WHO COLLABORATING CENTRE FOR HEALTH-RELATED ISSUES AMONG PEOPLE DISPLACED BY DISASTERS

INTERNATIONAL CENTRE FOR MIGRATION AND HEALTH

# 1998

# ANNUAL REPORT

A JOINT UNDERTAKING OF

IOM International Organization for Migration

UNIVERSITÉ DE GENÈVE

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# OVERVIEW

***Throughout much of Sub-Saharan Africa there were continued conflicts & complex emergencies, all of which created large numbers of refugees and internally displaced people…***

**1998** continued to see forced migration, as well as so-called economically-motivated migration, become an even greater challenge to national and international public health. Throughout much of sub-Saharan Africa there were continued conflicts and complex emergencies, all of which created large numbers of refugees and internally displaced people. Some of these crises were of a relatively cyclical nature, affecting countries that in many cases had only just begun to emerge from previous instability and whose health care infrastructures were already weak.

In parts of Europe the situation also remained unsettled. Thus while there was a fairly sizeable return of refugees to Bosnia and Herzegovina, and of internally displaced people to their homes in other parts of the Federation, there were indications of a growing diaspora from Kosovo into countries such as Macedonia and Albania.

ICMH premises, Geneva

In Central America, natural disasters again created hundreds of thousands of homeless people and prompted many to seek new lives elsewhere in the immediate region and further afield in North America. In parts of South America political problems continued to destabilise populations and add to the growing number of internally displaced people and disrupted families.

Meanwhile everywhere in developing countries, the movement of people from rural areas to urban centres continued unabated, producing ever-larger cities that are increasingly unable to absorb or meet the social development needs of newcomers. Economically motivated migration between countries also continued to grow, and the movement from "south-to-south" countries as well as "south-to-north" continued to produce its own and often new challenges, especially in countries that have hitherto been known more for their net emigration rather than their immigration.

***In parts of Europe… there were indications of a growing diaspora from Kosovo into countries such as Macedonia and Albania…***

During 1998 the work of ICMH addressed a number of emerging issues concerning the health impact of forced migration and economic migration, and a number of the main projects that were completed or started during the year are described in this report. Among these projects was one on the health and well being of migrants in the European Union and the place of national policies and programmes in determining migrant health.

Because the report on migration in the EU touched on issues that are relatively new in a geographic region that has traditionally not experienced major in-migration or migration between states, and because the report's findings have been taken up by both the

European Commission and the Council of Europe, we have decided to make this the main theme of our 1998 annual report.

1998 also saw ICMH continue to strengthen its partnership with IOM, the University of Geneva and WHO, while at the same time, pursuing its networking function to promote and strengthen work on migration and health. This led to a number of new contacts in Europe, Africa, Asia and America, as well as to the involvement of ICMH in a range of public health and scientific meetings.

The past year saw some staff movement and ICMH also received a number of intern students from North American and European universities, a feature that promises to become an important role for ICMH in its resource strengthening role.

## MIGRATION AND HEALTH IN THE EUROPEAN UNION

***Migration into and within the EU has become increasingly evident... and countries that were... net exporters of people have suddenly become major receivers of migrants and refugees...***

**IMPRESSIVE** as current global migration figures are, they probably underestimate the true situation by a large margin. Some countries do not have up-to-date census data, and even if they did, a not-insignificant proportion of people crossing borders is neither registered nor picked up by routine census enumerations. Unofficial migration, be it intended to last short or long periods, is growing everywhere as frontiers become more porous and economic inter-dependence between countries and regions within countries intensifies. Better communication, improved facility of movement, and the relatively rapid emergence of universally held views and expectations about standard of living and quality of life are encouraging both internal and cross-border movement.

The large number of conflicts and complex emergencies around the world has also contributed a large share of the world's population movement. The last twenty or so years have seen more people displaced than at any other time in history, and forced migration has become an important factor in defining the health of people and the capacity of national health care and social services.

Europe and the European Union have been no exception to this general rule. Migration into and within the EU has become an increasingly evident part of its social and economic development, and conflicts in the Balkans have been a source of refugee movements into many countries. As a result of these enlarging frameworks, European countries that were until recently net

exporters of people have suddenly become major receivers of migrants and refugees.

