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## ICMH IN 2003

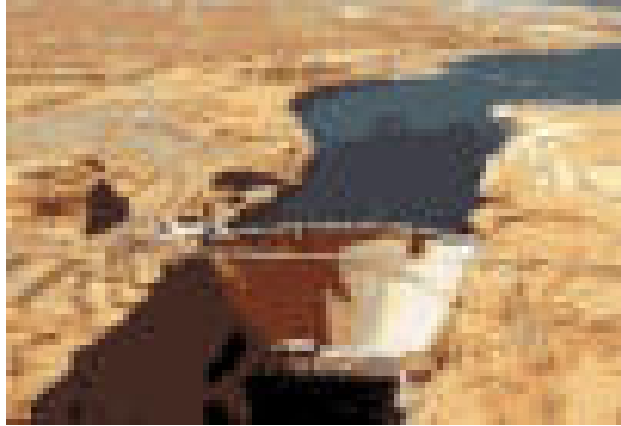
The beginning of the 21<sup>st</sup> century has continued to be marked by massive and in some parts of the world an accelerating migration. Much of the migration now taking place is doing so against a backdrop of changing attitudes to migrants and a hardening of policies with respect to migration in general. As a result a good deal of today's population movement is becoming risky in terms of its health and social implications for the people who move, those they leave behind, and those they come into contact with and go on to host them.



Migration continues to be prompted by a complex set of factors. Foremost among these factors is the chronic and unyielding poverty that continues to characterise most developing countries and many of the countries in transition to free market economies. Contrasted with this poverty are the vivid images of plenty being carried by a modern media industry that is able to reach all corners of the world bringing with it new ideas about what life can be like and in so doing helping create expectations that can only be met through emigration to other parts of the world. Meanwhile vastly improved transportation systems are making this migration more feasible in terms of cost, distance and time.

In many regions of the world political instability and conflict has become more rather than less common and wars of one kind or another have uprooted millions of people and forced them to move in search of safe havens. There are possibly more politically displaced people today than at any other period since World War II and while some of them are refugees benefitting from UN protection many more are internally displaced and unable to access the international help and support they need.

Other growing sources of forced migration include the massive engineering projects such as the hydroelectric power projects, dams and massive river diversion schemes that have become icons of development. Although possibly warranted from an economic point of view, they are nevertheless pushing people out from their traditional places of life and work. Over the coming two to three years hundreds of millions more will be affected by these engineering projects.



The health implications of these different movements of people are many and far-reaching. While some are becoming better understood and hence responded to, many others remain poorly explored. Describing and quantifying them in a way that permits evidence-based decision-making for health is the challenge ICMH has taken up.

2003 has been a year of continued technical growth for ICMH, and although we remain a small organisation, I believe we are now contributing to global knowledge about migration and health. Over the past twelve months ICMH has seen its programme of work widen to address different populations and types of migration-related vulnerability. We have also begun to work with a broader range of partners than before. In some countries we are cooperating with Ministries of Defense and Interior as well as Health, and we are increasingly seen as a source of technical cooperation by agencies such as UNDP and UNDPKO in addition to our more traditional partners, UNFPA and WHO.

During 2003 we began to work in more countries than ever before. In Africa, ICMH is active in Sierra Leone, the Democratic Republic of Congo, Liberia, and Cote d'Ivoire and discussions have been initiated in Benin on a new initiative. In the Middle East, ICMH is working in the occupied Palestinian territory, and in the Balkans, in Albania and Croatia. In Western Europe, where we

are most active in Switzerland, interest has been shown in working with us in France, Italy, Spain, and Portugal. Elsewhere ICMH has attracted interest from Argentina, Australia, Canada and China and we will be pursuing this in 2004.

In 2003 we also entered into technical discussions with the private sector around health and social themes of common concern and I hope this will lead us to new and creative forms of cooperation. Collaboration with the academic world has also continued to grow and in 2003 ICMH continued to work closely with a number of universities and research institutions in Europe and the USA.

