

ICMH

2006 ANNUAL REPORT



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2007

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ABOUT ICMH

ICMH was established in 1995 following an International Expert Meeting held in 1993 that had called for urgent attention to be given to the theme of migration and its implications for health. ICMH was set up with a mandate for research, training and policy advocacy on all aspects of migration and health, healthcare and healthcare systems. Today ICMH works with governments, international agencies and NGOs the world over and has been twice designated by WHO as a Collaborating Centre and a UNFPA implementing partner.



ICMH Offices Geneva

ICMH 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 whether it be for political, economic or environmental reasons. The work of ICMH is furthermore predicated on the belief that in protecting the health and welfare of people on the move, the human security as well as the welfare of society in general is strengthened.



M. Carballo

ICMH brings to the 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.

THE ICMH BOARD

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, USA and former Chairman of the Board of the US National Science Foundation

Dr Mohamed Abdelmoumène

Vice President

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



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

ICMH General Board

Dr William Bertrand

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

Dr Rafael Hernan Contreras

President, Universidad Nueva San Salvador , El Salvador

Dr Manuel Carballo

Executive Director for International Centre for Migration and Health and Professor of Clinical Public Health at the Columbia School of Public Health

Dr Issakha Diallo

Project Director, Management Sciences for Health (MSH), Former Director of the Institut de Santé et Developpment in Senegal

Professor Edmond Dragoti

Director, Institute of Public Opinion Studies, Tirana, and Member of Parliament, Albania

Dr Claude Griscelli

Former Director Necker Hospital Paris, Conseiller d'Etat en Service Extraordinaire, President of the Wyeth Foundation France

Dr Ghada Karmi

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

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 Diabetics 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), long term consultant to UNHCR on human rights, population movement, and gender health

Dr Harald Siem

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

Letter from the President

In 2005 the city of New Orleans where I live was hit by one of the worst hurricanes in its history. There was massive loss of life and hundreds of thousands of people lost their homes and were evacuated or fled to other parts of the country. Today has still been difficult if not impossible for many of those people to return. In most cases they lost everything they owned and their lives have been changed for ever. Katrina and its aftermath was a reminder that forced displacement of people is not restricted to any part of the world. In one way or another we are all at risk and understanding the dynamics of forced migration is essential if we are to be able to prepare, prevent and mitigate its effects.



Seeing the aftermath of the Katrina disaster I have been repeatedly reminded of the importance of the work that ICMH does. The knowledge base and the training and advocacy that ICMH is responsible for and in which it is investing so much time and energy is as essential today to the United States of America as it is to Darfur, and as important for Europe as it is for Central America. Today migration including forced migration must be on everyone's agenda and given high priority.

A decade or so ago when ICMH was established, the subject of migration and its health impact was still a relatively ignored subject and poorly understood. Today I am proud that ICMH has been so instrumental in helping to get this issue on the agenda of so many countries and international agencies. ICMH's impact on the international scene has been extraordinary. Now as we move further forward with ICMH I believe we will be in an even greater position to effect major changes at the global as well as the national level in terms of how people perceive, understand and respond to migration as a determinant of health. The fact that ICMH has recently been asked to prepare two major international meetings in 2007, one on the occasion of the European Union Portuguese Presidency and another on the occasion of the European Council's collaboration with Slovakia to examine the future of migration and its implications for health and human rights is testimony to what we have already achieved and what we can do.

As we move into 2007 I look forward to seeing the effectiveness of ICMH being strengthened and even more recognized than it already is. Migration, be it forced or voluntary, has become a core feature of modern society in ways and to an extent that it never was before. ICMH must continue to play a key role in getting politicians, academicians, the public, industry and others to understand how best to deal with it constructively and in a way that protects the health and human rights of everyone.

Letter from the Executive Director



2006 was a year in which international interest in migration and health grew significantly. It was also a year in which ICMH saw its contribution to the field of migration and health recognized more than ever before by governments, the UN and national and international research institutions and NGOs.

Organizations such as the European Union working with Portugal on the Portuguese Presidency in 2007, and the Council of Europe working with Slovakia both chose to invite ICMH to help in the organization of major regional conference on migration and health and also on population movement and human rights.

In many parts of the world, however, 2006 was unfortunately another turbulent year with respect to natural and man-made disasters. Despite the fact that the number of countries at war fell, hundreds of thousands of people were nevertheless forced from their homes by a mix of earthquakes, floods, droughts and conflicts of one kind or another. In some of them the social and economic development of the countries concerned was violently set back, but in all of them the health and welfare of people was seriously challenged. No where was this more the case of with the millions who were forced to flee.