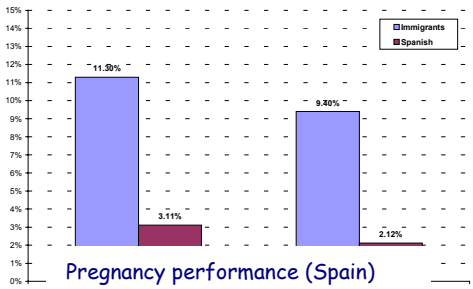
The pace of this new demographic evolution has caught many EU countries unprepared, and almost everywhere there have been debates about the social and political as well as economic implications of migration. All too little attention has been given, however, to the health consequences of mass population movement even though it is these that possibly present the greatest challenge.

***…many migrants not only move from poor countries but they then … go into social and environmental situations that fail to foster successful social or healthy integration…***

Migrants inevitably carry with them many of their background characteristics, and because poverty and the search for economic opportunity are key push factors, most migrants tend to bring with them health profiles that are typical of poor backgrounds. To date, however, there is little evidence that these health profiles, including tuberculosis and hepatitis, present a serious problem for the health of receiving countries.

The health dynamics of migration are nevertheless complex, and for a variety of reasons, it is the health of migrants themselves that is often at serious risk during and as a result of their movement.

One of the problems facing both migrants and their host communities is not only that most migrants move from poor countries, but that many of them go into social and environmental situations that fail to foster successful social or healthy integration. Poor social and health care support, sub-optimal working conditions, inadequate housing, poor sanitation and overcrowding are not uncommon features of the migrant ecology.



Pregnancy performance (Spain)

An all too often forgotten aspect of migration is its impact on psychosocial health. Migration is never a simple process. In most cases it forces migrants to make a fundamental break with community and culture and then have to cope with problems of language, culture shock and socio-legal forces that often keep migrants uncertain about job prospects, and exclude them (at least initially) from mainstream society. Post-migration settlement is thus pregnant with loneliness, insecurity and low self-esteem generated by the lack of any clear desire by countries to absorb migrants.

The policies governing labour migration into many EU countries also mean that families are rarely unable to move as a unit, and when family re-unification eventually becomes possible, families often encounter problems associated with long separation and the new lifestyles and relationships they may have developed in the interim.

Whether it is linked to these and/or other problems, migrants appear to be at high risk of developing psychosomatic problems and also of being diagnosed as mentally ill. Their rates of functional disorders and of admission for psychiatric illness tend to be uniformly higher than for nationals, and although men appear to be more vulnerable than women, both sexes are clearly at risk. Women from traditional backgrounds are especially susceptible to conflicts between value systems that confront them with competing traditional familial and cultural demands and the "new society" expectations and opportunities.

*As in all other aspects of the migrant's life, language barriers and poor communication… are major shortcomings that lend themselves to the risk of work-related accidents…*

Occupational health and safety has also become a major concern. The construction, heavy industry, and agricultural work that most migrants move into are by definition relatively risky from an injury and disease perspective. The problem in the case of migrants is frequently made worse by the short-term nature of their work and the lack of investments made by employers in training, instruction and supervision. As in all other aspects of the migrant's life, language barriers and poor communication with employers and other employees are major shortcomings that lend themselves to the risk of work-related accidents. In the agricultural sector unprotected exposure to pesticides and other chemical products has also become a common problem and is thought to be linked to the elevated incidence of depression, neurological disorders and miscarriages among migrant agricultural workers.

Despite the growing nature of the phenomenon few European Union countries have had time to develop comprehensive health policies to manage and protect migrant welfare. Nor have many seen fit to establish the type of culturally tailored services that might ensure better access to and use of preventative health programmes by migrants. In addition, many migrants still appear to fall outside the scope of routine health and social policies, insurance schemes and infrastructures. As a result, their potential contribution to their own economic and social development, as well as that of the countries that receive them, continues to be constrained.

*… many migrants still appear to fall outside the scope of routine health and social policies, insurance schemes and infrastructures…*

Although there are variations between countries with respect to what is being done to respond to the emerging situation, the issues clearly calls for more attention than it has been given to date. If the health and human rights of migrants are to be respected, and if migration is to cease being a health-threatening process that detracts from the well being of both migrants and host communities, more comprehensive and culture sensitive planning is called for. Much more can and should also be done to try and ensure greater standardisation between the policies and programmes of the countries of the EU.

