



INTERNATIONAL CENTRE FOR MIGRATION AND HEALTH

1997

ANNUAL REPORT



INTERNATIONAL CENTRE FOR MIGRATION AND HEALTH

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1997 Annual Report

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ICMH

1997 Annual Report

ICMH

The International Centre for Migration and Health (ICMH) is a research, policy and training centre. It supports countries, international agencies and NGOs by generating, compiling and analysing data relevant to the formulation of policies and programmes on all types of migration. It also organises inter-disciplinary training for people working with migrants, including refugees and displaced people, and for migrants themselves.

The work of ICMH is predicated on the fact that the right to health is universal and applies to all people, including migrants, refugees and displaced people. Its goal is thus to help enhance the health and quality of life of all categories of migrants and their families. One of its guiding principles is that in doing so, and by helping to protect the health and welfare of migrants, refugees and displaced people, in concert with the capacities of countries, a major contribution can be made to the process of human and social development in general.

ICMH was established as part of a joint undertaking by IOM, the University of Geneva, and WHO. ICMH is a WHO Collaborating Centre for Health-Related Issues Among People Displaced by Disaster. It has offices in Geneva, Sarajevo, Antwerp and Rome.

Context

Migration, no matter what the context, is a complex process that can place relatively unique health and social burdens on the health of the people who move, those they leave behind, and those that receive and accommodate them. Responding to the range of needs associated with the movement of people has become a major public health and human rights challenge.

Of all the types of mass population movement, forced uprooting and displacement of refugees and

internally displaced people is the most dramatic and far reaching in terms of its impact. The movement of people for economic and environmental pressures, is also a major force in global development, and can also have major health implications. Of all the factors affecting health of people who move, the pressures that lead them to uproot, their health before moving, and the conditions under which they move and resettle, are among the most critical. The interaction of these characteristics can also determine the impact migration has on health and social services systems, as well as on the social and economic contribution migrants are able to go on and make to the communities that receive them.

Collaboration with other institutions

ICMH places great importance on collaboration with, and strengthening of, national institutions and groups working in similar or related fields of work. It believes the pooling of resources and promotion of cooperative initiatives is important if knowledge and understanding of the migration and health issues is to be enhanced.

During 1997, ICMH developed a working relationship with a range of institutions and scientists throughout the world. In Europe it collaborated with the IRCCS Spallanzani Infectious Diseases Research Hospital in Rome, and was involved in a number of joint activities with the University of Cambridge, the Liverpool School of Hygiene and Tropical Medicine, the University of Louvain, the Faculty of Medicine of Sarajevo and the Institute of Public Health of Bosnia. ICMH also joined two of the Inter-Agency Advisory Groups initiated by UNHCR in the area of reproductive health and the health of refugees, and collaborated with WHO and UNAIDS on migration and HIV

related themes. ICMH's work in the area of reproductive health brought it into joint activities with a number of institutions in the United States, namely Johns Hopkins University, the Tulane School of Public Health and Tropical Medicine, and the Refugee Policy Group. In Africa it worked closely with Ministries of Health and national research groups in Malawi, Uganda, and Zambia

Research

In 1997 ICMH received funding support from a number of agencies, including the European Commission (EC), USAID, Academy for Educational Development (AED), AIDSCAP, the Department for International Development (DFID), and the Italian Cooperation Department.

Infectious diseases in Bosnia and Herzegovina

ICMH was funded through IOM by the Italian Ministry of Foreign Affairs to assist the Ministry of Health of Bosnia and Herzegovina (BiH) in a multi-phase project focusing on infectious diseases, especially HIV/AIDS, in the context of mass population disruption. This involved developing the first assessment of people's knowledge, attitudes, beliefs and practices in relation to HIV/AIDS and an analysis of the national health care system to provide prevention, treatment, care and counselling.

