

International Centre for Migration and Health



**Annual Report
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WHO IS ICMH?

ICMH is a non-profit NGO that undertakes research, training and policy support in the area of migration and health. ICMH is an association of institutions and people committed to improving the health of people in the context of migration. ICMH's added value to this field comes through its inter-disciplinary and multi-cultural approach to the challenge of health and migration.

ICMH brings together research and training staff with academic and field experience in public health, medicine, sociology and psychology, geography and economics. ICMH's core staff based in Geneva works with a wide network of individuals and institutions around the world. Like ICMH's core staff, they represent a wide range of backgrounds relevant to the field of migration and health. Specialists in their own fields, they bring a wealth of country and region-specific knowledge and a capacity to work with national authorities, NGOs and international organisations in helping achieve the goal of identifying how to better promote and protect the health of people on the move.

We see the goal of ICMH as assisting countries, international agencies, NGOs and others to meet the emerging challenge by providing them with up-to-date information on the health and social development aspects of migration, by providing training and capacity strengthening, and where possible, by helping formulate and evaluate the actions needed to prevent and mitigate potentially adverse health impacts.

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.



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“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family...” Article 25 Universal Declaration of Human Rights

FOREWORD

Population movement is accelerating and involving more people than ever before. Globalisation, market forces, land and poverty pressures, political instability and natural disasters are combining to displace millions of people every year. The health implications for the individuals and families that move, the countries and communities they leave and the societies they go into are far-reaching. In both developing and developed countries internal and cross border movement has become a key factor in economic and social development, as well as health and in many regions is also changing the demographic and socio-cultural profile. ICMH was established in 1995 to respond to the growing need for information and capacity building to deal with this growing phenomenon and the dynamic interaction between migration, health and health care systems.

2001 and 2002 were turbulent times in terms of natural disasters, terrorism, and conflict.



Dr Manuel Carballo

Executive Director

ICMH IN 2001 AND 2002

In the beginning of this century the world is confronted with increasing migration and health-related challenges. Never before have so many people moved within or across borders. This is the result of a number of things. In the past few years, many wars have ravished countries all around the world, most of them being internal armed conflicts. In 2001/2002 the world witnessed many natural disasters such as earthquakes and floods. To those factors must be added the globalisation phenomenon which has also encouraged people to go from the rural to the urban sector. All of these factors have led to both voluntary and involuntary population movements.

In response to migration, measures must be taken to insure the security and health of migrants. Through each phase of uprooting, that is before, during and after the displacement, people's physical and mental health can be strongly affected. The world is aware of



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this fact and action has been taken to protect migrants. Despite the efforts that have been made, much remains to be done. Emerging difficulties need to be recognised and dealt with.

HIV/AIDS is today's greatest challenge. Since the pandemic began some twenty years ago, 60 million people have been infected and it is estimated that 42 million people are now living with the disease (UNAIDS/WHO, 2002). Approximately 5 million people are thought to have been infected in 2001 alone (UNAIDS/WHO, 2001) and this figure did not change for 2002 (UNAIDS/WHO, 2002). HIV/AIDS is one of the greatest concerns in the health and migration field. Population movement and the spread of HIV/AIDS are highly associated due to the conditions people live in. Migrants are very vulnerable and exposed to sexual exploitation and violence. It is also frequent that they are separated from their family or their regular partner, which puts them in a more dangerous position regarding the HIV virus. For this very reason, military forces represent a vehicle to HIV/AIDS. Soldiers are often sent far away from their home for long periods of time. They are therefore highly exposed to the virus and it has been reported that in many countries military forces have a high HIV/AIDS prevalence. This has become a serious problem during demobilisation, when the military personnel is reintegrated in their civil lives.

HIV/AIDS killed 3 million people in 2001 (UNAIDS/WHO, 2001) and 3.1 million in 2002 (UNAIDS/WHO, 2002). The majority of victims are adults in their sexually active years. This has a great impact on the society structure and especially on family structure. Many children lose their parents and are left on their own.

Furthermore most of them are contaminated with the virus that killed their parents via vertical transmission. Today it is estimated that 14 million children, mostly living in sub-Saharan Africa, have lost one or both parents (UNAIDS, 2002). This is becoming a great source of concern when the children, who represent the future, are threatened. This problem has caught the attention of ICMH and other organisations and will be an important issue for us to work on.



Another emerging problem in the health and migration area is the increase in human trafficking and smuggling. This is due to the fact that many governments have put restrictions on their immigration policies although the demand for foreign labour has remained unchanged. People wanting to flee their country of origin for social, political or economical reasons in hope of finding a better life sometimes turn to illegal means of entering a country. As a result, many accidents have occurred in the past few years, some of them being fatal such as the Dover tragedy in June 2000 leaving 58 Chinese migrants dead (bbcnews, 2000). Furthermore, once people have been smuggled they find themselves unable to access medical services due to their illegal status. This has been a problematic issue and it will certainly not be easy to improve the current situation in the near future considering countries tend to apply protective immigration policies since the events of September 11th.

These terrorist attacks will no doubt bring a new dimension to the issues ICMH deals with. The war on terrorism has provoked, as a first result, the displacement of a large number of people in Afghanistan. In the long run one can expect more consequences due to the fact that the world, and especially the West, has become more aware of its vulnerability and has become more security-conscious. War is the source of massive population displacement that requires a great deal of managing in order to prevent negative health outcomes.

ICMH has worked on bringing information to countries, international agencies, NGOs and others on these problems of the health and migration field. The projects ICMH work on regard issues that have already been the centre of focus in the past, as well as emerging problems. This world is a changing one and this requires an effort not only in understanding and finding solutions to existing problems but also in preventing new ones from developing.

