ICMH 2000 Annual Report

ANNUAL REPORT

International Centre for Migration and Health

WHO Collaborating Centre for Health-related Issues among People Displaced by Disasters

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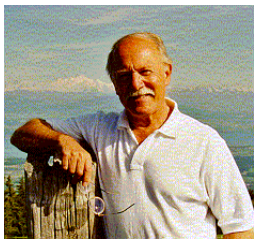
MISSION STATEMENT

The work of ICMH is based on the principle that the right to health applies to all people, be they migrants, refugees, environmentally displaced people or any other type of person on the move. ICMH believes that protecting the health and welfare of people on the move makes sound public health as well as human rights sense and is vital for human and social development. Acquiring and disseminating knowledge on this theme and about how to protect and promote the health of people on the move is a key part of ICMH's mission.

Because health is in part a function and at the same time a determinant of how health care is provided, ICMH's mission is also to strengthen the capacity of national health care systems and humanitarian relief actions so they too can better meet the needs of people on the move.

FOREWORD



The heritage of the 20th century presents us today with a world that is both challenging and yet replete with new opportunities for health and social development. On the one hand the world has rarely been confronted by such huge and still widening disparities in human and social development. On the other, it has rarely been so well informed about health and how to bring about positive change if it so moved.

…the emerging gap between rich and poor countries constitutes one of the greatest threats to stability…

The emerging gap between rich and poor countries constitutes one of the greatest threats to stability, driving up the number of people forced from their homes and communities by complex interactions of economic and political forces, and attracted elsewhere by the often mythical images of a better and more stable life.

…the post-industrial world is also ageing and more than ever before it is confronted with a need for new human resources…

Almost everywhere the post-industrial world is also ageing and more than ever before it is confronted with a need for new human resources that are capable of meeting the growing needs of industry, business and national social security systems. Ironically the need for new blood is emerging just at a time when both public perceptions and official policies with respect to migrants and migration are changing and in many instances becoming more difficult.

…everywhere in the world there are now growing examples of mass but avoidable human wastage and health problems associated with migration…

For many would-be migrants, the result has and could continue to be tragic, and everywhere in the world there are now growing examples of mass but avoidable human wastage and health problems associated with migration. Thousands of would-be migrants who have already cut their ties with family and friends and spent their savings on travel are regularly stopped on the high seas and international highways and sent back. Thousands others are meeting equally tragic ends in the backs of trucks and in small boats, exploited by traffickers and middle-men and then economically and socially abused by the communities that receive them.

…the real number of people who every year seek greater security, be it economic, material, environmental or political, extends into the millions…

The Chinese would-be immigrants who found their fatal shore in Dover were the tip of a looming iceberg of unplanned and poorly managed migration. The real number of people who every year seek greater security, be it economic, material, environmental or political, extends into the millions. The movement they are part of affects their health, that of the families they leave behind and that of the communities that ultimately receive them.

On the eve of the 21st century ICMH has found itself at the crossroads of this and related phenomena. It has been called upon to provide new research-generated information and training on a number of uprooting and migration- related themes. Following the work that we reported in 1999, we have also seen the past year as a time to take stock of our own work and reassess the road we should be taking in order to best serve the evolving needs of modern migration and the health of people and countries concerned. I believe our strategic planning effort has resulted in a clearer sense of the special contribution that ICMH can make and ways of making it.

…ICMH has found itself at the crossroads of this and related phenomena…

The year has been a productive one with numerous projects that we believe have contributed to a better understanding of human security and development. Our work has covered a range of migration-health issues and themes, and we have collaborated with a larger number of countries, agencies, and institutions than ever before.

…our work has covered a range of migration-health issues and themes…

We are pleased to be part of the larger community working on migration, and as we look to 2001, we look forward to working closely with all of you in service of a brave but increasingly complex new world in which migration and its implications for health and health systems will become ever more central to human and social development.

…we look forward to working closely with all of you in service of a brave but increasingly complex new world…

Dr Manuel Carballo
Co-ordinator

ICMH IN 2000

For many of us the new millennium dawned as an age of prosperity on a scale that had never been seen before. New wealth and technological prowess grew at a fast pace in North America, Europe and parts of Asia. For most people in other regions the world remained a difficult place in which to live and work. Approximately 24% of the planet's population continued to live in poverty, eking out a survival on the equivalent of $1 a day or even less.

…human security was nevertheless not readily available to everyone…

People in the parts of the world enjoying prosperity spoke increasingly in 2000 of the global village in which free trade, open markets, modern technology and shared democratic values were coming together to create a better environment and quality of life. The notion of growing prosperity was graphically disseminated through a global media system that continued to open up new communication frontiers and reached people in the most remote and poorest parts of the world with new ideas, dreams and also a growing sense of relative deprivation.

Human security was nevertheless not readily available to everyone. Access to employment, food, clean water, a safe environment, human rights, and good health care remained a dream more than a reality for millions of people all over the world. The state of health of much of the world remains abysmal.

…a valley that millions of people increasingly feel they must cross if they and their families are to survive and prosper…

Maternal and infant mortality rates are still unacceptably high in more than half of the world and the number of people with access to primary care is decreasing rather than increasing in some regions. AIDS is largely under control in much of the developed world but still continues to soar in poor countries where it speaks volumes about the link between poor human security and poor health.