# PROJECTS IN 1998

## Migration and Risk of Drug Abuse

*… migrant women and children appear to be specifically targeted by drug sellers…*

**DRUG** abuse has become a major public health challenge in the EU. During 1997 ICMH set up a pilot project to assess if and how the process of uprooting, migration and resettlement affects the vulnerability of people to drugs and their abuse. The project was carried out in six municipalities of the European Union, and was undertaken in close collaboration with local health authorities. A report on the initial findings was submitted in May 1998.

The interim results point to the urgent need for new drug abuse prevention initiatives that build on current and community-based evidence and less on intuitive responses or on models drawn from other situations. To date, however, little attention has been given to the problem as it occurs in migrant communities, and what activities have been mounted by local authorities to deal with the problem have tended to transpose models from other groups on to migrant communities. This has not been effective and the relatively unique circumstances and needs of migrants and their children have not been addressed.

*The vulnerability of children of migrants at times seems to be made worse by their inability or unwillingness to make use of existing health and social services…*

Although the situation varies considerably between cities and migrant groups, migrant women and children appear to be specifically targeted by drug sellers. Their vulnerability appears to be associated with unemployment, poor social-cultural adaptation, family disorganisation and/or inter-generation distance between migrant parents and their children. The vulnerability of children of migrants at times seems to be made worse by their inability or unwillingness to make use of existing health and social services.

The results of the pilot project suggest that drug abuse prevention in migrant communities must be more obviously linked to other actions that are designed to strengthen the social, economic and political environment of migrants. In addition, more probably needs to be done to "hand-over" responsibility to migrant communities so that they can tailor their own drug abuse prevention actions with the backup of local services and staff who understand the cultural and psychosocial factors influencing the risk of drug abuse.

## Responses to Sexual Violence and Rape in Conflict Settings

***There is growing evidence of the vulnerability of women to rape… in the context of uprooting and displacement…***

**COMPLEX** emergencies have become increasingly associated with sexual violence. There is growing evidence of the vulnerability of women to rape and sexual violence in the context of uprooting and displacement. During 1998 ICMH began to look at the ways in which NGOs and other humanitarian agencies respond to this problem. The results to date suggest that the health and social implications for women who have been sexually violated in conflict situations have been poorly addressed and documented. As a result, interventions have been late in coming and there has been relatively little information available to policy makers on how best to respond. The paucity of guidance on what would constitute ethical and technically appropriate interventions has meant that many organisations and field staff have been compelled to address the issue on an *ad hoc* basis and innovate as they confront the problem.

The project intends to bring together a body of data that can be of use to policy makers and others responsible for designing strategies and programmes to deal with the problem. The project will gather information from a range of sources including national health statistics and reports, humanitarian agency reports and evaluations, published and unpublished reports/articles. It will also elicit information from national and local authorities, UN and NGO agency staff using interviews with key informants representing these groups and the refugee communities themselves. It is hoped that this will allow the issue to be understood and responded to in the context of the social cultural and legal conditions prevailing in refugee camps.

## Occupational Health of Field Personnel in Complex Emergencies: Report of a Pilot Study

***… many of them may be going to the field with little preparation for the type of work they are going to do…***

**AS** the number of humanitarian agencies, including both UN and non-governmental organisations involved in complex emergencies increases, so the number of people being sent to field situations is also growing rapidly. The number of complex emergencies has meant that personnel have had to be recruited and sent to the field more quickly and with broader terms of reference than ever before. The need to review this situation and assess how staff are being prepared and supported in the field has become an important component of humanitarian relief work.

ICMH worked with WHO/EHA/JMS in preparing a report on a field study of humanitarian workers in Rwanda, Uganda and Tanzania, and helped organise a technical meeting on the subject.

The field project highlighted how little training field staff sometimes get and how many of them may be going to the field with little preparation for the type of work they are going to do or with respect to the living and working conditions they will confront in the field.

*Only 50% of respondents felt they were able to function well… and over half reported generalised fatigue, sleeping problems, anger and frequent irritability…*

On the whole, the recruitment procedures of relief agencies were found to be hurried and casual, with little time allocated to checking references. Briefing of staff on local security, political and cultural issues was especially deficient, and staff sometimes felt that they had been placed at unnecessary risk as a result of not being better prepared.

