td>France</td>
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<tr>
<td>Stephen Amoah</td>
<td>Germany</td>
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# Annex 2: Agenda Module One

## Thursday, 22 March 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>20:00</td>
<td>Dinner and unofficial welcome</td>
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## Friday, 23 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
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<tr>
<td>09:00 – 10:30</td>
<td>Opening and introduction, expectations from the training, housekeeping rules</td>
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<tr>
<td></td>
<td><em>Denis Onyango and Kristjan Jachnowitsch</em></td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Group work: Barriers to access</td>
</tr>
<tr>
<td></td>
<td><em>Julian Hows</em></td>
</tr>
<tr>
<td>12:00 – 13:00</td>
<td>Advantages of Antiretroviral Therapy</td>
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<tr>
<td></td>
<td><em>Stephan Dressler</em></td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Testing migrants for HIV: Who is tested in my country?</td>
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<tr>
<td></td>
<td><em>Stephan Dressler</em></td>
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<tr>
<td>15:00 – 15:30</td>
<td>Coffee Break</td>
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<tr>
<td>15:30 – 16:00</td>
<td>Should every migrant be tested for HIV? (Testing strategies and campaigns)</td>
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<tr>
<td></td>
<td><em>Stephan Dressler</em></td>
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<tr>
<td>16:00 – 17:00</td>
<td>Effective outreach strategies for testing and prevention</td>
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<tr>
<td></td>
<td><em>Maureen Louhenapessy</em></td>
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<tr>
<td>17:00 – 17:10</td>
<td>Wrap Up of the day</td>
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<tr>
<td></td>
<td><em>Denis Onyango and Kristjan Jachnowitsch</em></td>
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<tr>
<td>19:30</td>
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## Saturday, 24 February 2018

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00 – 09:30</td>
<td>Introduction to HIV treatment</td>
</tr>
<tr>
<td></td>
<td><em>Charles Mazhude</em></td>
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<tr>
<td>09:30 – 10:30</td>
<td>HIV treatment update</td>
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<tr>
<td></td>
<td><em>Charles Mazhude and Stephan Dressler</em></td>
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<tr>
<td>11:00 – 13:00</td>
<td>Prevention and migrant-specific prevention barriers to prevention</td>
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<tr>
<td></td>
<td><em>Maureen Louhenapessy</em></td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00 – 15:00</td>
<td>Prevention and migrant-specific prevention barriers to prevention cont’d</td>
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<tr>
<td></td>
<td><em>Maureen Louhenapessy</em></td>
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<tr>
<td>15:00 – 15:30</td>
<td>Coffee Break</td>
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<tr>
<td>15:30 – 17:00</td>
<td>Adherence to treatment and migrant-specific barriers to adherence</td>
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<td></td>
<td><em>Charles Mazhude</em></td>
</tr>
<tr>
<td>17:00 – 17:10</td>
<td>Wrap-Up of the day</td>
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<tr>
<td></td>
<td><em>Denis Onyango and Kristjan Jachnowitsch</em></td>
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<tr>
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<td>Dinner</td>
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## Sunday, 25 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00/ 09:30 – 11:00</td>
<td>Stigma and discrimination as barrier to service access</td>
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<tr>
<td></td>
<td><em>Julian Hows</em></td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>What do we do about stigma?</td>
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<td></td>
<td><em>Julian Hows</em></td>
</tr>
<tr>
<td>12:00 – 12:30</td>
<td>Feedback from participants, expectations and suggestions regarding module 2</td>
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<tr>
<td></td>
<td><em>Denis Onyango and Kristjan Jachnowitsch</em></td>
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<tr>
<td>12:30</td>
<td>Lunch</td>
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## Annex 3: Agenda Module Two

### Thursday, 24 May 2018

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
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<td>Dinner and unofficial welcome</td>
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### Friday, 25 May 2018

