

ICMH

2004/2005

ANNUAL REPORT



10 years of excellence



For further information please contact :
Pour plus d'informations, veuillez contacter :



11, Route du Nant d'Avril
CH-1214 Geneva
Switzerland
Ph: + (41 22) 783 1080
Fax: + (41 22) 783 1087
Email: admin@icmh.ch
www.icmh.ch

Copyright reserved

The contents of this material may not be reprinted, either as a whole or in part without the written consent of the International Centre for Migration and Health.

2006

TABLE OF CONTENTS

TABLE OF CONTENTS	1
About ICMH	2
Mission.....	2
ICMH Governing Body	3
Executive Committee	3
ICMH General Board	4
Letter from the President	5
Letter from the	6
Executive Director	6
ICMH IN 2004-2005.....	10
RESEARCH AND DEVELOPMENT	11
Reproductive Health in Palestine	11
Social insertion and access to health and social services	11
Global Commission on International Migration (GCIM)	12
AIDS awareness among school children in China	12
Shenyang China – technical assistance HIV/AIDS	12
Iran	12
Ethiopia – San Gallicano-ICMH assessment	13
RH and DDR in Cote d’Ivoire.....	13
UNMIL - Liberia assessment	13
WHO SEARO program discussions	13
Migration in Central Asia.....	14
Field assessment and coordination.....	14
Tsunami evaluations.....	14
Tsunami Evaluation Coalition.....	15
Declaration of the Hague Process	15
Asia Pacific Health Forum	15
International Diploma in Humanitarian Assistance (IDHA).....	15
Training in disaster management	16
Training UNFPA representatives.....	16
Public Health in Complex Emergencies.....	16
Campus of Excellence in Fuerteventura	16
International Metropolis Conference.....	16

About ICMH

ICMH was established in 1995 in response to a recommendation by an International Technical Expert Meeting that had been held in 1993 and which called for more attention to be given to the subject of migration and health. ICMH was created as an autonomous organization with a mandate for research, training and policy advocacy on migration and its implications for health, healthcare and healthcare systems.

As a non-profit Swiss registered NGO with an international mandate and constituency, ICMH is a UNFPA implementing partner and has been twice designated by WHO as a Collaborating Center for Health Related Issues Among People Displaced by Disasters. ICMH brings to the growing challenge of migration and health a broad body of multi-disciplinary experience in public health, medicine, social sciences, law, medical geography, health economics and political science.



Mission

ICMH believes the right to health must apply to all people, including migrants, refugees, and all other people who find themselves on the move for political, economic or environmental reasons. The work of ICMH is predicated on the belief that in protecting the health and welfare of people on the move, the human security of society in general is strengthened. It also believes that for public health policies and interventions to be effective they must be based on sound evidence drawn from independent research and strategic information derived from field experience. By sharing its knowledge and expertise in the fields of public health and migration, ICMH seeks to make a meaningful contribution to the debate on how countries and the international community should respond in ethical, social and economic sense to public health challenges emerging as a result of contemporary migration.

ICMH Governing Body

ICMH has a membership that brings together a unique body of international and national experience in migration, health and social development. Its Executive Committee, composed of three eminent public health scientists, meets twice a year to guide the work of ICMH and with the General Assembly ensures that ICMH continues to meet the needs of countries and other stakeholders in what has become a rapidly growing area of public health as well as socio-political concern.

