

**Detailed Reports of the Activities Performed in the Framework of
the Project**

***“Joint efforts of Police and Health Authorities in the EU-Member
States and Third Countries to Combat and Prevent Trafficking in
Human Beings and Protect and Assist Victims of Trafficking.”***

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I. Objectives of the project

The overall objective of the project is to reinforce the EU Counter Trafficking (CT) response by strengthening cooperation among CT specialists from law enforcement, judiciary and NGO's and extending such cooperation to health authorities and health care providers and border guards from participating EU and non-EU countries as primary target of this action.

The following specific objectives of the project are: to develop skills and best practices for the better medical identification, treatment and protection of trafficked victims through closer cooperation between law enforcement, health authorities and NGOs; to protect, support and rehabilitate victims of trafficking thus enabling their active participation before, during and after criminal proceedings, and consequently improving chances of successful prosecution of perpetrators; to reinforce the human rights approach and improve chances of victims' successful integration/reintegration into society; to raise awareness of health services of victims of trafficking from EU Member States (MS) and third countries and minimise the gap between MS and third countries' health practices related to the risks and consequences of Trafficking in Human Beings (THB) as part of a comprehensive and all-encompassing Anti-Trafficking EU strategy.

These objectives are planned to be achieved through developing a training curriculum for law enforcement, border guards, NGOs, and health practitioners, complemented by information pocket cards for health practitioners on indicators on human trafficking. Finally, a handbook for project developers and project implementers on best practices for implementation of the training programme in project participating countries will also be prepared.

Project participating countries

The project targets participants from governmental and non-governmental agencies and other organisations, including universities from Belgium, Austria, Hungary, Sweden, Luxembourg, the Netherlands, Norway, Portugal, the UK, Albania, Moldova and Romania.

Expected results and measures of the project

The development of training programmes for law enforcement, health authorities, judges, frontline officers, border guards and NGOs aimed at raising the level of protection and support to victims of trafficking (with a special attention paid to unaccompanied minors) before, during and after criminal proceeding. The expected result is the ensure due care, better support and improved medical condition of the victims and therefore their capacity to witness during criminal proceedings as well as their ability to either obtain TRP (Temporary Residence Permit) in the receiving country or to reintegrate into the country or origin upon



return. In this sense the project perfectly corresponds to the selected measure. The expected results of the project are:

- A training Curriculum for law enforcement, border security, NGO's and health practitioners (doctors, medical staff);
- Information pocket cards for practitioners on indicators;
- Project Background papers, reports, strategies and conference proceedings on the Payoke website;
- A handbook for project developers and project implementers on best practices for implementation of training programme in MS countries;
- Directory of hot lines of law enforcement and health practitioners for victims and NGO's;
- A raised level of awareness among decision makers and the general public regarding trafficking as a threat to society and the rule of law, in particular in the form of a higher level of awareness of the link between trafficking, organised crime and corruption;
- Development of training programmes for law enforcement, prosecutors and judges, aimed at raising the level of protection of and support to victims before, during and after criminal proceedings



II. Assessment of the Project Implementation

All activities planned during this reporting period were completed according to the time scheme foreseen in the project document. However, the project was hobbled by the change of the main partner which occurred in February 2012. The replacement of the Pécs University in Hungary with the Krems University in Austria caused some delay in defining the scope, content and the road map for training curricula development and their subsequent testing in four countries (Portugal, Austria, Albania and Moldova). The main project partner Payoke organisation has demonstrated high professional performance in all aspects of project implementation. Moreover it has provided the most valuable expertise and in depth knowledge of the subject which has facilitated the expert groups meetings.

However, it is reasonable to state that the project is an ambitious and challenging endeavour with very little if any previous model to rely upon. Even though the health issue has been repeatedly mentioned as an important, albeit insufficiently addressed element of trafficking, police and health services have been traditionally sectorised and reluctant to cooperate. The only example of a certain degree of cooperation is reported in the field of domestic abuse, a relatively new practice with some similarities which can serve as a reference. In this respect this project, if successful, may provide an opportunity for further development in this field, this is to say a new project proposal that could target policy makers. It will be particularly beneficial in view of the April 2013 deadline stipulated as a date until which the EU MS have to implement the EU Directive against trafficking. The Directive, a victim oriented piece of legislation with a strong human rights component explicitly calls for a thorough victims' health assessment and necessary medical treatment, linking serious health harm caused to the victim to the severity of the penalty.

Regarding the project partners cooperation, some partners have been much more proactive than the others. Whereas the Netherland, Belgium, Austria, Albania have provided substantial input, expertise and knowledge, other participating countries have made little impact on the project development. This gap should be addressed and corrected in the next phase of project development. Particularly constructive, supportive and beneficial for the project was the support of the Dutch National Coordinator against Trafficking and collaborators, who also hosted the Third Expert Meeting held in The Hague.

The participation of EU Agencies has been particularly appreciated and valued along the way. It came about as a results of the CEIPA/Payoke active participation in the 2011 EU Anti Trafficking Day and the support provided to the drafting of the EU Agencies Joint Declaration against trafficking. During this first phase of the project Frontex and Eurojust have made valuable contributions to the development of the project training curricula. Frontex has provided much appreciated contribution to the Budapest conference whereas both Frontex and Eurojust contributed to the success of the Third Expert meeting. The input of EU Agencies will be instrumental for the successful performance of the training curricula and the test training session planned at the later stage of the project.



Thus far the cooperation with the EC was also very constructive. Two meetings that took place with the EC officials helped resolving all pending issues related to the change of the main partner and cleared the way for smooth project implementation.

At this stage of the project development it can be reasonably anticipated that all activities planned for the first year of the project (October 2012) will be successfully carried out. What needs to be carefully monitored and evaluated is the quality of the training curricula and their implementation during the test training sessions planned as of November 2012.



III. Detailed reports of the activities performed in the first eleven months of the project

III.1. The First Steering Committee Meeting, Antwerp, 15 December 2011

The Steering Committee meeting was the first to be held during the life of the project. It was convened with the aim to define the main strategic plan of the project and to discuss steps/activities to be undertaken in the next phase of development.

Participants

Gudrun Biffli, Dean, Danube University of Krems
Corinne Dettmeijer, Dutch Rapporteur on THB
Henrik Sjölander, Ministry of Justice, Sweden
Luísa Conçalves, SEF, Portugal
István Szilárd, University of Pécs, Hungary
Szabolcs Fekete, University of Pécs, Hungary
Jean-Francois Minet, Ministry of Justice, Belgium
Alexandre Berlin, Honorary Director of the European Commission
Martine Messiaen, Payoke, Belgium
Jan Broers, Payoke, Belgium
Ward Gabriels, Payoke, Belgium
Jelena von Helldorff, Project Quality Evaluator
Peter von Bethlenfalvy, Project Coordinator
Anja Hicketick, Project Manager
Patsy Sörensen, NGO Expert
Eglantina Bodurri, Project Assistant

III.1.1 Aims of the First Steering Committee Meeting

- Clarification role partners
- Work plan
- Interim goals
- Matrixes for evaluating and monitoring
- Preparation Kick off Meeting
- Strategic Plan for activities
- Gathering Experts for the Expert group

III.1.2. Outcomes

The participants involved themselves in a thorough and lengthy discussion on the tasks and steps they will and can undertake to assist the successful implementation of this project.



The participants have agreed that this project is in fact an innovative undertaking tackling new policies, scaling up implementation and prevention strategies, practises and approaches on the European level aiming at law enforcement and health/medical care. Subsequently, the distinguished members of the steering committee have made comments on their mandates and tasks within the entities they are representing and postulated support action for the project implementation.

It has been agreed to go along with the implementation plan drafted and presented by the project management. The following tasks and steps have been decided to be undertaken by the individual members of the steering committee:

The Budapest Kick off conference will be organised by PAYOKE in close cooperation with the members of the steering committee and the concerned governments and institutions. The preliminary date set for this event in Budapest 27 & 28 of February 2012. The number of participants is estimated around 150, well representing the authorities and entities from the countries the steering committee members are representing. Concretely, it is expected that each member of the steering committee helps to make certain a representation of at least 10 persons from their country (policy makers, researchers, NGOs, regional networks etc.) in order to ensure that the governments, civil society, academic community and health organisations are involved in every aspect of project implementation. In this way the project will be able to fulfil the criteria set by the European Commission that include the participation of all relevant stakeholders ensuring that the respect for the principles of human rights are met.

As discussed during the meeting, help by individual members of the steering committee will be given to University of Pécs when compiling the questioners, distributing them to well identified targets, evaluating the results and presenting them during the kick off conference jointly with PAYOKE . The University of Pécs will also undertake a study of the already existing material relevant to this project and disseminate it to the members of the steering committee by the end of January 2012.

In order to start this project on the appropriate level, the members of the steering committee have agreed to provide the project management with a list of networks and institutions which should be contacted in matters of expertise, events and policy issues. As regarding the kick of conference 27 and 28 February 2012, it was agreed that list of potential invitees from each steering committee members will be provided to the project management as soon as possible.

III.1.3. The main points of the debate

a) Interventions



1. Ms Corinne Dettmeijer:

- Project should specify a differentiation between VOT; sexual, labour etc.
- Specializing – select one group of victims (sexual exploitation, labour, foreign, domestic)
- Need for unbiased interpreters which cannot be provided by the health services
- Core problem= lack of health care
- Problems concerning VOT and potential gaps are dependent of the specific countries
- Essential to create an environment of confidence to enhance the knowledge
- Training doctors so they know more about HT

2. Ms Luísa Goncalves:

- Common standards concerning health
- Collaboration between health services, interpreters and NGO's, maybe own interpreters can cooperate with the health service
- Language and cultural knowledge is essential for police training
- Attention to gender (no room for men!?) and human rights
- In VOT the same 'click' is needed with the health personnel as to the issue of child abuse

3. Mr Henrik Sjölander:

- The role of health – important not only for the well-being of victims but also for the success of criminal proceeding
- Listing of national and local action plans
- Input of national migration officials and health service to the Project
- What is the role of health as such in the identification process? Experience in Norway, health is a major concern
- Identifying the victims and contact with the victims for early identification
- National boards of health involved in national action plans + Doctors association; Is a professional discussing going on?

4. Mr Jean-François Minet:

- Raising the issue of professional secret
- Optimisation of information through the exchange between hospitals and NGO's
- departure point can be to submit a specific situation to the police and considering all steps of action

5. Dr Alexandre Berlin:

- Issue of health is now more central; a balanced approach is necessary (several European states are providing victims)



- A link between our Project and the *South East Europe Health Network* would be an asset, involving Romania, Moldova, Albania, Bulgaria, Serbia, Bosnia-Herzegovina, Croatia, Macedonia
- Enrich the Kick off Conference with information from a survey / questionnaire
- To bypass the professional secrecy send the survey to health authorities (&Medical chambers) and organisation of doctors (survey with simple questions)
- If we agree to focus first on health, the questionnaire should be obviously health based, focused and aimed at gaining a general understanding of the approaches of "health authorities" and "medical associations" towards "health issues in relation to human trafficking". Important to involve from the very beginning the health authorities to get them committed.
- Health focused questionnaire should be short and one could consider including the following questions (In each of the questions below one could consider the following types of victims: children, sexually exploited persons, labour exploitation, other types of trafficking.):
 1. What is the policy of the health authorities vis à vis the victims of human trafficking?
 2. How does the medical profession handle the cases of patients indicating (or whom they suspect) of being victims of human trafficking, beyond providing medical attention?
 3. Is the medical profession (or can the medical profession) provide guidance to the other players to help the human trafficking victims as a group? What mechanisms would be appropriate?
 4. Is there special training for the medical profession to recognize victims of human trafficking? How is it provided? Does the medical profession, in general consider that there is a need for such training?