ICMH THEMATIC AREAS

Within the overall context of migration and its implications for public health numerous issues and challenges still call for new research, training and policies. The issue has not traditionally attracted much concern but a number of agencies and organisations, both inter-governmental and non-governmental, are now taking up the theme and progress is being made in understanding the nature of the health problems linked to migration and how best to prevent or mitigate them.

In view of the capacities and interests of other organisations working in this field and considering the nature and composition of ICMH, three areas of concentration have been selected for development by ICMH: (a) reproductive health, (b) HIV/AIDS, and (c) psychosocial health. We believe these domains are key to understanding and intervening to protect the health and well being of migrants, refugees, and other mobile populations, and they have been taken up by ICMH over the course of the past five years. Work in each area has been undertaken in a number of countries together with national partners and international agencies.

Reproductive health in the context of population movement is a great source of concern for international agencies and NGOs as it affects health in general.

In the area of reproductive health, ICMH has undertaken a number of studies and made a number of important contributions to the literature. Its work on pregnancy outcome in Sarajevo during the siege was published by the Lancet and the Journal of the Royal society of Medicine in the UK. Later studies funded by UNFPA on sexual violence in refugee settings have become part of the humanitarian relief literature and are used in many training programs.

Reproductive health represents an essential area of health for individuals. It implies that people are able physically and mentally of living a safe sex life and able to choose to reproduce if they wish to. Reproductive health is highly affected by poverty, people's way of life, lack of food, violence, women's position in society and access to health services. This is why people on the move are greatly exposed and vulnerable to reproductive health problems. In conflict settings, health services are often interrupted or inaccessible. Similarly in refugee camps the access to health services may be hindered by the cultural and psychosocial differences that exist between refugees and people hosting them.



UNFPA

Women, because of their role of mother in society and their vulnerability to sexual violence, are highly affected by reproductive health issues. Each year 15 million women suffer long-term, chronic illness and disability and nearly 600 000 women die as a result of complicated pregnancy or childbirth (Carballo and Frajzngier, 2001). Because women carry the heaviest burden of reproductive health it does not exclude the fact that men and children also suffer from it, and that more attention must be paid to their needs.

Reproductive health does not only affect individuals, but also countries as a whole. It determines and regulates the population growth rate according to resources. In the second half of the twentieth century, the world population has more than doubled and is increasing by approximately 77 million people each year (UNFPA). This trend is particularly visible in developing countries and represents an important barrier to development when resources are insufficient to meet people's needs. Reproductive health could play a great role in remedying to this problem by informing people about contraceptive methods and making them available through family planning programs.

Reproductive health in conflict, uprooting or refugee settings has been neglected for a long time. The priority has often been given to other sectors of health such as the need for shelter, food and water (Carballo and Frajzniger, 2001). In the past few years it has become more and more evident that reproductive health is also a basic need for people's lives, and that much more attention must be paid to this area of health in order to protect and promote the health of people on the move.

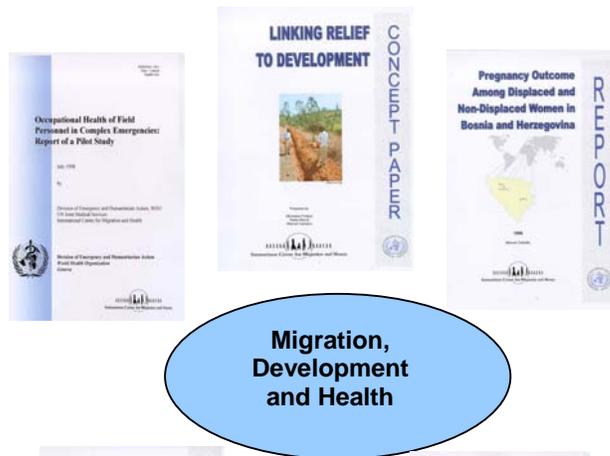
In the area of HIV/AIDS, the latest ICMH study on the movement of AIDS orphans in Malawi has been important from an epidemiological and a political perspective, and has highlighted the growing need initiatives to mitigate the impact of the pandemic there. Earlier ICMH studies in Uganda have been used to explain the falling incidence of HIV in urban as opposed to rural populations and have become a key part of many modeling and forecasting exercises.

The prevention of HIV/AIDS and other STIs must also be included in reproductive health. It is a very important issue in this field. Again, family planning programs play an essential role in the prevention of the disease though the spread of information and by providing means of protection such as condoms.

From the perspective of psychosocial health, ICMH's work on migrants in the European Union has become a key piece of the literature and highlighted the role of immigration policies on social integration and mental health. Similarly, the work undertaken by ICMH on drug abuse among children of migrants in selected EU cities has been used extensively by UNDCP and other groups working on prevention and treatment of drug abuse. The study on health and social status of displaced people in Bosnia pointed to

major mental health and psychosocial challenges helped describe the phenomenon of perceived powerlessness and its implications for decision-making and health care.





ACTIVITIES 2001/2002

Reproductive Health in the Context of Forced Migration

Little attention has been paid to reproductive health in the context of migration and refugee settings. As a result of this little is known about this issue. In the latter part of the twentieth century the nature of conflicts has changed and more and more, they are characterised by ethnic cleansing. This has made agencies and NGOs aware of the importance of reproductive health and it has become evident that uprooting is inevitably linked to adverse reproductive health outcomes. Rape and sexual violence affecting women and girls as well as men and boys are frequently used as instruments of war and this is a great concern. These acts leave physical and psychological scars to the victims and have long-term impact on the sexual and reproductive behaviour, therefore indirectly threatens the society and culture. Fertility and sexuality patterns change as people try to cope with the conditions they face during forced migration. In some cases fertility may rise in reaction to high



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rate of mortality. In others it may fall as a result of the separation of partners. Pregnancy performance is also seriously affected in conditions of war and uprooting and the spread of STIs is greater. Much could be done to counter these consequences of forced migration, especially in the area of family planning services.