Between the worlds that enjoy what we have come to know and appreciate as human security and those that do not, exists a valley that millions of people increasingly feel they must cross if they and their families are to survive and prosper.

Thus while rich countries need new labour to fuel their productivity and offset the effects of ageing populations, poor countries and people are looking for ways to escape the conditions that beset them. The economic and quality of life 'push-pull' factors that are now emerging are immensely strong and are increasingly outweighing the internal political resistance of receiving countries.

…the movement of large numbers of people around the world can only increase over the years to come…

Under these circumstances the movement of large numbers of people around the world can only increase over the years to come. Some of it will be 'orderly' in the sense that it will conform to the quotas and conditions that host countries set. Much of it, however, will escape the day-to-day management and control of governments and will obey the market forces of globalisation and be facilitated by easier and faster travel.

ICMH devoted part of its Annual Report two years ago to this issue with special reference to the European Union. At that time it highlighted the health policy implications that governments are confronted with, and the health challenges that migrants are faced with. Today the global situation is even more complex and calls for added attention and concern.

…more and more people are seeking safe haven and asylum…

Against this backdrop of large-scale economic migration there is also the growing reality of political instability in many parts of the world and the fact that more and more people are seeking a safer haven and asylum outside as well as within their own borders. Never has the world seen so many people fleeing war and persecution as in the last twenty or so years of the 20th century. They too are confronting resistance and both public and political attitudes to refugees and asylum seekers are becoming less open and welcoming. For the millions of people involved, health as an integral part of their human security is being threatened because of the poor understanding about the dynamics of forced uprooting and displacement.

Neither mass migration for economic, nor political reasons, is limited to any one part of the world. South-south migration for economic reasons is growing. Every year the mines of South Africa beckon hundred of thousands of men from neighbouring countries, as do the plantations of Cote d'Ivoire. Conflicts and complex emergencies in many parts of Africa, Asia and Eastern Europe have forced millions of people to flee their homes and in many cases become chronic refugees and internally displaced people with little hope for the future.

…the psychosocial damage to the ones who move and those they have to leave behind is immense…

The health consequences for all of them are many. The psychosocial damage to the ones who move and those they have left behind is immense and still poorly addressed. The physical impact is still unfolding and includes communicable as well as non-communicable diseases. It includes new problems such as AIDS and old ones such as tuberculosis. It is affecting the spread of malaria and other parasitic infections, many of which are again being seen in the towns and cities from which they had been previously eliminated. In the context of war there are also the many countless intentional and non-intentional injuries that are scarring the people and the countries concerned for years to come.

Meanwhile new migratory factors that we collectively know too little about are potentially introducing health challenges that have not been considered to date. The movement of military personnel, as well as displaced people, across and within borders is not without its own implications. They carry with them their health profiles, interact and share their profiles elsewhere and then bring back with them new health profiles and problems to their families and friends.

…new migratory factors that we collectively know too little about are potentially introducing health challenges…

In many parts of the world the growing pressure to downsize military forces and demobilise troops as part of peace and security efforts is also not without its own health consequences. Demobilised soldiers

are being reinserted in their towns and villages areas of origin, taking with them health problems that may be difficult to manage, especially in places that are poor and undeserved by health care and social services. The spectre of sexually transmitted diseases including HIV/AIDS is an all too real one in their settings.

…global market place that is calling for more and more movement…

Globalisation then, is a growing fact of life in many respects. There is a global market place that is calling for more and more movement of human resources in much the same way that material goods are moved. At the same time there is a growing global theatre in which refugees and military personnel are now moving further and in larger numbers than ever before.

…health implications of these movements are also taking on a global character…

The health implications of these movements are also taking on a global character and affecting the people who move, those who are left behind and those that come into contact with people who move. They are also affecting health care systems, in some cases denuding them of a population and tax base, in others adding new and complex demands.

…in a global village such as ours what is not done one for one group will have wider implications for others too…

Solidarity on the part of the rich towards those who have so far missed out in the growing global village is today no longer a luxury. Nor is it even to be seen as an issue of humanitarian altruism. Rather it must be seen as a matter of public health, as well as a human rights obligation, self-interest. For in a global village such as ours what is not done for one group will have wider implications for others too. The speed and scope of population movement inevitably means a sharing of the downside as well as the benefits that come with the movement of human resources. Understanding the dynamics of globalisation and development, as well as of migration and health is essential to international development.

THEME FOR 2000: POPULATION MOVEMENT, HEALTH AND HUMAN SECURITY

Human security has become an area of growing concern, and a paper being prepared by ICMH for WHO on the theme contends that population movement has the potential to throw human security into question. Yet in many regions of today's world the conditions in a rapidly growing number of countries are forcing people to move.

…human security has become an area of growing concern…

The concept of human security includes economic security, educational security, food security, environmental security, and political security. Throughout the world hundreds of millions of people are living below the poverty level. In 23 countries half of all children are illiterate and not enrolled in school. Some 800 million people do not have enough to eat. Almost half the world's population is living in rapidly urbanised areas that have not been able to economically or socially absorb new rural migrants or afford them a healthy environment. At the end of 1999, over 60 countries in Africa were involved in wars of one kind or another. Over the past twenty years internal and cross-border wars in Africa displaced more than 30 million people.