6. Prof Gudrun Biffl:

- Experience of Kick off other project HT; interesting to bring together different research methodologies and a network of researchers (law, health, institutional, gender specialists, political science, social science) to generate a new dynamism
- Possibility to work with the Austrian Researchers at the University of Danube Krems
- Working together with specialists on gender sensitivity
- Use existing data, analysis Kreta are good + other to get a better view
- How to deal with victims? Into curriculum of medical education and police school
- Cooperation between health devices?? and police: awareness is necessary, difficult relation because of the lack of trust (victims who are illegal are afraid of the police)
-



7. Prof István Szilárd:

- Sensibilizing for health aspects starts with identification
- Defining the gap: what is missing? Aim is training
- Doctors should contact the police
- In European medical schools no word about HT = deficit
- Fundamental that doctors recognize the signs to arise suspicion

8. Mr Ward Gabriels:

- Communication problems are related to culture

9. Ms Patsy Sörensen:

- Pressure on the victims: tattoos, HIV, aids, hepatitis
- Essential to improve the communication between victims, hospitals, health service and police to optimize the story of the victims and to create the possibility to make the switch to prevention
- Creation of a better declaration of VOT to the police which will lead us to a better prevention in order to speed up capture of perpetrators

10. Ms Jelena von Helldorff

- What do we want from doctors?
- Whom do we wish to train- the health authorities, the doctors, the medical associations?
- Keep focus on the urgency services where the victims are most likely to be referred to
- Ensure that the project complements the 2012 EC Strategy on THB

b) Conclusions

1. Specification of VOT
2. Writing a general training manual but specifying the actual needs or gaps, f.ex. between health and police sector, existing in each country.
3. Defining the existing gaps and clarifying the situation of the VOT (& physical problems)
4. Locating actual problems through questionnaire; questionnaire for disclosure of the gap
5. Survey must consist of simple questions to facilitate the analysis afterwards (statistics / SPSS)
6. Target group of questionnaire: emergency and health personnel, trauma specialists, health authorities, South East Europe Health Network
7. Essential is to start from literature study and to add survey, questionnaire and cases studies.
8. But before all, start from existing data (f.ex. University of Freiburg)



9. Fundamental is on one side the interaction between the general and specific approach and not losing any of both perspectives, on the other side to work with health and justice and to integrate both point of views, closing the different networks
10. Collecting and suggesting names from experts by partners
11. Essential to improve the communication between victims, hospitals, health service and police to optimize the story of the victims and to create the possibility to make the switch to prevention *but* see to it that this bridge can't be misused (importance of NGO's) and to create a environment of confidence
12. Contributions through national authorities and medical labs, Pharmaceutical labs

c) Further actions to be undertaken

1. Elaborate the questionnaire for the health authorities and health associations
2. Make stock of the existing instruments, tools and evaluate the available training material
3. Identify gaps between the law enforcement and health professionals in order to build bridges between police and health practitioners
4. Keep focus on the human rights aspect in all dimensions of the project

d) Distribution of key tasks

- Ms Dettmeijer assists us regarding the Budapest Kick off Conference, planned for 27 & 28 of February 2012. She will be in contact with Ms Christina Berta for the conference room (app 100 PAX)
- Dr Alexandre Berlin provides the link with the *South East Europe Health Network*
- Prof Biffi provides assistance in research.
- Prof Szilárd will forward the draft questionnaire, the plan of distribution and the first results in form of report and analysis before our conference on the 27th and 28th of February. The University of Pécs will be responsible in methodology, evaluation, reporting and compilation of the manual.
- Ms Goncalves assists us collecting data
- Payoke will increase the visibility and policy action on the highest EU government and institution levels. Meetings will be organised with the involvement of the EU institutions, high and respected level of governments in order to maintain the broad interdisciplinary dimension. Payoke will lead in organising the Kick off Conference in Budapest.
- All partners collect names of experts, who will be vital to our project.



III.2. The Data Collection Meeting, Lisbon, 17 January 2012

Report

Participants

Sörensen, Patsy: Director Payoke, Belgium

Goncalves, Luisa Maia: Head of the Department for Criminal Investigation Surveillance and Intelligence – DCIPAI

Oliveira, Joaquim Pedro: Deputy Director, Immigration and Borders Service

Alvaredo, Igride: Project Coordinator, Social work of the Oblate Sisters of the Most Holy Redeemer – Prostitution Project

Ruivo, Joana: Manager, Support Unit of Migrant Victims and Victims of Ethnical and Racial Discrimination, APAV

Da Silva, Maria Fernanda Barreiro: Lead Nurse of Mental Health, Coordinator of Health Office CNAI

Questions

How are the first contacts with Police and Health staff?

In Portugal, the crime of trafficking in human beings is investigated by special police forces (Judiciary Police and the Border Police, called SEF – Serviço de Estrangeiros e Fronteiras). Those police forces receive special training to deal with trafficked victims and are responsible for searches and other kinds of intervention when there is a suspicion of trafficking. When the police identify a victim of trafficking during an active intervention, the first contact is usually satisfactory, since police officers are prepared to deal with them.

Police officers have instructions to take the victims to the hospital if they need medical assistance and to provide information about their rights. The first contact with health staff is usually reasonable as well, since the victim of trafficking has the right to receive medical assistance by the public healthcare system.

Despite of the inexistence official data about the contact between victims of trafficking and the police or the health staff, we can only answer this question based on the report from our clients.

Do you have expertise on handling highly traumatized victims?

The Portuguese Association for Victim Support (APAV) is a NGO that offers psychological, legal and social support to victims of all sorts of crime. Being so, our staff is trained to handle with high traumatized victims, such as victims of trafficking.

Is there awareness in the health sector (and Police Authorities) concerning this problem?

Both police authorities and health staff receive trainings in this area. There are currently awareness raising programs made by NGOs, financed by the government, aiming the training of health professionals on trafficking in human beings (<http://www.otsh.mai.gov.pt/?area=203&mid=000&sid=1&sid=000&cid=CNT4f07186f26e13>)

What kind of local or national action plans are linked with this issue?



The government created a national plan with political measures destined to raise awareness and train different staffs about trafficking in human beings. The II National Plan Against Trafficking in Human Beings entered in force in 2011 and goes on until 2013.

Are there specific gaps or recurring difficulties in the interaction with victims of Human Trafficking?

The main gap in the interaction with the victim consists on their identification, since most situations are hidden, making it difficult for the authorities to support the victims. Another issue is that most victims are foreign and do not know the language and the support services available, making the intervention very hard.

Conclusions and Suggestions

- 1) It is useful to cooperate with training institutions in order to raise awareness about trafficking amongst health personnel.
- 2) It is not advisable to go to the hospitals directly: they are often too busy and overwhelmed to have time and capacity for quality trainings.
- 3) It is necessary to set up guidelines (such as in the case of aggression, sexual harassment, bullying) on how to handle these situations: the initiative must come from top to down.
- 4) Problem of ethics: how to deal with the cases, what special ways are there to work with potential victims.
- 5) Proposal: a central institution, department that can create a transit situation (for example an institution to which doctors can report cases of potential victims to).
- 6) A reporting system, similar to the one of domestic violence. Need for an appointed person who is centrally responsible for it.
- 7) A person in service (at the ER, hospital) who is specialized in THB.



III.3. The Budapest European Conference on Trafficking in Human Beings, February 27-28 2012

Key speakers and contributors

dr. Krisztina Berta, Deputy Secretary of State for EU and International Affairs, Hungarian Ministry of Interior, Budapest, Hungary

Ms Edit Bauer, Member of the European Parliament, Special Rapporteur on THB

Brigadier General Ilkka Laitinen, Director FRONTEX, Warsaw, Poland

Ms Corinne Dettmeijer-Vermeulen, National Rapporteur on THB, The Hague, The Netherlands

Mrs Patsy Sörensen, Director PAYOKE, former MEP, Antwerp, Belgium

Mr Peter von Bethlenfalvy, Director CEIPA, Brussels

Ms Jelena von Helldorff, Member of the EU Expert Group

Dr Helga Konrad, Former OSCE Special Representative on THB, Former Minister for Equal Rights, Vienna, Austria

Professor Dr Gudrun Biffl, Dean of Faculty of Business and Globalisation, Danube University of Krems, Austria

Professor Dr István Szilárd MD, Chief Scientific Adviser, Medical Faculty of the University of Pécs, Hungary

Dr Alexandre Berlin, Honorary Director, European Commission, Luxembourg

Ms Mariana Katzarova, Head of the Anti -Trafficking Service ODIHR, Warsaw, Poland

Assoc. Prof. **Dr Béla Veszprémi MD**, Gynecologist-Genecitist, Medical Faculty of the University of Pécs, Hungary

Mr Ward Gabriels, Psychologist, Social Worker at PAYOKE, Antwerp, Belgium

Senator **Anne-Marie Lizin**, former President of the Belgian Senate, Honorary Speaker of the Belgian Senate, Director HOCRINT, Paris, France

Ms Luísa Gonçalves, Director of the Department Organised Crime and THB, Ministry of Interior, Lisbon, Portugal



Ms Silke Albert, Crime Prevention Expert, UNODC, Vienna, Austria

Dr Lilla Hárdi, Psychiatrist, Head of Cordelia Foundation, Budapest, Hungary

Mr David Reizenzein, External Relations Officer, FRONTEX, Warsaw, Poland

H.E. Jo Indekeu, Ambassador of the Kingdom of Belgium in Budapest

III.3.1. Budapest Conference Report

The Budapest Conference - organised in close cooperation with the Hungarian Ministry of Interior and with support of a number of EU governments and institutions - took place on 27 and 28 February 2012 in the premises of the International Training and Civilian Crisis Management Centre of the Hungarian Ministry of the Interior in Budapest. The event provided a new insight into the guiding EU policies and practices while addressing the need for cooperation between law enforcement and public health authorities, the necessity for multi-disciplinary strategies in prevention of trafficking and protection of victims and the need for training/common curricula and coordinating mechanisms on a pan-European level. Addressed by a number of highly competent European and national experts, representatives of European Parliament, Commission and EU agencies, national policy makers, civil society representatives, international organisations' officials and practitioners from Belgium, Hungary, Austria, the Netherlands and the Balkans, the conference provided a platform for sharing and analysing of current practices while laying the basis for shaping additional forms of cooperation and creating new synergies that will strengthen victims protection and contribute to a better criminal justice response. A large number of participants were offered a possibility to listen, debate and exchange views on main challenges of the current anti-trafficking prevention, prosecution, and victims protection policies and practices. The experts' presentations as well as a dynamic ensuing debate resulted in a few main conclusions that can serve as a basis for developing future actions in the framework of this project as well as in the context of future European policies in this regard. The following summary provides a detailed account of the conference proceedings, followed by a bullet points highlights for the record.

Opening Ceremony

Extending his warm welcome to all participants **Mr. Peter von Bethlenfalvy**, CEIPA Director and project coordinator explained the context of the project and reasons to organise the project kick off conference in Budapest. He made a short introduction of all panellists, praising their knowledge and expertise in the field of THB.

On behalf of Hungarian Ministry of Interior and in her capacity as Deputy Secretary of State for EU and International Affairs and Hungarian National Rapporteur for THB,
dr. Krisztina Berta



expressed her support for the project, stressing the interest of Hungary to actively participate in actions against trafficking in human beings. Even though some common actions on EU level nurture less enthusiasm than before, the subject of human trafficking remains one of the areas of dynamic enterprise. Ms. Berta recalled the beginning of common action and the then Commissioner Mr. Antonio Vitorino's efforts to set a pace for the development of a coherent EU anti- trafficking policy. She retained that Hungary as a country of origin, transit and destination has a strong interest to support strengthening cooperation between law enforcement, judiciary and health authorities. Developing joint training curricula for practitioners and policy makers will hopefully help to improve conditions of the trafficked victims and contribute to a better cooperation with law enforcement and judicial authorities. Hungary is looking forward to the results of the project that will be widely disseminated among a large number of interested stakeholders. Ms. Berta concluded by expressing hopes that the conference will enhance common understanding and reinforce efforts to combat trafficking in human beings.