Executive Committee



Dr Eamon KELLY

President

Director of the Payson Centre for International Development and Technology Transfer, Tulane University USA and former Chairman of the Board of the National Science Foundation



Dr Mohamed-Lardi ABDELMOUMENE

Vice President

Former Deputy Director General of WHO, former Director of UNWRA, and former Minister of Health of Algeria



Professor Monique BÉGIN

Treasurer

Former Minister of Health and Social Welfare of Canada, Member of the WHO Global Commission on Social Determinants of Health, Professor of Health Sciences, University of Ottawa, Canada

ICMH General Board

Executive Committee Members and:

Dr William BERTRAND, Wisner Professor of Public Health, Payson Centre for International Developments and Technology Transfer, USA

Dr Manuel CARBALLO, Executive Director of ICMH and Professor of Clinical Public Health at the Columbia School of Public Health, USA

Dr Issakha DIALLO, Project Director, Management Sciences for Health, USA, and former Director of the Institut de Santé et Développement, Senegal

Professor Edmond DRAGOTI, Director, Institute of Public Opinion Studies, Tirana, Member of Parliament, Albania

Dr Claude GRISCELLI, Conseiller d'Etat en Service Extraordinaire, Institut Necker, and President of the Wyeth Foundation, France

Dr Rafael HERNAN CONTRERAS, President, Universidad Nueva San Salvador, El Salvador

Dr Ghada KARMI, Fellow of the Royal Institute of International Affairs, Research Fellow at the Institute of Arab and Islamic Studies at the University of Exeter, UK

Mr Kevin LYONETTE, Director, Sustainable Development Services, Switzerland, former UNHCR Regional Director for Central America

Professor Aldo MORRONE, IRCCS San Gallicano, Italy, and Director of Preventive Medicine in Migration, Tourism and Tropical Dermatology

Dr Ndioro NDIAYE, Deputy General Director, IOM, Former Minister for Social Development and former Minister for Women's, Children's and Family Affairs in Senegal. Member of the WHO Global Commission on Social Determinants of Health

Dr Esteban PONT BARCELO, Professor of Didactics and Organization of educational centers of the Department of Applied Pedagogy of the Autonomous University of Barcelona, Spain

Mrs Elenor RICHTER, Programme Coordinator of CWA (Coordination of Women's Advocacy), Switzerland, consultant to UNHCR on human rights, population movement, and gender health

Dr Harald SIEM, Head, International Secretariat, Directorate for Health and Social Affairs, Norway, Secretariat for Baltic Sea States Collaboration on Communicable Disease Control

Letter from the President

As I look back over the past decade of ICMH's life I cannot help but be struck by how much this small organization has contributed to international thinking and action on migration and its implications for health. Over the past ten years ICMH has taken up one of the most pressing public health challenges facing the world and has been able to place it on the agenda of national governments, UN agencies and major NGOs. It has not been an easy task. In its commitment to drawing attention to this theme ICMH has at times met with out-right resistance and/or calculated indifference. It is to the credit of our Executive Director and his staff, the work of the Executive Committee and the General Assembly that ICMH has been able to persevere and succeed.



The Executive Committee and the General Assembly of ICMH has purposely kept ICMH small, consistently seeking to make it as cost-efficient as possible and freeing the research, training and advocacy role of ICMH from any undue administrative load. I believe experience has proved that this was a worthwhile aim and I am delighted to see how well ICMH has been able to work alongside the major humanitarian and public health agencies many times its size, as an effective and at times as a leading partner.

In taking up the migration and health themes that it has worked on, ICMH has tried to explore the interface between the many facets of human mobility and public and clinical health. It has explored the forced movement of refugees and internally displaced people and provided important insights into how this affects family life and health from a physical and psychosocial perspective. In taking up the question of labour-related migration ICMH has focused on the complex interaction between migration policies, social insertion, access to health care services, and health. Most recently it is leading the way on how the process of migration may be affecting the onset of chronic diseases and the capacity of people to manage them effectively.

The network of researchers, policy makers, and national and international institutions ICMH has created has grown in concert with its ambitious research, training and advocacy agenda. This network now extends throughout Africa, Asia and North America and is indicative of how the non-governmental sector working in collaboration with governments, international organizations and universities can help define the international and national agenda on health and social development. As we look ahead to the twenty-first century and the United Nations Millennium Development Goals, I hope ICMH will continue to be able to contribute to a world in which equity in health becomes a fact and not simply a dream.