The scope of our projects has nevertheless remained focused around the three thematic areas that have come to characterise ICMH's capacity, namely reproductive health, HIV/AIDS and psychosocial well being. As part of this, family health and the health of the elderly have become issues of interest to ICMH, and new work has been started in both these areas.

The growing scope of our work also necessitated more staff representing a wider set of disciplines. Thus in addition to the public health and epidemiological skills that marked the earlier years of ICMH, the activities we are now involved with call for backgrounds in areas such as anthropology, psychology, post-conflict reconstruction, social work and political science.

As we move into 2004 I hope ICMH will continue to be in a position to respond to the growing and increasingly complex challenge of human population movement in all its forms. Only by improving our collective knowledge in this area and then by translating that knowledge into policy and action will the unique health needs of people on the move, those they leave behind and those they come into contact with, become manageable.

Manuel Carballo  
Executive Director

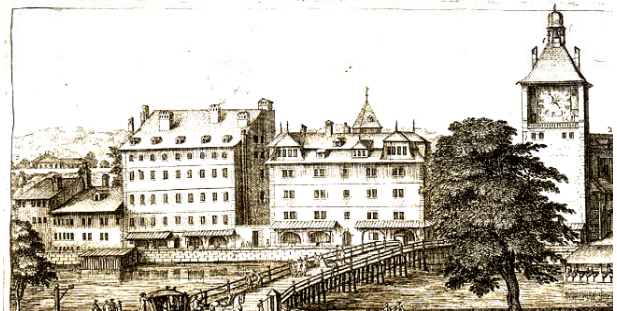


## ICMH RESEARCH

Research has remained a key domain of our work, but we have widened it to include more primary collection of data and field work than in previous years. ICMH nevertheless took up a number of new desk-top projects in 2003 and presented reports on them at international meetings. In addition it undertook three assessments for the UN on the health condition of people in crisis and post-conflict settings.

### *migrants, refugees, asylum seekers in geneva*

2003 saw field work begin on the “Geneva Project”, an assessment of how the social insertion of migrants, including unofficial ones, refugees and asylum seekers is influenced by, and in turn affects, access and use of health and social services. The project, which is being co-sponsored by the Canton of Geneva and other local and international donors, brings together a body of data collected among migrants and refugees, health care and social services personnel, caregiving groups and NGOs. The project is already highlighting issues that could provide a basis for policy debate and reform as well as improvements in the day-to-day response to the needs and problems of migrants, refugees and asylum seekers.



### *migrants, refugees, asylum seekers in other cities*

In a world in which concern about the implications of migration is growing, the “Geneva Project” on social insertion has attracted interest from other municipalities around the world. In Albania, the mayor of Tirana has indicated they will replicate it; in Argentina, interest has been expressed by the authorities of Buenos Aires; in Australia, the University of Melbourne would like to participate; in Canada, the project may be implemented in Ottawa and Montreal; in Italy, the project will be replicated in a district of Rome; in France and Portugal, the project is now being reviewed by local authorities in

*Barcelona, Buenos Aires, Lisbon, Melbourne, Montreal, Paris, Rome, Santa Lucia, Shanghai, Tirana*

Lisbon and Paris; in Spain, Barcelona and Santa Lucia have taken up the project; and in China, Shanghai has also indicated it will apply the project to the challenge posed by internal migrants. What began as the “Geneva Project” with the Conseiller d’Etat of Geneva is now becoming an multi-centre study that could throw new light on the relationship migrants, refugees and asylum seekers have with health and social services and how this can affect their social insertion.

### *rh in the occupied palestinian territory*

As a result of the assessments (see below) undertaken by ICMH for UNFPA in the oPt, a major initiative has been started to promote and protect maternal health. To this end ICMH is undertaking a series of rapid situation assessments of how pregnant women in crisis settings (refugee and displaced families in communities that have been isolated) cope with their pregnancies and deliveries, especially when there are complications. The assessments will be used to guide the training and placing of key RH staff, and in developing contingency RH referral systems.