Ms. Edit Bauer,

Member of the European Parliament, member of Civil Liberties, Justice and Home Affairs (LIBE) Committee, Special Rapporteur on THB, who was actively involved in the work on the new EU Directive to combat trafficking in human beings, began her intervention by praising the project initiative as instrumental for the future activities of the EP LIBE committee. Putting forward figures on trafficking cases, she reminded participants of the width and complexity of this problem. According to ILO estimations there are about 12.4 million victims of labour exploitation annually in the world, out of which 2.5 million are trafficked victims. Among those, 1.1 million account for commercial exploitation, 800 000 for forced labour and 600 000 for undefined purpose. Europe, in spite of its proclaimed standards on human rights is not clean from labour exploitation. Next to the rising number of labour exploitation victims Ms. Bauer underlined other new trends in the trafficking business, such as a rising number of victims from EU countries and an ever bigger number of minors trafficked for the purpose of sexual and labour exploitation. Despite the great progress made over the more than a decade long fight against trafficking, the gaps still exist between the legal basis and the law enforcement practice. In addition, the UN Palermo Protocol is not yet ratified by all EU Member States (the Czech Republic) and three Member States are still considering the ratification of the Protocol on the Rights of the Child. The Council of Europe Convention against trafficking, open for ratification from 2005 has been ratified by 19 EU states. However, a great leap forward has been made when the Lisbon Treaty entered into force, providing for the co-decision procedure between the European Council and the European Parliament. Once considered unimaginable, the EU has acquired rights to intervene into the penal code of EU countries. The results are already visible: the new EU Directive against trafficking was adopted in 2010 and the Anti-Trafficking EU Coordinator has been appointed in December the same year. Scheduled to be transposed into national legislation by 6 April 2013, the new Directive on combating and preventing human trafficking includes bagging, forced marriages, illegal adoptions and organ trafficking in the definition of trafficking. It also stipulates more severe penalties when the life of the victim is endangered, forbids secondary victimisation and provides for confiscation of trafficking assets, in order to prevent



traffickers to benefit from trafficking gains when out of prison. The Anti-Trafficking Day is seen as a positive development, whereas the national Rapporteurs for THB are a good mechanism to collect comparable statistics and information on developing phenomenon.

Brigadier General Mr. Ilkka Laitinen,

Director of Frontex highlighted the crucial input of the EU Stockholm Programme to the Schengen border protection and inter-agency cooperation. The Frontex EU Agency that was criticized in the past for the lack of human rights approach has now fully embedded the fundamental rights in its concept of modern border management system. Mr. Laitinen stressed the complexity of the THB phenomena, pointing out crime prevention and victims' protection as main strands of an anti-trafficking strategy. He noticed that there is full political commitment of MS to fight THB as a serious crime that violates human rights.

The health issue is a welcome new dimension to this approach. The inter-agency cooperation is very important, albeit difficult to achieve. It has been the focus of the last EU Anti Trafficking Day that took place in Warsaw in October 2011. As a result, the Joint Inter-agency statement has been signed by all respective EU Agencies in the field of Justice and Home Affairs. Mr. Laitinen also stressed the need for strengthening national, regional and local cooperation, as well as the involvement of the civil society and academia. A new Frontex Strategy attaches high importance to trafficking, making a clear distinction between trafficking phenomena and illegal migration and smuggling. In this respect, Frontex works on providing a careful profiling of both victims and perpetrators, while increasing capacities of border guards in order to make them trustful and reliable. It is why training and awareness raising of EU border guards, the developing of curricula for first and second line officials, risk analyses and profiling remain high on the Frontex priority agenda. As of December 2011 Frontex has been endowed with the extended mandate to build capacities in third countries, which is expected to further improve victims' protection and dismantle trafficking networks. This development is in line with the new EU external security strategy.

The Dutch National Rapporteur,

Ms. Corinne Dettmeijer-Vermeulen

said that the Netherlands and Finland are two countries with independent national rapporteurs for THB, free to criticize and advise their governments on best anti- trafficking policies. She praised the project initiative, stressing the need for rising awareness of police officers, judges and prosecutors on the impact of trafficking on physical and mental health of victims. Because the testimony of trafficked victims represents a crucial element of a successful prosecution, their recovery is an important element of criminal proceeding. The Zimmerman Study, quoted several times at the conference, provides a clue on devastating consequences of trafficking, such as depression, memory problems, post-traumatic stress syndrome (PTSS). Only 1/3 of police officers in the Netherlands are aware of these facts and although the care organisations do provide help, the long-time diagnoses and treatment are still lacking. The rising number of labour exploitation victims, including male victims, require increased attention, even though the need for their health support appears to be less evident. The Zimmerman study points out the insufficient focus on male labour exploitation and the need for appropriate health measures. In conclusion Ms.Dettmeijer-Vermeulen



emphasised that both the victims of sexual as well as labour exploitation need to be looked at from the health perspective.

Ms. Patsy Sörensen,

Director Payoke and former MEP provided a short project description, pointing out the main objectives and aims of the project. The issue of victims support, existing gaps and hitherto experience in the field are said to be the main targets of this project. The findings and the results can above all support the implementation of the EU Directive on preventing and combating trafficking in human beings.

First Panel Discussion on : Developing Common Multi-Disciplinary Training and Curricula for Police, Border Guards and Public Health Authorities

Under the chairmanship of

Ms. Helga Konrad,

former OSCE Special Representative on THB and former Minister for Equal Rights in Austria, the panel began with the presentation of Brigadier General Mr. Ilkka Laitinen, Frontex Director who focused his intervention on “capacity” and the adjacent elements. Operational elements, research, development and training are in the centre of Frontex activities. Frontex already developed common curricula for all Schengen and associated countries, comprising the strand on THB, as well as instruments for implementation. It is also in charge of quality control of common curricula. Border guards never act alone but always in cooperation with other law enforcement units, since they are in charge of cross border crime and migration management. The next step is to develop a European Training Scheme, in cooperation with CEPOL that would offer a systematic training to all law enforcement officials active in the field. Common Training Curricula developed by Frontex for border guards are a good basis for this new multi-disciplinary instrument.

Ms. Edit Bauer,

MEP and Special Rapporteur on THB outlined the challenges of the developing legal environment. The EC is preparing a new Strategy against trafficking before the summer, whereas the European Parliament will most likely table a resolution on this subject. It will address the shortcomings of the present legislation, including, among others, the Temporary Residence Permit for Victims of Trafficking, the insufficient child protection. The biggest challenge for the years to come is addressing the demand. The issue of victims’ identification, their age assessment as well as the recognition of their vulnerability is a big test for the health authorities. Organ trafficking needs be properly addressed too, also in regard of patients who are the beneficiaries of trafficked organs.

Ms. Gudrun Biffl,

Dean of Faculty of Business and Globalisation at the Danube University of Krems, Austria, addressed the issue of labour exploitation, emphasising the supply and demand side and stressing the need to look at the cultural and religious aspects. Trafficking is primarily a huge business with a lot of money involved as a result. Because police cannot handle it alone,



cooperation between them, labour authorities and health services should be furthered. She raised the question of institutionalisation of interaction between law enforcement authorities and health officials, their cooperation with NGOs and the need for structures at a global level. Better understanding and research of the welfare systems in EU Member States is needed as the gaps in universal access of illegal migrants and trafficked victims to the health care vary considerably. The access of trafficked victims to the labour market should be further exploited, given that even asylum seekers experience difficulties in this regard. Better understanding of the business model of trafficking coupled with a cost/benefit analyses of victims access to the health care are to be better researched. In order to have a big picture at the macro, meso and micro level a multi-disciplinary approach should be privileged.

Dr. István Szilárd,

Chief Scientific Adviser at the Medical Faculty of the University of Pécs in Hungary reiterated the need for cooperation between various stakeholders. He recalled the Budapest 2003 conference on health and human trafficking in countries of South-East Europe and the Budapest Declaration adopted as a result. From the medical point of view, victims are exposed to sexual exploitation, physical abuse and poor living conditions. This is why health authorities should be involved from the very beginning in the process of victims' treatment. Little attention has been paid hitherto to the awareness-raising and the long-term health consequences of trafficking for both victims and the population as a whole. As a result there has been not enough training for police and health authorities. Awareness raising is needed at the level of policy makers, decision implementers and ground level practitioners, even though it is sometimes difficult to identify at policy level those primarily in charge. Essential is therefore to create interface between institutions, as trafficking is a complex phenomenon lacking a clear cut ownership.

During discussion several voices were raised in favour of strengthening the health aspect in the field of anti-trafficking. As victims come from different countries with very different health systems it is advisable to set up intercultural services with mediators able to guide and advice victims on health practices and procedures in countries where they are identified.

Underlined was also the fact that dealing with trafficking requires patience as there are no quick fixes for such a complicated phenomenon. Prevention measures must start early at school as it is the case for environmental issues. Building trust between various stakeholders implicated is essential for a successful outcome. European Trafficking Coordinator should play a more proactive role in creating an interface between different Directorate Generals.

Second Panel Discussion on: Existing Policies and Practices furthering the Cooperation between National State Authorities and Civil Society

Ms.Patsy Sörensen,

Payoke Director who chaired the second panel started by explaining the work of Payoke. Based on her long and valuable experience she said that a holistic approach is needed



towards victims' counselling. Every part of this process deserves medical attention. Uncertain about their legal status, having financial problems, experiencing emotional instability and family related problems each victim has very different needs and should be treated appropriately. The Dutch example and experience of other countries should be closely examined.

Ms. Corinne Dettmeijer- Vermeulen,

Dutch National Rapporteur for THB, underlined the importance of a multi-disciplinary approach, in addition to trust and cooperation that are required in all components of the chain of different stakeholders involved. By building trust we can improve the exchange of information, a highly important element in successful anti- trafficking action. The weak link in this chain is often the youth care protection and adequate facilities. Regarding prevention, it should be carried out in small, rural communities, in cooperation with local authorities, even though mayors and local officials seem sometimes unaware of trafficking in their municipalities.

Building trust between shelters and police authorities is important as the victims should be aware of a contact between civil society and state authorities. This in turn engenders positive impact on police-victims' cooperation.

Ms. Mariana Katzarova,

Head of Anti-Trafficking Service at ODHIR, Warsaw, presented ODHIR as an independent institution representing 56 OSCE member states which developed in 2004 the handbook of National Referral Mechanism (NRM) to be used by professionals, including in the health sector. Designed as a cooperative framework for standardising referral mechanisms, the handbook was at the time directed to victims of sexual exploitation. Given a rising number of labour exploited victims the ODHIR is now working on its review and update, in order to provide new guidelines for labour exploitation. However, the hitherto implementation appears to be a mixed result, as there was never a viable cooperation between civil society and state authorities. No strategic partnership was formed between different ministries – labour, social affairs –interior and NGO's. Another reason is the national differences towards labour exploitation. Structures in place are not always tailored to the victims' needs but rather to the purpose of security and criminal justice. Often only foreign victims are identified as such, neglecting the local ones, particularly those of labour exploitation. Although the EC and ILO developed a list of indicators on how to identify victims, the question is to what extent it has been implemented. Ms. Katzarova concluded by recommending the institutionalisation of cooperation between state authorities and civil society in order to make NRM a viable chain of real partnership and cooperation.

Ms. Helga Konrad,

Former OSCE Special Representative on THB presented a new regional initiative of Austria and neighbourhood countries, which is primarily focused on implementation, focusing among other on trafficking for labour exploitation and domestic servitude. The project involves ten countries and is to be implemented by government authorities in cooperation with respective NGOs of the participating countries. The aim is to enhance the practical



implementation of established norms, instruments and existing good practices. The issue of prevention is crucial here, as we need to move from awareness raising to prevention. The project is concentrated on implementation strategies and good practices with the idea that good examples can serve as building stones for a regional and larger European model. Past errors (such as the Italian example in Nigeria) are closely examined so as to avoid them in future. The idea is to set conditions for a mutually beneficial partnership between countries of origin and destination. What is important is to encourage countries to get forward with situations that can lead to trafficking, thus linking the indicators with real trafficking cases. There is, however, no clear definition of trafficking for labour exploitation, as different countries have different attitudes towards it. Some countries talk about “intent to exploit” whereas others state “objective criteria of unacceptable working conditions or conditions incompatible with human dignity” in their laws. Effective responses for human trafficking require the establishment of real regional networks based on knowledge from the field.

Dr. Béla Veszprémi, MD

Gynaecologist- Geneticist at the Medical Faculty of the University of Pécs, Hungary, presented his work as the president of the society for family care that fights unsafe abortions and provides education against unwanted pregnancies. Sexual abuse can have devastating consequences on reproductive and physical health, but having different cultural expectations about health care, victims of human trafficking and immigrants often don't know where to go when they have gynaecologic problems. They also fear being stigmatized upon return to their home country. This is why building trust with medical practitioners is an important issue that should be better addressed. Repercussions of sexual abuse and damaging effects on reproductive health depend on the severity and duration of coercion. Forging synergies and building trust between law enforcement and health practitioners should be further encouraged. Emergency services, family planning counselling and mental health should be empowered and closely involved in the process of victims' rehabilitation. The ensuing discussion among participants brought up questions of statistics, data collection and analyses and the Greta Council of Europe's mechanism for monitoring implementation of the CoE Convention against trafficking.