The study found that the personal health (both physical and psychosocial) of field staff was especially neglected, and that more than 53% of those staff who were interviewed had not received any personal medical exam or briefing prior to departure. Over 20% were not even aware of whether their vaccination status was correct or had been verified. Nor was there much evidence of staff being given advice about food and water safety, infectious and parasitic diseases, or psychosocial health. Only 50% of respondents felt that they were able to function well on the day they were interviewed and over half (59%) of them reported generalised fatigue, sleeping problems, anger and frequent irritability.

## Migrants, Displaced People and Violent Behaviour

*… the psychosocial and physical stress associated with uprooting, feelings of powerlessness, and the lack of structured long-term support… may be a complex of factors linked to violent behaviour…*

**INTENTIONAL** injuries and violence have become major public health concerns and have come to constitute an important burden that affects the well being of families and communities as well as individuals. Refugees and so-called voluntary migrants may be among the most vulnerable to violence from both the point of view of what they experience themselves during uprooting and the process of resettlement.

A project to assess the role played by uprooting and resettlement on violent behaviour has been initiated. Initial findings suggest that factors such as the type of conditions that initially propel people to uproot as well as the conditions under which they move or are moved may be critical. In addition, factors such as family separation, loss of loved ones and personal traumatic experiences, including violence committed against them, may also be determining factors.

The psychosocial and physical stress that is typically associated with uprooting, together with the feelings of powerlessness and lack of structured support also appear to be important features that may be linked to ongoing violent behaviour.

## Impact of Humanitarian Assistance

*There seems to be a tendency for relief operations to create a real and perceived relative deprivation among people in host communities…*

*… the needs of people in host communities have been neglected & … humanitarian aid agencies have failed to factor these into their plans & strategies…*

**THE** 20th century has seen a proliferation in the number of people forcibly displaced by conflict and political crises. It has also seen a rapid growth in the number of humanitarian organisations and NGOs involved with providing assistance in complex emergency settings.

Although the capacity of international groups to respond to the needs of refugees and internally displaced people has improved considerably, there is a growing debate about the impact the work of these agencies has on local host communities. ICMH is looking at this issue, especially from the perspective of whether and to what extent the health and healthcare needs of local communities is taken into account during the planning and delivery of relief assistance.

Thus far, the evidence suggests that the health profile and the nature of the healthcare systems of local communities has typically not been considered and that many initiatives for refugees and IDPs neglect the needs of local people. They have also failed to take into account the impact refugees and IDPs have on local healthcare services which also have to cater to people referred to them by relief agencies. There seems to be a tendency for relief operations to create a real and perceived relative deprivation among host communities that in turn produces feelings of animosity to refugees. In general, the needs of people in host communities have been neglected and humanitarian aid agencies have failed to factor these into their plans and strategies.

## Population movement and HIV/AIDS

**UNDERSTANDING** trends in HIV/AIDS is critical to determining if and to what extent migration is a factor and whether people on the move are at special risk of the disease. Thus far data from population based surveys suggest that in Uganda between 1989 and 1995 there were significant decreases in the frequency and distribution of high risk behaviours such as number of "casual sex" partners, and that in general there was an increase in safer behaviour (condom use). This was particularly the case in urban areas.

Among other emerging trends is evidence that the use of condoms appears to be determined by education and knowledge of someone who died of AIDS. Age at sexual debut also appears to be increasing, and data from cohort studies and other sources indicates that decreases in high risk behaviour are higher among

people who have been exposed to information, communication and education about AIDS.

*… a number of unanswered questions remain concerning the nature & implication of the social networks… established in the context of the circular mobility from rural to urban areas…*

There is also evidence that HIV prevalence rates are declining among pregnant women, especially in the 15-24 age range, who are attending sentinel surveillance site clinics. Simulation modelling of the HIV dynamics in these settings also confirm that observed HIV incidence/prevalence trends are primarily occurring in the younger age groups, and are more related to declining HIV incidence than to mortality and population loss. In Lusaka and Zambia declines in HIV prevalence are again emerging among younger age cohorts, albeit with a time lag that reflects the later onset of the epidemic there.