…mass and poorly planned migration from rural to urban areas is increasingly associated with new and re-emerging diseases…

Mass and poorly planned migration from rural to urban areas is increasingly associated with new and re-emerging diseases and violence, including sexual violence, which was the theme of the 1999 ICMH Annual Report. Violence appears to be associated with uprooting and displacement in a number of ways. Not only is it used to force uprooting in the first place but in many instances it goes on to become an in-group problem affecting people of all ages. It appears to be especially marked and severe when the movement and resettlement of displaced people is poorly managed. It suggests that for displaced people there may be few safe havens and the vicious circle of violence raises a number of serious questions about how transitions from relief to development should be handled.

…human security is also put into question in the context of economic migration…

Human security is also put into question in the context of economic migration be it from developing to more developed countries, or from developing to other developing ones. A recent ICMH study quoted that the living and working conditions of Cape Verdian and North African migrant workers in some EU countries were little better than those of Cape Verdian migrants in Nigeria.

…an unrealistic belief that migrant workers are only temporary or seasonal and require little investment…

Political and public resistance to migrants often leads to national and local authorities turning a blind eye to their exploitation and the lack of even minimal standards of human security. In many cases it is an unrealistic belief that migrant workers are only temporary or seasonal and require little investment. The result is that the health of workers is threatened. Occupational accidents and diseases, for example are far higher than among other workers.

The human security of migrants and refugees is threatened in many other ways. Legally they have little recourse, especially when they are unofficial or seen as intruders. They typically remain marginalised from mainstream society with little opportunity to better their lives and health. Nowhere is the absence of human rights awareness more evident and poignant than in the context and challenge of uprooting, movement and the attempt to resettle elsewhere.

…lack of human security, however, is not an isolatable phenomenon…

The lack of human security, however, is not an isolatable phenomenon. When it is lack for some there is always the possibility that it will engender problems for others too. Investment in the human security of all people thus makes good collective social as well as public health sense.

ACTIVITIES IN 2000

REPRODUCTIVE AND FAMILY HEALTH

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, and under crisis conditions can deteriorate quickly. When it does it can quickly undermine the health of communities at large. Reproductive and family health continued to be a major theme for ICMH in 2000, and a number of complementary activities were undertaken.

Reproductive health is a foundation of national health and a key to social development

Reproductive Health in the Context of Change and Migration in Albania

The rapid and wide-scale changes taking place in Albania over the past few years have placed new and difficult challenges on the health of the population in general and reproductive health in particular. In Albania where there are economic and social factors pressuring people to uproot and resettle elsewhere, one of the most pervasive factors in health and the capacity of the health care system to respond is the movement of people within, out of, and back into the country. ICMH was asked to help assess the dynamics of what is occurring in Albania, especially with regard to sexual and reproductive health. A project was developed by ICMH in close collaboration with UN agencies such as UNICEF, UNFPA, and UNDP, and with major NGOs such as AED and PSI in support of the Ministry of Health.

…economic and social factors pressuring people to uproot and resettle elsewhere…

The project involved sample surveys and small studies among health care workers and health policy makers. It covered a variety of reproductive health parameters, including STIs and HIV/AIDS, sexual behaviour, childcare including feeding and immunisation. The surveys found that depending where people are located they are being disenfranchised from health care services, especially reproductive health care services, and that this may well be a factor in encouraging people to move to the two main cities, Tirana and Durres.

…depending where people are located they are being disenfranchised from health care services…

The surveys pointed to a major lack of information and education regarding reproductive health and the needs of the population. They also suggested that pharmacies have become important outlets for health care advice and that with respect to family planning they could play an even greater out-reach role if pharmacy staff were better trained with regard to reproductive health.

Given the growing problem of STIs in many parts of Eastern Europe and the pressures on people to move within and out of Albania one conclusion was, far more will have to be done to ensure that people on the move are provided with relevant and timely information and advice about the sexual (as well as other) health risks involved with their migration. While it appeared that people were aware about HIV/AIDS there was relatively poor factual knowledge about how the virus is and is not transmitted, and much more attention needs to be given to HIV/AIDS education.

…more will have to be done to ensure that people on the move are provided with relevant and timely information and advice…

Reproductive Health in the Context of Forced Migration

In general, reproductive health has been late in coming to the attention of agencies and NGOs working in the area of humanitarian assistance of women and problems relating to family planning have been especially neglected. As a result not much is known about how forced migration affects sexual and reproductive behaviour and health, or indeed what should be done to promote and protect reproductive health in crisis situations. To date there have been few attempts to assess what is known in this area or what is being done by the major relief agencies to address the problem, including unplanned and unwanted pregnancies, spontaneous or induced abortion, pregnancy outcome, and STIs including HIV/AIDS. UNFPA and ICMH believe that in the absence of more attention to this theme there will continue to be little opportunity to intervene and create the tailored policies and programs needed to respond.

…what is known in this area or what is being done by the major relief agencies to address the problem…

ICMH is collaborating with UNFPA on an up-to-date review of what is known and being done and will prepare a report for use by countries and agencies. The project includes a comprehensive literature search and analysis of reproductive health implications of complex emergencies, forced migration and resettlement in refugee camps as well as what is being done by agencies, NGOs, and others in the area of training, guidelines and capacity strengthening.