Third Panel Discussion on: Policies towards Multi-Disciplinary and International Cooperation aimed at strengthening the Police Cooperation and Rights to Health and Medical Care of Victims of Trafficking

The second day of the Budapest conference concentrated on concrete steps to be undertaken in order to reinforce synergies and strengthen cooperation between law enforcement and public health officials. The panel discussion was chaired by **Mr. Peter von Bethlenfalvy**, CEIPA Executive Director.

Ms. Luisa Gonçalves,

Director of the Department Organised Crime and THB at the Ministry of Interior, Lisbon, Portugal presented a successful anti-trafficking operation carried out in Portugal involving victims from Brazil and Romania, trafficked through Amsterdam and Paris to Lisbon. The



operation called “NICOLAE” helped dismantling the trafficking network of human traffickers that operated in Spain and Romania, resulting in a high number of convictions. It took 17 months of investigation, 8 arrest warrants, 5 house search operations and 3 months of phone hacking to bring enough evidence to the court. It demonstrated how difficult and sensitive it is to balance the timing and length of intervention at different stages of an anti-trafficking action. The cooperation with Romanian authorities and Eurojust not only helped establishing the necessary judicial channels but stripped traffickers from their assets that often helped them living like kings when out of prison. All accused were convicted with prison sentences varying from 11-14 years.

The case brought home the need for immediate psychological support, as medical and psychological support is crucial to build trust and secure cooperation of victims in criminal justice proceedings. NGOs that had an agreement with health centres provided necessary assistance to trafficked women. This case also exposed the need for targeted health assistance as some of the victims were drugged and have been tested HIV positive. The post-trial procedure revealed the difficulties of reintegration, with a tendency of victims to get back to prostitution. Interpreter’s assistance turned out to be an indispensable tool, as language is the key to care for traumatised victims. In conclusion Ms.Gonçalves reiterated the need for multidisciplinary approach, backed by training of police, health authorities and civil society organisations and interpreters.

Ms. Silke Albert,

Crime Prevention Expert at UNODC in Vienna started by quoting the UN Palermo Protocol that underlines the importance of victims’ physical and psychological recovery. The problem is that the information on victims’ rights is not always adequately channelled. National Referral Mechanisms, albeit useful, often rely on persons and personal contacts rather than on institutional structures. Moreover, different actors think in their own categories, which make the task of formulating mutual interest extremely difficult. The victims are primarily interested in getting assistance and recovery support so that they can resume normal life upon reintegration. The law enforcement authorities, seeking to get the best evidence and testimony from victims have to ensure their security before and during trial. Referral mechanisms have the task to direct and guide victims through the service providers network. Their mutual interest is to identify both victims and criminals, prevent further trafficking, bring perpetrators to justice and provide necessary protection to victims. That makes the case for a holistic approach from which both victims and criminal justice can profit. Mentioned by the Palermo Protocol the multidisciplinary training among different stakeholders can greatly facilitate this approach. Ms. Albert concluded her intervention by stressing the need for paying increased attention to organ removal as a relatively new form of trafficking, where health practitioners have a role to play. UNODC is developing a tool kit for training personnel for the purpose of organ removal, whereas the Council of Europe is in the process of developing a new Convention on this subject.

Ms.Lilla Hárdi,

Psychiatrist, Head of Cordelia Foundation in Budapest presented the work of the foundation in which more than 140 members actively participating in the network. Their principal task is



to provide rehabilitation services to traumatised victims, refugees and survivors of torture. The approach advocated is the holistic approach, including comprehensive bio-psychological treatment. The interpreters are the key in the network. They are given a special training not only on how to deal with victims but also on how to protect themselves from being too much emotionally engaged. The victims often experience the PTS (post trauma syndrome) coupled with attention and memory problems, serious cognitive difficulties, self-perception problems, anger and excessive impulsiveness. The methods of rehabilitation are verbal and non-verbal applied in group and individual treatment sessions.

Based on their experience Cordelia foundation pleads for more training of judges, government officials and police while promoting multilevel, multidisciplinary approach.

Ms. Anne-Marie Lizin,

former President of the Belgian Senate, Honorary Speaker of the Belgian Senate and Director of HOCRINT, Paris, reminded the audience that the Belgian law was the first to develop the concept of victims of human trafficking, providing the victims with rights to assistance and care. She described the difficult situation of victims who feel guilty of being involved in illegal activities and refusing to consider themselves as victims. Together with her Albanian colleague, Ms.Lizin organized two years ago a debate aimed at bringing together hospitals, emergency services NGO's and police representatives on how to treat victims of human trafficking, how to build confidence and help them severing ties with traffickers. The Dutroux case in Belgium helped reforming the police attitude towards victims, triggering the criminal law revision. This attitude towards victims should be promoted as a model in other European countries.

The discussion on the second day confirmed the perception that law enforcement, judiciary and other relevant governmental bodies need to be trained in order to satisfy victims' needs for physical and psychological rehabilitation. Austria pioneered this approach when establishing in 2008 the Task force in THB and appointing the National Coordinator.



III.3.2. Evaluation and the main highlights of the conference

The Budapest conference was a good starting point for the ISEC project. While reiterating the complexity of the fight against trafficking it brought home the necessity to address the missing link between law enforcement, health authorities and civil society organisations. Different panellists underlined the fact that providing synergy between law enforcement and health authorities is not only desirable from the human rights perspective, but provides significant criminal justice benefits, thus contributing to reinforce the security side of anti-trafficking approach.

The conference also provided a valuable insight into the evolving trafficking tendencies and exposed concrete needs of practitioners in the field which should be used when developing training curricula. In this respect it provided further justification for the EU funding in this project. The main highlights of the conference can be summarised as follows:

1. The European Union and EU Member countries' anti trafficking polices considerable evolved from the middle of 90ties of the past century. From the first Vienna summit in 1996 to the Tampere EU summit conclusions in 1999, EU Brussels conference in 2002, the EU Hague and Stockholm programme in 2004 and 2010, the subject of trafficking in human beings gained increased attention of international and EU policy makers, resulting in a strong legislative response, accompanied by a number of practical projects in the countries of origin, transit and destination.
2. Whereas the beginning of anti-trafficking policy was marked by a pronounced law enforcement-security approach, putting the accent on investigation and criminal justice part of the problem, the recent policy development shows the shift towards increased focus on the victims and prevention of trafficking. The Payoke project that seeks to reinforce cooperation between law enforcement and health authorities is a good illustration of this change.
3. Trafficking in human beings is first and foremost a grave violation of human rights and the dignity of human beings. Over the past couple of years the human rights approach has gained momentum in EU internal anti trafficking policies as well as in relations and cooperation with third countries. It has been mainstreamed in all EU anti trafficking policies and actions.
4. Because of the highly lucrative character of trafficking business the forms of trafficking constantly change pattern. Whereas the majority of cases in the past represented trafficking for sexual exploitation of women, today we witness an increasing trend in trafficking for labour exploitation of man, women and children, increased trafficking of minors, trafficking of organs, bagging and forced marriages, as well as cases of internal trafficking.



5. Trafficking cases are a very complex phenomena involving not only several countries in the process but a variety of stakeholders representing government agencies and civil society in the field of law enforcement, border management, social welfare, employment, housing, health and external relations. To be efficient, anti-trafficking policy is conditioned by partnership and cooperation of state and civil society organisations active in all these fields. Only a multi- disciplinary approach and commitment can bring about results.
6. Strengthening synergies between the law enforcement and health authorities, combined with a specific training directed to the officials in the field can contribute to the rehabilitation of victims, their improved mental and physical health as well as their capacity to reintegrate into society in the country of origin. Catering for the health conditions of victims can not only build trust between victims and law enforcement authorities but can improve chances and quality of the victims' participation in criminal proceeding and provide a valuable court testimony against traffickers. This in turn increases chances of successful prosecution and greater number of convictions.
7. Providing for improved health conditions of victims and allowing them access to healthcare facilities has benefits for the victims of trafficking but also for the society as a whole. The costs of inaction greatly outweighs the benefits of targeted action, as victims can spread diseases such as TBC, HIV and other infectious diseases.
8. Coherent training programmes for law enforcement and health authorities is necessary and needed. It should be carefully elaborated and designed by experts in order to provide subject matter expertise for each group of officials and adapt to their capacities and priorities.
9. The successful outcome of this project can provide contribution to the implementation process of the 2010 EU Directive on prevention and combating trafficking in human beings and protecting victims. It reflects the Directive's new victims- centred approach and contributes to the more successful prosecution of offenders.



III.4. The First Expert Group Meeting, Antwerp, 22-23 April 2012

Participants

Friedrich Altenburg, Danube University of Krems, Austria
Marina Amonsson, EUROJUST, Sweden
Dirk Calemyn, Federal Police, Belgium
Heleen Driessen, Prostitution and Health Centre, The Netherlands
Aga Kwiecinski, Danube University of Krems, Austria
Frank Noteboom, Office of the Dutch Rapporteur on THB, The Netherlands
Patsy Sörensen, Payoke, Belgium
Szonja Szabó, National Bureau of Investigation, Hungary
Helga Telegdi, Project Manager, Payoke
Duco van Heel, FRONTEX, Warsaw
Peter von Bethlenfalvy, Project Coordinator
Jelena von Helldorff, Project Quality Evaluator

The meeting was the first in the series of three Expert meetings to be held in the framework of the ISEC project. It was attended by 12 experts representing the governments, NGO's and international organisations. The meeting was focused on "Victims Identification" and was aimed at providing subject matter expertise in this field, setting the basis for the development of training curricula. The distinguished participants provided valuable analyses and opinions on enhancing cooperation between Law enforcement and Public Health authorities which could result in a more efficient identification of trafficked victims.

The main **conclusions** of this meeting may be summarised as followed:

Payoke experience and procedures were thoroughly explained as a model of victims' identification. The approach is based on a "Coffee and cookies" method, providing a comfortable, friendly atmosphere where the victim feels relaxed and confident to tell her story. Dealing with trauma and addressing the victims psychological needs are the principal elements of the first encounter with the victim. Afterwards she is accompanied to the shelter for the maximum 3 months after which the Payoke social worker looks for an appropriate housing. Payoke, in cooperation with police, social services and administrative authorities provides all necessary support for the victims' stay and accommodation. Although the victim does not confront directly the police and is not obliged to witness at the court, her account of the events is transmitted to the police who is then able to start action against the perpetrators. The approval of the residence permit is conditioned by the victims' cooperation and willingness to provide the details of her ordeal, which can help law enforcement to track traffickers. Payoke is also providing support for victims' integration, allowing the victim to attend school, learn the language of the country and eventually find a decent work. The aim is to allow the victims to stand on their own feet and resume normal life. All processed victims get a code and are registered into a data base run jointly by



Payoke, Pag-asa and Sürya, the three main Belgian NGO's providing support to the trafficked victims. These data collected since March 2012 provide analyses of new trends and patterns of THB. Close cooperation with the Eurojust is ensured to develop contacts with countries of origin and transit. Supported by about 30 volunteers (former professors, language teachers, choreographers etc.) Payoke has last year alone being able to successfully deal with 24 cases of victims of trafficking.

Recommendation: to institutionalise the “the cookie and coffee” approach into a regular practice, providing for victims psychological and post trauma support while getting the victims’ testimony of her trafficking ordeal thus allowing the law enforcement and prosecutors to begin action against traffickers.

FRONTEX has developed a training manual for law enforcement. The difficulties arise during implementation, as different countries have different national and judicial standards and practices. Equally, local governments, NGO's and shelters have different needs which should be appropriately addressed.

Recommendation: to devise common Training manual that can be adapted to specific national circumstances. The victims’ interview and identification should be at best carried out by the first and second line law enforcement officers. They should be trained to recognise and identify trafficking indicators, that together with material evidence and interview results may provide solid basis for the victims’ identification.

Beyond looking at the trafficking signs it is important that the project devises measures that are compatible and adaptable to the daily work context of law enforcement, border guards and health authorities.

Recommendation: Developing Common Acceptable Standards that fit into the overall context/ structural background and provide basis for the next steps. These standards should be specific and generic in order to be applicable to concrete situation

One of the most important elements of devising effective and efficient training curricula is the definition of the end users, their profile, grade and function within the institution they represent. Training should target the right level in the hierarchy that can impact the grass root/filed officials at the bottom as well as policy makers on the top. It should be shaped in a way to raise awareness, improve capacity building and increase the chances for implementation. It concerns police employees, border guards, prison staff, health services, social workers and labour inspectors and is important in order to provide more efficient intervention strategy, improved and quicker victims identification, health care as well as improved prosecution. Raising awareness and learning how to recognise the victim is the most important but also the most difficult step in the process. The example of the NL raising awareness of the clients and the raise in their reporting of the trafficking cases is the case in point.