ICMH has been collaborating with UNFPA in preparing a report on this issue. They believe more attention needs to be paid to this problem in order to create appropriate policies and programs needed to respond.

HIV/AIDS and Orphans

Initially the HIV virus was mostly affecting men and women in their sexually active years. In the last two decades, HIV/AIDS has spread to the extent that in 2002 it is estimated that 42 million people are living with it. Out of those 42 million, 3.2 million are children under 15 years of age (UNAIDS/WHO, 2002) representing 7.61%. In 2001 children under 15 years of age represented 6.75% of those infected (UNAIDS/WHO, 2001). Compared to the number of adults infected this remains a small figure, however it is increasing each year at an alarming rate.

Children who are living with HIV/AIDS have usually been victim of sexual abuse or have been infected through vertical transmission. Losing one or both parents because of HIV/AIDS and therefore becoming an AIDS orphan is a traumatising experience. In addition

to this, orphans have to deal with the fact that they as well may be infected with the disease.

Children whose parents have been infected often withdraw from school to look after their family or to go into child labour. When children miss out on education it compromises their future, as well as the development of their country.

Children are tomorrow's adults and their health must therefore be protected. Services and institutions such as orphanages must be provided to insure that AIDS orphans enjoy a structured and healthy environment. Much remains to be done to study and deal with this



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issue. Furthermore, a great deal of co-ordination between NGOs, international organisations and governments is needed to find viable solutions to this problem.

With a grant from WHO and USAID a major research project involving desk-top research, field surveys, and GIS mapping was undertaken in Malawi to assess the extent to which (a) AIDS orphans are moving in search of support and (b) services are socially and geographically available to them. The survey highlighted the growing number of orphans in Malawi and the fact that in some areas of the country the number of children without parents is beginning to equal if not exceed the number of children with parents still alive and present. As elsewhere in Sub Saharan Africa, the growing load on older women who are increasingly the only ones available to care for orphaned children has serious implications for the women and the children concerned. As far as movement of orphans is concerned, the survey identified both rural-to-urban and urban-to-rural trends as orphaned children move in search of relatives they hope will be able to take them in. Stigma, superstition and rejection of AIDS orphans, plus the fact that AIDS has depleted families throughout the country is nevertheless making "adoption" and care by relatives all the more difficult.

Sexual Violence

In 1999, violence in general, but also sexual violence in conflict and post-conflict settings, was a great centre of attention for ICMH. Reports on this issue were published and studies were carried out in various countries such as Tanzania and Cambodia. Since then, ICMH has continued to focus on violence on displaced people.

People on the move are very vulnerable to sexual violence. Women and girls especially are at high risk, but men and boys are also victims. Often very little can be done to prevent this violence from occurring. In refugee camps, the violence is in many cases carried out by guards. However, much can be achieved for the victims after

they have endured the violent acts. When someone is victim of sexual violence, it is crucial for that person's mental and physical health to be followed by medical and psychological care. This is often difficult to do when services are missing or when the victims are afraid, for different reasons, to use the existing services. In some cases, women who have been raped are ashamed or afraid to confide in someone about it. In addition to the psychological aspect of the problem, sexual violence can result in physical injuries and sometimes in pregnancies. Women who don't want to seek medical care can suffer from long-term injuries or turn to self-induced abortions. Much of this can be avoided if efficient medical assistance and family planning are provided.

Providing medical and family planning services may also be difficult for legal reasons. The national laws must be respected, and in some countries abortion, unless it is used to save the mother's life, remains illegal. This is often an obstacle that is impossible to overcome.

ICMH will keep on gathering and providing information about sexual violence that people on the move endure. The objective is not only to prevent the violence from happening in the first place, but also making sure that the adequate services are available and that victims of sexual violence are encouraged to use them.

HIV/AIDS and Security

In the last few years it has become more and more obvious that the HIV/AIDS pandemic is closely linked to security matters. In its resolution of January 2000, the UN stressed that if the HIV/AIDS pandemic remained unchecked it could also become a threat to stability and security (Carballo, Cilloniz, Braunschweig, 2001). Indeed the virus has a great impact on human security as well as national security. Human security includes economic, political, educational, environmental, community, health and personal conditions. All these factors are essential to individual welfare and physical condition. On the national point of view, HIV/AIDS has a great impact on security due to its high prevalence among military personnel of some countries. This has become a great problem in the last decade or so, especially when the military and the civilian population are increasingly in contact with one another.

The issue of HIV/AIDS and security is a growing concern. Agencies, NGOs and other organisations have become increasingly active in informing, funding and encouraging international collaboration in this area. ICMH has taken part in this action and has produced a report containing a comprehensive analysis of the problem and proposing recommendations on the subject. It emphasizes the fact that the



problem of HIV/AIDS and security, especially national security, may be tackled by using military force, which initially can be a vehicle to HIV/AIDS. Efforts are made to encourage governments to acknowledge the problem and to train and inform their military force accordingly.

ICMH considers the issue of HIV/AIDS and security as an important dimension of the HIV/AIDS pandemic and will continue working in the future on projects and reports concerning this matter.

HIV/AIDS and refugees

With funding from UNFPA, ICMH is currently developing a survey of knowledge, attitudes, beliefs and practices (KABP) in refugee populations. The surveys will be carried out in DRC and Sierra Leone as part of the existing MoU between ICMH and UNFPA and the governments of the two countries. The survey, however, will also be conducted in other countries of the region, and in particular Senegal, Cote d'Ivoire, Cameroun and Burkina Faso. Findings from the research will be used as a basis for a series of national and then later inter-country workshops and training activities for HIV/AIDS prevention.