…comprehensive literature search and analysis of reproductive health implications…

Promotion & Protection of Reproductive Health in Crisis Situations

In response to the need for capacity strengthening in reproductive health protection in crisis situations ICMH has initiated a training programme tailored to the needs of relief staff and local health managers. The initiative addresses the range of reproductive health needs and social-cultural and economic realities of people caught up in natural disasters and complex emergencies. It brings together the most current information in a one-week training course on Promotion and Protection of Reproductive Health in Crisis Situations designed to train national staff so that they can serve as resource people for their own and other countries in managing reproductive health in crisis situations.

…a training programme tailored to the needs of relief staff and local health managers…

The course is predicated on the fact that many countries do not yet have the critical mass of trained people required to effectively prevent and manage reproductive health problems in crisis situations. Nor have many countries yet developed the inter-sectoral approaches that are most likely to provide effective prevention and mitigation of reproductive health problems.

PSYCHOSOCIAL ASPECTS OF MIGRATION

…migration, be it voluntary or forced always involves profound changes in the lives of the people concerned…

Migration, be it voluntary or forced always involves profound changes in the lives of the people concerned. In some cases there are mitigating forces that help attenuate the impact of uprooting on individuals and families. In others the immediate environment is replete with factors and conditions that can exacerbate an already difficult process. ICMH gave major attention to this issue during 2000, continuing some of the work it had already started in 1999, and developing new ones where these were requested.

Psychosocial Impact of Complex Emergencies

…the impact of complex emergencies on psychosocial health and well-being…

UNICEF

The last decade has seen a growing awareness of the impact of complex emergencies on psychosocial health and well-being. The theme nevertheless remains ill-defined and there is still little being done at the level of countries and relief agencies. Much of the attention the topic has received focused on trauma and post-traumatic stress disorders. While these are important sources of morbidity, the psychosocial problems faced by migrants and refugees are much broader in scope and implication than this, and merit being addressed as part of public health as well as clinical responses to the needs and dilemmas of uprooted people. They affect the capacity of people to function, to care for themselves and others, and to integrate socially into their new environments. In the context of post conflict reconstruction it may also be a barrier to redevelopment.

Because humanitarian relief agencies and field staff often have only limited technical and evidence-based guidelines to help them prevent and mitigate psychosocial health problems in situations of conflict and complex emergencies, ICMH is preparing a series of technical and policy briefing papers and reports to be available in late 2001. These reports will address all types of psychosocial issues in complex emergencies as well as analyse successful interventions.

Psychosocial Aspects of Forced Migration

At the same time ICMH is increasing its training for NGO and UN field staff so they can better address the psychosocial needs of refugees and is working with a number of partners to do this. ICMH worked closely with Columbia University's Mailman School of Public Health in the area of forced migration and specifically in the development of training for humanitarian relief staff and MPH students. A course on this theme was further refined and provided to relief workers attending three OFDA-Columbia training programmes on Public Health Aspects of Complex Emergencies held in Thailand, Bosnia and Uganda. In addition an abbreviated version of the course was given to students in the International Diploma in Humanitarian Assistance Courses annually co-organised by the University of Geneva and Hunter College in New York and Geneva.

…training for NGO and UN field staff…

MIGRATION, MOBILITY AND HIV/AIDS

STDs, Migrants and Refugees

…the root causes of HIV/AIDS are complex and far-reaching…

Concern about the HIV/AIDS pandemic has rightly continued to grow. So has the realisation that the root causes of HIV/AIDS are complex and far-reaching in terms of other health and social problems as well as the ability to change. Poverty, social and political instability, family disruption and uprooting are all essential parts of the problem. They contribute to the vulnerability of people and are also consequences of it. They are also key characteristics of complex humanitarian emergency situations and the lives of refugees and internally displaced persons, people who are forced from their homes and communities and often left alone, uprooted. One of their necessary coping strategies involves seeking new social relationships and networks that in turn place them at risk of sexual interactions that increase the likelihood of exposure to STD and HIV/AIDS. ICMH surveys also highlight the frequency of rape and sexual exploitation in migration and refugee settings. In a major study undertaken for UNFPA, ICMH showed how often and easily women are placed in compromising situations from which there is little protection or recourse, and in which sexual favours quickly become

the currency of temporary survival for them and their children. It also highlighted how little protection migrants in general have against sexually transmitted infections, including HIV/AIDS. For even when health and social services may be available, they often remain physically and conceptually inaccessible to migrants and refugees who may not understand the need for them, their role, and/or the health care providers who staff them.