Recommendation : Targeting managerial level (senior) as the most appropriate training group seems to be the best option as they may exert their influence and have impact on both the field and policy making level within their institution. For health practitioners and other field practitioners coming into the direct contact with the victims, the most appropriate will be to develop **Pocket cards** with concise information on THB indicators and practical steps to be taken, with information adapted to each participating country.

Because of the panoply of training materials available in the field of THB the project should avoid producing yet another manual which will be shelved without being properly utilised, due to the different national circumstances, administrative barriers and other elements impeding its effectiveness.

Recommendation: to develop training material that complements the existing trainings and is embedded in the existing structure, making an additional part of it.

The aim of the project is not to develop national referral mechanism, as every country has its specific system. One option would be to use the Netherlands Barrier model consisting of information on entrance, identity, housing, labour and health.

How to raise interest in training was the question raised during discussion. Participants agree that it has to be user- friendly, practical and perceived as useful in a day-to-day work. Raising the issue of costs may be a useful argument.

Recommendation: to develop Standard Operating Procedure SDP, as part of NRM and to appoint Focal points in Hospitals and elsewhere that will overview the implementation. The pyramid up-down pattern should consist of Protocol-SOP-Pocket Cards

Training curricula should be tested by law enforcement and health officials in both separate and joint sessions. Training for the doctors should be delivered by police and NGO's. In the longer term, beyond the project life time, training should become part of a regular University Curricula.

Recommendation: support the training curricula by the case studies in order to identify gaps and needs, raise key issues and share available information



III.5. The PAYOKE Project Mission to Albania, 14-17 May 2012

Key contributors and interlocutors

Agolli, Gentiana	General Manager, Hotel Kotoni
Rjepaj, Klodian	Director of Cabinet, Ministry of Health
Tsakiri, Elisa	Chief of Mission, IOM Albania
Husi, Glori	Advisor to the Prime Minister
Peka, Avenir	Deputy Minister of Interior
Shehu, Tritan (Prof. Dr)	Chairman, Parliament of Albania, Social Affairs, Labor and Health Commission
Malaj, Nora	Deputy Minister, Ministry of Education and Science
Banushi, Silvana	Director Migration, Returned and Reintegration Policies Directorate Ministry of Labour, Social Affairs and Equal Opportunities
Likaj, Erion	IRPS , EXECUTIVE DIRECTOR
Angjeli, Anastas (Prof)	Rector, Mediterranean University of Albania
Dyrmyshi, Etleva	Emigration Specialist, Ministry of Labour
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Gjermeni, Eglatina	MP of Socialist Party
Barjaba, Kosta	Dean, School of Political Sciences and Public Administration Mediterranean University of Albania
Meshi, Mariana	Executive Director, "Different & Equal"
Zhega, Kreshnik	Translator

The Aim of the Mission

The mission took place in order to strengthen the cooperation and cohesion within the project *Joint Efforts of Police and Health Authorities in the EU Member States and Third Countries to Combat and Prevent Trafficking in Human Beings and Protect and Assist Victims of Trafficking* and set the next steps preparing activities described in the plan of action of the project in Albania.



The mission has also been planned with the aim to strengthen the partnership with Albania, discuss with the partners and potential partners future cooperation and identify fields of activities reinforcing the project impact in the field of police, justice, health, labour, social and educational fields.

Patsy Sörensen and Peter von Bethlenfalvy have reported on their mission to Albania which was envisaged in the plan of action of the project. The participants have taken note of the fact that Albania has made a considerable progress as regards the jurisdiction and the development of new administrative structures on the level of central government. A number of well described publications prepared by the relevant ministries and international organisations in Tirana give a clear account of development such as the creation of THB focal points in the ministries of interior, health, social and labour, education, etc. The horizontal approach in administrative adjustment in Albania will be subject for extensive discussion during the third expert meeting in the Hague 25 and 26 June 2012.

In particular the mission discussed extensively the elaboration of material for the project curricula, the manual and the standard operational procedures relating to the interaction of law enforcement and health authorities. In cooperation with the Mediterranean and European University of Albania it has been agreed that the training course to be compiled and prepared for specific purposes in Albania by University of Krems will take place between 14 and 16 March 2013.

The mission also concentrated on specific priorities of Albania when tackling the issues of victim protection, preventing of THB and specifics in combating THB with the input of EU legislation and standards.

The outcomes of the visit

The mission has met for extensive exchanges a number of government officials, research institutions, NGO's parliamentarians, entrepreneurs, universities, service providers international organisations and independent experts. Amongst the fore mentioned were the ministries of Interior and Security, Labour and Social Affairs, Equal Opportunity, Education, italbeldynamics (translation bureau), Mediterranean University, Catholic University, Albania on Line, Committee on Social and Health Issues of the Parliament, IOM, etc.

Evidently, the main interest of the Albanian interlocutors was the partnership and innovative cooperation provided by the EC/ISEC/PAYOKE/UNI KREMS project linking horizontally action in the field of law enforcement and health concerns in the combating THB. Albania has exceptionally well advanced in fighting organised crime by way of information sharing, data collection and a well-developed referral system in place. Its efforts to develop a functioning reintegration mechanism for THB victims in their home environment has been awarded by the EU with a free visa system within the Schengen space. It is needless to say that Albania is actively looking for new partnerships in order to strengthen its judicial and security systems leading to identification, detection and prosecution of organised crime, in particular THB. At the same time Albanians evident efforts are concentrating on prevention and victim protection.

The Albanian Policy on THB



Thus Albania has progressed significantly in reintegration assistance given to returning victims of THB by way of reinforced institutional cooperation amongst state and non-state actors, enhanced public information on the issue of THB having an impact on reintegration as well as prevention and finally giving more prominence to gender equality issues. Although progress has been achieved in this efforts, Albania has expressed much interest and described the needs for continual activities and support of its structures necessary for reinforcing practical cooperation amongst partners on national as well as European levels respectively.

The Albanian Strategy on Reintegration of Returned Albanian Citizens 2010 to 2015 is a policy document of serious impact on national legislative work and practical issues around THB and the complexities guiding institutional collaboration on all levels. This strategy document is clearly describing the aims and objectives of the so called Migration Counters in 12 Regional Directorates and two local Employment Offices. The PAYOKE mission has discussed modalities to reinforce service given to the THB returning victims seeking specific assistance in these Counters and centres. The Albanian authorities have showed much interest to deepen the exchange with the EC/ISEC/PAYOKE project partners when setting standards and new models of cooperation between different governmental departments and institutions. The question of reinforced and improved cooperation between the state and non-state actors were identified as an issue of need of further development. Another issue of need of cooperation within the EC/ISEC/PAYOKE project is the input by FRONTEX, EUROJUST and EUROPOL. The Albanian interlocutors have showed much interest to use the project platform for exchanging views and improving training mechanisms tackling their work in the field of THB when operating at the frontier or within the space of EU judicial systems.

FOCAL POINTS on THB in Albania

Albania has developed over the years an extremely well-functioning system of focal points for THB in the ministries of health, interior, education, social and labour affairs and MOFA. It is of priority to the EC/ISEC/PAYOKE project to further develop the exchange with the Albanian partners in order to integrate their knowledge into the curricula and manuals under development by the project. It appears that the well-established structure of THB focal points in Albania could become a model for a number of countries in the EU in need to adapt their structure to the prevailing needs for improvements.

Standard Operating Procedures for Identification and Referral of Victims /Potential Victims of THB

The PAYOKE mission to Albania has extensively discussed the SOP for THBV with all the partners and interlocutors met during the above period.

It has been noted with great satisfaction that the legal Act No 582 from 2011 stipulates the approval and implementation of the SOP for THBV and sets the responsibilities and harmonisation guidelines for the ministries of Interior, FA, Labour, Social Affairs and Equal Opportunities, Health, Education and Science. This legal framework has reinforced the cooperation with all international actors active in the field of THB in Albania and furthermore set the modus operandi for a wide range of national action in the fields such as:

- ✓ -Identification of the victims (on the frontiers and within the country as well as according to the categories i.e. children, sexual or labour exploitation, etc.);



- ✓ -setting indicators of THB;
- ✓ -establishing assistance and protection of THBV;
- ✓ -licencing state and non-state management of shelters;
- ✓ -procedures to be used within the referral system;

The Albanian interlocutors and partners to the project have been invited to attend the expert meetings in KREMS (May 2012) and The Hague (June 2012). The extremely high Travel costs imposed by the operating Airways between Tirana and Vienna may prevent unfortunately the participation of the Albanian partners in these meeting, as the EC is covering only limited costs of tickets.

Agreement between the Albanian interlocutors/partners and PAYOKE:

- ✓ strengthen cooperation in elaborating the manuals and curricula for health care and law enforcement;
- ✓ organisation of the training session in TIRANA, February 2013;
- ✓ setting the spirit of cooperation between PAYOKE and the relevant ministries and academic institutions;
- ✓ identifying the partner organisation for the logistic and venue of the event in Tirana February 2013.



III.6. The Second Expert Group Meeting, Krems, 22-23 May 2012

Participants

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Gudrun Biffi, Danube University of Krems, Austria
Dirk Calemyn, Federal Police, Belgium
Heleen Driessen, Prostitution and Health Centre, The Netherlands
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Helga Telegdi, Project Manager, Payoke
Duco van Heel, FRONTEX, Warsaw
Béla Veszprémi, University of Pécs, Hungary
Peter von Bethlenfalvy, Project Coordinator
Jelena von Helldorff, Project Quality Evaluator

The meeting was the second in a series of three Expert meetings to be held in the framework of the ISEC project. It was attended by 15 experts including project partners' representatives, law enforcement and health officials. The meeting focused on "Prosecution" and was aimed at providing subject matter expertise in this field, setting the basis for the development of training curricula. The distinguished participants provided valuable analyses and opinions on strengthening cooperation between Law enforcement and Public Health authorities in order to enhance the victim's ability to provide an accurate and coherent statement which could be used for the purpose of prosecution.

The main **conclusions** of this meeting could be sum up as follows:

The EU Directive against Trafficking in Human Beings makes a clear reference to the health state and participation and training of the health officials, even though these provisions remain vaguely defined. However, the Directive should be a linchpin of the project, as the project results could make an added value to the fulfilment of its objectives.

Victims' identification is the most important issue which conditions all other parts of the training curricula, namely prosecution and the pre and post- trial protection and integration of the victim. A good medical overview can greatly help understanding and assessing victim's readiness or reluctance to give information about the trafficking case. Also important is the knowledge of the victims' cultural background (Voodoo victims i.e.)



The presentation of the “**Montana case**”, carried out by the Austrian Ministry of Interior, provided a clear insight into a concrete trafficking case. It shed light on the psychological state of traumatised victims and their refusal to accept medical treatment and the nature of their testimony which is more often than not inconsistent and changing. In this view, the medical evidence can greatly boost the success of investigation and prosecution through providing elements that can eventually influence judges’ decision about the duration and severity of the penalty at the outcome of judicial proceedings. The Austrian system has a special judge specialised in trafficking (unless the victim is younger than 21) and there is a monitoring of victims’ integration after the end of trial. The NGO work and support is also indispensable in the process of facilitating victims’ recovery and reintegration. Minors have a special treatment with the guardian being appointed to act in their best interest. This model could serve as a reference for good practice in the ISEC project. It is also an illustration of the value and importance of the **chain assistance model** with several stakeholders being involved in the process. In this type of model information sharing is crucial for both the victims protection and recovery and the successful outcome of criminal proceedings.

After the entry into force of the EU Directive in 2013 the victims testimony will lose the status of a primary source of evidence and will be complemented by the medical evidence, hence the importance to involve medical doctors into the process.

Different EU Member States have different practices which excludes a one size fits all approach. The aim of the project is to develop a model that can satisfy different national circumstances while promoting those models that appear to be the most successful ones.

The precondition of developing successful common law enforcement/health officials training curricula is finding a common ground between these two professions, while taking into account the interest of the victims. The only existing procedure and training that can serve as a model are those used for **cases of violence against women/domestic violence**. The Belgian Ministry of Justice recently developed a manual on how to deal with victims of trafficking in hospitals in Belgium. What is, however, missing is the training of medical staff so that they can use these manuals effectively. The accent should be put on the quality of medical reporting. Albania has a very developed system of SOP and instructions for the medical staff on dealing with victims of trafficking, but the record and extent of implementation of these rules is more problematic.