Dr Eamon Kelly

Letter from the Executive Director



AS we celebrate the tenth anniversary of ICMH I realise how quickly the first ten years have gone by and how much we have achieved. I remember returning from Sarajevo where I had represented WHO during the war and being asked if I would be interested in coordinating ICMH. At that time ICMH was a virtual organisation; it had statutes but that was about all. There were no funds, no staff and only borrowed offices. And despite the recommendation of a 1993 International Technical Expert Committee that had been convened by Harald Siem at IOM and Hans Stalder at the University of Geneva Medical School, the topic of migration and health had not yet caught the attention of the donor community at large. My secondment from WHO followed by UNFPA's funding of a project to analyze pregnancy outcome data collected during the siege of Sarajevo made it possible to begin the work of ICMH and marked the beginning of a fruitful collaboration with WHO and UNFPA.

Looking back to those days I realise that although the international community was not oblivious to the growing phenomenon of migration in general, it was still far more caught up in the movement of refugees and internally displaced people. Both these, especially in the case of the Balkans and Sub Saharan Africa had become vivid reminders of the fragility of society and the precariousness of life for millions of people caught up by war. The health implications of so-called voluntary migration, however, were not on the radar screen of governments or international agencies, and even in the case of forced migration there was still a profound ignorance about many of its longer-term and complex health implications.

ICMH's work on pregnancy outcomes in situations of war and siege nevertheless caught the attention of donors and our report on Sarajevo was followed by a request from the Government of Italy that we analyse how the Balkan war had affected the health and welfare of elderly people. This then led to a much larger project financed by the European Commission Humanitarian Office (ECHO) to assess the health and social status of people who had been internally displaced in Bosnia. The project was undertaken by ICMH on behalf of WHO as well as ECHO, and our report went on to become a landmark analysis and a source for extrapolation to other situations. It attracted the interest of the European Commission General Directorate for Public Health which requested ICMH to undertake an in-depth analysis of how migration in EU was affecting health and healthcare. At much the same time, the European Commission also provided support to undertake an exploratory study of drug abuse among children of migrants in six European cities, a study that highlighted the precarious nature of life for children of migrants.

Together with WHO's Division of Emergency Health Action (EHA) and its office for Medical Services, ICMH also took up the question of the health and welfare of field staff working in humanitarian action situations, and found a situation that called for urgent action. Over the years that followed this became a core component of all our training and advocacy.

In the latter part of the 1990s we were also asked to focus more on migration and HIV/AIDS, and with support from DFID, ICMH took up the issue of human security and HIV/AIDS in settings of mass displacement and our work began to shed light on the important interface between human behaviour in settings of disorganization and forced displacement, and provided a basis for looking at the situation in the many conflicts at that time. Work with DFID led to USAID and Tulane University's Payson Centre for International Development and Technology Transfer asking us to collaborate on broader human security aspects of forced migration and HIV/AIDS. Then with support from USAID in Malawi ICMH addressed the question HIV/AIDS orphans in Malawi where anecdotal reports suggested that children were beginning to move around the country in search of relatives and/or institutionalised care. Our work on HIV/AIDS also drew attention to post-conflict challenges and in 1999 we took up the reinsertion of demobilized ex-combatants and its possible implications for HIV/AIDS.