The research covered over 5,000 displaced and non-displaced people, and also provided especially detailed information about groups potentially at risk of being exposed to HIV. Major knowledge and attitudinal gaps were identified with respect to HIV/AIDS transmission and the survey also pointed to emerging problems with respect to how people in different groups feel clinical and preventative programmes should be managed. While refugees returning from abroad were more aware of the nature and importance of HIV/AIDS, their factual knowledge about the disease was not better than that of people who had not been displaced. The prevalence of risky sexual behaviour among people who had been separated from regular partners for lengthy periods of time was highlighted. The survey also identified a rapidly growing problem of injecting drug use. There were

fears among the public about the risk of HIV transmission associated with donating blood, and of nosocomial spread of HIV.

Data from KABP studies among special groups such as health care personnel, students and sex workers, were still being analysed at the end of 1997. Preliminary findings point to wide attitudinal differences between the groups, as well as to major deficiencies in factual knowledge about HIV/AIDS among all of them.

From the perspective of HIV antibody-testing, major problems exist with respect to the capacity of health care facilities to provide services to the population as a whole, but especially to people being repatriated and resettled in rural areas.

Initial findings from the project were presented at the 1st National World AIDS Day which coincided with the 1st BiH Congress of Infectious Diseases, Epidemiology, and Microbiology, in Sarajevo on December 1.

HIV/AIDS and population movement in Africa

With the support of USAID an analysis was made of emerging HIV/AIDS trends in three countries, namely Uganda, Zambia and Malawi, and the role population movement may be playing in defining patterns of HIV/AIDS.

The findings of the study, which have been the subject of two presentations to scientific meetings organised by USAID in Washington, suggest HIV/AIDS trends may be changing rapidly, especially among urban well educated youth. Because the population of Uganda is primarily rural and is highly mobile within the country, it raises important questions about the implications of rapid and frequent mobility on social/sexual networks and the disease. Additional work will be required to determine exactly how and to what extent migration is affecting patterns of HIV/AIDS and other sexually transmitted diseases.

As part of the project a simulation model was tested and shown to have a high predictive validity. USAID now intends to apply this model in other countries where there are indications of changing

HIV dynamics and where population movement is increasing.

Public health and migration in EU countries

ICMH was funded by the EC to prepare a report on the implications of migration for health, disease and health care in European Union countries. The work that was undertaken by ICMH covered all 15 EU countries and in addition included data from Switzerland.

The project addressed changing patterns of migration in the European Community, and provides a review of the history of migration in other parts of Europe as well. It reviewed current knowledge on the major non-communicable and communicable diseases, psychosocial health, occupational health and accidents. The study pointed to the growing importance of tuberculosis and the fact that how migration is or is not being managed may be an important factor. In this regard the poor housing and occupational structure into which many migrants are orientated may be important not only for TB but also for other diseases of poverty. Emerging patterns of cardiovascular diseases, mental health problems, occupational and domestic accidents, alcohol abuse and suicide were all identified as migration-influenced.

The study also provided insights on current policies and the potential future public health implications of emerging migration. It proposed steps that could be taken to prevent or mitigate migration-related health problems. The report has been selected as the basis for the 1997 EC Public Health Report.

The health of displaced people

ICMH completed a survey funded by ECHO and WHO to assess the health and social status of internally displaced people in Bosnia. The project involved a nationally representative sample of over 5,000 people throughout the Federation of BiH. It provided the first comprehensive description of the overall physical and psychosocial health and social condition of displaced and non-displaced people. It also dealt with the health and social services

situation and how this might go on to influence resettlement of displaced people.

The survey identified a broad range of acute physical and psychosocial health problems associated with uprooting and displacement. It highlighted the extent to which sexual violence has been used as a weapon of war in Bosnia and provided new data on the number of women and girls raped there. It also showed what the impact of this has been for the physical and psychosocial health of the women concerned.

From the perspective of the psychosocial health and well being, the project pointed to relatively widespread traumatisation and to the fact that for many displaced people the impact of the war and forced displacement is likely to have a long-term impact. The magnitude of the problem is such that national and regional health care and social services may not yet be in a position to manage it. The study report also addressed a variety of other health system issues, including pharmaceutical supply problems.