…women are placed in compromising situations from which there is little protection or recourse…

The Military and HIV/AIDS

For a variety of reasons military personnel are not unlike refugees and other migrants. They are frequently uprooted and moved away from family and partners. They too are placed in settings where they have to cope with new conditions, the lack of emotional support and insecurity. Their vulnerability to HIV/AIDS is becoming increasingly clear and ICMH studies in a number of different countries and settings have shown that both combatants and peacekeepers alike have been sorely overlooked in the prevention of HIV/AIDS. In 2000 ICMH produced a number of reports on this theme and looked at the specific impact of HIV/AIDS on military personnel in Cameroon, Cote d'Ivoire, Nigeria, and Uganda. In addition to age factors and the fact that military personnel everywhere attract and access sex workers, the lack of information and preparation of military staff to deal with potential exposure to HIV/AIDS was found to be a major problem and deficit. The nature of the military profession and the risk-taking implicit in it was also found to increase the risk of HIV/AIDS because the combination of stress and the notions of invulnerability quickly leads to risky sexual as well as other behaviour. The implications of this are not limited to the military and for surrounding civilian populations the risk of HIV/AIDS exposure is often increased by the presence of military personnel. An ICMH report on STIs and HIV/AIDS among the military in Uganda, for example, found risk factors such as high rates of untreated STI infection, local civilian poverty, multiple sexual partners, unprotected sex and low literacy. Similar findings emerged from studies in Cameroon, Cote d'Ivoire and Nigeria where in addition the poverty of the local health care systems does not help.

…military personnel everywhere attract and access sex workers…

Consultation on Population Movement HIV/AIDS, Complex Emergencies & Reconstruction

In order to address the problem of HIV/AIDS in population movement, among military personnel and peacekeepers, ICMH collaborated with USAID and the Tulane University Payson Center for International Development and Technology Transfer to organise a consultation in Kenya. They bought together an interdisciplinary group of experts from military and civilian sectors from Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Nigeria, Switzerland, Uganda and United States of America. The consultation chose to place the challenge of HIV/AIDS within a broader framework of conflict, recovery and development. Taking up the issue of HIV/AIDS in the military, refugees (including IDPs) and the communities with which these groups come into contact as part of the challenge of post-conflict reconstruction.

…challenge of HIV/AIDS within a broader framework of conflict, recovery and development…

The consultation recommended a series of actions, including:

- forming an inter-country network to develop and implement regional HIV/AIDS prevention programmes;
- assessing military, refugee and host community situations for new opportunities for HIV/AIDS prevention;
- creating a network of civil-military training centres focusing on training for HIV/AIDS prevention in the context of crisis management;
- promoting education and training on the link between HIV/AIDS, human security, human rights and gender in the military and civilian settings.

Demobilisation and its Implications for HIV/AIDS

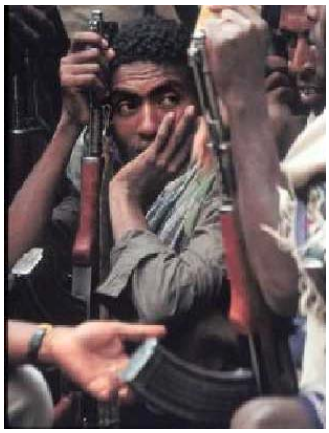
Allafrica.com

Downsizing the military sector and demobilising military personnel has become a core part of post-conflict reconstruction and peace promotion everywhere. The need to reinsert military personnel into civilian society has also become a major public as well as a social and economic challenge. With high HIV/AIDS rates among many militaries, the implications of large-scale demobilisation and reinsertion are considerable. To date, however, most of the commitment to demobilisation has been motivated by security concerns and the need to make more rational use of human resources. Little attention has been paid to the implications of demobilisation for HIV/AIDS.

…incorporating HIV/AIDS prevention and mitigation into demobilisation exercises must be seen as an essential component…

In December 2000, ICMH was asked to present a report on this at the annual meeting of the Conflict Prevention and Reconstruction Group and to help identify ways in which the multi-phase nature of demobilisation and reintegration presents opportunities for HIV prevention. It argued that incorporating HIV/AIDS prevention and mitigation into demobilisation exercises must be seen as an essential component of the process. Given the high risk of infection for active military members, HIV/AIDS interventions cannot be seen as a "one-shot deal" just at the time of demobilisation and prevention must be built in to the military from the time of recruitment on.

Sexual Health of Military Personnel on the Move



Greg Marinovich

Over the past few years there has been growing concern about the military as a mobile population that is especially vulnerable to HIV/AIDS as well as other sexually transmitted infections. Following an international consultation organised by ICMH in Kenya with representatives from African military forces, ICMH worked with military and public health research personnel in Africa to prepare a survey to be used in assessing perceptions and behaviour of military personnel with respect to HIV/AIDS. Using a model KABP (Knowledge, Attitudes, Beliefs and Practices) base a generic survey instrument (which can be locally adapted) was developed and field-tested with the military in Uganda. The methodology places the issue of HIV/AIDS in a broader military health context in order to provide a more relative perspective of how HIV/AIDS is seen and responded to.

…a generic survey instrument (which can be locally adapted) was developed and field-tested with the military in Uganda…

ASSESSING POPULATION MOVEMENT

…monitoring of population movement has become an essential part of all health planning…

Surrogate Indicators

Monitoring of population movement has become an essential part of all health planning. The fact that people are moving faster and in larger numbers than ever before means that their social, demographic and health impact is more immediate and potentially more serious. There are nevertheless difficulties in monitoring the movement of people. In many settings there are simply no infrastructures available for doing so; in others the borders that people cross are ill-defined and movement is difficult to track. Complex emergencies and conflict settings present even greater challenges. Alternative methods for monitoring the spatial movement of people thus need to be developed and ICMH has been reviewing some of the options available. Surveys such as the DHS (demographic health surveys) and censuses are one important sources of relevant information but are often too few and far between and not sufficiently sensitive to pick up changing patterns of mobility. This is especially the case with respect to forced migration, when conflicts and political instabilities can suddenly mean the rapid and massive uprooting of people. Another potential source of information are the small-scale studies that have been undertaken in many parts of the world, but these are not sufficiently large to reflect the magnitude of the problem and its implications. ICMH has thus studied the use of surrogate indicators to better monitor population movement. Surrogate indicators are data that, although not immediately gathered for migration and research purposes, can nevertheless be of use in describing and understanding migration and ICMH has listed some of the advantages and disadvantages of using them.