At the same time a hardening of attitudes and policies on migration has continued to make the process of uprooting, leaving families and friends behind more challenging than ever for the mental and physical health of migrants. For despite the growing need for new human resources to compensate for aging populations in post-industrial countries and the emerging demand for workers from service industries and new areas of technology, the resistance to migrants is making their social insertion and quality of life more precarious. And just as in all walks of life it is the health of the poor trying to flee chronic poverty and seek opportunities elsewhere that is being the most seriously affected. Illegal migration and trafficking are ways in which people are responding to the barriers being raised and in some parts of the world the number of people resorting to these forms of movement is beginning to surpass documented migrant flows and introduce more complex health and health care challenges.

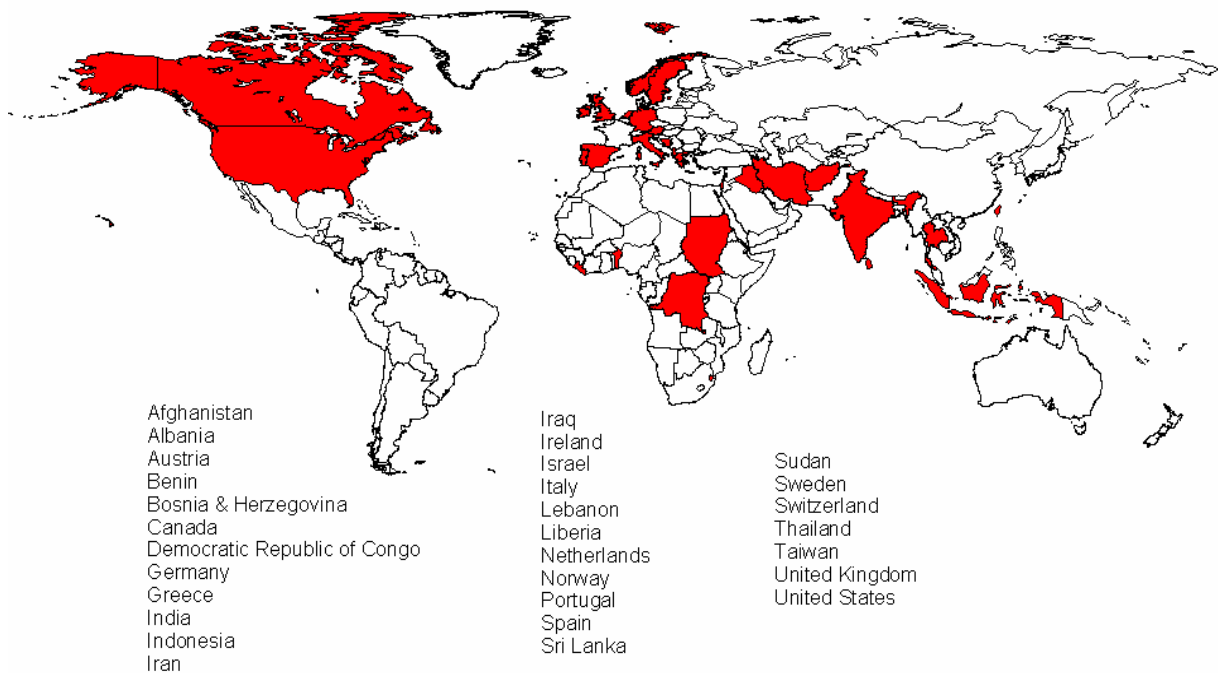
How the changing social and political environment surrounding migration will affect patterns of health and the need for health care in the countries they live and work in remains to be seen. In 2006, ICMH continued to be actively involved in analysing the phenomenon and drawing the attention of governments to its significance not only for migrants but also for the health development of host and sending countries. As part of this, ICMH took up themes that have not been typically viewed as related to migration. A major international survey of diabetes in migrant populations was started and issues such as gender based violence, female genital mutilation and health of women began to be addressed through inter-country studies. ICMH also began a major initiative on the subject of AIDS in post-conflict transition to reconstruction and return-migration.