There are still no examples of health care officials providing reports to the police. What is needed is an intermediary between the medical world and the police. The idea of appointing **focal points in hospitals** can help bridging this gap. Equally important is observing the hierarchy in hospitals and other institutions that are the beneficiaries of this project. Using the **chain model** is one of the most preferred options with the Netherlands serving as a practical example for it. Analyses should be made and lessons learnt of what works and what does not in this concrete model. Also useful is the methodology for implementation of this model consisting of building small structures first (one or two NGO’s one hospital and representatives from the law enforcement) that can be later enlarged- **a step- by- step approach** with multiplying effect.



The presentation of the **Belgian domestic violence protocols for medical doctors** was very valuable as it provides a starting model for trafficking. It is developed by university experts (so that is scientifically based) and implemented in a one day training sessions for medical staff. It consists of providing information on the definition of domestic violence, victims' genesis and signs of violence, recommendations on how to handle the victim, reporting strategy and prevention. It also contains a decision tree, similar to the **Pocket cards** planned to be devised within the ISEC project. Ethical code and Confidentiality needs are balanced with the danger for physical and psychological integrity and wellbeing of the victim. As to the structure of the ISEC project training, it should consist of awareness raising of trafficking challenges first, followed by a joint session for both for police and health officials. The University of Pécs undergraduate training curricula for medical students will be made available for the purpose of this project.

What needs to be clarified soon is the composition of the pilot training group in Albania, Moldova, Austria and Portugal as well as the already existing hospitals' protocols which can serve to help designing training material.

Recommendations:

- To design questionnaires for law enforcement officers and health professionals in order to collect information on health issues of trafficked victims related to the identification, prosecution and pre and post- trial integration
- To define a target group of health practitioners to be approached and trained at the later stage of the project, particularly those concerned with the victim's physical, sexual and reproductive and mental health conditions
- To draw on a body of existing models and practices particularly those used in cases of domestic violence, rape, torture as well as those related to migrants and refugees
- To take into account provisions of the EU Directive 2011/36/EU on preventing and combating trafficking in human beings and other EU legislative and policy documents that may be relevant for this project
- To emphasise human rights and legal aspect of the health issues of trafficked victims and their access to health care as a fundamental human right
- To define methodology and develop a first draft of the conceptual framework for training curricula based on the conclusions of two Expert meetings held in Antwerp and Krems



III.7. The Third Expert Group Meeting, The Hague, 25-26 June 2012

Participants

Alexandre Berlin, Honorary Director of the European Commission
Gudrun Biffli, Danube University of Krems, Austria
Silvana Banushi, Ministry of Labour and Social Affairs, Albania
Kosta Barjaba, Mediterranean University, Albania
Dirk Calemyn, Federal Police, Belgium
Heleen Driessen, Prostitution and Health Centre, The Netherlands
Arsela Hoxhaj, Payoke, Belgium
Frank Noteboom, Office of the Dutch Rapporteur on THB, The Netherlands
Griet Peeraer, University of Antwerp, Belgium
Anna Richterová, Eurojust, Czech Republic
Patsy Sörensen, Payoke, Belgium
Helga Telegdi, Project Manager, Payoke
Emanuela Tollozhina, Ministry of Health, Albania
Duco van Heel, FRONTEX, Warsaw
Peter von Bethlenfalvy, Project Coordinator
Jelena von Helldorff, Project Quality Evaluator
Birgit Zetinigg, Danube University of Krems, Austria

The final of three Expert meetings held in the framework of the ISEC project was attended by 18 experts including the project partners, law enforcement officials, NGO's, representatives from Frontex and Eurojust as well as health practitioners and health experts. The main subject of the meeting was Integration, Reintegration and Post trial assistance to the victims of human trafficking. However, as it was the last expert meeting a great deal of time was dedicated to discussing the structure, content and other elements of the training curricula that are being prepared by the Krems University. The distinguished participants provided valuable analyses and opinions on how to establish a solid basis for cooperation between Law enforcement and health professionals in order to enhance the victim's ability to provide an accurate and coherent statement which could be used for the purpose of criminal proceedings.

What follows is the summary of the discussion, main conclusions and recommendations for the next stage of the project development.

A proposal for the **draft training curricula** was presented by the Krems University and put forward for discussion. The idea is to develop curricula as a tool to be tested by project beneficiaries, this is to say law enforcement, health officials and NGOs who should be the end users of this product. Depending on the results, it will be then adapted in order to accommodate policies, practices and legal framework of each of the eleven member states participating in the project.



There will be **four training modules** each of which dealing with Victims' identification, Prosecution and Integration/reintegration and post-trial assistance – the main themes of the project Expert Group meetings that were held in Antwerp, Krems and The Hague.

The first module will address the management aspect, touching upon the issues of main actors in the field and organisational/institutional structures put in place according to the law. The second module targets law enforcement and border guards, whereas the third module concentrates on health care issues, following the same scheme as the two previous modules and looking at the legal situation, policies and practices. The fourth module deals with social work, NGOs and religious organisations, that are instrumental during the post trial and integration phase of human trafficking. Each module is meant to raise awareness of police officials and health practitioners, while providing them with the knowledge of the existing laws, regulations in the field of trafficking. **Case studies** are an integral part of the curricula, giving the possibility to demonstrate the practical use of knowledge and point out to what works in the concrete situation. Taking into account specific situation of the country where the **test/try out training sessions** are planned to take place (Portugal, Austria, Moldova and Albania) the modules will address the gaps and provide tailor made solutions that can fit into the each country's specific environment.

In addition, each try out training session will be **evaluated**, using the questionnaires to be developed to this aim. The purpose of the evaluation is to measure and assess the knowledge and skills of training beneficiaries acquired during the test training sessions. In the same vein the cost- benefit analyses will be provided for. Still to be clarified and defined is the distinction between the curriculum, manual and training.

Given the divergent interests of law enforcement and health sector, what still remains to be solved is the question of how to **motivate the potential participants** (especially among health professionals) to attend and commit themselves to cooperate. Careful selection should be made to invite appropriate officials and relevant actors for whom the interface with their counterparts in the health/police sector shall be beneficial. That implies careful tread and proper inter- institutional analyses. Ultimately the interaction should result in creating a conducive environment for trust building, leading towards a more sustainable cooperation between security forces and health professionals and thus strengthening the anti-trafficking response.

Regarding the profile of participants, the project provides for the attendance of 40 beneficiaries, consisting of 10 management representatives, 10 law enforcement representatives, 10 health practitioners and 10 representatives of the civil society. In addition the test training sessions will be attended by 15 experts in the field of trafficking. Each test/try out training session will be monitored by an **observer** who should be tasked with evaluation and moderation. Choosing among the most knowledgeable experts in the field of health practitioners dealing human trafficking several lecturers will be selected. They will have to possess strong knowledge of the human rights aspect of trafficking.



In the follow up of the Expert meeting the representatives from Albania informed about the **trafficking laws, policies and practices in Albania**. Being increasingly the country of origin, instead of transit of victims, Albania has made big strides in countering trafficking phenomena. Recognised by the government as an important matter, the subject of trafficking in human beings has been endowed by the legal framework, corresponding institutions and a growing interest and involvement of the civil society. A part of the recent development of the Albanian anti-trafficking strategy several ministries, including the Ministry of Interior, Education, Foreign Affairs, Labour and Social affairs have signed a formal agreement defining the tasks and responsibilities of each of them in the process of implementation of anti-trafficking policies. Practical consequences of this agreement will imply the change in the social protection system, the commitment of additional human and financial resources as well as the better protection of borders. In February 2011 Albania has also adopted the new National Action Plan for the fight against trafficking. Because of the importance attached to the link between health and human trafficking, Albania has developed a Standard Operational Procedure that has been approved by the government in 2011. The Focal points for trafficking appointed within several ministries of the Albanian government are part of the regional referral mechanism. To improve their skills training sessions are organised not only for them but for all institutions participating in the recently signed inter institutional agreement. Civil society and NGO dealing with trafficked victims are also part of the training. The trainings consist of explaining how the Standard Operating Procedures apply in specific sectors. Health professionals are also trained (some 1600 in total).

As a result of Albania's efforts, the number of victims has decreased in the recent years and the preventive measures consisting of decentralisation of the management and particular focus placed on ethnic (i.e. Roma) minorities are put in place. Strong accent has been put on the role of schools in raising awareness and promoting gender equality. However, the long term prevention strategies still need to be conceived and more efforts should be made to change the public perception. Children and their rights, as well as gender equality and the respect for human rights should make greater part in future endeavours.

During the second day of the Meeting some remaining questions were clarified. It was decided that the beneficiaries of training sessions will be part of the process and not passive recipients of the try out training. In this manner, the four sessions will be considered as pilot evaluations of the curricula. Given the specific situation in each country and based on the feedback from the beneficiaries, the curricula modules will be revised accordingly. Every country can then use them as a basis for future training. The importance of the case study based method with concrete examples from other countries was reiterated. Being at the centre of the curricula, the national case studies will also demonstrate how a country at stake implement the law and international obligations stemming from the anti trafficking international conventions.

At the EU Agency level, the Cepol is in the process of preparing E-training courses, whereas the Joint Statement signed between EU Agencies at the Anti Trafficking Day 2011 foresees



complementary training programmes. In the framework of the EU 2012 Work Programme for Prevention and Fight against Crime the European Commission has committed 6 M € for prevention, protection and support, prosecution and investigation, establishment of partnership and training of officials likely to come into contact with victims. Frontex for its part has developed Manual for Border Guards consisting of 11 Modules/5 pages each. Identification of the victims stands out as one of the central issues with health of the victims being part of it. In this sense, the Payoke/ISEC project is a welcome complement to the EU Agencies' ongoing endeavours.

The issue of **trainers/presenters** at the try-out sessions was broached. Two trainers/presenters should be appointed for each session, with one of them being from the country in which the test/try out training takes place. Also discussed was the length of a try out training, with proposals being put forward for one day training and an evaluation carried out on the second day.

Experts from Belgium shared their experience about contacts established with three medical doctors in Belgium: the head of the tropical institute, a forensic doctor and the head of emergency service. Whereas the doctors' reaction to the project was mixed, they were apparently not aware of the law allowing for the breach of confidentiality – a crucial element in establishing the contact with law enforcement officers. When informed about the law they allowed for the possibility to disclose the patient information without mentioning patient's name. The need to provide doctors with figures was stressed as an important element to make them aware of the incidence of trafficking. To draw attention to the issue of trafficking, it was recommended to encourage Universities to organise a symposium on the issue of health and trafficking.

In spite of the considerable efforts of EU Member States against human trafficking, the issue of health was hitherto not reflected enough in the anti-trafficking policies. This project can serve as a starting point for a new approach, providing recommendations for the institutionalised policy action and initiating the process of formulating political decision at the higher levels of policy making. A recommended approach should consist of a carefully weighted balance between human rights, patent rights and security/public health interest approach.

The Netherlands has established a **Notification code** for domestic violence. As reiterated several times the **model of domestic violence** could serve as a basis for developing parts of the curricula for health professionals. The Netherlands model is a generic one, providing guidelines and allowing each institution to create its own conduct. The guidelines consist of steps to undertake in the encounter with a patient/child being subject of domestic violence. If emulated for the purpose of human trafficking this model increases chances of the trafficking curricula modules to be acknowledged by medical association and staff and applied by the physicians in their daily work. The European Medical Association should be approached to see if the Notification code exists in other European countries.



The expert meeting was concluded by the Payoke's presentation of **measures for victim's integration/reintegration**. The reintegration is a two ways process that implies the successful insertion of a person in a new society – or the reinsertion back in the country of origin – in order to become an effective member of the society.

What is important about the reintegration is the fact that it starts at the beginning not at the end of the process. As soon as the victim is identified the process of integration should set off. It consists of measures related to housing, legal counselling, access to rights, medical and psychological care, vocational training and education. To enable victims' rehabilitation (especially for those victims staying in destination country) and open up the possibility for their later development, language courses are a very important and useful measure.

The Belgian model is highly developed ,where reception centres, NGO's and health services support victims by providing psychological assistance, counselling on hygiene and health care issues and even cover some expenses incurred during the process.