From the perspective of internal migration, however, a number of unanswered questions remain concerning the nature and implication of the social networks that are established in the context of the circular mobility from rural to urban areas. Circular migration patterns are becoming more evident as economic changes and transportation/communication opportunities influence the need and the possibility of moving.

## Complex Emergency Response and Transition Initiative (CERTI)

**THE** management and health implications of displaced populations in complex emergencies is often linked to the type of relief response and the extent to which this is linked to the transition to social reconstruction and development.

*Repatriation & resettlement of refugees & internally displaced people is often being placed at risk because insufficient attention is given to social as well as physical reconstruction…*

Working with a consortium of partners including Johns Hopkins and Tulane Universities, and the Refugee Policy Group in the USA, a series of small situation assessments and studies have been put into place in a number of countries in Africa.

To date what is emerging from these and other sources suggests that relief and development initiatives have become relatively disparate entities from the perspective of both donors and field agencies. Thus the planning and implementation of development work rarely takes into account the risk of complex emergencies and hence the need to prepare for them. Similarly, relief operations are often conducted in a way that provides little opportunity for the work being done to lead to reconstruction activities.

Repatriation and resettlement of refugees and internally displaced people is often being placed at risk because insufficient attention is given to social, as well as physical, reconstruction. At the same time, all too little attention appears to be given to the

capacities that exist within refugee and IDP populations to manage their own health and social development. Recurrent crises in some settings may be linked to this of lack of attention and the fact that many of the populations that are being displaced are being provided with few opportunities to participate in their own reconstruction and development.

*The emerging role of peacekeeping troops… calls for more attention, expecially given the responsibility … troops often have for protection of displaced people…*

The emerging role of peacekeeping troops in humanitarian relief operations also calls for more attention, especially given the responsibility peacekeeping troops often have for protection of displaced people.

There is evidence that much of the sexual violence and related diseases to which refugees and IDPs are exposed is occurring in the process of displacement and resettlement. The capacity of peacekeeping troops to provide health promotion and protection as well as physical security in complex emergencies may need to be enhanced and built on.

## COLLABORATION WITH OTHER INSTITUTIONS

**ICMH** continued to place great importance on its collaboration with national and international institutions working on migration and health-related issues, and believes that pooling of resources and promotion of cooperative initiatives will enhance knowledge and understanding in this area.

Collaboration between ICMH and its main partners, namely the International Organisation for Migration (IOM), the University of Geneva and the World Health Organisation (WHO) has continued to be fostered. ICMH has undertaken a number of tasks on behalf of WHO and is working closely with the University of Geneva to provide internships for students, and technical support to projects in Bosnia.

During 1998 ICMH also worked extensively with the University of Louvain in Belgium, the School of Medicine and the Institute of Public Health in Sarajevo, Columbia University, Tulane University School of Public Health and Tropical Medicine, Johns Hopkins University, and Cambridge University. ICMH also continued to be involved in the Inter-Agency Advisory Group led by UNHCR on the subject of refugee reproductive health

## PREVIOUS & CURRENT DONORS

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

## ICMH STAFF IN 1998

*Abbas Hyatt*
*Damir Zeric*
*Fadila Serdarevic*
*J.J. Divino*
*Janet Coutin*
*Judy Dowling*
*Natale Losi*
*Manuel Carballo*
*Marc Morival*
*Rand Stoneburner*
*Yves Van Heuven*

**IN** keeping with the operational objectives of ICMH since its establishment in 1995, ICMH kept its core staff to a minimum. During 1998 the core staff consisted of the coordinator, an epidemiologist, two social scientists, a public health researcher, a biostatistician, two secretaries (1 each in Geneva and Sarajevo), a part-time librarian, and a part-time treasurer. At the end of the year, Dr. Natale Losi, one of the two social scientists, took a position with IOM Medical Services as mental health coordinator.

During 1998 ICMH supervised two student interns. Ms. Megumi Doi, a Japanese graduate student studying International Relations at Syracuse University (USA), spent the summer with ICMH, and Mr Jordan Tarver, an American pre-dentistry student at Davidson College (USA) joined ICMH in the autumn of 1998.