Civil-Military Relations and AIDS

With funding from UNFPA a comprehensive desk-top research project was undertaken to identify and describe the experiences that have been had with respect to HIV/AIDS prevention training among military personnel working in situations where they come in regular contact with civilian populations. This theme is being given increasing attention by a number of agencies such as UNFPA, UNDPKO, UNHCR as well as NGOs such as the IRC and the IFRC. The report will go on to form part of UNFPA's program of advocacy on involving the military in action to prevent HIV/AIDS among civilians as well as in the military.

Military, Peacekeepers, Police and AIDS, Malaria and TB

With funding support from UNFPA work has started on a KABP survey among military, police and peacekeepers in DRC and Sierra Leone to assess what they know and believe about AIDS, malaria and TB prevention, care and treatment. In addition, questions have been introduced into the survey to assess views on gender relations and gender violence. This has become a major concern among a number of governments and donor agencies, and the survey project is benefitting from contributions to UNFPA from three European governments. Findings from the survey will be fed into the training programs that have been planned by ICMH and UNFPA for the two countries.

As part of this project a first workshop session was organized in Kinshasa on 2 December 2002 to coincide with World AIDS Day. The session was attended by 60 senior military and police officers

and was opened by the Ministers of Health, Defence and Interior. ICMH was responsible for the technical content of the workshop and the two main technical presentations: AIDS in the World, and AIDS in the Uniformed Services.

HIV/AIDS, Conflict and Reconstruction in Sub Saharan Africa

In the world pandemic of HIV/AIDS, sub-Saharan Africa is by far the most affected area. Today it is estimated that 70% of people living with the HIV virus are located in that region (Carballo, Sobey, 2001). This is due to a number of factors such as poverty, lack of education, lack of information, political instability, war and forced migration.



Most of the world's conflicts are concentrated in Sub-Saharan Africa. Post-conflict reconstruction is a great challenge for those countries and represents an essential step towards stability and development. It is essential that the social structure re-establish itself. When war breaks out, people play different roles. Men are generally conscripted into the army, women often become head of the household and children sometimes learn to live without their parents, leave school or may even be enrolled in the military.

Once war is over, it is difficult to go back to the way things were before. Families are very often torn apart and the structure of society is compromised. Demobilisation of the military force is a great challenge especially regarding the reintegration of men in society and the spread of HIV/AIDS.

ICMH participated in a symposium that took place in Durban, South Africa, in March of this year on preventing and coping with HIV/AIDS in post-conflict societies. ICMH is aware that sub-Saharan Africa is a region of great concern regarding HIV/AIDS and will continue to work with countries in this area.

Peer Education in the Context of HIV/AIDS Prevention

The rapid spread of HIV/AIDS throughout the world in the past two decades has made it essential to find new ways of transmitting information in order to prevent the further spread of the virus. There is also the necessity to encourage people to change their behaviour, which is often difficult considering it involves changing very personal or traditional behaviours and may interfere with a whole culture.

There are many ways of informing and educating people, but in the last few years, a new method has been introduced and is known as peer education. This method involves the use of one member of a

group to work with the rest of the members in order to inform and educate them. This way of proceeding can be very efficient because the educator understands his peers and can relate to how they feel and live. Moreover, it is probable that the members of a group will be more open and respond better to the educator if he part of the group rather than from the outside. Peer education, however is a relatively new approach and needs to be studied and evaluated.



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ICMH is interested in studying the different questions that may be asked about peer education in public health. Much needs to be observed to determine if this new method is beneficial, and if it is the case, for which target groups. This year, ICMH has started writing a review on this method and its potential impact in the health field, including in the prevention of HIV/AIDS.

School children, family planning workers and HIV/AIDS

At the request of the China Family Welfare Foundation (CFWF) in Beijing a KABP survey is being developed for use among school children and university students coming from rural areas into major urban conglomerations. The project will also look comparatively at non-migrant children and this will be the basis for a training and information program that will be developed by ICMH and the CFWF. A draft questionnaire has already been translated into Chinese and will be tested in a sample of no less than 200 children (different age groups) and university students. A similar initiative has been proposed for family planning workers who constitute a major part of the community based health sector in China.

Impact of repeated displacement on adolescent psychosocial health

With support from the Mellon Foundation and Columbia University research is underway in Croatia and Bosnia. The project is assessing the applicability of a social ecological model to understanding the impact of repeated uprooting on the psychosocial health and well being of children entering their adolescence at the time of uprooting. The research focuses on retrospective analysis of the social ecological factors (inter-personal and institutional relationships) that may have played a role in determining coping capacities and psychosocial well being.

Forced migration, pregnancy, maternal and child health

ICMH participated as part of the UNFPA team during the latter part of 2002 in a UNOCHA fact-finding mission to the occupied Palestinian territory. As part of the follow-up to this, ICMH has been asked by UNFPA to help assess and quantify the impact of forced displacement on a number of maternal and child health parameters. Anecdotal reports and sporadic data suggest that mother and child health, especially in the context of pregnancy and delivery is deteriorating rapidly.

Health and social status of Palestinians in the oPt

At the request of the European Commission Representative in Jerusalem, a proposal has been prepared and submitted to the EC for a comprehensive assessment of the health and social status of Palestinian people in the oPt. The project would follow the lines of the project that ICMH undertook in 1996 on the health and social status of internally displaced people in Bosnia and would serve as a benchmark for evaluating trends and interventions.

