ICMH 1999 ANNUAL REPORT

The search for lost family and friends
Pančevo April 6, 1999

ANNUAL REPORT

INTERNATIONAL CENTRE FOR MIGRATION AND HEALTH

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

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MESSAGE FROM THE COORDINATOR

The year has generally been a difficult one for human security around the world. By extension, the challenges confronting the international development and humanitarian community of which we are a part have also increased in complexity.

The short-lived but intense uprooting of people in Kosovo, the conflicts that have dragged on in Chechnya and Afghanistan, as well as the rapidly worsening confluence of AIDS and complex emergencies in Africa have all served to remind us of the evolving global threat to human and to national security. The post-facto evaluations that have been made of how the international community responded to the crisis in Rwanda have at the same time reminded us of the need for our collective capabilities to be improved and for there to be greater readiness to respond to crises with technically sound interventions.

In this regard ICMH has continued its modest but targeted role of supporting other agencies working at the crossroads between the growing phenomenon of population movement (both forced and voluntary) and the complex health issues that surround it.

As the events in 1999 unfolded, it seemed increasingly fitting that ICMH should continue to develop the work it had initiated earlier in the area of the violence, and in particular sexual violence, that occurs in the context of forced uprooting and displacement. We are of the belief that this issue is not only critical from a public health perspective but from and an ethical and human rights one too. Thus while ICMH addressed a number of other problem areas during 1999 we have selected the issue of violence as our central theme for this report.

In addition to what has proved to be a busy research and training programme, ICMH was also called on to participate in a number of scientific and policy meetings, and we contributed findings from our work in a number of national and international fora.

This end of millennium has also been an opportunity for us, after almost five years of existence, to take stock of where we are and assess the cumulative significance of what we have been doing. It has been a time to bring together the ideas and thoughts of the many organizations and institutions that we have worked with over the past five years.

The year 2000 will therefore be a time, in collaboration with our founding organizations, IOM, the University of Geneva and WHO, as well as with other partners and friends to give new and creative thought to how best to structure our work and what we hope is a growing contribution.

Meeting the ongoing challenge of outreach and fund raising – which is always difficult for small organizations such as ours - will necessarily be a part of our on-going self-assessment, and we will look to our partners everywhere for their advice and assistance.

Partnership is what ICMH is about, and we again extend our warm and sincere thanks to all those donors who have made our work possible over the past five years. To the institutions and many friends working with us to address the very real problems of a fast changing and often unstable world also our sincere thanks for your collaboration. To all ICMH staff in Geneva and Sarajevo, and to our associates in Tirana, Rome, Nairobi and elsewhere, we extend our wishes for an even closer working relationship in the coming year.

Manuel Carballo

OVERVIEW OF ICMH ACTIVITIES

Media attention in 1999 did much to raise the awareness and concern of the international community to the conflicts and complex emergencies occurring around us.

1999 was a tragic year of massive uprooting, killing and maiming. Hundreds of thousands of people were affected, and the process of human development that has been so difficult to achieve in so many parts of the world was painfully interrupted, and human and national security was placed in even greater jeopardy. Dramatic and rapid diasporas of people over ever-growing distances and social-ecological settings have broadened that threat even further.

The early part of the year saw a politically febrile situation in Kosovo erupt and dislocate hundreds of thousands of people to neighboring countries, particularly Albania and Macedonia. Most refugees went to camps but many were taken in by families, some of which were ill equipped to cope with the added load.

Within weeks refugees from the camps in both countries also began to be accepted for transfer to countries as far away as Australia, Canada and Malaysia.

Although the crisis was relatively short-lived and culminated in the spontaneous return of most refugees to Kosovo, it nevertheless took a deep toll in many ways. It aggravated existing morbidity, caused new illnesses and deaths, and traumatized young and old in far reaching ways. It also imposed difficult-to-manage strains on the people and the health and social systems of Albania and Macedonia, both of them poor countries with few resources.

The Kosovo crisis again highlighted the acute psychosocial impact uprooting and forced migration has on people, and reminded the world of the extent to which sexual violence has now become a seemingly integral part of ethnic cleansing. For while it was not always possible for cultural reasons to precisely determine the extent to which sexual violence was used, early indications were that it was high and associated with widespread morbidity.