## ICMH EXECUTIVE COMMITTEE

Dr. Brian Gushulak (IOM), Chairperson
Prof. Hans Stalder (University of Geneva), Vice Chairperson
Mr. Abbas Hyatt (ICMH), Treasurer
Dr. Jean-Paul Menu (WHO)

## MESSAGES FROM THE INTERNS

***Jordan Tarver:*** *"My name is Jordan Tarver and I am from Lakeland, Florida. I am a junior at Davidson College and my major course of study is economics even though I aspire to become a paediatric dentist. During the fall of 1998, I came to Geneva with Kent State University to take courses in international trade, European economics and integration, international business, Swiss politics, and French language.*

*During this period I also interned with the International Centre for Migration and Health.*

*At ICMH I was involved in a research project commissioned by the European Commission and the Council of Europe. The report focused on many issues of immigration and emigration across the borders of the 25 Council of Europe countries that are not member states of the European Union. My main duty was to research health complications of displaced persons and those in complex emergency situations such as in war-torn areas. Being with ICMH dramatically improved my research skills and I put together an information packet that the Coordinator of ICMH used in his final report to the Council of Europe.*

*I had a fantastic experience at ICMH. This was my first official internship and Manuel Carballo and his team always made me feel at home and introduced me to international research work from the very beginning. I would recommend internship to anyone who likes to work with competent people in a professional but informal environment. All said and done, ICMH helped me get much more out of my abroad experience. It helped to make my stay in Switzerland a very positive and memorable one and I am a better-rounded person for it -- not to mention a chocolate connoisseur as well!"*

***Megumi Doi:*** *"My name is Megumi Doi, I am originally from Japan. I have been studying International Relations at Maxwell School of Citizenship and Public Affairs at Syracuse University, NY, USA. As part of my program of study, I worked as an intern at ICMH for 2 months (June-July) in the summer of 1998. It was a great experience for both my academic and private life.*

*At ICMH I worked on several projects as a research assistant, including one on the reproductive health of refugees, which inspired me a lot. After I returned to Syracuse, I continued to study the issue and I wrote a term paper titled "The psychology of mass rape in the conflict in the Former Yugoslavia." While I was at ICMH I also worked on a book chapter on poverty, development, migration and health. I am going to work on this topic again during the Fall semester of 1999 as a part of my studies in International Relations.*

*I am really happy I went to ICMH and I have been able to keep in touch with the staff there. I would encourage all would-be student interns to consider ICMH as a place to go. I know they will learn a lot and the experience will enrich their lives. The people at ICMH are just wonderful. I enjoyed working with them and I miss them a lot even now! It was really fortunate for me that Dr. Carballo accepted me as an intern! "*

## MEETINGS AND CONFERENCES

ICMH presented papers at the following meetings:

- Military and Humanitarian Assistance Meeting, Hawaii, USA, February 1998
- Military and Humanitarian Assistance Training, Center of Excellence, Stuttgart, Germany, February 1998
- Meeting of WHO Collaborating Centres for Emergency and Humanitarian Action, Geneva, Switzerland, April 1998
- United States Assistance in International Development (USAID) Expert Meeting on Relief to Development, April 1998
- Migration and Health Seminar Series, University of Bern, Switzerland, April 1998
- International Health Seminar Series, London School of Hygiene and Tropical Medicine, London, UK, May 1998

- National Conference on International Health, Washington D.C., USA, June 1998
- Panel Discussion on Immunisation, Sarajevo, Bosnia and Herzegovina, June 1998
- 12th World AIDS Conference, Geneva, Switzerland, June/July 1998
- Meeting on HIV/AIDS in sub-Sahara Africa, Luxembourg, Luxembourg, July 1998
- Advances in CERTI, Washington, D.C, USA, July 1998
- First International Symposium on the Prevention of HIV/AIDS in the Mediterranean, Neum, Bosnia and Herzegovina, September 1998
- British Council Seminar. The Management of Emergencies & Disasters: a multi-disciplinary approach. London, UK, October 1998
- Jaume D'Agramunt International Symposium on Communicable and Infectious Diseases, Lleida, Spain, October 1998
- ICPD +5 Technical Meeting: Reproductive Health In Crisis Situations, Rennes, France, November 1998
- Toward Improved Monitoring and Evaluation of HIV prevention, AIDS Care and STD Control Programmes. (USAID, UNAIDS, Measure Evaluation, UNC) Nairobi, Kenya, November 17-20, 1998
- European Conference on Drug Prevention and Drug Policy, Vienna, Austria, November 1998
- Third International Metropolis Conference, Zichron Yaacov, Israel, November/December 1998
- Impact Measurement Committee, London, UK, December 1998
- HIV, STD and Infertility: Past Trends and Current Monitoring Problems. (USAID, UNAIDS, Measure Evaluation, UNC). Arlington, Virginia, December 14-15, 1998.