Following three Expert meetings and in view of the development of training curricula, below is a set of recommendations/tasks that should be considered in the next stage of project development:

Recommendations/TO-DO-LIST

To design **four modules of try- out training curricula** for law enforcement officers and health professionals with regard to victims' identification, prosecution and pre and post- trial integration/reintegration of the victim

To design **Pocket Cards** aimed at medical professionals

To **select case studies** that will corroborate the curricula and provide practical information on best practices

To analyse the **Netherlands Notification code** designed for the victims of domestic abuse and find out whether a similar practice exist in other countries involved in this project

To set up **the list of lecturers/presenters** who will introduce the training curricula in four countries (two presenters per country) where the try out sessions will be held

To set up a list of possible **evaluators/moderators** who will make an assessment of the try out session results and put forward recommendations for improvement, taking into account the specific situation of the country in which the training takes place

To establish contact with the **General Medical Council (Ordre des Médecins, Bundesärztekammer)** to find out how they operate and what are the rules already in place

To start developing a **concept of a possible new Payoke project** (based on the result of the present one) that will be aimed at **policy makers** in order to **institutionalise** the health/law enforcement cooperation



III.8. The Payoke-ISEC Project visit to Moldova, 12-15 September 2012

In particular, the discussions with the following interlocutors have proven to be fruitful and useful for the future work in Europe:

H.E. Ms Valentina Buliga

Minister of Labour, Social Protection and Family
Republic of Moldova

H.E. Mr Octavian Grama

Deputy Minister of Health
Ministry of Health

H.E. Ambassador Dirk Schübel

Head of Delegation
EU Delegation to Moldova

Ms Lilia Pascal

Director of Migration and Victim Reintegration Department and her colleagues in the
Ministry of Labour, Social Protection and Family

Ms. Ecaterina Berejan

Secretary General of the Permanent Secretariat of the National Committee on Preventing
and Combating THB in Moldova

Mr. Valentin Sasu

Legal assistant
Permanent Secretariat of the National Committee on Preventing and Combating THB in
Moldova

Ms. Ala Vechiu

Social assistant
Permanent Secretariat of the National Committee on Preventing and Combating THB in
Moldova

Ms Antoaneta Popescu

General Coordinator
MDM France – Mission Moldova

Ms Diana Donoaga

IOM Moldova



Ms Natalia Moisevici

IOM Moldova

Mr Andrei Lutenco

IOM Moldova

Mr Kaido Sirel

Head of Operations

EU Delegation to Moldova

Ms Ana Revenco

Ministry of Interior

Centre for combating trafficking in persons (CCTiP)

Ms Tatiana Paduraru

Ministry of Health

Ms Rodica Scutialnic

THB Focal Point

Ministry of Health

Mr Radu Cucos

Deputy Director

EU-Moldova Mobility Partnership National Focal Point

Ministry of Foreign Affairs

Ms Daria Gonciarova

Head of Section

EU-Moldova Mobility Partnership National Focal Point

Ministry of Foreign Affairs

Ms Corina Calugaru

Head of Section

General Directorate for Multilateral Cooperation – Human Rights Division

The contextual situation in Moldova

The discussions with the Moldovan authorities during the visit of the PAYOKE/CEIPA delegation were indicative of considerable interest paid to international and European cooperation as a mean of boosting the national capacities in prevention and combating THB as well as protecting the victims of THB in particular children and women.



The majority of interlocutors have broached the issue of emigration and stated that during the past years between three hundred thousand and one million of Moldavians, mainly young people have left the country irregularly in order to find gainful employment elsewhere. A significant, although not specified number of them were young woman and minors trafficked for sexual exploitation. Though none of the interlocutors could give a more precise total figure (apart of the number of cases being handled operatively) during the discussions held with national authorities and international agencies, it is assumed that number of trafficked persons from Moldova reaches several thousand a year. Reliable statistics are difficult to construct, we were told, as different departments are working with different approaches having different routines and limited financial and material resources available to develop a coherent methodology for data collection in this field.

Prevention of THB and current developments in Moldova

Prevention of THB in Moldova is a high priority issue for domestic and European policy makers. Moldova is a renowned source country of illegal migration and recruitment of potential victims of THB. Lately Moldova is being mention amongst source countries for child sex tourism. It was stressed during the exchanges on prevention aspects of THB that Moldova has attained an advance stage in developing preventive measures of effective and coherent nature.

Policy makers in Moldova are evidently keen on strongly linking the issues of trafficking with those triggering irregular or illegal emigration; i.e. it is believed that the root causes of both phenomena are low income, slowly growing economy, limited job opportunities, domestic violence, alcoholism, gender imbalance, insecurity in widest sense, etc.

The following elements appear constituting the pillars of prevention policy of Moldova against THB:

- awareness raising and information campaigns on root causes of THB;
- building a steady framework for cooperation amongst all stakeholders on the national and European levels respectively;
- developing coherent policy and undertaking legislative reforms manifestly curtailing THB and undercutting favourable conditions for organised crime;
- promoting bilateral cooperation and specific ties with institutions and agencies in countries in which victims are abused and exploited;
- strengthening the functioning rayon's and local multidisciplinary networks by involving sometimes involving NGOs.
- Adapting to international standards and implementing policies and strategies developed by the EU, US, UN and international community towards preventing THB and related forms of organised crime as much as these activities are required and funded by international donors.



It has been noted with much satisfaction that there is an increasing interest on the side of the authorities to create and encourage the development of a strong civil society and NGO community in Moldova. This would postulate, however a wide and open public discussion with the help of the media action tackling the root causes of THB in Moldova and the need for long term changes in the society. It has been recognised that future action in prevention of THB requires the continual involvement of the press and media as well as judicial, educational and public health sectors (journalists, judges, prosecutors, legal councillors, teachers, schools, academia, adult education, hospitals, medical personnel, doctors, etc). These sectors may considerably add to institutional and citizen's awareness towards prevention of and combating against marginalisation of victims, unjust treatment and discrimination of victims, gender imbalance, non or low-compensation of victims, growing psycho-social disorders, irreparable health conditions, on one hand and creation of serious conditions jeopardising the functioning of democratic structures and the security of state by increasing corruption, dilapidation of the family and societal structures, growing international crime and spread of contagious diseases, etc.

Subsequently, it has been noted that well-conceived projects and initiatives promoted by the government of Moldova and the European Union through its various budget lines, focusing on curtailing illegal migration, furthering controlled migration (mobility partnership) and safe travel for citizens, regional cooperation, development of neighbourhood policy, stepping up combating organised crime, etc., implemented by international organisations such as IOM and ICMPD and NOGs such as Médecins du Monde, PAYOKE, CEIPA are being given priority. While underlining the need for effective measures in the field of prevention of THB, especially capacity building and training for professionals, the relevant state authorities and NGOs, identified the need for policies furthering more sustainability, continuity and national ownership as issues of priority to Moldova. It is essential that policy, know-how and expertise, decentralised structures, strong support for civil society and continual expert training stays in place once international funding and attention towards THB issues in Moldova declines. Especially in view of high spending in the public sector and modest performance in the field of economic development and foreign trade, it is important to develop long term prevention strategies by creating strong national and civil society structures. An important factor for prevention of THB, though not relating to it per se, appears to be the issue of regularised and managed migration linked to placement of remittance of migrants into favourable investment conditions in Moldova. As the issue of linking regularised emigration and remittances to preventive action towards THB has not yet been substantial explored, this issue has not been discussed any further with the interlocutors in Moldova.

The Victim Oriented and Human Rights Approach in Practise

Having thorough discussions with the leading experts in the Ministries of Labour and Social Affairs, Ministry of Health, Ministry of Interior, Ministry of Foreign Affairs, the Permanent Secretariat of the National Committee for Preventing and Combating THB, the EU Delegation to Moldova, IOM, Médecins du Monde and independent experts, is evident that Moldova is



undertaking its very best efforts in complying with international and European standards, setting in place new legislative and administrative norms and practises when dealing with the protection of THB victims in Moldova.

A number of important reforms have taken place during the past years and very recently on legislative and administrative levels respectively, giving a new impetus to the issue of protection of victims and in general to human rights. Through close cooperation with a number of normative bodies such as the EC and EU MS governments, the CoE, the US Government, the UN specialised organisations as well as NGOs, European and international operative organisations such as ICMPD and IOM, the government of Moldova has acquired new knowledge which has been well channelled through all relevant departments of the government. Moldova is a party to the most relevant international legislation regarding the fight against THB, including the 2001 UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, the 2010 Council of Europe Convention on Actions against THB and its GRETA monitoring mechanism. It is also complying with the EU *acquis communautaire* in the field of trafficking, namely the 2011 EU Directive on Preventing and Combating THB and protecting its victims as well as recommendations of the EU Stockholm Programme, and the related EU Action Oriented Paper on Strengthening the EU External Dimension against trafficking.

At the same time it appears that the government of Moldova undertakes good efforts in putting a coherent monitoring mechanisms in place. It focuses on the progress made in the implementation of the provisions of international and European standards stipulated by the 2001 UN Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, the Council of Europe's Convention on Actions against THB and its monitoring mechanism GRETA, the EU's Stockholm Programme (2009-2014) and the related Action Oriented Paper (AOP) on Strengthening the EU External Dimension against THB setting the framework for cooperation between the EU and external partners by way of concrete recommendations for action and strategies. This process could be seen as an evidence for Moldova's determination to associate closely to the EU standards and norms as well as continually building up relations with the US government.

It is of importance to note that the government of Moldova has established a new institutional framework based on its own national and European priorities in combating organised crime and protecting the victims of THB. Within this institutional framework a Permanent Secretariat for Preventing and Combating THB has been established in 2011. It functions as a catalyst between all relevant ministries, preparing and guiding regular meetings of the National Committee for Combating THB, presided by the Prime Minister/Deputy Prime Minister and assisted by a number of senior ministers. The National Committee on THB meets regularly with all the expert bodies representing key governmental and regional bodies as well as the representatives of the US Embassy in Moldova, OSCE, ILO, UNDP, IOM and a few selected NGOs. Although the representatives of the EC, the WB, UNODC, UNHCR, ICMPD, UNICRI, UNICEF, etc. and a number of NGOs are not part of this structured consultative process, the well organised Permanent Secretariat



and its modest expert staff keep the information flows and the coordination process amongst all parties concerned well a life. Their good efforts towards cooperation with the specialised units of the ministry of labour and social affairs, of the ministry of interior, ministry of foreign affairs, ministry of health, etc. are bringing tangible results. It was the impression of the PAYOKE/CEIPA mission that the Permanent Secretariat would merit increasing attention and support of the European and International donors; it needs to be strengthened in terms of resources, mandate and sustainable coordinating function. The Director of the PS is the only appointed administrator, while the two experts (legal and social issues) have a temporary consultant status and their contractual commitment is of short duration.

Moreover the government of Moldova has reinforced the recently established Centre for Combating THB within the Ministry of Interior focusing on investigations, data collection, identification of perpetrators of crime and protection of victims. The newly appointed director of the centre as well as the minister of interior are internationally renowned and valued personalities.

The practical and proactive implementation of measures for protection of victims of THB are set within the framework of the so called National Referral System for Assistance and Protection of Victims and Potential Victims of THB (NRS). The model of the referral system in place is based on the ancient US much appreciated and effective cooperative system established through the resettlement of refugees after the 2 World War from Europe to US, Canada, Australia, etc. This model proved to be effective in bringing all active stakeholders in refugee resettlement since the 50ies into a functional cooperative hub focusing on practical operative assistance (by NGOs), logistics (travel arrangements provided by IOM) and information exchange (by government and international partners). The predecessor of the International Organisation for Migration has been created in 1951 in Brussels upon the initiative of the US State Department in order to facilitate the resettlement of refugees within the framework of a referral system consisting of NGOs and volunteers in the US helping the cultural and linguistic integration of mainly Eastern European in USA. This well tested referral and integration model for refugees during the past decades is now, being successfully adapted and applied by the ministry of labour and social affairs, NGOs and IOM in Moldova for the return and re-integration of victims of THB.