From HIV/AIDS to reproductive health in general was a logical move, and in the early part of 2002 ICMH began to focus on reproductive health in conflict settings with special reference to the health and welfare of displaced women. Our work on this theme fed into initiatives being started by the Humanitarian Response Unit in UNFPA and by UNIFEM, WHO and UNICEF. Our work highlighted the growing problem, or at least the growing awareness of the problem, of sexual violence in situations of forced displacement and its longer-term impact on family life as well as the health of women. While building on our earlier work in Bosnia, our work in Rwanda, Sierra Leone and DRC on women's health began to take a much broader perspective look at other related themes, including the implications for sexually transmitted infections, including HIV/AIDS. From the perspective of human rights, sexual violence went on to become a key concern for ICMH, and together with WHO we published a report on health and human rights with special reference to mobile populations. This led to us being asked by a number of UN organizations to assess how internal migration in Albania might be affecting family life and health and introducing new challenges to the human rights of women and children. In the same period we were asked to address the question of how another highly mobile population, namely international peacekeepers, are being affected by deployment and possible exposure to new diseases threats. Our work in this area, especially in Sierra Leone and DRC has been instrumental in drawing attention not only to the needs of peacekeepers, but also the role they could and should play in the broader health protection of the constituencies they are serving.

Throughout this time ICMH had consistently tried to draw attention to the theme of social insertion of migrants and in 2003 Professor Unger, Conseiller d'Etat for the Canton of Geneva, asked us to study the situation in Geneva, and ascertain if and

how social insertion was interacting with access to and use of health care and social services. The report prepared by ICMH sparked renewed interest in the question of equity in health and the theme of the Geneva project was taken up by a number of municipal authorities in Canada, Italy, Norway, Spain and the USA. In Norway and the USA what became known as the "Geneva Project" is now being replicated in Somerville, Massachusetts by Tufts University and in Oslo, Norway, by NAKMI.

By 2001, ICMH was also being asked by UN agencies to help in making rapid field assessments of the impact of war and natural disasters on forced displacement and propose response strategies. In 2003 ICMH was asked by UNOCHA and UNFPA to assess the situation in Iraq and our report highlighted the extent to which the health of people there has been affected not only by the Iraq-Iran war and then the Gulf war, but also by the embargo that had followed. Shortly after this we were asked to assess the health situation in the occupied Palestinian territories, and our report was followed by a second request to focus on reproductive and family health there.

Over the past ten years the seemingly growing frequency and certainly scope of natural disasters has led to ICMH being asked to look at forced displacement in the wake of earthquakes, floods and other natural incidents affects health and health care systems. In Afghanistan and Iran ICMH was also asked to prepare national disaster preparedness plans that addressed reproductive health issues in the case of both displaced and non-displaced people. Then when the South East Asia Tsunami occurred in December 2004, ICMH was called on to play a slightly expanded role, not only assessing the situation but also formulating and coordinating humanitarian relief responses in the Maldives. Later and in collaboration with WHO, ICMH went on to evaluate what lessons had been learned from the tsunami tragedy and how humanitarian relief responses had been organized in response to the health needs of the hundreds of thousands of people who were displaced.

At the end of 2005 ICMH embarked on a new area of work, building on its 1998 analysis of the impact of migration on health in the European Union in 1998 which had highlighted the emerging importance of non-communicable diseases. In taking a decision to address this theme, ICMH accepted the responsibility of advocating for an area of public and clinical health that until then had received scant attention but which according to our initial observations already constituted a major problem. It was with this concern in mind that ICMH began to work on questions of diabetes, cardiovascular diseases and cancer in the context of migration, and we hope we will be able to draw attention by the public and industry as well as health policy makers and staff to a fast emerging problem, namely the association between migration and major chronic diseases and their management.

Education and training has become an equally key part of ICMH's portfolio and in close collaboration with partners such as Columbia University's Mailman School of Public Health, Tulane University School of Public Health, Geneva University, the American University of Beirut, the Campus of Excellence in the Canary Islands, and Fordham University, ICMH has helped to organize courses on the implications of migration, including forced migration, for public health. ICMH has also developed

a thriving internship program that now attracts more than twenty students a year from universities around the world. This latter initiative reflects our commitment to migration and health management. We believe that only by strengthening national capacities will we collectively be able to address the challenge presented by a world whose demography is changing so fast.