## SCIENTIFIC PAPERS PRESENTED IN 1998

Carballo, M. *The role of migration on the spread of infectious diseases and its impact on newly emerging diseases* (Presented at the Jaume D'Agramunt International Symposium on Communicable and Infectious Diseases, Lleida, Spain, October 1998).

Stoneburner R, Carballo, M. *Linking data on changes in sexual behavior to declining HIV prevalence: weighing the evidence*. (Presented at the International Workshop,Toward Improved Monitoring and Evaluation of HIV prevention, AIDS Care and STD Control Programmes. USAID, UNAIDS, Measure Evaluation, UNC ; Nairobi, Kenya, November 17-20, 1998.)

Carballo, M. *The impact of urbanisation on health and healthcare services.* (Presented at the Third International Metropolis Conference, Zichron Yaacov, Israel, November/December 1998).

Stoneburner R, Carballo, M. *Linking data on changes in sexual behavior to declining HIV prevalence: weighing the evidence. HIV, STD and Infertility: Past Trends and Current Monitoring Problems*. (Presented at USAID, UNAIDS, Measure Evaluation, UNC, Arlington, Virginia, USA December 14-15, 1998.).

## PUBLICATIONS

Carballo, M., Divino, J.J., & Zeric, D. (1998). *Migration and health in the European Union.* Tropical Medicine and International Health, 3(12) 936-944.

Carballo, M., Divino, J.J., & Doi, M. (1998). *Development and Health.* In: J. Whitman (Ed.), The Politics of Emerging and Resurgent Infectious Diseases. London: The Macmillan Press. Ltd.

# LIST OF ICMH REPORTS

**ICMH/WHO. (1998). Occupational Health of Field Personnel in Complex Emergencies: Report of a Pilot Study. Geneva: WHO/ICMH.**

The number of humanitarian agencies, including both UN and non-governmental organisations involved in complex emergencies has increased significantly in the last ten years, and the number of people being recruited by these agencies to work in field situations has also grown. Given the type of work people are being recruited to do, and the conditions in which they are working, the need to review employer-employee relationships, recruitment policies and practices, and the type of preparation and back-up staff are given while in the field has also become more evident. In order to shed more light on the problem, and provided a basis for consolidated action, a project was funded by the Department for International Development (DFID) and developed jointly by WHO/EHA, Joint Medical Services (JMS) and ICMH. The report was prepared as a background document for technical meeting. It provides: (a) a brief overview of some background issues; (b) findings of a pilot survey conducted by WHO/JMS of field staff working on complex emergency projects; and, (c) points that could be addressed in recommendations on employer-employee issues.

**ICMH/WHO. (1998). Consultative Meeting on Management and Support of Relief Workers. Geneva: WHO/ICMH.**

How best to care for and support field personnel in international organisations has become a matter of increasing concern, and there are now a number of initiatives within UN agencies and NGOs to see how the risks to field workers can be reduced, while still supporting the missions they are expected to accomplish. UN General Assembly Resolution 52/167 stresses the need to improve the safety and security of all humanitarian personnel, and highlights the personal risks taken by such field workers in the field. A WHO initiative in this area was started in October 1997 with the aim of defining some of the salient health-related issues currently facing relief workers in the field, and providing data on which evidence-based recommendations could be made. The project set out to look at a number of characteristics and procedures, including: staff selection and recruitment, training, pre-departure briefing (including security and medical aspects), support while in the field and on return from the field. Findings along with recommendations are extensively discussed in the report.