In Africa major conflicts in the Democratic Republic of Congo and Sierra Leone as well as disruptions in other countries not only provoked mass uprooting, but also caused massive loss of life. Given the still growing HIV/AIDS pandemic, these conflicts epitomized what is meant by the term complex emergencies. For as the economic and social fabric of countries was damaged, so the indicators of human development fell dramatically and many of the gains that African countries had struggled hard to achieve in previous decades were lost. Once again sexual violence showed up as an integral part of these human–induced emergencies.

During 1999 ICMH focused part of its work on an aspect of forced uprooting that has received little attention, namely violence, and began to compile what is known about the scope, magnitude and impact of the problem in displaced populations. As part of this it also looked at the role and impact of sexual violence, for while rape is not a stranger to war, the frequency with which it is now committed has become more compelling from both a public health and a human rights perspective.

It became clear that sexual violence is not limited to the actual process of forced uprooting and expulsion. It also characterizes much of the flight to so-called “safe havens”, and then continues to

occur in refugee camps, collective centers and the communities that receive refugees as second-class people with limited rights and even less voice.

ICMH field studies highlighted the problem of rape and sexual harassment not only by external aggressors, but also by relatives, friends, refugee camp staff and the military personnel otherwise designated to protect refugees. It became clear that rape is not limited to women and girls, but that men and young boys are also frequent victims about whom all too little is known and even less done.

The institutional response to rape has rarely been timely or sufficient. International humanitarian organizations and national authorities are only now developing the capacity to prevent it or respond to it in ways that diminish the secondary punishment its victims are exposed to in its aftermath.

The impact of rape points to a multi-faceted beast with its physical trauma, sexually transmitted diseases including HIV/AIDS, the many unwanted pregnancies, and an increasingly understood psychosocial trauma that includes humiliation, fear, social rejection and post traumatic stress disorders that are far-reaching. In the context of uprooting and forced migration, sexual violence often assumes an even greater force than it does in situations of stability. Despite United Nations resolutions, refugees lose many of their legal and social rights and personal security. In so doing they become even more vulnerable to sexual violence and rape.

ICMH worked with UNFPA to demarcate the parameters of the problem and collaborated with UNHCR in the formulation of guidelines and programs designed to prevent it occurring.

Like sexual violence, violence in general is also becoming a major public health hazard in the wake of uprooting. With DFID funding, ICMH found that violence in situations of forced migration is not limited to that which comes from external aggressors, but also assumes the form of an in-group phenomenon. Pilot studies undertaken by ICMH showed that internally displaced people and refugees are particularly vulnerable to a type of anomic violence that comes with the breakdown of the fabric of communities, the disruption of families, and the perceived loss of power that is always part of the refugee experience.

Unemployment, inactivity, the lack of structured activities and the inability to plan for the future, including the potential for the return home, all appear to be associated with in-group violence against the elderly, children, and spouses. Homicide and suicide, as well as a more generalized and undirected physical violence and psychosocial abuse appear to be common in and among internally and externally displaced people where the process of resettlement is poorly structured and not well managed.

Thus while major progress has been made over recent years to meet the physical needs of displaced persons and refugees, international agencies have been less interested in or proficient at understanding and tending to the difficult psycho-social needs of these populations.

There is even reason to believe that agencies, many of which in 1999 also fell foul of coordination problems and duplication, are either not willing to give this theme their best attention or possibly consider it too difficult or uncomfortable, especially where sexual violence is concerned.

The repercussions of international aloofness in the psychosocial field may actually be as great or greater than in more measurable areas such as feeding, primary care and sanitation. There is an urgent need for more detailed knowledge about the dynamics of violence in humanitarian settings, and for guidelines that agency and government staff can use in preventing and mitigating the problem. The lessons of 1999 are clear: more resources must be allocated to improve applied research, training, program design, and implementation on the psychosocial needs and challenges facing populations in conflict.

We feel there may also be a link between forced migration, family disruption and insecurity on the one hand, and the spread of AIDS on the other. Taking a more comprehensive approach to one will help us deal with the other, and we are of the opinion that ICMH is well placed to contribute to this endeavor.

VIOLENCE AMONG DISPLACED POPULATIONS

ICMH initiated two initiatives to investigate the prevalence and dynamics of violence among displaced populations. The first, which was supported by DFID, explored violence in general. The second was funded by UNFPA and investigated sexual violence in particular. In both pilot studies ICMH focused on the character and nature of violence within displaced populations. The findings from these studies were presented in two reports entitled "Migrants, Displaced People and Violent Behavior: A Growing Public Health Challenge", and "Sexual Violence in Conflict Settings".