Within ICMH 2006 saw important staff developments. Some junior staff left to continue their studies and three senior researchers joined the organization as part of new projects on reproductive health, HIV/AIDS, oral health and tropical diseases. At the same time the ICMH internship program grew considerably and a number of new agreements were started with universities in Africa, Europe, the Middle East and North America. During 2006 ICMH also began to explore working relationships with the private sector and in the case of diabetes and migration considerable headway was made in defining joint areas of interest and resource support.

ICMH IN 2006

With a presence spanning every continent, ICMH is better positioned than ever to help respond to the growing challenge of migration and its implications for the health of those who move, those who are left behind and those who migrants come into contact with. Through its network of scientists and research and training institutions ICMH is actively sharing its knowledge and experience in the field of migration and health with governments, UN agencies and NGO's.

Countries of ICMH activity 2006



Research and development

In 2006 ICMH research and development activities covered a broader expanse of issues than any other year and a important new partnerships were developed with donor organizations and organizations working in health development in Africa, Asia, Europe and the Americas. In some of these partnerships ICMH was able to introduce questions on migration and health that had not been previously considered by the organizations concerned and we believe this has been of benefit to everyone concerned, not least the constituency we were set up to serve.

Return of refugees and internally displaced people in South Sudan

In 2006, ICMH was asked to assess the reproductive health situation of displaced people in South Sudan and the services available to them. ICMH found a major deficit of all types of health services and a situation in which the accelerating return of refugees and internally displaced people is beginning to pose even greater threats to the reproductive health and welfare of the people in the region. In an area of approximately 2,505,810 square kilometres where to date much of the health care service load has been borne by international NGOs, neither they nor national and regional authorities are finding it possible to maintain pace with the growing health care needs and demands of the population. ICMH's report proposed a series of steps that could be taken to improve the reproductive health as well as health in general in the region.



emergency obstetric care transport , South Sudan

Peacekeeping and reproductive health

The growing contribution by countries and the UN to peacekeeping activities in conflict and post-conflict settings is testimony to the willingness of the international community to help people everywhere to recover from man-made disasters and move into a phase of reconstruction and development. The presence of peacekeepers, while not without potential dangers for health and well being, also presents a unique opportunity for strengthening the health development process of the countries. In 2006, ICMH was asked to build on its earlier work with peacekeeping forces in



www.dfait-maeci.gc.ca

Sierra Leone and develop a conceptual framework and plan of action for the possible use of peacekeepers in the area of reproductive health, including the prevention of HIV/AIDS and gender based violence. The ICMH report was presented to donors and a number of governments and led to a request for ICMH to assist the UN in the DRC where years of conflict and social disorganisation have contributed to a virtual epidemic of sexual violence.

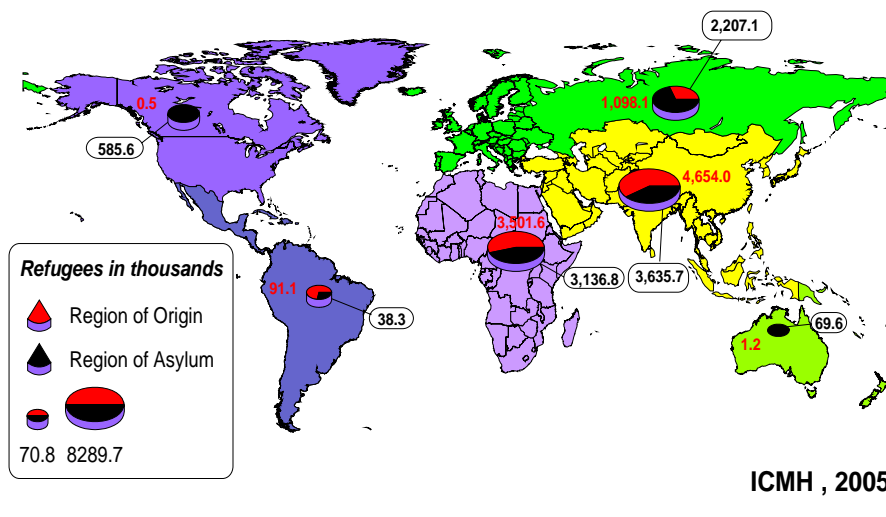
Refugees, internally displaced people and reproductive health services

Knowing where and how to allocate reproductive health care resources for refugees and internally displaced people can be difficult for donors and humanitarian relief organizations. Refugees and internally displaced people are not a static group; their numbers fluctuate regularly as conflicts intensify or wane. The task of providing them with relevant health care services can also be made difficult by the different cultures and societies they come from. In 2006 ICMH was asked to begin a mapping of what reproductive health care services are currently being made available to them. As a first step, ICMH took up the situation in Sub Saharan Africa but as the project proceeds other regions of the world will be covered.