### *refugees and idps in sierra leone*

ICMH and UNFPA have entered into discussions with the Ministry of Health in Sierra Leone on the condition of refugees and internally displaced people. Of most particular concern are the psychosocial health needs of displaced people who are going to be re-inserted into their communities of origin or into new communities. Little has been done yet to describe the dynamics of this process or highlight what reproductive health-related problems will have to be dealt with. ICMH and UNFPA are therefore addressing this issue with the national authorities.

### *refugees and idps in benin*

ICMH and UNFPA have entered into discussions with the Ministries of Interior and Social Affairs in Benin on the condition of refugees from neighbouring countries. In Benin we have been asked to focus on reproductive health and identify ways of reaching refugees with RH services adapted to their needs and situations, especially those of adolescent refugees.

### *peacekeepers in sierra leone*

In 2003, ICMH and UNFPA launched a new research project on HIV/AIDS among peacekeepers in Sierra Leone. Working closely with UNAMSIL and UNIFEM we are currently completing the first KABP survey ever done among peacekeepers. The survey is being done with the peacekeeping contingents themselves. In working with UNAMSIL we have been able to promote the idea that health and social research is fundamental to planning, programming and monitoring the health and well being of peacekeepers before they leave their home stations as well as when they are deployed.



### *police in sierra leone*

One of the impacts of our research with peacekeepers in Sierra Leone has been to encourage other sectors to take up the project and adapt it to their own needs. The police has asked for the survey to be done among its staff and ICMH is currently working with them on this. This survey also addresses the problem of gender-based violence and how it can be prevented.

### *ex-combatant youth in sierra leone*

In view of the urgent need for ex-combatants to be demobilised and reinserted into society, UNFPA and ICMH have been asked to assess and help respond to the needs of ex-combatant youth in Sierra Leone. The assessment survey being done by ICMH covers a range of themes including the fears and concerns of ex-combatants, their sexual lives and associated risks. It provides the basis for what will be a broad program to facilitate social insertion through education and skills training, including reproductive health and HIV/AIDS prevention.





### *women in crisis in sierra leone*

Thousands of women were abducted and abused during the war in Sierra Leone. Most are now being returning to their communities of origin, but for many of them the opportunities of re-insertion are limited. Most of them have also been traumatised and now need to be assisted to reconstruct their lives. For many of them sex work may continue to be seen as one of the few options open to them. ICMH and UNFPA are now assessing this situation and describing ways in which the health and social needs of women in the Women in Crisis project can be met and alternatives found for them.

### *military and police in drc*

In the Democratic Republic of Congo (DRC) ICMH and UNFPA are working with the Ministry of Defence, the Ministry of Interior and the Ministry of Health on a series of surveys among military and police personnel on their knowledge and attitudes to HIV/AIDS, gender based violence and social reconstruction. The surveys have been adapted from those developed in Sierra Leone and will provide a basis for comparative analysis between the two countries.



## ICMH ASSESSMENTS

### *iraq*

ICMH was asked to work with UNFPA in assessing the reproductive health situation in Iraq and in preparing a report for UNFPA that could be used to guide its plans and programmes there. The assessment has become a core part of the United Nations Consolidated Appeal for Iraq and ICMH has also prepared position papers and proposals that UNFPA is using to mobilise resources in its support of RH work in Iraq.



### *occupied palestinian territory*

ICMH was asked to work with UNFPA on two major assessments of the reproductive health implications for Palestinian people in the occupied territory. Both these assessments addressed key issues such as access to RH services, factors affecting access, emerging patterns of maternal and young child morbidity, family disruption and separation. The assessments were done as part of UN Consolidated Appeals but ICMH has also gone on to prepare a series of projects, one major one of which has now been supported by ECHO on maternal health.



## ICMH TRAINING

### *peacekeepers in sierra leone*

ICMH organised a training workshop with UNFPA and UNAMSIL on HIV/AIDS and gender based violence. It was organised for medical officers and senior training staff from all the peacekeeping contingents and covered the need for, and value of, behavioural surveillance with respect to HIV/AIDS and STIs. In all over thirty staff participated and a number of recommendations concerning IEC materials emerged from the workshop. One of the indirect benefits was a networking of peacekeepers around HIV/AIDS prevention once they rotate back to their home bases.