The former was undertaken in Mexico, South Africa and Bosnia with the assistance of regional and national NGOs working with displaced communities in each of the three countries. In each of these countries the growing involvement and targeting of civilians in conflicts appears to be a central factor that often sets the scene and the example for violent acts to be committed by the victims as well as the aggressors. The studies found that although women and children are especially vulnerable, violence is directed at all sectors of the population, and that the elderly, the disabled and men are all very much at risk.

There appeared to be a consistent and close correlation between violent behavior on the one hand and 'anomie' of displacement on the other hand. The breakdown of social and familial structures in displaced populations and the relative lack of economic options and possibilities for self-sufficiency also emerged as some of the key problems associated with violence.

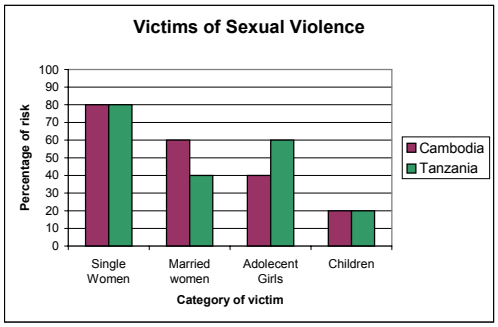
We believe that above and beyond the known need to avoid over concentration of displaced people it is now becoming essential to provide a type of protection and management of displacement to prevent secondary violence. As part of this the question of gainful employment must be viewed as an intervention that goes beyond the economics of income and as a way of providing displaced people with the means of re-creating self-esteem. Similarly by introducing structure and normalcy in the everyday lives of people through schools and work environments it may be possible to contribute to preventing and mitigating violence.

Helping humanitarian organizations to prevent and mitigate the effects of violence is in the final analysis not only a way of helping to protect individuals, but also a way of helping communities to restructure themselves, both in exile and in eventual return.

SEXUAL VIOLENCE

Gender violence and rape is doubt common in all societies, but the findings suggest that it takes on a much more dramatic character in conflict settings and is closely related to the overall conditions and expression of violence as described above.

ICMH studies in a number of different countries (Guatemala, Bosnia, Cambodia and Tanzania) "Sexual Violence in Conflict and Post-conflict Settings" highlighted some of the mechanisms that seem to underlay sexual violence and make responses to it difficult.



Sexual violence and rape has always been a characteristic of war and its aftermath. In recent conflicts, however, the systematic use of rape as a tool of terror, humiliation and ethnic cleansing has become increasingly evident. And although women are clearly the most vulnerable in such situations, there is growing evidence that they are not alone in some locations.

Thus while ICMH findings suggest that in Cambodia the main victims of violence were women, the data from Tanzania pointed to a broader at risk population that included women and girls, but also men and boys. Similarly in Bosnia there were reports of men being sexually assaulted as part of the desire to humiliate and injure.

Perpetrators of sexual violence also vary. In Cambodia they were reported to have been Thai and Khmer Rouge soldiers, while in Tanzania they were more likely to be other refugees.

In most countries the response tends to be to conceal rape and sexual violence because of shame, fear of reprisal and exclusion. But it is noteworthy that many refugees referred to a fundamental lack of faith in the system. The societal and humanitarian relief response did little to promote the reporting of sexual violence. In Cambodia victims of rape or sexual violence were rejected and ostracized by society, and when families were accepting, family members still felt the need to conceal the facts from society.

In Tanzania where the reporting of rape and sexual harassment appeared to be more socially accepted, male relatives of victims were still referred to as blaming victims. In Bosnia where much publicity was given to the problem by the media, there were still reports of on-going psychosocial damage and pain even though the community at large appears to have now come to terms with massive rape that took place as an act of war.

While gender violence has increasingly been a priority on the agenda of many humanitarian aid organizations, it is clear that much needs to be done to combat traditional attitudes to women and to sexual abuse. Some of the issues are difficult to deal with for a variety of reasons. Cultural prejudice affect all concerned and relief agency personnel, the majority of whom are male, need special training if they are to be effective in preventing and responding effectively to the problem.

Many international agencies have recruited gender specialists into their ranks, but again these specialists still need to be able to turn to information and technical guidelines on the dynamics of sexual abuse, best practices and in-field advice that is still lacking.