www.unfpa.org

Global Refugees by Region of Origin and Region of Asylum, 2003



Social epidemiology of migration and diabetes

Although migration has often been felt to be primarily associated with communicable disease problems, the reality is one in which migrants appear to be highly vulnerable to chronic diseases such as diabetes and cardiovascular problems. For a variety of reasons that have been previously explored by ICMH in its work with the European Union and the Canton of Geneva, the situation is complicated because migrants do



Migration & Diabetes principal investigators meeting Geneva May 2006

not always use health care services effectively. In 2006 ICMH began a major survey of diabetes and migration in twelve European countries and Canada looking at the ways in which migrants who have been diagnosed with diabetes interact with and are able to benefit from the health care systems of countries hosting them. The aim of the study is to provide the data needed to improve the design of diabetes out-reach services so that they can meet the unique needs of migrants and others who also fall outside the mainstream of society.

Advocating for attention to diabetes in migrant populations

As part of its growing contribution to this field of health development, ICMH was invited to give a keynote address on the subject of migration and diabetes at the International Diabetes Foundation Conference in South Africa in 2006. As part of its advocacy for more attention to be given to the theme of migration and diabetes, ICMH also published a number of articles in Diabetes Voice and other diabetes-related journals calling for more attention to the problem.



AIDS, Security and Conflict Initiative

In what ways the spread of HIV/AIDS is influenced by the destabilisation and chaos associated with political insecurity, conflict and post-conflict transition has become a pressing question for international health policy makers and planners. Because this has been especially pronounced in some of the same countries that in recent years have been confronted by conflicts of one kind or another, concern has been expressed that there might be a link. In 2006 two major research organisations, the Social Science Research Council in New York and the Clingendael Institute in the Hague, set out to address this theme with the support of key donors, and invited ICMH to lead one of the three research themes in the initiative, namely HIV/AIDS in post-conflict transition. ICMH has now developed and is coordinating research in six of the countries that have been invited to participate, namely Bosnia, Cambodia, Democratic Republic of Congo, East Timor, Haiti and Liberia.

Portuguese European Presidency 2007

In the second half of 2007 Portugal will assume the Presidency of the European Union and together with the EU it has selected migration and health as the key theme for its term. ICMH was invited by the Ministry of Health of Portugal and the EU to prepare one of the background papers and assist in organizing the meeting that will bring all the EU Member States together to discuss the theme. ICMH staff has already started meeting with the partners involved in this initiative in Luxemburg under the auspices of the EU and in Lisbon under the auspices of the Ministry of Health of Portugal.



Council of Europe and Slovakia

Coinciding with, and building on, the Portuguese Presidency of the EU, the Council of Europe and the Government of Slovakia are also planning to take up the theme of population movement and health but this time from a more human rights perspective. ICMH has been asked to assist the Council of Europe and Slovakia in this important initiative and in 2006 it began to meet with both partners to review how best it could be of assistance in organizing the meeting in late 2007.



HIV/AIDS in DRC

In 2006 ICMH was asked to assist the United Nations in DRC by developing a strategic plan for accelerated integrated action on HIV/AIDS taking into account the conflict and social disorganisation that has characterised DRC and uprooted millions



Refugee camp DRC, M. Carballo

of people over the past twenty years. ICMH held a series of meetings with national government and UN (World Bank, UNAIDS, UNICEF, UNFPA, WHO) agencies in Kinshasa at the end of 2006 and undertook an extensive inventory of the work that has been done to date there on HIV/AIDS. Based on the meetings and the survey, a strategic plan was developed and submitted to the UN. This has been incorporated in the Social Action Plan being implemented by the UN there.

Female Genital Mutilation

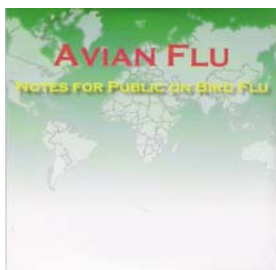
Female Genital Mutilation (FGM) has been widely recognized as a major health and human rights hazard for women. Although the practice has traditionally been restricted to countries outside Europe, the arrival of migrants from countries and cultures that still practice it has meant that many European health care systems are now being faced with some of the health implications resulting from it. Working closely with the San Gallicano Hospital in Rome, ICMH developed a project in 2006 which calls for a European-wide survey of the incidence of problems known to be associated with FGM, how these are being managed, and what health care professionals believe can be done to more effectively prevent and respond to FGM.