### *evaluating training in sierra leone*

Over the course of 2002-2003 a number of HIV/AIDS workshops for peacekeepers have been conducted in Sierra Leone. In 2003 ICMH undertook an in-depth evaluation of one of these workshops and highlighted a number of concerns, including difficulties encountered in training personnel coming from different cultural and social backgrounds. The evaluation nevertheless found that the workshops are reaching peacekeepers with new information in ways that are technically acceptable to them.

### *military and police in drc*

Together with UNFPA and the Ministries of Health, Interior and Defense, ICMH organised a nation-wide programme of training in DRC on the promotion of sound reproductive health and prevention of HIV/AIDS and gender violence. The programme builds on the commitment of all three ministries to reach out to their uniformed personnel and to eventually harness their efforts and know-how to develop HIV/AIDS and gender violence prevention in the communities they are deployed in. A second training for medical officers and senior staff from the military and police was organised to address the importance of monitoring and evaluating changing patterns of knowledge, attitudes and practices among uniformed personnel.



### *public health in complex emergencies*

During 2003, ICMH continued to provide training for post-graduate medical students, MPH students and mid-level humanitarian relief staff working in the field on public health consequences of complex emergencies. Courses have been held through Columbia University's Mailman School of Public Health in New York and also in Lebanon in collaboration with World Education. The themes covered by ICMH include reproductive health, psychosocial welfare, and coordination.



### *public health in pluralistic societies*

ICMH participated in courses organised by the Geneva Faculty of Medicine and two presentations were made on the theme of public health in the context of changing social and cultural environments. The presentations addressed the challenge that migration constitutes for planning and managing public health in societies now hosting large numbers of people from other countries.

### *west africa sub-regional project*

ICMH was responsible for three key presentations used as the basis for the UNFPA West Africa Sub-Regional meeting organised in Akosombo in Ghana. ICMH was also responsible for preparing the sub-regional project proposal that UNFPA is using for its work in the River Mano Basin.



## ICMH - POLICY

### *hiv/aids prevention: peacekeepers and ddr*

Although national authorities and international agencies have taken up many of the health needs and problems of military being designated to peacekeeping missions, little has been done in most countries to systematically address the issue of HIV/AIDS. To this end ICMH has prepared a Policy Paper on HIV/AIDS Prevention /Care for Peacekeepers. The aim is to provide Ministries of Defense and the UN with rationales for selected actions and their logistical implications. The paper is in the process of being adapted to the context of post-conflict disarmament, demobilisation, and re-insertion.

## ICMH - IEC

### *hiv/aids & malaria*

ICMH prepared and pre-tested a user-friendly booklet on HIV/AIDS and Malaria. The booklet was first designed for use by peacekeepers, but is also being adapted to the needs of national military and police forces, ex-combatants, and refugee populations. The booklet was prepared in English and French, and is now being translated into local languages in Sierra Leone, DRC, and Liberia. In some cases separate booklets will be prepared and new ones on STIs and TB will also be developed.

### *counseling guidelines*

ICMH is preparing a series of guidelines on HIV/AIDS counseling, including Voluntary Counselling and Testing (VCT). The guidelines are designed for use in Sierra Leone but will be adapted to the needs of other countries in the coming months. They address the needs of people confronted by HIV/AIDS, the importance of counselling, pre-requisites and management of people with the AIDS. The guidelines will become the basis for a training program to be undertaken by ICMH and UNFPA in Sierra Leone, Liberia and DRC.



HIV/AIDS AND MALARIA

PROTECT  
YOURSELF!  
A LIFE-SAVING  
BOOKLET ON  
HEALTH FOR  
PEACEKEEPERS



## ICMH PAPERS

### *nas: complex emergencies and the elderly*

Uprooting and forced displacement affect every one but some groups are more vulnerable than others. ICMH was asked by the US National Academy of Science (NAS) to prepare a State-of-the-Art paper on the impact of uprooting and forced displacement on the elderly and to prepare a conceptual framework for better understanding the dynamics of this problem. The paper contains an extensive review of what is known and builds on the surveys undertaken by ICMH in Bosnia. The paper has been accepted by the NAS as part of its monograph series and will be used to guide the NAS in its research agenda-setting.