A number of recommendations emerged from the studies. These included the fact that sexual violence and rape in conflict settings, just as in other settings, must be both reportable and reported. For this to happen there must be more evidence that rape and its aftermath are taken seriously by agencies and that not only are steps taken to prevent it but that the response to it is consistent with the needs of victims. It is clear that reproductive and sexual health services must be strengthened everywhere and that attitudes to contraception, abortion and post-abortion services must change if women are to have the type of access to them that they need in refugee settings.

Preventing rape may be a question not only of raising awareness, but also creating a physical environment that reduces the risk of exposure to rape. Fetching water and firewood, using the same latrines as men or travelling out of camp perimeters alone are all high-risk acts that can be reduced.

At the same time much more attention will have to be given to making the response to the needs of women and men who have been raped far more comprehensive and yet focused than it is at the

moment. In this regard involving the community in defining how best they would like to see these services developed could be of major help.

OTHER PROJECTS

The nexus of population movement and health is complex and comprises many and often disparate areas. While there are many organizations that include migration and health in their fields of concern, we see ICMH's role as helping crystallize as many of these themes into a cohesive body of research, guidelines or training that can advance understanding and effectiveness in the field.

Against the backdrop of violence in conflict settings as described above, ICMH was responsible for undertaking the first situation assessment of Albanian refugees in Albania and Macedonia and prepared a report and recommendations for UNFPA that have also served other groups too. It examined the capacity of health care services in local receiving communities, looked at ways of improving the nutritional condition of pregnant women, and proposed a series of emergency measures that were instituted there. ICMH also continued to work on the subject of population movement and the spread of HIV/AIDS in Africa, looking at how we might collectively improve our approaches to the problem. ICMH also undertook to assess how the work of humanitarian relief agencies affects the receiving communities that "house" refugees. These and other projects are described below and together help to describe what we hope is a growing web of understanding and practice in the field of migration and health.

The role of humanitarian assistance

The 20th century has seen a rapid proliferation in the number of people forcibly displaced by conflict and political crises. These crises have often occurred in economically poor countries or in countries going through major political and social transition. Along with the growth in crises there has also been a rapid growth in the number of humanitarian organizations and NGOs involved in providing relief 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. With DFID support ICMH looked at this issue from the perspective of whether and to what extent the health and health care needs of local communities are being taken into account during the planning and delivery of relief assistance.

Pilot surveys were undertaken in Tanzania, Mexico and Bosnia using questionnaires designed for use with humanitarian staff and national health authorities. Both were designed to determine the extent and nature of the perceived relationship between NGOs and health authorities with respect to briefing, planning and regular communication between nationals and agencies, as well as the degree of attention given to the health profile and needs of local host populations.

The findings suggest that in general little attention is given to either local health authorities or to the needs of the populations in question. Most relief initiatives intentionally or accidentally neglect both of them and give so much preference to refugees and IDPs that in many cases great disparities are created between the two. As a result there are few programs or initiatives designed to try and respond to local needs and problems. Any positive impacts refugee-oriented humanitarian work has on local communities appears to be more incidental than planned, and local healthcare services, which must cater to people referred to them by relief agencies as well are often overwhelmed.

The result is a tendency for relief operations to create a real and perceived relative deprivation among host communities that in turn often produces feelings of resentment among local public and health authorities toward refugees.

This pattern is often reflected in the planning "distance" that exists between humanitarian relief and development assistance, so that even within given organizations there are often different divisions and programs, different budget lines and different areas of technical specialization. The lack of an obvious linkage of these two fields means that resources are often made poor use of and that continuity of assistance in the field is missing.

Assessing reproductive and family health needs

Reproductive health is a foundation of national health and a key to social development. It is also highly responsive to changing social and economic conditions. The rapid and wide-scale changes that have been taking place in Albania over the past few years are placing new and difficult challenges on the health of the population in general, and on reproductive health in particular. One of the most pervasive factors in health and the capacity of the health care system to respond in protecting and promoting better health is the movement of people within, out of, and back into the country. In Albania there are economic and social factors that are pressuring people to uproot and resettle elsewhere.

The long-term implications of this could be far-reaching and ICMH was asked to help assess the dynamics of what is occurring, especially with regard to sexual and reproductive behavior and health. The project has been developed by ICMH in collaboration with UNFPA and UNICEF, and is funded by UNFPA, UNICEF, UNDP, and AED.