In the area of policy formulation and advocacy ICMH's has developed relationships with a number of international organisations and governments to promote greater attention to the theme of migration and health and identify ways of intervening to prevent or at least mitigate many of the adverse outcomes that we have seen in the past. Over the past ten years we have worked closely with UN agencies such as WHO, UNFPA, UNICEF and UNOCHA and with national partners in Africa, Asia, Europe and North America to push the theme of health promotion and protection in the context of population mobility. ICMH was also a founding member of what has become known as the Hague Process that has brought together government policy makers, scientists and international organisations to debate the future of migration. The report of this process was presented to the Secretary General of the UN in 2005 at a major meeting in the Peace Palace of the Hague. During the same time period of the past ten years, ICMH also entered into formal relations with major research institutions in Italy, Spain and the USA, and worked with many others on an ad hoc basis.

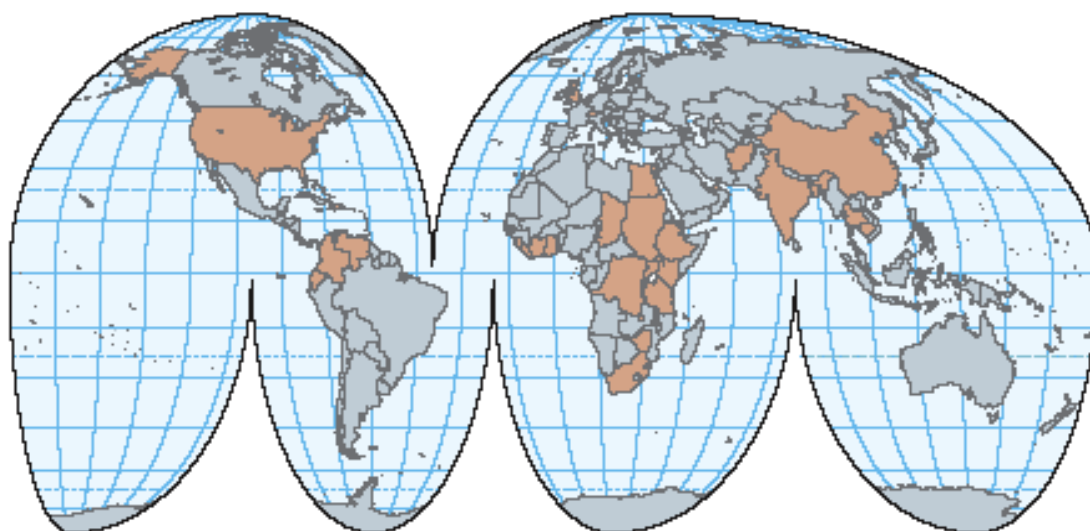
Throughout the first ten years of its work, ICMH has produced over forty reports that have been taken up by a broad audience, and has seen fifteen of its scientific publications published in peer-reviewed journals. We have participated in over 150 international scientific meetings and made more than 100 presentations, many of which were key-note addresses. In doing so I believe we have helped place ICMH as well as the theme of migration and its health implications at the centre of the international scientific debate, and moved towards ensuring better health for all.

None of our work over this period would have been possible without the support of the Canton of Geneva and the Commune of Vernier, where we have been located since 1998. We are also proud to have been twice designated a WHO Collaborating Centre and we are immensely grateful to WHO for the technical collaboration we have had with it in Geneva and in its Regional Offices. Similarly, our relationship with UNFPA has been technically very important and we have gained immensely from our collaboration with UNFPA HQ and field offices. The personnel of ICMH, many of whom have gone on to other posts, have seen and lived through turbulent as well as the many good and productive years, and have been a hallmark of our progress. ICMH has also been fortunate to have such a visionary and supportive Executive Committee and General Assembly: Without them ICMH would have not been able to move in the way it has.

Dr Manuel Carballo

ICMH IN 2004-2005

By the end of 2005 ICMH had been technically involved with more than fifty countries in four of the WHO regions (ICMH follows the WHO regional classification) and was beginning to work in a fifth.