Demobilization, HIV/AIDS and Violence

With a grant from USAID through CERTI, a set of guidelines are being prepared on the prevention of HIV in the context of demobilization and reinsertion of ex-combatants in new communities. The guidelines address the main component processes of DDR and cover HIV screening, VCT, KABP surveys and counseling. They provide detailed instructions on the "why and how" action should be taken at particular points in the DDR process.

Psychosocial aspects of conflict and forced migration

With a grant from USAID through CERTI, a series of guidelines are being prepared on the psychosocial aspects of forced uprooting and displacement in the context of complex emergencies. They are comprehensive in nature and provide insights and specific suggestions on what is called for and feasible at different times in complex emergencies from the perspective of psychosocial problems, their prevention and care/treatment.

HIV/AIDS in complex emergencies

As part of interagency initiatives on HIV/AIDS in the context of refugee movement ICMH is working with WHO, UNHCR, UNICEF, FAO and other agencies to prepare a matrix of action and guidelines for HIV/AIDS prevention and care action in refugee settings. The matrix and guidelines will be sent out to NGOs and UN agencies for review in the early part of 2003 and will then be finalized in the summer of 2003.

STRATEGIC PLAN: 2000-2004

Refer to what was written last year, which is as follows:

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

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.

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.

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

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.

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.

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

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, 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.

Rights of Migrants, Refugees and Asylum-seekers

Over the course of the past three years ICMH has collaborated with the Dutch Chapter of the Society for International Development to organize a series of seminars on migrants, refugees and asylum seekers that culminated earlier this year in a Special Hearing that brought together government officials and heads of UN agencies in the Hague. The resulting Declaration "signed by" 300 scholars, researchers, government officials and heads of UN agencies was presented to Mr Kofi Annan at a special ceremony in the Peace Palace in the Hague in November. The Declaration is being submitted by the Netherlands and Sweden to the United Nations as an official document and will be translated by the UN into all its official languages.

Health and Human Rights

ICMH has been working with WHO on the preparation of a Working Paper on the subject of migrants rights and the role of policy on health. ICMH prepared the main component of the Working Paper and attended four policy meetings. The final draft is being prepared by WHO and should be available early next year.

Health and Migration

ICMH co-organized a meeting in Paris with Santé Migrants on the subject of how immigration policies and practices affect social integration, health and access to health care services. The meeting was opened by a representative of the Mayor of Paris and attended by government officials as well as NGO staff from a number of countries in Europe.

COURSES, MEETINGS AND CONFERENCES

During 2001/2002, ICMH representatives attended and participated in many courses, meetings and conferences seeking to disseminate information on migration and health and sensitize health and social staff to the emerging needs of people on the move.

List of courses, meetings and conferences:

2001

January, Psychosocial Task Force Mellon Foundation, Edinburgh, Scotland

February, Follow up for Psychosocial Task Force, Boston, USA

March, April, May, September, November Society for International Development, Amsterdam, Netherlands

March, USAID/NSC Workshop on Demobilisation and Reintegration, Nairobi, Kenya

March, Symposium on preventing and coping with HIV/AIDS in post conflict societies, Durban, South Africa

March, IAWG meeting on sexual violence and HIV in refugee populations, Geneva, Switzerland

March, Population Movements: Humanitarian Implications, Bologna, Italy

April, Namibian Government Officials, Namibia

April, UNFPA, USAID, UNDP, New York, USA

June, Ministries of Defence, Health and Foreign Affairs, Namibia

June, Psychosocial Working Group, Washington D.C., USA

June, Application of human rights to reproductive and sexual health, Geneva, Switzerland

August, Foundation Wyeth, Paris, France

September, Managing Stress for the Humanitarian Aid Worker, Amsterdam, Netherlands

September, Meeting between: Government, Parliament, USAID, UN agencies etc, Romania

October, Workshop on Research Ethics in Complex Humanitarian Emergencies, Washington D.C., USA

October, Round Table on the Demography of Forced Migration, Washington D.C., USA

October, 8th International Workshop on Culture, Health and Migration, Rome, Italy

November, Facilitate courses on Public Health in Complex Emergencies, Uganda

November, Meetings with TEKLINK, USAID/REDSO, UNICEF, Nairobi, Kenya

2002

January (21-25), Washington, Worldbank, QER Review of Grant project 5 countries West Africa

January (29), The Hague, SID, Steering committee meeting

March (11) to May (5), New York, Columbia University, Psychosocial course (7 weeks)

April (12-14), Geneva, IDHA, Humanitarian Negotiators Training Course

April (15), Vienna, International Confederation of Midwives, Mother and infant health in refugee settings

April (6-17), New York, IAWG, Core secretariat meeting

April (18-19), New York, IAWG, HIV/AIDS in conflict settings

May (12-18), Oslo, UNFPA, HIV/AIDS and demobilization

May (13-15), Porto, UN, Commerce & Development Maritime environment and AIDS

May (26-31), Washington, Psychosocial working group

June (7-11), Atlanta, IRSA/CDC, Making America Home: Rebuilding Lives, Families and Communities