…there are nevertheless difficulties in monitoring the movement of people…

Geo-spatial Information Technology, Migration and HIV/AIDS

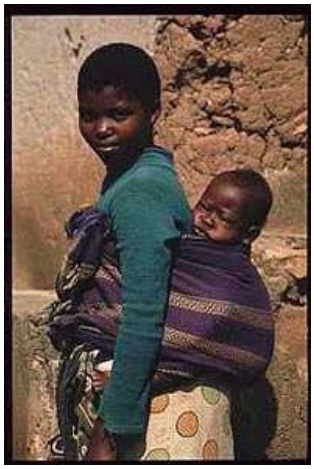
In the past few years the use of Geo-Spatial Information Technology (GSIT) has increased dramatically. GSIT has been used successfully in the visualisation, analysis and representation of inter-related spatial data, and it is currently the prime tool for gathering, monitoring, measuring and assessing all types of spatial changes throughout the world. GSIT has proven to be an important tool for monitoring and forecasting famines, emergencies and other epidemics. In December 2000, ICMH collaborated with a panel of experts to discuss GSIT and its use for the monitoring and forecasting of multiple events that lead to the spread of HIV/AIDS, including population movement. The group concluded that despite the extent to which GSIT has been used in other epidemics, it has not yet been used in its full potential to monitor and/or forecast HIV/AIDS and/or complex emergencies. It concluded that because of the sensitivity and difficulty of initial data collection and problems with interpretation, formal modelling of the complex interactions relevant to the spread of the HIV/AIDS epidemic should be increased.

…monitoring and forecasting of multiple events that lead to the spread of HIV/AIDS…

…few of the interventions that have to date been developed have given little time or investment to including such designs in the formulation of projects…

Guidelines on Impact Evaluation

In 2000 ICMH collaborated with Tulane University to evaluate the impact of HIV/AIDS prevention activities in the context of mobile populations. Numerous evaluation studies have been conducted over the last 6 years but only a handful of them have met rigorous quality standards. The ICMH-Tulane team reviewed what types of methodologies are currently being used to evaluate HIV/AIDS intervention programs and which ones seem to be the most effective in providing robust measures of impact. The team concluded that while randomised control designs are ideal, few of the interventions that have to date been developed have given little time or investment to including such designs in the formulation of projects. The ICMH report "Guidelines on Impact Evaluation" elaborates some of the main features of randomised control design and discusses other acceptable alternatives for measuring impact evaluation.



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Training on Research Methods

In collaboration with Tulane University and other local partners in West Africa, ICMH prepared a training course on demographic and social applied research methods and techniques relevant to migration and HIV/AIDS. 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 is organised with ENSEA, a regional African partner organisation to the WCA/SFPS Project being co-ordinated in Abidjan, Cote d'Ivoire. The aim of the course is to sensitise participants to the nature and magnitude of migration and its health implications, especially its impact on HIV/AIDS and STIs. Course participants are provided with detailed technical information about alternative approaches to designing surveys and survey instruments, and are provided with suggestions on how findings can be applied to HIV/AIDS prevention in the context of migration. The course is structured to include lectures, working group sessions, and exercises on HIV/AIDS and migration in Western and Central Africa, other public health implications, and global migration and the forces behind it.

…how findings can be applied to HIV/AIDS prevention in the context of migration…

STRATEGIC PLAN: 2000-2004

In response to the concern that ICMH's direction and activities should be able to meet the evolving needs in the area of migration and health and also optimise the Centre's full potential, a Strategic Planning process was initiated. Under the guidance of an outside specialist chosen for his knowledge of development and humanitarian issues and for his expertise in strategic planning, a Strategic Planning Group (SPG) met during March and April.

…a review of ICMH stakeholders revealed that expectations and their needs differ considerably…

The SPG felt that the ICMH Statutes as drawn up 5 years ago required no obvious modification, and agreed that because migration is now associated with so much human wastage there is an even greater need for more understanding of how migration affects not only health but also health care systems. The SPG found that the ICMH mission could be strengthened through a more specific definition of who migrants are and a better focus on the areas of work that ICMH can be best responsible for.

The external environment is evolving rapidly and its implications for migration and health could be serious for states and international organisations. During the coming years ICMH can and should help to focus attention to this nexus as well as provide the knowledge and expertise that will be required to respond.

…to remain small and vulnerable to uncertain funding would be to limit the good we can do…

A review of ICMH stakeholders revealed that expectations and their needs differ considerably and that more pro-active dialogue with them is key to being of service. This said, the SPG nevertheless acknowledged that ICMH's small size and staffing constraints could adversely affect its capacity to respond to a wide range of interests and demands.