The report of the survey will be published by ECHO as an official report. In the interim it has already served as the basis for major policy discussions on health and social policy, and is being used by a number of national and international groups in their programmes for BiH.

Migration and risk of drug abuse

With funding from the EC, ICMH is currently assessing if and how the process of uprooting and resettlement affects vulnerability to substance abuse. The project involves six municipalities in EU countries and is being undertaken with local authorities.

The aim of the project is to provide information on the levels of real and perceived vulnerability to substance abuse among migrants. Using KABP surveys among the general migrant population and among risk groups, it seeks to identify what steps could be developed to help prevent or mitigate drug abuse-related problems. Thus far the project has sampled over 1,000 people and highlighted the lack of health information available to migrants about drugs and drug abuse. Perceptions by

migrants of drug abuse and its implications appear to vary according to the degree of social integration they have achieved. In general, however, the survey suggests that children of migrants may be more exposed to drugs than other children, and may be more likely to use them as a way of coping with problems associated with social integration and identity. The project is still proceeding and further results should become available in 1998.

Reproductive health services for displaced people

At the request of AED and Johns Hopkins University, ICMH is preparing a report on availability of maternal and child health and reproductive health care services to people displaced by complex disasters. The report reviewed a number of humanitarian organisations selected by the donors, and is seen as a first step in what will become a more detailed and comprehensive review of the situation.

The project is already pointing to major deficiencies in the extent to which reproductive health concerns in displaced populations have been managed.

The survey suggests that there are many opportunities as well as needs for more focused responses to the reproductive health needs of displaced people. In the specific area of information, education and communication (IEC) action, for example, there is a potential to improve awareness and knowledge about reproductive health and the needs of women and girls in complex disaster situations. More comprehensive training of humanitarian agency staff is called for, but IEC actions could already be better undertaken if there was more sensitivity to the problem. Mobilisation of community responses for the protection of women and girls is also called for, and in this regard the project points to the need for more priority to be given to the overall protection of women and girls both during and after displacement. The report also highlights the fact that many people remain displaced for long periods of time, well beyond the scope of "emergency" services, and that the transition from

emergency services to development programmes should provide continuity in reproductive health care.

Migrants, displaced people and violent behaviour

Funds were received from the Department for International Development (DIFD) to assess if and why uprooting, displacement and resettlement predisposes people to violent behaviour. The project, which is in its initial stage, addresses different forms of violence, including child abuse, intra-familial violence, violence against women, and suicide.

The project meets a growing concern among humanitarian organisations and public health workers, that the trauma of uprooting may be linked to violence as a normative expression of stress in some situations. The information that will be generated by the study will be used in the development of early warning and prevention strategies, training and policy formulation. In the first stage multi-disciplinary studies are being carried out in South Africa, Guatemala and Bosnia.

The impact of humanitarian assistance on health of refugees and local communities

Funding from DIFD was also received to evaluate the impact of humanitarian assistance on the health and welfare of local "receiving" communities as well as refugees and displaced people. The project arises out of a growing concern that humanitarian assistance may be too selective and is not reaching local communities around refugee camps.