### *nas: toward a theoretical framework of refugee fertility and reproductive health*

ICMH was asked by the US National Academy of Science (NAS) to prepare a State-of-the-Art paper on how complex emergencies affect sexual behaviour and fertility. This is an area about which little has been written and yet which underlies all policy and program plans on reproductive health in complex emergencies. The paper was presented at a NAS expert meeting in Washington and has been accepted for publication by the NAS. The paper looks at nutrition and menarche, nutrition and amenorrhea, psychological stress and amenorrhea, sexually transmitted infections, sexual abuse and abortion, access to contraception, perceived risk of fertility and desire for children in the context of war, family separation and sexual coping.

### *swiss red cross: migration and family life*

ICMH was invited to make the keynote address at the Annual Swiss Red Cross Meeting this year on the subject of migration and its impact on family structure, life and health. The paper addresses emerging patterns of economic migration, especially in Western Europe, and looks at the factors affecting family life and health among migrant communities. It looks at the national

and international policies governing migration, the changing age/sex selectivity of contemporary migration and highlights patterns of insertion, including types of work available, housing and access to health care.

*ssrc: orphans in the context of war, famine and hiv/aids*

The Social Science Research Council (SSRC) requested ICMH to prepare a State-of-the-Art paper on the impact of war, famine and HIV/AIDS on young orphans, and in particular, their emerging mobility in search of care and treatment. The paper was presented at the Annual SSRC Expert Group Meeting on HIV/AIDS and will now become part of the SSRC research agenda setting process. The paper looks at the reasons behind the growing mobility of orphans in search of care, and takes up some of the policy and program options open to countries with large orphan populations. It addresses emerging concerns about child-headed households, boarding schools, orphanages, fostering and street children. The paper builds on the ICMH assessment of this subject in Malawi in 2002.

## ICMH – PRESENTATIONS

### *unesco: sustainable development*

In Beijing ICMH staff made a presentation on the implications of un-planned migration for sustainable development and focused on the impact of migration on family structure and life, as well as on the depletion of rural populations.

### *nato: medical challenges in the 21<sup>st</sup> century*

ICMH staff presented a paper on HIV/AIDS and Complex Emergencies and discussed the implications of the changing nature of conflict. This addressed the growing dependence on peacekeepers and the risks they are exposed to when deployed abroad.

### *tufts university: conflict and public health*

ICMH staff made a presentation on the public health consequences of contemporary conflicts most of which are civilian oriented and ethnically motivated. The presentation focused on the importance of responding in a timely fashion to psychosocial as well as physical impacts of war.



## ICMH - INTERNSHIPS

ICMH has developed a strong internship program that provides opportunities for students who wish to work on migration-related aspects of international public health, humanitarian and disaster management, and development. ICMH has tried to customize internships according to the academic background and interests of students within ICMH work in progress.

In 2003, ICMH hosted 16 undergraduate and graduate interns from Columbia University, Syracuse University, Kent State University and Geneva University. Their work covered HIV/AIDS information manuals, translation of research findings into policy options, the compilation of annotated bibliographies on trafficking of women and children and its implications for health, reproductive health in Iraq, reproductive health aspects of migration within the European Community and other Western European countries.



In addition some interns were placed in field research settings. In Sierra Leone, two interns worked on in-depth interviews with women in the 'Women in Crisis Association' and another intern worked on focus group discussions with adolescent ex-combatants. In Albania, one of our interns did research on family health.

## SUMMARY

2003 saw the pace of ICMH's work grow significantly and its contribution to international public health was increasingly recognised. Many of the ICMH staff, however, were recruited on a short-term basis and the quality and productivity of our work is a credit to their commitment and capacity.

One of ICMH's ongoing problems is that its funding remains fragile and linked to projects that are time-limited, and this must be addressed comprehensively as we move forward.

ICMH's contribution to international work on migration and health nevertheless remains sound and ICMH has become a credible partner within the international arena. We hope that 2004 will continue to see an equally active ICMH cooperating with even more national and international partners.





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