Afganistán
Albania
Benin
Bosnia and Herzegovina
Canada

China
Congo, Democratic Republic
Côte d'Ivoire
Croatia
Egypt
Greece
Spain
Italy
Iran
Iraq
India
Indonesia

Lebanon
Liberia
Maldives
Morocco
Netherlands
Norway
Palestinian territories

Sierra Leone
Somalia
Sri Lanka

Sudan
Switzerland

Taiwan
Thailand
USA

RESEARCH AND DEVELOPMENT

Reproductive Health in Palestine

Following on from its work with OCHA on the Consolidated Appeal Process for people in the occupied Palestinian territories (oPt), ICMH and UNFPA collaborated on an in-depth analysis of the reproductive health situation in the oPt that found major and possibly growing health-related problems, and highlighted how the growing poverty in which most families are living is affecting reproductive health in particular. The study also highlighted the extent to which curfews, closures and check-points are negatively influencing the access refugees and others have to healthcare.



www.palestinemonitor.org

Social insertion and access to health and social services



2004 saw the publication of ICMH's report on how the social insertion of migrants, refugees and asylum seekers in Geneva interfaces with their access and use of health and social services. The project, which had been requested by the Canton of Geneva and funded by a variety of local donors, pointed out how much perceived and real access to health and social services is influenced by social insertion and vice-versa. It also highlighted the contradictions that are emerging between how new-comers to cities such as Geneva perceive their relationship with health related personnel and how health personnel in turn believe they are able to serve migrants, refugees and asylum seekers. The report proposed a number of steps that could be taken in response to the emerging dilemma and a number of presentations were made to local government officials and professional organizations during the course of 2004 and early 2005. The project has attracted interest from a number of other municipalities around the world including cities in Argentina, Australia, Canada, Italy, France, Norway, Portugal, Spain and the USA, and the project is being replicated in Norway and the USA.

Global Commission on International Migration (GCIM)

In 2004, ICMH was asked to contribute a chapter to the report being prepared by the Global Commission on International Migration (GCIM). The chapter addressed the role of migration in determining the health status not only of migrants, but also host populations, and highlighted the fact that migration is taking many forms and not all types of migration are prompting the same health problems. The decision to establish a Global Commission on International Migration was indicative of the importance being given to this issue; the decision to request ICMH to participate in the initiative was indicative of the increasing recognition of ICMH as a key player.

AIDS awareness among school children in China

With support from municipal authorities in China, ICMH undertook a survey of HIV/AIDS awareness among the children of migrants in high schools in Beijing. The pilot study was called for in response to the growing concern by Chinese authorities that the massive and still accelerating migration from rural areas to the major cities is creating a population whose knowledge about major health threats may be very different from that of local people. The study not only highlighted major gaps in migrant students' knowledge and awareness about HIV/AIDS, but also pointed to almost equivalent lack of information and knowledge among school instructors.



Shenyang China – technical assistance HIV/AIDS

The study of migrant school children in Beijing and the discussions that followed were soon taken up by the municipal authorities of Shenyang and ICMH was asked to help develop a school-wide program of HIV/AIDS awareness for high school students. ICMH was also invited to participate in the inauguration of the program which was attended by UNESCO and other UN agencies as well as authorities from Shenyang.



Iran

Iran is routinely challenged by natural disasters of which the Bam earthquake remains the better known. In 2004 ICMH was asked by UNFPA and the national authorities to develop a disaster preparedness plan that would take into account the impact of disasters on reproductive health and reproductive health care services in the more disaster prone areas of the country.

Ethiopia – San Gallicano-ICMH assessment

ICMH participated in a site assessment with the San Gallicano Hospital in Rome, which has an on-going relationship with health authorities in the Tigray region of Ethiopia. The Tigray region is experiencing considerable in-migration from other parts of the country and from within the province itself. The demand on hospitals in the region is growing because many migrants are presenting health problems more typical of other parts of the country. To date the San Gallicano Hospital has focused on dermatological problems and STIs, but with ICMH is beginning to address malaria and other tropical diseases.