Social insertion of migrants and access to health services in Oslo

In 2003 ICMH undertook a major survey of the relationship between access to and use of health care services and the social insertion of migrants, refugees and asylum seekers. Since then a number of countries have made plans to replicate the survey, and in 2006 the city of Oslo began a study using an adapted version of the protocol developed for Geneva. While the influx of migrants to Norway, and Oslo in particular, is far smaller than in the case of Geneva, it has been sufficiently large as to raise questions about how the question of access to health care services as well as social insertion must be addressed.

Avian influenza

The threat of an outbreak of avian influenza in 2006 led to a number of global initiatives. ICMH was asked to address the complex nature of population movement in an outbreak situation, and in particular prepare a simple user-friendly booklet that could be distributed to the public. The booklet was translated into six languages and gave rise to an additional decision to prepare guidelines on the psychosocial implications and management of communities that might be quarantined. These guidelines are currently being reviewed, but will be ready for use in the event any major incident.

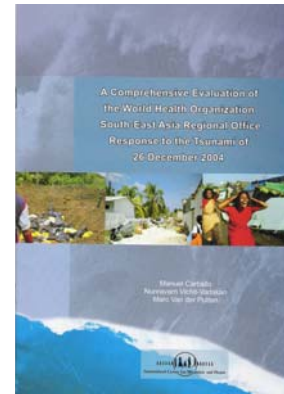


Tsunami Evaluation Coalition (TEC)

The Tsunami Evaluation Coalition was one of the largest attempts ever made to assess the response of governments, UN agencies and humanitarian organizations to a major crisis. ICMH was asked to collaborate with WHO and Swiss Development Corporation in taking up one of the five thematic areas the TEC identified. A three person team led by Dr Claude de Ville de Goyet undertook the ICMH component of the evaluation, visiting Tsunami affected countries and meeting with key UN and NGO partners in the field and in their headquarters offices. The report of the evaluation has been the basis of a number of major meetings and workshops, and has been given wide circulation to countries, donor agencies and relief organizations.

SEARO Tsunami response

As part of a move to strengthen WHO's capacity in responding to humanitarian crises, ICMH was asked to undertake an evaluation of how WHO's South East Asia Regional Office (SEARO) had addressed the Tsunami that ravaged so many of the coastal areas of its member states. Working with the School of Public Health of Thammasat University in Thailand ICMH developed a project that involved visits to all the affected areas and meetings with WHO staff in the countries concerned and the SEARO office in Delhi. The report of the evaluation highlighted the highly successful manner in which SEARO was able to rise to the challenge and has been used by SEARO as part of its strengthening of its Emergency Humanitarian Action.



Disaster preparedness and reproductive health in Afghanistan

The end of 2006 saw ICMH involved in a major initiative with UNFPA in Afghanistan when ICMH was asked to develop an emergency preparedness plan focusing on reproductive health concerns. Afghanistan is seeing its maternal and health indicators continue to drop to the point that the risk of women dying during or as a result of pregnancy in Afghanistan is among the highest in the world. Because disasters typically erode reproductive health the project focused on promoting and protecting safe motherhood and family planning and together, UNFPA and ICMH developed a plan of action that can be followed by national authorities, donors and UN agencies in Afghanistan. The plan of action includes training of health related personnel, strategic planning of warehousing commodities, transportation (especially emergency transportation), and health sector facility strengthening.



www.un.org

Winterization and drought relief in Afghanistan

ICMH was also asked to help the United Nations in formulating plans to respond to the harsh winter conditions of displaced people in Afghanistan and the need to assist people living in drought affected areas. Morbidity and mortality in Afghanistan is especially high in winter and has also become more pronounced than ever in areas that have been subjected to chronic drought. In the latter case, forced migration to more fertile areas is underway and is presenting new challenges in terms of reproductive health care services in the communities that are receiving migrants from these areas.