The project involves sample surveys of the population and small studies among health care workers and health policy makers. It covers a variety of reproductive health parameters, including STIs and HIV/AIDS, drug use and sexual behavior, childcare including feeding and immunization. ICMH prepared the baseline survey instruments, developed a course on survey development, management, collection and processing of data in the context of Knowledge, Attitudes, Beliefs and Practices (KABP) surveys.

Training on research methods

ICMH, in collaboration with Tulane University, is working on a training course on demographic and social applied research methods and techniques for use in West and Central Africa. The course covers patterns of HIV/AIDS in relation to migration-driven demographic change and reviews policies and programs relevant to the theme. The course will be organized with ENSEA, a regional African partner organization to the WCA/SFPS Project, in Abidjan, Cote d'Ivoire.

The aim of the course is to sensitize participants to the nature and magnitude of migration and its health implications, especially HIV/AIDS and STIs. Course participants will also be provided with detailed technical on alternative approaches to survey design and instruments, and will also be provided with details on how to apply findings to HIV/AIDS prevention in the context of migration.

The course has been structured to include lectures, working group sessions, and exercises on HIV/AIDS and migration in West and Central Africa, other health implications, and global migration and the forces behind it.

Building foundations today for the citizens of tomorrow

Nutrition, especially maternal, infant and young child nutrition is a theme of major concern in all refugee settings and calls for careful monitoring and evaluation.

ICMH was asked by the American Red Cross to prepare a survey and surveillance methodology, and train Macedonian Red Cross staff in survey development using nutrition as a theme. The overall aim of the project was to create a capacity in the MCR to develop and implement its own field surveys and monitoring on health related matters. ICMH worked with the MCR for a period of approximately six months during which a training course was organized on survey development, survey management, collection and management of data.

The course involved lectures, working group, simulation exercises and field interviews. Finally a KAPB survey was developed and implemented by the MRC and is now being used as the model for new additional monitoring activities.

Beyond food, water and shelter: a focus on reproductive health needs

As the refugee situation in Macedonia and Albania evolved, ICMH was asked to assist in the on-going analysis of the international response and to provide inputs to the work of the international community. ICMH therefore made a series of suggestions and proposals to UNFPA and other agencies active in these two countries and has continued to monitor the situation with respect to needs in the local health sector.

ICMH paid special attention to the needs of adolescents and young adults with respect sexual and reproductive health. It also gave priority to the problem of violence and the role that could be played by the international community in enhancing the stability and economic livelihood of young people in deprived communities.

Population movement/AIDS, and relief to development

In 1998 WHO and ICMH were asked by USAID to help enrich current information and awareness about HIV trends in the context of population movement, and also address the question of development perspectives in the context of complex emergencies.

The work included epidemiological assessments of the impact of behaviorally mediated HIV prevention interventions on current and future patterns of HIV infections and deaths. Collaboration began with Malawi, Kenya, Zambia and Uganda to perform comparative analyses of HIV prevalence trends and population based sexual behavior data in the study countries and field visits were made to provide technical assistance in data analysis and collection. HIV mathematical models for epidemiological and interventions research were also developed in collaboration the Futures' Group to simulate HIV epidemics in 4 African countries and validate the results with empirical data.

ICMH has responsibility for coordinating the exchange of empirical data from the 4 study sites, as well as providing epidemiological expertise in modeling and interpretation of the results.

As part of this project ICMH provided technical assistance to the USAID/AFR-supported Refugee Policy Group (RPG) and Johns Hopkins University studies on complex emergencies, population movement, post-conflict resettlement and relief-to-development. ICMH also worked closely with Tulane University and Johns Hopkins University in support of the CERTI program, in particular with JHU in designing a psychosocial research protocol for use in Angola.

ICMH also addressed the implications of troop movements for HIV and other STIs in Africa by carrying out secondary analyses of survey data and gathering reports from selected military forces. A behavioral research protocol and survey questionnaire was developed that will be reviewed by potential collaborators, with the hope of pre-testing in five countries. A research and policy training course for policy makers, health care staff and demographers is being prepared in collaboration with collaborators in Cote d'Ivoire and a consortium of universities.

Finally ICMH had a series of meetings with researchers working on GIS mapping and analysis of HIV/AIDS in situations of high population movement. Work also began on a migration and health research protocol with collaborators in Uganda with a view to mapping of population movement and malaria. Discussions on possible collaboration were held on this theme with the Tropical Health Research Institute in Basle and the University of Heidelberg in Germany.

INSTITUTIONAL COLLABORATIONS

ICMH extended its scope of collaboration in 1999 with an increasing number of joint efforts with both national and international institutions in the field of migration and health-related issues.