As regards the multi-dimensional approach to protection of victims the ministry of labour, social affairs and family merits special recognition and attention. The specialised department of this ministry dealing with THB and migration is in command of high quality experts and managers dealing with all complex and challenging legal, security, administrative, operative and practical issues linked to the protection and re-integration of victims of THB. It should be noted that the good efforts of Moldavia's Minister for Labour, Social, Family and Gender Affairs as well as her specialised department have made possible the establishment of a functioning and sound national and international protection system for THB victims in Moldova. Much of the merit goes to the former Director of IOM in Moldova who with his engagement and close cooperation with the EC and US government give a substantial boost



for these activities. The ministry of labour, social affairs and family is also a focal point and promoter in building strong links with the civil society and NGO community in Moldova and in Europe. This orientation merits stronger support by the donor community in the future. According to relevant interlocutors in Moldova additional and specific financial and material support given to further develop these activities in Moldova would lead to stronger civil society structures in this country and improved professional action in re-integration of THB victims by way of helping the multidisciplinary work such as identification of victims, data collection and statistics, intelligence gathering and information transfer, compensation of the victims, establishing the legal status of victims linked to granting temporary or permanent resident permit, protection in terms of judicial, health and psychosocial assistance, economic re-establishment, judicial and law enforcement protection and support in identifying the perpetrators, etc. It is of substantial importance that the specialised department of this ministry and its NGOs network receive continual and increasing opportunities to link up and cooperate with well-developed and independent networks protection of victims in countries such as Belgium, The Netherlands, Germany, Estonia, Italy, Sweden, Denmark, Portugal, etc.

The overall impression from the various discussions focusing on services and assistance given to potential and de facto/de jure victims of THB, the PAYOKE/CEIPA mission has gained, is that the authorities in Moldova undertake serious and relentless efforts to create and develop a high standard approach towards protection of Moldovan victims of THB. This is especially visible when looking at the cases assisted by the victim reintegration programme of the ministry of labour, social affairs, family. This programme shall be of interest to international donors especially when forging direct bi-lateral links with NGOs active in the EU MS, thus making the return and re-integration more cost-effective, monitored and accepted by all sides of the process.

Moldova's Efforts towards European and International Cooperation

The key ministries and authorities of Moldova have developed over years a solid base for cooperation with the US, EU MS governments as well as with the EC, CoE, UN specialised agencies and other international and regional organisations such as the OSCE, ICMPD, IOM and NGOs. The EC and its representation plays an important role in mid -and long term shaping of institutions, safeguarding the rule of law, undertaking efforts to build an independent justice and civil society value system in Moldova. The EC representation in Chisinau is an important catalyst between policy makers, civil society and private sector. The financial contribution of the EC to the strengthening of the capacities of public and private sectors has considerably increased during the past years. The EC has placed a number of experts and advisers to the Moldovan ministries upon their request helping to carry forward the institutional and legislative reforms and solidify management capacities. Regarding, the issue of THB, in its nature a complex and multi-disciplinary field, fresh support and advice to the newly created bodies and to the civil society should be considered by the European and international community. Special attention deserves the EC funded project implemented by the Médecins du Monde (MDM) an international agency mainly working in crisis areas with



great engagement and professional skills. This is the case of the multidisciplinary EC project implemented in its final stage, administered by Antonetta Popescu, the MDM coordinator in Moldova, involving, health, medical, social, psychological and legal protection mechanisms for victims of THB in various regions of Moldova as well as in Transnistria. The aggregated knowledge and results of this project will be integrated into the implementing architecture of the EC/PAYOKE/CEIPA project concentrating on security and public health issues in victim protection.

It is apparent that this field needs an increased attention for several reasons. The research and results of the interviews undertaken by PAYOKE in Europe, Asia, Africa and Latin America strongly corroborate the reports, that victims are frequently in a psychological, mental and health situation which does not allow them to be fully accountable when interrogated by the police, questioned by the judges in their capacity as witnesses or simply giving evidence on the crime and perpetrators. This situation, when not dealt with properly, undermines on long run not only the objectivity of the judicial and law enforcement proceedings, including the evidence gathering, identification and prosecution of perpetrators but aggravates irreparably the integration and/or re-integration of the victims into the society. Subsequently the EC/PAYOKE/CEIPA project focuses on standardised and well adapted capacity building measures and curricula for medical, health and law enforcement officials. In close cooperation with the governments and expert bodies in Albania, Austria, Belgium, Hungary, Luxembourg, Moldova, the Netherlands, Norway, Portugal, Romania, UK as well as FRONTEX, EUROJUST, a set of practitioners and academic curricula will be tested and formalised at the end of this project. The coordination with the authorities in Moldova is well on the way and a precise plan of implementation is being now set between PAYOKE and the ministry of labour and social affairs in Moldova.

Nevertheless, the EU and US donors should consider further support given to Moldova in building a stronger civil society, allowing the creation of NGOs dealing with international crime, in particular with the multidisciplinary approach towards THB. This means of course a strengthened security network by the authorities in the field of pro-active investigations and sharing the results with NGOs.

The work on compensation of victims, confiscation of assets of the perpetrators, establishment of a sound and impartial judicial system with judges and in particular with specialised state prosecutors shall remain a priority. Effective protection of victims goes hand in hand with the punishment of the perpetrators of crime. Training and curricula with the full involvement of legal practitioners and national NGOs should stay high on the agenda when focusing on European and international cooperation. As THB remains an international crime, it is of key importance to further all the good efforts to bring the law enforcement, justice, public health, migration sectors and civil society into a constructive dialogue and cooperative system tackling the root causes as well as symptoms of THB at the same time. This would improve prevention, data collection, information exchange, prosecution of crime and socio-economic integration of the victims.



The status of THB victims in Moldova and its relation to the permission of temporary protection and residence as well as the implementation of the Directive 2011/36/EU of the European Parliament and of the Council on preventing and combating trafficking in human beings and protecting its victims, should be subject to fresh discussion between Moldova and EU experts and NGOs.

The EU and US donors should also consider to support the good efforts of Moldova to pay special attention to a number of especially vulnerable groups such as the minors without parental care (left behind by the parents migrating to foreign countries), minors and persons in vulnerable situation due to the tension between Moldova and its transnistrian region, Moldovan migrants and THB victims in the EU MS and elsewhere (Middle East, Russia, etc.).

The PAYOKE/CEIPA mission has concluded on the positive stance and perspective for future cooperation with Moldova, having in mind the positive developments and the will of the stakeholders in this field to undertake increasing efforts in prevention and combat of THB as well give priority to protection of victims and human rights.



III.9. The Second Steering Committee Meeting, Antwerp, 24 September 2012

Participants

Aronowitz, Alexis	The Netherlands	University of Utrecht
Biffl, Gudrun	Austria	Danube University of Krems
Broers, Jan	Belgium	Payoke
De Hauwere, Denise	Belgium	Federal Public Service Foreign Affairs, Foreign Trade and Development Cooperation
Dettmeijer, Corinne	The Netherlands	National Rapporteur on THB
Foubert, Dominique	Belgium	CEIPA
Ionescu, Maria Simona	Romania	National Agency against Trafficking in Persons - International Cooperation and Project Implementation Unit
Likaj, Erion	Albania	Mediterranean University, Tirana
Messiaen, Martine	Belgium	Payoke
Minet, Jean-Francois	Belgium	Ministry of Justice
Peeraer, Griet	Belgium	University of Antwerp
Sjölander, Henrik	Sweden	Ministry of Justice
Sörensen, Patsy	Belgium	Payoke
Telegdi, Helga	Belgium	Payoke
Van Heel, Duco	Poland	FRONTEX
Von Bethlenfalvy, Peter	Belgium	CEIPA
Von Helldorff, Jelena	Belgium	CEIPA

Overall goals of the project:

- to develop skills and best practices for the better medical protection of trafficked victims through closer cooperation between law enforcement, health authorities and NGOs.
- to protect and support victims of trafficking by re-establishing their mental and physical health, thus enabling their active participation before, during and after criminal proceedings as witnesses, and consequently improving chances of successful prosecution and conviction of traffickers.
- to improve chances of successful integration/ reintegration of victims
- as part of a comprehensive and all-encompassing anti-trafficking strategy to strengthen member states' and third countries' health service provisions for victims of trafficking, in particular if their cases represent health risks for the general public

The meeting was the second one after the first Steering committee held in December 2011, as stipulated by the Payoke/ISEC project. It was attended by 16 experts including project partners from the University of Krems, Dutch National Rapporteur on THB, Swedish and Belgian Ministry of Justice representatives, FRONTEX, Romania National Agency against trafficking, Albania Mediterranean University, Utrecht University, along with prominent Payoke experts in human trafficking. The main objective of the Steering committee was to



review the draft version of the training curricula which is going to be tried out in Portugal, Austria, Moldova and Albania in the next stage of this project. The distinguished participants provided valuable feedback, opinions, comments and recommendations on various aspects of training curricula implementation in order to make it ready for testing.

The main conclusions of this meeting could be sum up as follows:

According to the project document the training curricula pilot/test phase will be carried out in two days. The first day will be attended by a mix audience of policy makers representing various ministries, medical associations and health professionals, border guards, researchers, prosecutors and NGO representatives. A group of 15 experts will concentrate on three main issues of the project, namely victims' identification (main indicators, health issues, priority setting), prosecution (interface between health and security issues) and integration/reintegration (social assistance and guidance, return, residence permit). Focus will be put on provisions of the EU Directive against trafficking which is due to be implemented by EU Member States' authorities by April 2013. The training moderator/evaluator will explain the evaluation procedure with evaluation forms being distributed at the beginning of the training to each participant. These should be duly filled in and returned at the end of the first day. The first day session will be held in English.

The second day of the pilot training will be attended by 40 participants from law enforcement, health care, social services, faith organisations and other NGO's dealing with victims of human trafficking. The aim is to raise awareness of trafficking, learn about its motives and consequences, examine procedures to follow and analyse the role of the institutions involved in victims' assistance. It is also the opportunity to dispel misunderstandings between social services, law enforcement and health practitioners and set a basis for building mutual trust and future cooperation. Social dimension of trafficking is to be particularly looked at, especially in view of victims' reintegration and the role of the host society which should be involved in this process.

Evaluation of the second day of the pilot training course will be carried out in two steps procedure, with participants providing an ex ante evaluation of their own perception of trafficking before the course and then evaluating the results and benefits of the training at the end of the session.

Training session will be organised around a trafficking case which will serve as a concrete example based on which the participants will analyse victims identification, prosecution and victims integration/reintegration from the law enforcement and health services perspective. The "world café" method will be applied with participants sitting around 4 tables of 10 persons and working on a trafficking case. This case will be presented as a film, touching upon all issues of human trafficking while dispelling common misperceptions about trafficking as being only poverty driven or about victims being illegal migrants. The film will provide information on factors which bring people to be trafficked, explaining three stages trafficking (prevention, prosecution and protection). The victims identification, the vulnerability of the victims and the institutions involved in the referral mechanisms will be addressed based on the case in the film. Awareness will be raised about different signs and



indicators that point to the case of trafficking, be it for sexual, labour exploitation, for the purpose of begging or harvesting of organs. This will be followed by a thorough analyses and discussion among participants at each table. This session will be entirely carried out in a local language of the country.

The chairman of each table will at the end sum up the results of the discussion providing information to be used for the way forward on how to bridge the existing gaps and reinforce cooperation between law enforcement and health authorities. The collected information will also be used to device the pocket cards for medical doctors. Each table will work on the same case but from a different approach. During the plenary the rapporteur who will be appointed among experts will take stock of the results of the sessions and formulate policy options for the future.

The participants will be given the pre-course evaluation form to be filled in at the beginning of the session. Questions asked will not be aimed at assessing the knowledge of the person but will be designed to evaluate the level of his/her experience in the field of human trafficking. At the end of the day the post evaluation form will be distributed to each participant in order to assess the impact and benefits that the acquired knowledge will generate in their future work. Issues such as illegal migration and trafficking, asylum rights and the victims of trafficking, forced labour and national referral mechanism will be given priority during the course. It will be necessary to try to cover all the relevant aspects of trafficking while avoiding burdening the participants with too many information. The aim is to make the participants understand and acknowledge the need for building networks and establishing cooperation between law enforcement and health authorities. Active participants' involvement will be sought in order to address each aspect of trafficking, while hammering home the importance of victims' health and its impact on the criminal justice procedure.

The success of the pilot training sessions will greatly depend on the choice of the rapporteur who will not only need to have a thorough knowledge of trafficking but should be able to formulate good recommendations for the way forward.

The Steering committee meeting was concluded with the idea to set up, following the end of this project, an interactive training on the internet. Another proposal put forward for the future was the establishment of a multidisciplinary help desk for trafficking in human beings.

The first pilot training session will be held in Portugal on 12-14 November 2012. This will be followed by an in depth report that will also identify possible gaps and propose practical solutions for the training sessions to be held in Austria, Moldova in Albania in course of 2013.