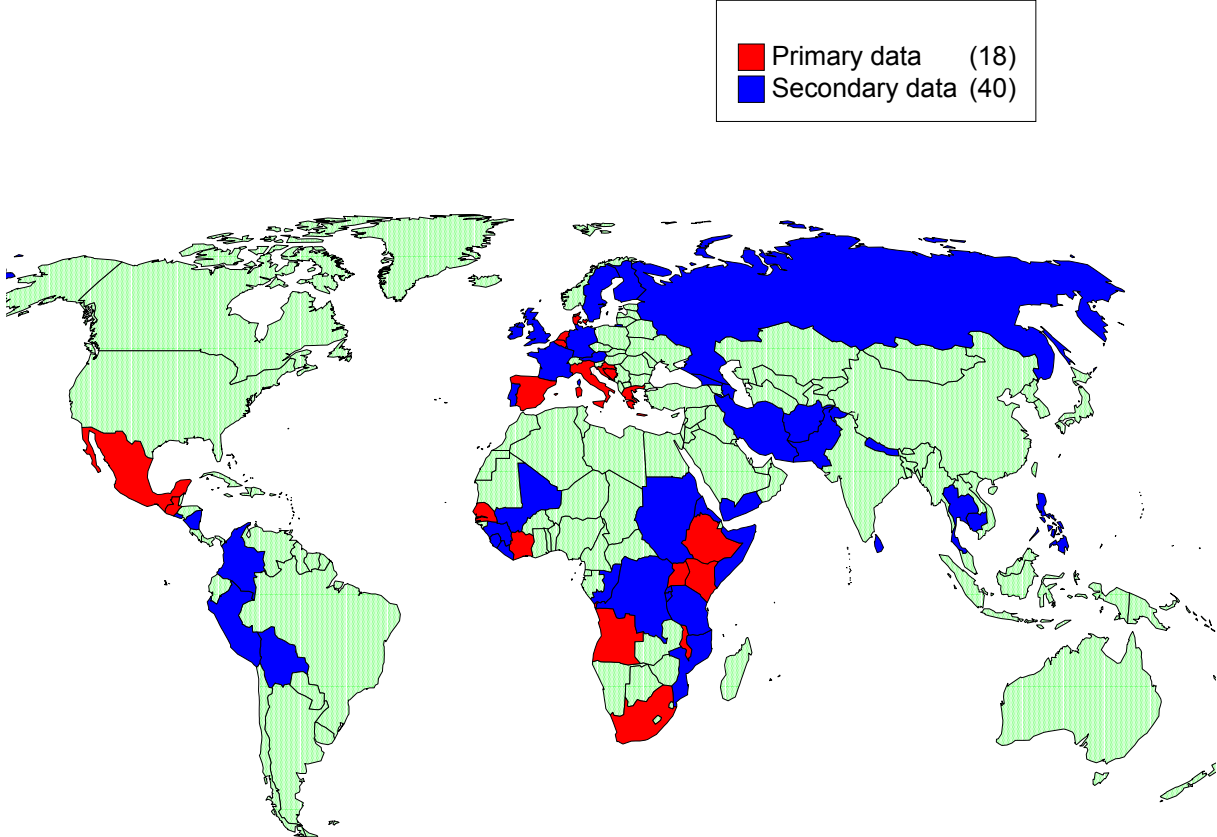
Initially the research will be carried out in Kenya, Mexico, and Croatia, where refugee and displaced person camps have been positioned within or close to "stable" communities. The project seeks to assess a range of social and developmental outcomes as well as direct health impact outcomes.

Population movement, HIV/AIDS and other infectious diseases

Funds were received at the end of 1997 from USAID to pursue further research in Africa, especially with respect to epidemiological and geographical mapping of HIV/AIDS dynamics in the context of population movement; and disease implications of military and civilian personnel movements. The project also calls for more strengthening of national capacities in assessing and projecting HIV/AIDS trends, and for technical support and collaboration to three USA institutions working in the area of relief-development transitioning.

The project will be developed in collaboration with a number of partners including WHO, UNAIDS, and the FUTURES Group, in Malawi, Kenya, Ethiopia, Uganda, Angola, Senegal and Cote d'Ivoire.

Countries on which data have been gathered during 1996-97



Training

Together with the IRCCS Spallanzani in Rome, ICMH organised a series of training activities for health staff from Bosnia and Herzegovina. The topics covered included HIV antibody testing and counselling, AIDS diagnosis and management of opportunistic diseases, and the treatment of AIDS related TB. Over a period of eight months 28 senior clinicians and technicians went to Rome for one-week periods of in-service training. Two senior staff from the Departments of Infectious Diseases and Microbiology were sent to the International Congress of Microbiology in Lausanne with the support of the Institute of Social and Preventive Medicine of the University of Lausanne. Three members of the National Committee for the Prevention of AIDS went to Rome to participate in a three-day review and preparation of national guidelines for the prevention of HIV in health care settings.