June (12-14), Crete, WHO, FICOSSER, The impact of siege on RH & Hlth of elderly

July (4-7), Las Palmas, University Las Palmas, Migration & Violence

Jul (25), Maine, PsySR conference

September (26), Geneva, UNHCR Ex Com, HIV/AIDS & refugees, Moderator

October (15), Barcelona, Spain AIDS group, AIDS Conference, Co Chairing Session

October (22-25), Washington, NAS, Fertility Workshop

November (1,2), New York, SSRC, HIV/AIDS Planning meeting

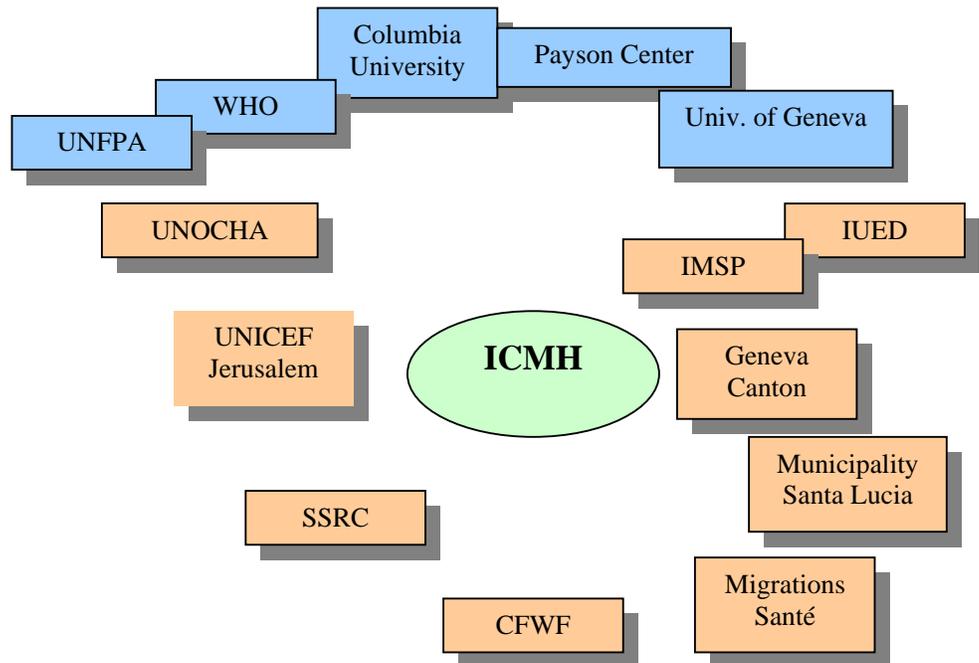
November (8,9), Hew Haven, Yale University, HIV/AIDS as a threat to Global security

November (20,21), Geneva, WHO, HIV/AIDS Vaccine meeting, Social & Behavioural considerations in AIDS Vaccine development

November (22), The Hague, SID, Launch of Declaration The future of refugees & migration policy

COLLABORATION WITH OTHERS

During 2002, ICMH continued or began new collaborative research and/or training activities with a number of institutions, including universities, UN agencies, local governments and municipalities, and Foundations.



UNFPA:	United Nations Population Fund
WHO:	World Health Organisation
SSRC:	Social Science Research Council
UNICEF:	United Nations Children's Fund
UNOCHA:	United Nations Office for the Coordination of Humanitarian Assistance
IMSP:	Institut de Médecine Sociale et Préventive
IUED:	Institut Universitaire d'Etudes du Développement
CFWF:	China Family Welfare Foundation

UNFPA

In September 2002 ICMH signed a Memorandum of Understanding with the UNFPA Humanitarian Response Unit (New York) for technical (research and training) support to its work in DRC and Sierra Leone, both of which are countries going into a post-conflict phase and where there has been extensive uprooting and displacement of civilian populations. ICMH was responsible for developing programmes of work for UNFPA in both these countries and for organizing donor meetings in each of them. In October and December ICMH was also asked to represent UNFPA in the UNOCHA mission to the occupied Palestinian territory, and as part of this ICMH was asked to prepare the health action plan for UNFPA, WHO and UNICEF that has since been presented to donors as part of the Consolidated Appeal Process.

WHO

ICMH continues its designation as a WHO Collaborating Centre (with the Emergency Humanitarian Action Unit) and has also broadened its area of work with WHO to cover AIDS and mother and child health. ICMH was asked to prepare a proposal on factors that might affect the access (real and perceived) of migrants to anti-retroviral therapy and a vaccine if and when one becomes available. ICMH was also asked to prepare a proposal for more extensive field research on this issue. In the area of maternal and child health ICMH was asked to provide Johns Hopkins University with an agenda of the forced migration themes that should be covered in a major survey that JHU will be undertaking for WHO on care of mothers and children in vulnerable settings.

SSRC

In November ICMH was asked to advise the Social Science Research Council (New York) on its HIV/AIDS initiative and provide research recommendations for 2003-04. Two meetings were held with the SSRC in New York, and ICMH has since been advised that it will be invited to enter into a Memorandum of Understanding with the SSRC in 2003 and be a partner in the development of the program.

SSRC has already taken up the orphan proposal that has been prepared on the basis of the results of the Malawi project.

UNOCHA

ICMH was asked to represent UNFPA in the UNOCHA fact-finding mission to the oPt in October and then in November to represent UNFPA at the UNOCHA meetings with UN agencies and donors in Jerusalem. ICMH prepared the health section for the report and coordinated the work of WHO, UNICEF and FAO. ICMH will enter into a Memorandum of Understanding with UNFPA Jerusalem. In addition the MoU that is already in force with New York will be amended to include funding for support of the program of UNFPA work that has been defined for the oPt.

UNICEF-Jerusalem

As a result of the UNOCHA mission to the oPt, ICMH was asked to assist UNICEF with its psychosocial program which is directed at children. It was also asked to participate in defining the role UNICEF and WHO should play in strengthening the Ministry of Health's actions in the area of psychosocial support to families in need.

Columbia University

ICMH continues to work closely with the Columbia University Mailman School of Public Health with respect to both teaching (psychosocial aspects of forced migration) and research (use of health care services by migrants and refugees). More recently ICMH has also become involved in evaluating the SPHERE humanitarian relief guidelines that have been produced in response to the growing need for international standards for use by NGOs and others in the areas of health, water and sanitation, nutrition, and ethics.