Migration and the elderly

ICMH studies in Bosnia during and after the war, and later in Geneva Switzerland highlighted the relatively overlooked plight of the elderly in situations of mobility. In 2006 ICMH advocated for more attention for this poorly understood area of the migration and health nexus, giving special attention to the needs of refugees and migrants who often find themselves unable to easily insert themselves in host countries or return to their countries of origin.



www.wcc-coe.org

Monitoring and evaluation of HIV/AIDS activities

The area of HIV/AIDS has attracted massive contributions from the international community and as we move into the 21st century donors as well as national authorities are interested to know more about emerging trends in HIV/AIDS, vulnerability, special groups of concern and what is being done in different parts of the world to develop evidence based policies and programmes. ICMH was asked by Tulane School of Public Health and Tropical Medicine and UNAIDS to assist in strengthening monitoring and evaluation activities at a country and global level. ICMH will be responsible for training, development of guidelines and in providing technical support to countries.

Training

Strengthening the capacity of countries and organizations to be able to respond to the health-related challenges of forced and voluntary migration continues to be a high priority for ICMH and in the course of 2006 ICMH significantly expanded its training activities in this area.

International Diploma in Humanitarian Assistance (IDHA)

ICMH continued to be responsible for one of the main areas of the International Diploma in Humanitarian Assistance course run by Fordham University in New York, namely the psychosocial impact of disasters. The one-month certificate course, which is offered each year in Geneva and New York, attracts mid-level and senior staff from humanitarian relief organizations and many United Nations agencies.



Manuel Carballo, Lord Owen (IDHA), Mark Cutts (UNHCR)

Public Health in Complex Emergencies (PHCE)

In 1999 working closely with Columbia University, the International Rescue Committee and World Education, ICMH eight year and is now given in many parts of the world, but especially in Uganda with Makerere University and Lebanon with the



American University of Beirut. The course offers a certificate and brings together humanitarian relief and development workers deployed primarily in the two regions, but participants come from many other parts of the world as well. The course has now become a core part of the career development offered to staff by humanitarian agencies and UN agencies. ICMH is responsible for training on reproductive health issues and psychosocial health and well being.

Payson Center for International Development and Technology Transfer

In 2006 ICMH began to work with the Payson Center for International Development and Technology Transfer to organize a course that will be held in Geneva in 2007 hosted and run by ICMH. The course will focus on international development, disasters, migration and health, and the public health response to the emerging needs of countries. The course will be open to undergraduate and graduate students from Tulane and other universities.

Campus of Excellence

Each year for the past five years, the University of Las Palmas in Gran Canaria has organized a summer program that brings together 15 Nobel Laureates and 50 of the best graduate students in Spain. ICMH has been closely involved with the course since its inception, and in 2006 was responsible for lectures on migration and health that were attended by Nobel Laureates and students. In 2007 the course will be open to 50 students from other countries, especially Africa and will focus on development in Africa. ICMH will again present lectures on migration and health, this time with special reference to the situation in Africa.

Multicultural Health Training

Emerging from the ICMH survey on social insertion and access and use of healthcare services, there has been considerable interest in strengthening the capacity of health related personnel to respond to multicultural health needs. In 2006 ICMH took this issue up with the Norwegian Medical Association and with TaiwanIHA and 2007 will see a major initiative in this area bringing expert groups together to develop curricula that take into account social, cultural and epidemiological characteristics of migrants and their interaction with healthcare systems that provide services using different languages and terms of reference to what migrants may be use to.



Scientific Meetings

Over the course of 2006 ICMH was invited to participate in a number of high level governmental dialogues and technical meetings on migration-related issues. ICMH was responsible for a number of key note speeches and technical presentations at these meetings and during the course of 2006 joined UN initiatives designed to improve cooperation and collaboration on health in disasters.

UNFPA Expert Meeting on Female Migrants

The Technical Division of UNFPA identified the changing demography of migration and the growing emphasis on female migration as one of the themes for 2006. A meeting was organized in Marrakech, Morocco that brought together 60 participants from all UNFPA regions. Ministers of Health, Ministers of Social Affairs, and Ministers of Labour attended. ICMH made a keynote presentation, highlighting how women's health, and in particular reproductive health, is being challenged by the conditions under which migration is currently taking place.

UNFPA-IOM High Level Dialogue on Migration

In 2006 UNFPA collaborated with IOM in organizing high level dialogue on migration at the United Nations in New York. ICMH was invited to make a key-note presentation on the subject of migration and how it is affecting women and women's health. The meeting was attended by UN officials and country representatives. The results of the meeting went on to become part of the presentation made to the Secretary General, Mr Koffi Annan, and accompanied the report of the Global Commission on International Migration (GCIM).