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
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</tbody>
</table>
| 09:00 – 09:15 | Opening and introduction, expectations from the training, housekeeping rules  
  *Denis Onyango and Kristjan Jachnowitsch*                       |
| 09:15 – 10:30 | HIV and Co-infections in migrant communities in Europe               
  *Julia del Amo*                                               |
| 11:00 – 13:00 | Epidemiology and Advocacy                                            
  *Julia del Amo*                                               |
| 13:00 – 14:00 | Lunch                                                               |
| 14:00 – 15:00 | Discussion of the paper: ‘Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA’  
  *Julia del Amo*                                           |
| 15:30 – 16:30 | Viral Hepatitis- Introduction                                       
  *Stephan Dressler*                                         |
| 16:30 – 17:30 | Viral Hepatitis- Treatment and Prevention                           
  *Charles Mazhude*                                         |
| 17:30 – 17:40 | Wrap Up of the day                                                   
  *Denis Onyango and Kristjan Jachnowitsch*                    |
| 19:30      | Dinner                                                               |

### Saturday, 26 May 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 09:00 – 10:30 | TB – Introduction, Testing and prevention                           
  *Stephan Dressler*                                       |
| 11:00 – 12:30 | TB – Treatment Options and Side effects                             
  *Charles Mazhude*                                         |
| 12:30 – 13:30 | Lunch                                                               |
| 13:30 – 15:00 | Counseling and psychological support                                
  *Charles Mazhude*                                         |
| 15:00 – 15:30 | Coffee Break                                                        |
| 15:30 – 16:30 | Q&A Session                                                         
  *Denis Onyango and Kristjan Jachnowitsch*                  |
| 16:00 – 17:30 | Human Rights and Right to health framework: legal, institutional     
  *Stephan Dressler*                                         |
| 19:00      | Dinner                                                               |

### Sunday, 25 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 09:00 – 10:30 | How is it to be undocumented migrant and migrant advocacy           
  *Winnie Sseruma*                                         |
| 11:00 – 12:00 | How is it to be undocumented migrant and migrant advocacy con’td     
  *Winnie Sseruma*                                         |
| 12:00 – 12:30 | Closure                                                             
  *Denis Onyango and Kristjan Jachnowitsch*                  |
| 12:30      | Lunch                                                               |

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## Annex 4: Agenda Module Three

<table>
<thead>
<tr>
<th>Thursday, 05 July 2018</th>
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<tr>
<th>Friday, 06 July 2018</th>
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<tbody>
<tr>
<td>08:30 – 09:00</td>
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</table>
| 09:00 – 09:20 | Introduction to Module 3  
Denis Onyango and Kristjan Jachnowitsch |
| 09:20– 10:30 | Migrants: Migrants: From research object to research partner part 1  
Stephan Dressler and Julian Hows |
| 11:00 – 12:30 | Migrants: Migrants: From research object to research partner – part two  
Stephan Dressler and Julian Hows |
| 12:30 – 13:30 | Lunch |
| 13:30 – 15:00 | Legal and Regulatory Barriers to healthcare access  
Lisa Power |
| 15:30 – 16:30 | Legal and Regulatory Barriers to healthcare access  
Lisa Power |
| 16:30 – 17:30 | Support Systems for irregular Migrants  
Janice Reul |
| 17:30 – 17:40 | Wrap Up of the day  
Denis Onyango and Kristjan Jachnowitsch |
| 19:30 | Dinner |

<table>
<thead>
<tr>
<th>Saturday, 07 July 2018</th>
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| 09:00 – 11:00 | Advocacy and Campaigning: Stakeholder Mapping, identifying allies, designing an advocacy  
Janice Reul |
| 11:30 – 13:00 | Advocacy and Campaigning – Best Practice Interventions  
Lisa Power |
| 13:00 – 14:00 | Lunch |
| 14:00 – 15:30 | Project Management  
Angela Noonan |
| 15:00 – 15:30 | Coffee Break |
| 16:00 – 17:30 | Fundraising  
Angela Noonan |
| 19:00 | Dinner |

<table>
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<tr>
<th>Sunday, 25 February 2018</th>
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| 09:00– 11:00 | Future Collaboration in M-Care context  
Denis Onyango and Julian Hows |
| 11:00 – 11:30 | Coffee Break |
| 11:30 – 12:30 | Future Collaboration and graduation  
Denis Onyango and Kristjan Jachnowitsch |
| 12:30 | Lunch |
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