Payson Center for International Dept. And Tech. Transfer

ICMH has continued to work with the Payson Center in two main areas, namely guideline development and evaluation research. To date most of the work has been oriented to West Africa, but there may be possibilities of taking some of the lessons learned to South Eastern Europe and elsewhere.

WORKING GROUPS AND STEERING COMMITTEES

Inter Agency Working Group (IAWG)

ICMH along with other organisations, is a member of IAWG. The working group produced a field manual that was published in 1999. This manual provides a guide to field staff working on reproductive health in refugee settings and has been taken up by most relief agencies. ICMH continues to meet other organisations in this forum to exchange information and update each other on activities that have been undertaken. This year IAWG met at UNHCR in Geneva to talk about sexual violence and HIV/AIDS and more particularly how to accelerate the response to HIV/AIDS prevention and care in refugee situations.

Society for International Development (SID) - Steering Committee

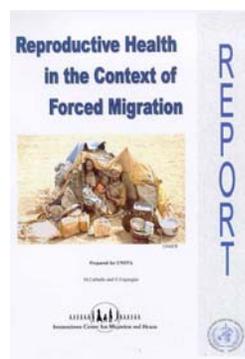
ICMH has been collaborating, along with other organisations, with the Society for International Development (SID) on a project called "The Future of Asylum and Migration" (FAM) that was started in 1999. The objective of this project is to promote positive policies in the field of asylum and migration in a rapidly changing world. Seminars have been held in the past three years and a Special Hearing took place in The Hague in September 2001. ICMH participated in this event as part of the Steering Committee and Drafting Group and will continue its close collaboration with SID on migration issues.

REPORTS AND PAPERS

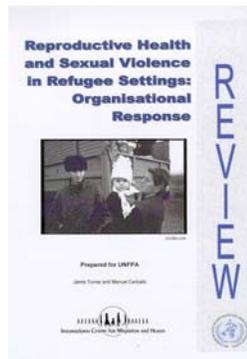
Reproductive Health in the Context of Forced Migration

*Report. Carballo Manuel, Frajzngier Vera.
Geneva: ICMH, September 2001*

This report covers much of what is known about the ways in which the reproductive health of people is affected by conflict and forced displacement. In addressing the issue of reproductive health, the report takes up a wide range of issues including impact on sexual behaviour, pregnancy, pregnancy performance, sexually transmitted diseases, and HIV/AIDS. It also addresses the growing problem of sexual violence in conflict settings and the long-term implications of this for reproductive health.



Reproductive Health and Sexual Violence in Refugee Settings – Organisational Response

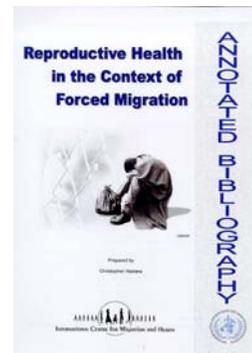


Review. Carballo Manuel, Turner Jamie. Geneva: ICMH, October 2001

This organisational response reviews the type of work that is being done by some of the main international organisations, including the UN and NGOs with respect to reproductive health and sexual violence. The review refers to, and briefly describes, the guidelines, training materials, and field manuals that have been prepared by the organisations in question, and offers a commentary on their state of readiness, where they have been tested, where and how they have been applied, and who is currently using them.

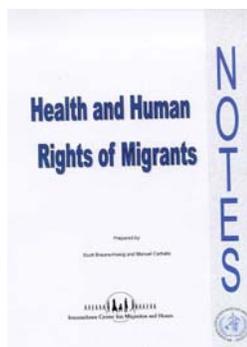
Reproductive Health in the Context of Forced Migration – Annotated Bibliography

Bibliography. Haskew Christopher. Geneva: ICMH, December 2001



This report is the third and final part of a document that addresses the growing problem of health in humanitarian crises and in particular reproductive health. This bibliography reviews some of the main articles that we have used and which we believe are particularly relevant to the promotion and protection of reproductive health in the context of refugees and internally displaced people.

Health and Human Rights of Migrants



Notes. Carballo Manuel, Braunschweig Scott. Geneva: ICMH, October 2001

These are a series of notes prepared for a WHO co-ordinated activity on the health and human rights of migrants. The notes offer a typology of migration, broadly breaking the definitions down in terms of forced and voluntary migration, and then go on to provide brief insights into how the process of migration and resettlement can affect the health of those who move.

HIV/AIDS, Conflict and Reconstruction in Sub Saharan Africa – Notes for a Symposium

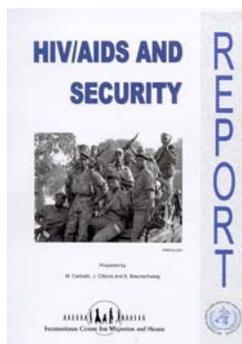
Notes. Carballo Manuel, Sobey Steven. Geneva: ICMH, December 2001

These notes give general facts and figures about the HIV/AIDS pandemic in Sub-Saharan Africa. They provide a comprehensive base of information on migration, its effects and its nexus with HIV/AIDS. Finally they briefly present the problems and challenges of post-conflict reconstruction.