**ICMH. (1998). Migrants, Displaced People and Drug Abuse: A Public Health Challenge. Geneva: Carballo and Morival.**

The report presents the findings of a pilot project to assess whether and how the process of uprooting and resettlement affects the vulnerability of migrants to substance abuse. The project involved six municipalities of the European Union (EU) in collaboration with local authorities identifies a number of key factors that appear to be contributing to the risk of drug abuse. The report also highlights issues which drug abuse prevention campaigns should address.

**ICMH. (1997). An Assessment of Emerging Patterns of HIV Incidence in Uganda and Other East African Countries. Geneva: Stoneburner and Carballo.**

The report is an evaluation of the association between changing HIV incidence and prevalence patterns observed in Uganda, and their relationship to potential successes of population based HIV prevention programs. Recommendations on the use of epidemiological methods for HIV surveillance data in conjunction with behavioural surveys designed to assess differential HIV incidence dynamics and their relationship to the effectiveness of prevention strategies are presented. The report also discusses methods relating to migration flows and differential HIV dynamics and its significance as a general vector of an emerging infectious disease.

**ICMH. (1997). Analytic Review of Migration and Health and as it affects European Union Countries. Geneva: Carballo, Divino and Zeric.**

In 1997, ICMH was asked by the European Commission to review the health implications of migration into European Union countries. The report covers a wide spectrum of health issues and problems, ranging from communicable diseases to mental health and family formation. The dynamic nature of modern population movements, and the capacity of migration flows to change according to need and pressure, makes this an important domain for public health. There is a growing evidence, albeit incomplete, that migration and health are inextricably intertwined processes that have implications for everyone concerned.

**ICMH. (1997). Report to AED/PCS on Reproductive Health Initiatives for Internally Displaced and Refugee Populations. Geneva: Carballo and de Negri.**

The report addresses some of the concerns and opportunities surrounding reproductive health among displaced populations, and proposes ways in which steps could be taken to provide more support to them. Reproductive health is one of the cornerstones of public health, and is not just about family planning. Among other things, it concerns sexual health and well-being, the prevention and treatment of disabling sexually transmitted diseases, the right to choose if and when to have children, the promotion and protection of health pregnancy, and ensuring the access of women, men and children to quality care. It also involves freedom from sexual violence.

**ICMH. (1996). Health and Social Status of Displaced People in Bosnia and Herzegovina. Geneva: Carballo, Zeric and Smijkic.**

This is a report of a survey conducted between September and December 1996 by ICMH with the cooperation and help of the Institute of Public Health in Sarajevo. The survey was undertaken at the request of national authorities of Bosnia and Herzegovina and funded by ECHO. It was prompted by the growing need to safely and productively resettle people who were displaced by the war. The report includes results of a nation-wide representative survey of displaced people, a survey of healthcare and pharmacy facilities in selected locations, an assessment of the national drug system with respect to certain functions, and some reflections on the type of healthcare training issues that may need to be addressed in the future if resettlement is to be effective.

**ICMH. (1996). Health and Social Status of Displaced and Non-Displaced Elderly People in Sarajevo. Geneva: Carballo, Zeric and Kadic.**

This ICMH survey constitutes part of a larger project which was funded by the Italian Ministry of Foreign Affairs "Cooperazione Italiana". It was established as part of it's emergency assistance support package to Bosnia and Herzegovina, and in particular to the Health Secretariat of the City of Sarajevo. The decision to establish a project on the elderly was predicated on the growing concern among health authorities that the elderly in Sarajevo, and probably elsewhere in Bosnia and Herzegovina, were becoming increasingly vulnerable as a result of limitations placed on health and social services by the war. The report provides a range of vital information concerning the social, physical and health condition of the elderly in Sarajevo.

**ICMH. (1996). Pregnancy Outcome Among Displaced and Non-Displaced Women in Bosnia and Herzegovina. Geneva: Carballo, Simic, McCarthy and Zeric.**

An international group of experts was convened by ICMH in October 1995 to assess how the war in Bosnia and Herzegovina, and the displacement of women has affected pregnancy. In particular, the experts met to assess the pregnancy experience of displaced and local women in the besieged city of Sarajevo, and propose the steps that can be taken to improve the reproductive health of women in similar situations elsewhere. In the report, a number of key findings are presented and a series of recommendations are made concerning immediate action which can be taken to improve the reproductive health and pregnancy outcome of women in conflict situations.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