The SPG noted that to remain small and vulnerable to uncertain funding would be to limit the good we can do in what we believe is becoming a vital and growing area of social and human development. The SPG felt that the only reasonable way for ICMH to fulfill its mandate, and its stakeholder and mission expectations will be to gradually expand activities and staff to a point at which ICMH can provide a critical mass of new knowledge and influence. The SPG agreed that ICMH must remain small but at the same time be able to provide leadership on and at the migration/health nexus.

…ICMH has the capacity to become a major contributor to research, evaluation, policy formulation and training…

ICMH has the capacity to become a major contributor to research, evaluation, policy formulation and training, and should seek dependable core funding from a wide range of sources. This will sustain current activities and allow new ones to be explored while safeguarding intellectual independence.

Putting these conclusions into operation will call for ICMH to develop new activities and develop a comprehensive approach to its shareholders and donors. It will also call for a stronger organisational capacity, including the establishment of an Advisory Group and a larger General Assembly.

ICMH has come a long way in its five-year existence and must approach the future with a capacity to be flexible while at the same time strengthening its mission and what it has to offer. The results of the SPG process and the report it produced, provide a four-year plan of action that can help ICMH achieve its mandate and mission and its shareholder expectations.

COURSES, MEETINGS AND CONFERENCES

During 2000, ICMH sought to be as involved as possible in helping disseminate new information on migration and health and in sensitising health and social sector staff to the emerging needs faced by people on the move and health and social services they come into contact with. ICMH personnel participated in a wide range of such activities and we hope were able to contribute new knowledge.

IDHA Course 5, The Center for International Health and Co-operation, Hunter College of the City University of New York, February 2000

OFDA Course on Public Health in Complex Emergencies, Bangkok, Thailand, March 2000

Seminar on Drug Dependence and AIDS, Bern, Switzerland, April 2000

GRDR Meeting on AIDS and Mobility, Lisbon, Portugal, April 2000

Asylum, Migration and Protection, Society for International Development, The Hague, Netherlands, May 2000

OFDA Course on Public Health in Complex Emergencies, Neum, Bosnia, June 2000

UNFPA Course on Reproductive Health Management in Crisis Situations, Ankara, Turkey, June 2000

International Conference on Emerging Infectious Diseases, Atlanta, USA, July 2000

Consultation on Population Movement, HIV/AIDS and Complex Emergencies, Malindi, Kenya, July 2000
AIDS and Mobility Project Meeting, Rome, Italy, September 2000

Asylum, Migration and Protection, Society for International Development, The Hague, Netherlands, September 2000

CERTI-USAID Workshop Meeting, Washington D.C., USA, October 2000

International Conference on Violence Against Women, Naples, Italy, October 2000

Humanitarian Crisis Conference, Geneva, Switzerland, October 2000

International Training Course on Emergency and Disaster Medicine, San Marino, Italy, November 2000

International Conference on Culture, Health and Migration, Rome, Italy, November 2000

International and Social Welfare Conference, New York, USA, November 2000

OFDA Course OFDA Course on Public Health in Complex Emergencies, Entebbe, Uganda, November 2000

USAID Partner Meeting, Malawi, Africa, December 2000

Reproductive Health and Refugees Conference, Washington D.C., USA, December 2000

Asylum, Migration and Protection, Society for International Development, The Hague, Netherlands, December 2000

REPORTS AND PAPERS

Reproductive and Family Health Related Issues in Albania. ICMH Report of KABP Survey, Oct. 2000. Geneva: Carballo, M.

Consultation on Population Movement, HIV/AIDS, Complex Emergencies and Reconstruction. Summary Report (English and French), July 2000. Geneva: Carballo, M. and Nerurkar, A.

Demobilization and its Implications for HIV/AIDS. ICMH Background Paper, Oct. 2000. Geneva: Carballo, M., Mansfield, C. and Prokop, M.

Population Movement and STDs. ICMH Report, Dec. 2000. Geneva: Nerurkar, A.

Military and HIV/AIDS. ICMH Concept Paper, Dec. 2000. Geneva: Prokop, M. and Carballo, M.

Linking Relief to Development. ICMH Concept Paper, Nov. 2000. Geneva: Prokop, M., Meirik, P., and Carballo, M.

CERTI Activities with European and African Agencies. ICMH Report, Nov. 2000. Geneva: Carballo, M.

Guidelines on Impact Evaluation. ICMH Guidelines, Nov. 2000. Geneva: Phuong, P.

Human Security: A Persisting and Growing Challenge. ICMH report, June 2000. Carballo, M., Nerurkar, A. and Prokop, M.