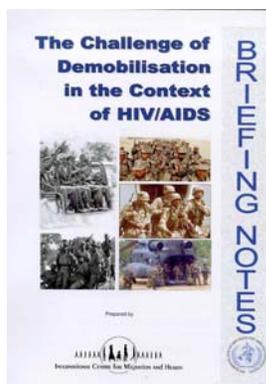
HIV/AIDS and Security

Report. Carballo Manuel, Cilloniz Jimena and Braunschweig, Scott. Geneva: ICMH, 2001

The report provides a comprehensive analysis of the ways in which the growing HIV/AIDS pandemic is affecting national and human security. It looks at the impact of sexually transmitted diseases on military personnel and other uniformed services and what is known about the incidence/prevalence of the problem, and where and why military personnel are most vulnerable. It also reviews what some of the main international agencies and NGOs are doing in this field and provides information on selected case studies



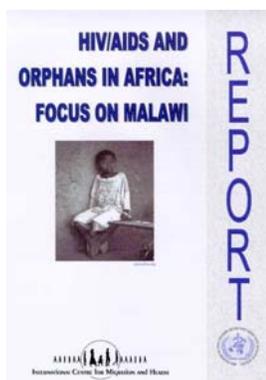
The Challenge of Demobilisation in the Context of HIV/AIDS



Report. Geneva: ICMH, 2002

These notes explain the complexity of the demobilisation of military personnel and its impact on health services. They present the challenges that must be faced, especially when military forces concerned are thought to have a high rate of HIV/AIDS. Despite the complexity of demobilisation, it is shown how the process may offer numerous opportunities for introducing HIV/AIDS prevention actions. Military forces may be an important vehicle of HIV/AIDS prevention as well as a unique force that can contribute to its prevention if one gives them the means to do so.

AIDS and Orphans in Africa: Focus on Malawi



Report. Manuel Carballo, Alex Coles, Isaac Mwangangi, Ben Harris, Geneva: ICMH, 2002

This report assesses the issues that confront children who are orphaned by AIDS in sub-Saharan Africa, with a special focus on Malawi. With some of the most limited health resources in the world, the small landmass of Malawi faces one of the worst AIDS orphans problems to date. With this focus, the intent is that similar conditions in other countries will be highlighted, and an urgent, efficient response to curb the socio-economic, political and cultural effects of the HIV/AIDS pandemic will soon be under way.

PREVIOUS AND CURRENT DONORS

Academy for Educational Development (AED)

Columbia University Mailman School of Public Health, New York

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 Office for Project Services (UNOPS)

United Nations Populations Fund (UNFPA)

United States Agency for International Development (USAID)

World Health Organization (WHO)

ICMH EXECUTIVE COMMITTEE & GENERAL ASSEMBLY

This year's General Assembly brought significant changes to ICMH. The Centre was pleased to welcome new members, bringing the number of institutions and individuals involved to twenty.

New individual members are :

- Dr Mohamed-Larbi Abdelmoumène,
- Professor Claude Griscelli,
- Mrs Elena Jenny-Williams,
- Dr Ghada Karmi,
- Dr Ndioro N'diaye,
- Professor Esteve Pont Barceló and
- Dr Manuel Carballo.

New institutional members are :

- The Institute of Public Opinion Studies, Albania ;
- The Co-ordination of Women's Advocacy (CWA), Switzerland ;
- The Institut de Santé et Developpement (ISED), Senegal ;
- The San Gallicano Hospital Service for Preventive Medicine in Migration, Tourism, and Tropical Dermatology, Italy ;
- The Sustainable Development Services (SDS), Switzerland ;
- The Tulane University Payson Center for International Development and Technology Transfer, USA ;
- The Universidad Nueva, El Salvador.

By increasing the number of members of ICMH the General Assembly is hoping to strengthen the international network of people and institutions seeking to improve the knowledge, awareness and action in the area of migration and health.



General Assembly, 2001

The General Assembly also proceeded to the election of the new Executive Committee, appointing:

- Dr Eamon Kelly, President,
- Mrs Elena Jenny-Williams, Vice President,
- Mr Abbas Hyatt, Treasurer,
- Dr Manuel Carballo, Executive Director
- Dr Jean-Paul Menu
- Mr Kevin Lyonette.
- Prof. Monique Bègin

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 30 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 into 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.



2001 Interns & Staff

Back row (l-r): Judy Curt-Cavens, Scott Braunschweig, Claire Smith, Jennifer Grollman, Nicole McIntyre, Jimena Cilloniz, Christopher Haskew.
Front row (l-r): Jamie Turner, Anna Franker, Manuel Carballo, Vera Frajzyngier, Mai Ensmann.

In 2001 ICMH hosted ten interns. Undergraduate and graduate students from La Follette School of Public Health (Wisconsin University), Smith College Syracuse (New York), Kent State, Boston, Columbia universities in the United States and Leeds University in the UK completed their internship by preparing projects and reports on health and migration.

Throughout 2002, ICMH continued to take interns from a number of universities, backgrounds and countries. Interns spent periods of time varying between three and 12 months at ICMH. Most came from the USA through programs that ICMH has a long-standing relationship with. These included Columbia University, Kent State University and Boston University. An intern also came from Taiwan, sent by her NGO and spent three months with ICMH.

Interns work under close supervision but are encouraged to develop their own links with agencies such as WHO, UNHCR and UNICE while here. The use of the WHO library has continued to be an asset for students and most have been able to develop sound library research projects as part of their internship.

This year a seminar series was instituted in which interns were encouraged to make presentations as well as ICMH staff. Columbia University has indicated an interest in possibly formalizing this relationship through a summer course for students from a number of faculties, including Medicine, Public Health, International Affairs, and Social Work.



2002 Interns and Staff

Back row (l-r): Sho-Li Lin, Bryan Heal, Katrin Weilhammer, Bozena Katic, Ben Winig, Astrid DiMartino, Jimena Cilloniz, Raul Gagliardi.
Front row (l-r): Sally Rush, Nicole McIntyre, Manuel Carballo, Judy Curt-Cavens, Janet Coutin.



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