A two-day review of HIV/AIDS education materials was held in Perugia in collaboration with the Centro Sperimentale per l'Educazione Sanitaria, University of Perugia. This followed a project to collect and classify educational materials produced in European countries. Two of the members of the BiH National Committee for the Prevention of AIDS attended the review.

Training on HIV/AIDS related issues emerging from the study undertaken in Bosnia and Herzegovina included workshops in Tesanj for religious leaders and staff of local mosques. The workshop covered a broad range of HIV related social issues, but especially centred around questions of discrimination and management of returning refugees. A training seminar was also held in Neum for senior health officials from all BiH cantons and covered epidemiological trends, risk-behaviour prevention, organisation of health care services, and the use of rapid assessment techniques. The seminar brought out a growing concern about the capacity of the existing health care system to cope with the problems of HIV/AIDS and the clinical management of people with the disease.

During 1997 a series of posters, information booklets, and health care guidelines on HIV prevention were prepared and distributed to health workers managing refugees and displaced people in Bosnia. In all, over 10,000 copies of the public information booklets were given out through health care facilities, schools and religious organisations throughout the Federation of BiH.

During 1997 ICMH provided technical assistance to the International Planned Parenthood Federation (IPPF) in the organisation of training for ob/gyn staff from Bosnia and Herzegovina who are being asked to respond to the needs of displaced people and returning refugees. Three inter-related activities were held. The first was a training programme held in Sarajevo for obstetricians and gynaecologists on the management of pregnancy-related problems, and the early diagnosis of cancer in women. The second was a one-week visit and lectures by a consultant obstetrician and a mid-wife from the UK. Then a one-week study tour for obstetricians, midwives and nurses was organised in the UK.

As part of the USAID funded project on HIV/AIDS, two workshops were organised in Washington for staff of USAID, the US Bureau of Census, Johns Hopkins University, the Futures Group, University of North Carolina, and Tulane University. The objective was to introduce the simulation model developed by ICMH. A third workshop was organised in Abidjan at the International Conference on STD/AIDS in Africa, in collaboration with the CDC in Atlanta.

Main meetings at which presentations were made

- European Commission Meeting on AIDS and Mobility, Luxembourg, January 1997
- WHO - Emergency Humanitarian Action Meeting on Health Coordination of Emergencies, Geneva, March 1997
- 5th International Conference on Travel Medicine, Geneva, March 1997
- Epidemics of the 21st Century, Barcelona, April 1997
- Mobility and HIV/AIDS, Amsterdam, April 1997

- HIV/AIDS Dynamics and Simulation Modelling, Washington, April 1997
- Gruppo Italiano di Studio Tuberculosi ed AIDS Rome, May 1997
- Health and Human Rights, Cambridge, May 1997
- Communication and Affected Populations in Humanitarian Emergencies, Washington, June 1997
- 12th Conference of the Japanese Association for International Health, Yoko City, July 1997
- International Conference on Human Rights, Paris, September 1997
- Health Research Priorities in the Euro-Mediterranean, Athens, September 1997
- Obstetric Practice and Ethnic Minorities in Britain, London, November 1997-
- Canadian Conference on International Health, Ottawa, November 1997
- International Conference on STDs and AIDS in Africa, Abidjan, December 1997
- CARE, Social Policy for Displaced People, Sarajevo, December 1997
- Women and AIDS, Rome, December 1997

Previous and current project donors

- Academy for Educational Development (AED)
- Cooperazione Italiana
- Department for International Development (DFID)
- European Commission (EC)
- European Commission Humanitarian Office (ECHO)
- Family Health International (FHI)
- International Organization for Migration (IOM)
- United Nations Fund for Population Activities (UNFPA)
- US Assistance for International Development (USAID)
- World Health Organization (WHO)

ICMH Premises

Concerns about office space were finally resolved during the course of 1997 when ICMH relocated on 19 February to its present address, Route du Nant-d'Avril, 11, Geneva. The premises were located by the Canton of Geneva and with the help of the University of Geneva and IOM. This now allows the staff of ICMH to be brought together under one roof and will permit better exchange of ideas and

communication. Thanks are given to IOM who kindly donated the first year's rent.