UN Water and Sanitation Cluster

As part of its program of improving coordination of activities in response to disasters, the United Nations has established a water and sanitation cluster under the direction of UNICEF. Professor Paul Sherlock, previously of Oxford University and OXFAM, is helping to coordinate this and since ICMH has worked with Professor Sherlock in the Tsunami relief operation, ICMH was invited to participate in the cluster.

UN Health Cluster

Working under the overall leadership of WHO, ICMH became part of the Health Cluster and has been designated to work on the training component of the cluster. ICMH will be responsible with others for developing components of the curriculum and for organizing training sessions for

The Hague Process

ICMH was one of the founding partners of the Hague Process and continues to be engaged in the discussions organized by the Hague Process secretariat in the Hague. During 2006 much of the discussion focused on growing patterns of urbanization and their implications for national development and social integration of newcomers.

Global Forum for Health

ICMH was selected to give a presentation on the dynamics of access to care in migrant populations in Geneva and invited to set up a booth at the Global Health Forum that was held in Geneva. The findings of the ICMH study on social insertion of migrants, refugees and asylum seekers and their access to health care services were presented.



L to R: Dr. Flavio Del Ponte, Swiss Agency for Development & Cooperation (SDC), Ms Fara Ndiaye, ICMH and Ms Chantal Bratschi ICMH

Public Private Partnerships

During 2006, ICMH moved forward on a number of new partnerships, including some with the private sector which have proved mutually positive and have allowed all the partners to contribute to work on migration within the larger framework of health care. ICMH's work in the area of migration and diabetes research and training was made possible by an award from Merck Sharpe and Dohme (MSD) that will allow for a two-phase program of work including development of guidelines and training in 2008 following the research phase. In the same way, backing from NovoNordisk made it possible for ICMH to participate in a number of migration and diabetes advocacy activities, especially the 2006 IDF World Diabetes Congress.



Internship program

The ICMH Global Internship Program in 2006 provides students and faculty who have an interest in the field of international public health with the opportunity to develop the skills and capacities needed to make a positive change in the health situation of migrants. By customizing internships to the academic background and interests of students, ICMH helps train interns and in some cases is also able to provide opportunities for them to develop practical skills in the field. Since it was first started, ICMH has hosted more than 60 interns from 25 countries. In 2006 16 students from 10 countries interned at ICMH for periods ranging from three to six months and in recognition of the role being played by ICMH special agreements were entered into with the Duke University Special Fellows Program and with Kent State University which coordinates interns from many universities in the United States.



2006 ICMH General Assembly

The 2006 ICMH General Assembly was presided by Dr Eamon Kelly, Dr Mohamed Abdelmoumène and Professor Monique Bégin and brought together a large group of donors and interested parties as well as members of the ICMH Board. In addition to looking at the previous years work, the Assembly also reviewed the last 10 years of ICMH, its achievements, the challenges that it has met and the directions that have evolved over the decade since the organization was established. Bringing donors and interested parties to the General Assembly was an innovation that will be repeated in 2007. It helped ICMH create new networks and partnerships that will take it well into 2007 and beyond.



Publications

2006

1. Notes for the Public on Bird Flu, ICMH, April 2006
 2. Migration and Diabetes: The emerging challenge, Carballo M., Siem F., Diabetes Voice, Vol. 51 Issue 2, June 2006
 3. Overview: The challenge of migration and health, Carballo M., Dealing with Difference, NovoNordisk 2006
 4. ICMH Migration and Diabetes Newsletter, July 2006
 5. Impact of the Tsunami on Psychosocial Health and Well-Being, Carballo M., Heal B., Horbaty G., International Review of Psychiatry, No. 18(3), June 2006
 6. Tsunami Evaluation Coalition: The role of needs assessment in the Tsunami response, Joint evaluation of the international response to the Indian Ocean Tsunami
 7. A Comprehensive Evaluation of the World Health Organization South-East Asia Regional Office Response to the Tsunami of 26 December 2004, ICMH
 8. Mapping of Forced Migration and Reproductive Health, Pettersson ICMH
 9. Reproductive Health/Family Planning Service Provision for Returning Populations to South Sudan: Assessment Findings & Recommendations, ICMH
 10. Migration in Central Asia and its Possible Implications for Women and Children, ICMH
 11. Sexual Violence in Conflict and Beyond, Carballo M.
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