RH and DDR in Cote d'Ivoire



The much attended cessation of hostilities in Cote d'Ivoire will be followed almost immediately by a bi-party process of disarmament, demobilization, reinsertion and rehabilitation (DDRR). Building on ICMH's work in Sierra Leone and policy paper on DDRR, ICMH was asked by UN agencies to help prepare a number of DDRR scenarios that would include reproductive health themes and in particular, HIV/AIDS testing and counselling.

UNMIL - Liberia assessment

At the request of UN agencies and UNDPKO in particular, ICMH met with senior peacekeeping personnel to review the HIV/AIDS situation in Liberia and risks this might represent for UNMIL staff. Major problems of early diagnosis and reporting of HIV in military personnel coming from some Sub Saharan countries were seen and reported, and it is anticipated that ICMH will be asked to take this theme up in 2006 together with UN agencies such as WHO and UNFPA.

WHO SEARO program discussions

Following ICMH activities in the South East Asia tsunami, a number of evaluation and program discussions were initiated at the request of WHO SEARO and at the end of 2005 a review of the situation was presented by ICMH at the WHO SEARO meeting of country representatives in Bali. Discussions are expected to continue into 2006 and ICMH will continue to work with WHO SEARO on development and reform of the current Emergency Humanitarian Action program.

Migration in Central Asia



Source : www.frontiers.org.uk

In 2005, ICMH undertook a project on behalf of UNICEF to examine migration in Central Asia and its implications for children and women. While migration has always been a part of life in many parts of Central Asia, growing poverty in the region is pushing many adults to seek work in parts of Europe, and especially in Russia and Western Europe. The implications of this have been many and in particular the extent to which children and women are being left behind when men leave has become a major source of concern. ICMH found that not only are families being split up by the emerging nature of the migration in the region, but the welfare of children is being affected in many ways. The number of children

“on the street” has increased and there is growing evidence of child criminality and homelessness. The report, *Migration in Central Asia and its Possible Implications for Women and Children*, has become a basis for new research and policy work and UNICEF has used the report to guide some of its new work in the region

Field assessment and coordination

The very first days of 2005 saw ICMH called on to undertake a series of rapid field assessments of the situation in the areas affected by the Indian Ocean Tsunami of 26 December 2004 that claimed an estimated 180,000 lives and displaced more than 1.6 million people. In close coordination with UNFPA and WHO, ICMH went on to help plan and coordinate Sri Lanka’s part of the UN response to the disaster in Sri Lanka and the Maldives. ICMH was responsible for determining what impact the Tsunami had on reproductive health itself and also the reproductive health facilities designed to support them.



Tsunami evaluations



In view of the magnitude of the disaster and the response to it, a number of donor countries and NGOs indicated an interest in learning from the event and called for in-depth evaluations of the response process. With a grant from TaiwanIHA, a non-governmental organisation, ICMH undertook a series of field studies and meetings that brought together senior national staff who had been involved in

the response to the disaster. Meetings were held in the Maldives in close collaboration with the Ministry of Health, WHO and UNFPA. The ensuing report has been used by WHO SEARO and a number of the governments in the region.

Tsunami Evaluation Coalition

In the second half of 2005 ICMH was asked by WHO to help coordinate its involvement in the Tsunami Evaluation Coalition, a major undertaking sponsored by a number of donor countries. The WHO-ICMH part of the task was headed by Dr Claude de Ville two other consultants and involved visits and interviews with key people representing government, the NGO sector, WHO and other UN agencies in the affected countries. It focused on the way and extent to which decisions taken in responding to the Tsunami had used the needs assessments that were made.