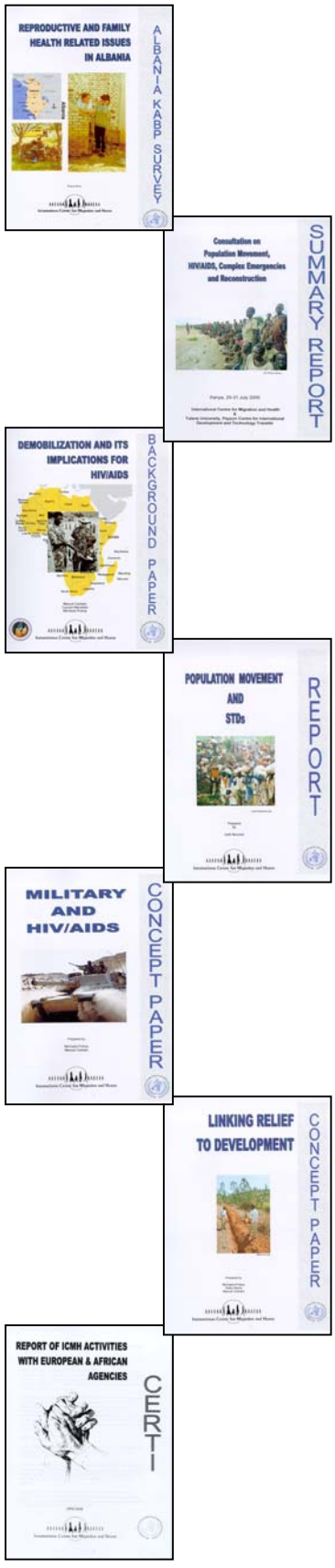
Migration, Health and AIDS in Africa. ICMH Training Manual, Nov. 2000. Geneva: Carballo, M.

Promotion and Protection of Reproductive Health in Crisis Situations: ICMH International Training Course, 2000. Geneva: Carballo, M. and Nerurkar, A.

The Silence of Society: Sexual Violence in Refugee Settings. ICMH Report, 2000. Geneva: Carballo, M. and Singh, D.

Medical Relief in Earthquakes: Review Article. Carballo, M. and Guha-Sapir, D.. *Journal of the Royal Society of Medicine*. Feb. 2000, vol. 93 pp. 59-61.

Reflections. Carballo, M. National Research Council, 2000. *Forced Migration and Mortality.* Roundtable on the Demography of Forced Migration. Committee on Population. Holly E. Reed and Charles B. Keely, eds. Commission on Behaviorial and Social Sciences and Education. Washington, D.C.: National Academy Press. pp. 130-135.



COLLABORATION WITH OTHERS

The past year has seen an intensified collaboration between ICMH and a number of its old partners and has brought it into relationships with new ones. WHO's growing commitment to the theme of human security and the human rights of migrants has meant an even closer working relationship with WHO as a WHO Collaborating Centre, and co-operation with other Collaborating Centres around the world.

ICMH has also continued to promote public health in migration through its teaching and research relationship with Columbia University in New York, and especially with the Mailman School of Public Health courses on Forced Migration and Public Health in Complex Emergencies, which it offers with the support of the US Office of Foreign Disaster Assistance. ICMH was also involved with Tulane University and its specialised institute, the Payson Center for International Development and Technology Transfer. Together we have taken the theme of migration and health forward and focused on HIV/AIDS in West Africa.

During the past year ICMH also broadened its collaboration with the CERTI consortium composed of Harvard, Johns Hopkins, George Washington and Tulane universities and developed a second generation Complex Emergency Response and Training Initiative. CERTI addresses the challenges of programming international assistance to achieve health security within the context of complex emergencies in sub-Saharan Africa and is working with WHO/AFRO to organise a workshop on conflict crisis and transition, with an emphasis on strategies that enhance interdisciplinary approaches to relief and development.

ICMH's work with the Istituto Superiore di Sanita in Rome continued with a joint activity in Albania and the Institute of Public Health there. It also entered into a new collaborative relationship with the San Gallicano Hospital in Rome which has a specialised programme for people on the move including migrants and tourists.

In Africa ICMH intensified its work with the Makere University in Uganda and its Institute of Public Health in particular with whom it developed a new initiative on health and HIV/AIDS perceptions in the military.

PREVIOUS AND 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 Payson Centre for International Development and Technology Transfer.

United Nations Populations Fund (UNFPA)

United States Assistance for International Development (USAID)

World Health Organization (WHO)

ICMH EXECUTIVE COMMITTEE & GENERAL ASSEMBLY

During 2000 the Executive Committee met twice. Its composition remained the same, consisting of:

- Mr. Abbas Hyatt, ICMH Treasurer,
- Dr. Brian Gushulak, Director of Medical Services, IOM, and
- Professor Hans Stadler, Head of Community Medicine, University of Geneva.

At the end of 2000, however, Brian Gushulak left IOM and will be replaced in 2001 by a new IOM representative.

At its last meeting in 2000, the Executive Committee welcomed two new members to the ICMH association and appointed them to the General Assembly.

From Canada ICMH was honoured to accept Professor Monique Bégin, former Minister of Health and Social Welfare. Now a professor in Health Sciences at the University of Toronto, Professor Bégin has been a member of numerous Royal Commissions in Canada and also on UN Commissions.

From the United States, we were honoured to see the appointment to the General Assembly of Professor Eamon Kelly, former President of Tulane University and now Chairman of the Board of the US National Science Foundation in Washington. Professor Kelly sits on a number of other Boards, Foundations and Committees that deal with health development issues related to migration.

ICMH 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 hosted over 20 internships for undergraduate and graduate students. ICMH tries to tailor 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 organisations working in the area of international health development, and humanitarian and disaster management. To date ICMH has placed student interns with organisations in Kosovo, Albania, Bosnia, and Macedonia.

Through its relationship with the University of Geneva, ICMH is also able to welcome university faculty from other countries on sabbatical leave to work in the area of migration and health.

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