In 1999 ICMH continued to promote education in the field of international health at various universities. At Columbia University ICMH helped teach a course on Forced Migration at the Mailman School of Public Health as well as course in humanitarian relief for the Office of Foreign Disaster Assistance. ICMH was also involved in an academic course for the Payson Center for International Development and Technology Transfer on migration and health in context to HIV/AIDS in West Africa.

In addition ICMH entered into collaboration with a consortium composed of Harvard, Johns Hopkins, George Washington and Tulane universities to develop a second generation Complex Emergency Response and Training Initiative (CERTI). CERTI addresses the challenges of programming international assistance to achieve health security within the context of complex emergencies in sub-Saharan Africa.

ICMH also worked with WHO/AFRO to organize a workshop on conflict crisis and transition, with an emphasis on strategies that enhance interdisciplinary approaches to relief and development.

1999 REPORT LIST

ICMH (1999), Sexual Violence in Conflict Settings. Geneva: Carballo, M. and Singh, A.D.

ICMH. (1999). Humanitarian Assistance: Its impact on the Health of Refugees and Local Communities. Geneva: Carballo, M. and Divino J.J.

ICMH. (1999). Migrants, Displaced People and Violent Behavior: A Growing Public Health Challenge.
Geneva: Carballo, M.

MEETINGS AND CONFERENCES ATTENDED IN 1999

ICMH presented papers at the following meetings:

Psychosocial Affects of Complex Emergencies, Washington, USA, March 1999

CERTI United States Assistance in International Development (USAID) Harare, Zimbabwe, April 1999

Change 99 Symposium, New York, USA, April 1999

OFDA Course, New York, USA, June 1999

Training Course, Columbia University, New York, USA, August 1999

Semester Course Forced Migration and Health, Columbia University, New York, USA, September 1999

Symposium of Migration and Health, Health Canada, Ottawa, Canada, December 1999

Consultation on the Planning Ahead for the Health Impact of Complex, Geneva Switzerland, December 1999

SCIENTIFIC PAPERS PRESENTED IN 1999

Carballo, M. *Prevention and Control of Hepatitis in Migrants and Refugees.* (Presented at the Viral Hepatitis Prevention Board Meeting, Venice, Italy, September 1999).

Singh, D. *Discussion Groups.* (Presented at the Role of Civil Society in implementing the Cairo Programme of Action, Brussels, Belgium, January 1999).

Carballo, M. *Comments of Mortality in the context of the North Korean and Kosovar Crises.* (Presented at the Workshop on Mortality Patterns in Complex Emergencies, Washington, USA, November 1999).

Carballo, M. *The Challenge of Integration: Its implications for Health.* (Presented at the International Symposium on Migration Health, Washington, USA, December 1999).

1999 PUBLICATIONS

Carballo, M. (1999). *Obituary Jonathan Mann*. Social Science and Medicine, 48 573-574.

Carballo, M. and Guha-Sapir, D. (1999) *Disaster in Turkey: Lessons for Health Preparedness*. The Lancet, Vol. 354, No. 9190, 1649-1650.

News and Information Press Release, *Lives of Mothers and Newborns at Risk in Kosovo Crisis*, 9 April 1999.

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)
- Tulane University
- United Nations Populations Fund (UNFPA)
- United States Assistance for International Development (USAID)
- World Health Organization (WHO)

EXECUTIVE COMMITTEE

There were no changes in the composition of the Executive Committee. Dr. Brian Gushulak (IOM) continued in his position as Chairperson and Professor Hans Stalder (University of Geneva) as Vice Chairperson. Mr. Abbas Hyatt (ICMH) continued to serve as Treasurer and Dr. Jean-Paul Menu continued to represent WHO.

INTERNSHIP PROGRAMME

ICMH has continued to develop a strong internship program that provides opportunities for students who wish to work in the field of international public health with an emphasis on migration. To date ICMH has provided over 20 internships for both undergraduate and graduate students from a range of countries. ICMH tries to customize internships according to the academic background and interests of students and according to ICMH work in progress. ICMH also assists in placing student interns in field positions with other organizations working in the area of international health development and humanitarian and disaster management. To date ICMH has placed student interns with organizations working in Kosovo, Albania, Bosnia, and Macedonia. Through its relationship with the University of Geneva, ICMH also welcomes university faculty who wish to use sabbatical leave periods to work in the area of migration and health.

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