MEETINGS AND TRAINING

Declaration of the Hague Process

In 2005 ICMH continued to participate actively in the Hague Process meetings of which it was a founding member and which culminated in the Declaration of the Hague on the Future of Refugee and Migration Policy which was presented to Mr Kofi Anan, UN Secretary General at a special meeting in The Hague. The intention is for the Declaration to be used by the UN in defining its strategy on migration in the coming years. The Hague process and the work of the GCIM will be closely linked and ICMH will be called on in 2006 to further facilitate the process.

Asia Pacific Health Forum

ICMH was invited to make a key-note speech on how natural disasters affect public health and public health systems, at the Asia Pacific Health Forum, a conference organised by the Asia Pacific Consortium for Public Health. The annual conference brings together universities, schools of public health and health authorities to review new information in the area of public health in the Asia Pacific region.

International Diploma in Humanitarian Assistance (IDHA)

In June 2004 and 2005, ICMH was responsible for training courses organised by Fordham University in New York as part of its IDHA program. The courses were attended by professionals working with NGOs and UN humanitarian agencies in the area of disaster relief. ICMH also assisted in the organisation of a similar IDHA course hosted by the Ministry of Health in Cairo in the latter part of 2005.

Training in disaster management

ICMH was invited by the Ministry of Health, UNFPA and WHO to organize a series of training courses for community health workers (CHWs) in the Maldives on disaster management and the role of CHWs within the Ministry of Health recovery program. The courses were especially important because the Tsunami had brought out a number of deficiencies in the way in which health services are organized and the role that different health professionals are currently playing. The post-Tsunami activities offer a unique opportunity to review past practices and explore new and innovative strategies for the health system in Maldives.

Training UNFPA representatives

2005 saw UNFPA begin a series of training programs for its country representatives and ICMH was asked to develop a component that addressed the changing nature of health in the context of man-made and natural disasters with special reference to displacement and forced migration. ICMH participated in three of the courses in New York and also prepared a training outline for UNFPA representatives.

Public Health in Complex Emergencies

As in the past, ICMH gave two course modules of the Public Health in Complex Emergencies (PHCE) training program, specifically on reproductive health and psychosocial issues. In 2004 and 2005 courses were held in Uganda and Lebanon and in the latter site, ICMH was also responsible in 2005 for helping to assess what steps can be taken to reduce the disease burden of Palestinian refugees in Lebanon.

Campus of Excellence in Fuerteventura

As part of the 2005 Campus of Excellence in the Canary Islands, which brought together 15 Nobel Prize winners and over 100 other participants, ICMH participated in a series of forums on migration, chemistry, physics, medicine, economy, new technologies and environmental studies. The ICMH presentations were oriented to the situation in Spain but given the multi-national nature of the audience a series of smaller discussions were organized for people from other parts of the world.

International Metropolis Conference

The International Metropolis Conference in 2005 was the largest annual gathering of experts in the fields of migration and human diversity in the world, and provided researchers, policymakers, international organisations and NGOs from all over the globe with the opportunity to identify research and policy gaps, compare international experiences, and build the Metropolis network. ICMH organized two workshops at the Conference.



INTERNATIONAL CENTRE FOR MIGRATION AND HEALTH

www.icmh.ch

Geneva

11, Route du Nant d'Avril
CH - 1214 Geneva
Switzerland
Tel: (41 22) 783 10 80
Fax: (41 22) 783 10 87
Email: admin@icmh.ch

Nairobi

Development Solutions for Africa
Kirchwa Lane No.3
P O Box 19911
Nairobi
Kenya
Tel: (254 2) 564 612
Fax: (254 2) 567 514

Rome

IRCCS – "L. Spallanzani"
Via Portuense 292
00149 Roma, Italy
Tel: (39 6) 559 4223
Fax: (39 6) 559 4224

Sarajevo

c/o Faculty of Medicine
University of Sarajevo
Bolnicka 5
71000 Sarajevo
Bosnia and Herzegovina
Tel: (387 71) 651 120
Fax: (387 71) 651 120