Executive Committee

Dr Gushulak, Brian – Chairperson
Prof. Stalder, Hans – Vice Chairperson
Mr Hyatt, Abbas – Newly appointed treasurer

Observers

Ms Schmitt, Joanna – retired treasurer
Dr Siem, Harold – retired chairperson
Dr Menu, Jean Paul - WHO

Staff

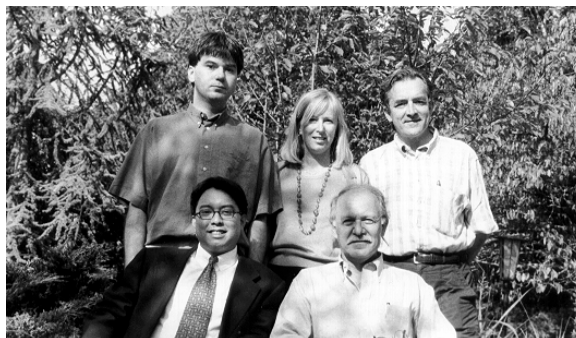
During 1997, the following people worked with ICMH:

Manuel Carballo PhD., MPH
Janet Coutin
Jose Julio Divino MPH
Victoria Durrer-Gasse
Asja Hadzihasanovic BA
Natale Losi PhD
Marc Morival PhD
Fadila Sedaravic
Rand Stoneburner MD., MPH
Damir Zeric MSc
Yves Van Heuven

Interns

Ingeborg, Halene – University of Berlin

ICMH would like to give special thanks to Ms Joanna Schmitt, of IOM for her administrative support.



Back from left to right: Damir Zeric, Janet Coutin, Lino Losi
Front left: J.J. Divino Front right: Manuel Carballo

Financial Status

The Financial Status below reflects the state of the accounts as of 31 December 1997. All amounts are stated in US\$.

BALANCE SHEET

Assets

Cash at Bank	
UBS Geneva	
Kredietbank Belgium	398,392.00
Sundry Debtors	109,322.00

Liabilities

Sundry Creditors & Accruals	432,251.00
Balance – Project Income	
Carried forward	<u>75,463.00</u>
	<u>507,714.00</u>

INCOME AND EXPENDITURE STATEMENT

	Income	Expend	Balance
ICMH General Account			
Balance b/f 1 January 1997	11,998		
Year end 31 December 1997	<u>29,671</u>	<u>41,669</u>	<u>0</u>
	41,669	41,669	0
Direct Project Costs			
Reproductive Health	13,329	0	13329
Aids & Infect. Diseases BiH	599,734	599,370	364
Migration & Drug Abuse EC	157,065	96,043	61,022
Assess. of HIV – Uganda	68,862	68,862	0
Health of Migrants in EC	128,555	127,807	748
Health Assess of Displaced Persons BiH	<u>21,342</u>	<u>21,342</u>	<u>0</u>
	988,887	913,424	75,463
TOTAL	<u>1,030,556</u>	<u>955,093</u>	<u>75,463</u>

The accounts as of 31 December 1997 were audited on 23 August 1998 by Mr J. Ohms, elected auditor for ICMH.

Publications

Carballo – Book Review, Medicine and books: “Minefields in their Hearts”, BMJ 18 January 1997; 314:237

Carballo – Book Review Medicine and books: “The Environment for Children: Understanding and Acting on the Environmental Hazards that Threaten Children and their Parents”, BMJ 1 March 1997; 314:687

Carballo, Serdarevic, Zulic – “Development of an essential drugs list for Bosnia and Herzegovina”, Journal of the Royal Society of Medicine June 1997; 90:331-333

Stoneburner, Low-Beer and Mukulu – “Empirical evidence for the severe but localized impact of AIDS on population structure”, Nature Medicine 1997; 3:5, 553-557



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