

ICMH

2007 ANNUAL REPORT





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2007

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Letter from the President

It is a pleasure for me to write to you all and report that 2007 was a positive and eventful year for ICMH. Indeed, 2007 was so eventful that the Board voted unanimously to broaden ICMH's role and hence scope of our work by adding the term "development" to our name.

There are a number of reasons why we felt the designation International Centre for Migration, Health and Development was called for at this time in the history of the organization. The first was that over the last few years the scope of the work conducted by ICMH has evolved enormously and become more important from a development as well as a purely health perspective.

The second reason, however, was our desire to recognize that it is impossible to speak of health outside a development context. The links that exist between the social environment and health are quite close, and we are slowly beginning to understand how much health and socio-economic development interact with each other. In the absence of health it is difficult to envisage development being sustainable and without development it is difficult to achieve health for all. These principles are espoused in the UN Millennium Development Goals to which ICMH has always been committed, and to which I believe we have already made a contribution and will continue to do so.

Moving forward as the ICMHD, the challenge will be to go well beyond the



traditional confines of health while simultaneously recognizing that our aim is to ensure that health is for everyone, including the millions of people who are on the move.

I do not believe the task will be a simple one. But, in the same way as we have successfully pioneered the idea that health and migration are inextricably linked, so do I think we will be able to make a case for the fact that migration is an indelible part of development.

As we move forward as ICMHD we will continue to work with governments, UN agencies and all other stakeholders to guarantee that health, development and migration is not only possible but begins to be achieved everywhere.

Thank you.

Letter from Executive Director

In 2007 there was a much greater global recognition of the role migration and resettlement plays in defining the health and welfare of migrants no matter where they are.

In the second part of 2007, Portugal took over the European Union Presidency and selected “migration and health” as its theme. In September of that year, the European Union organized a major meeting of governments, UN agencies and NGOs in Lisbon to address the specific issue of health and migration. Two months later, the Council of Europe organized a meeting of ministers on the theme of migration and the rights of the people who move. Both of these meetings constituted major policy steps for Europe and the world in general.

ICMHD was actively involved in both of these activities from their conception to implementation as well as in the reports that came out of them. I believe this was recognition of the pioneering work of ICMHD and its leadership in the migration and health area.

Unfortunately, the fact that these high level conferences were held does not mean that many of the questions and problems surrounding migration, health and development have been resolved. Indeed, governments issued a number of contradictory statements the same year.

In 2007, more than a thousand would-be immigrants died crossing the open seas trying to reach what they thought would be countries offering social acceptance, employment and a better life. Others faced a host of political, legal and social



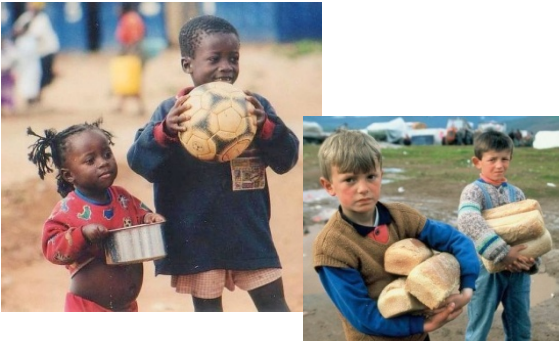
barriers that prevented them from attaining those goals. Migration is never easy nor simple, and much remains to be done if we are to truly understand and be able to enunciate what it is that countries need and can tolerate. Far more remains to be done if we are to fully comprehend the aspirations and needs of people who see migration as the only viable option.

In an environment of rapidly changing demographic, socio-economic, climatic and health conditions, moreover, the pressure on people to re-locate will grow and migration will become an even more challenging issue in the future.

As we move forward, ICMHD remains committed to making migration healthy and socially constructive for everyone concerned, be they the ones who move, the ones they leave behind, or the ones who eventually host migrants. In doing so ICMHD will continue to work with its already established partners and seek new ones where appropriate.

Muel Carullo

ICMHD MISSION



ICMHD 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 ICMHD is equally predicated on the belief that in protecting the health and welfare of people on the move human security, as well as the welfare of everyone, is strengthened.

ABOUT ICMHD



ICMHD was established in 1995 as the International Centre for Migration and Health (ICMH), in response to a call for more attention to be given to migration and its emerging implications for health.

ICMH was set up with a mandate to provide governments, UN agencies and all other stakeholders with research data, innovative training and policy options. In 2007, recognizing the link between migration, health and development as well as the contribution ICMH has been making in the field of development, the name of ICMH was changed to include the term “development,” and its scope of work was broadened.

Over the past eleven years ICMHD has been designated three times as a WHO Collaborating Centre and as a UNFPA Implementing Partner. Furthermore in 2007, work with both of these institutions was intensified in a number of research and training areas.

In 2007, ICMHD’s work in research, training and policy involved twenty seven countries in Africa, Asia, Europe, the Middle East and North America. It was a year in which new partnerships were developed in new domains and existing relationships in others were strengthened through joint programs and better linkages.

RESEARCH

Research and development constituted a major part of ICMHD’s work in 2007 and brought us into a number of new operational partnerships, including the private sector with which ICMHD maintains an independent and scientific relationship.

Iraqi displaced people in Syria

In response to the growing deterioration in quality of life and security in Iraq, the

number of people moving into Syria and Jordan has continued to grow since 2003 and is presenting new health and health systems challenges to host countries. It is estimated that 1.5 million Iraqis have fled to Syria over the past four years, placing a heavy load on local health care services and changing the health profile of Syria with respect to chronic diseases such as diabetes. ICMHD was asked by WHO and the EU to assess the situation and prepare a plan of work that could be taken up in support of the Ministry of Health in Syria.

meeting of the International Diabetes Federation in Dublin.

Mapping diabetes and migration

As a way of better understanding how patterns of migration and diabetes are changing, ICMHD is preparing an atlas designed to provide a global view of the situation and an explanation of why the profile of diabetes may be changing in the context of migration. The project is supported by Novo-Nordisk.

Diabetes and migration



In 2006, ICMHD began to examine the possible link between migration and the onset of Type 2 diabetes, and then how migrants living with the disease are able to benefit from health care for diabetes in the countries hosting them. The study that evolved, with support from MSD, Canada and Italy, now involves eleven European countries and Canada. By the end of 2007, ICMHD was able to report on some findings and was invited to talk on these at the annual conference of the American Public Health Association in Washington D.C. In 2007, ICMHD was also invited to speak on the project at the

Cultural competency

As part of its follow-up to the Geneva study on social insertion of clandestine migrants, refugees and asylum seekers, ICMHD is exploring ways in which the interaction between health care staff and migrant patients can be enhanced. As part of this, ICMHD is developing an international training curriculum that can be adapted nationally. The first



phase of the project was co-supported by TaiwanIHA and Italy.

Drug use, HIV and migrants

In 2005, Russia accounted for around two-thirds of all reported HIV cases in Eastern Europe and Central Asia. Most of these cases are injecting-drug related. In 2007, ICMHD was asked by the United Nations Office for Drugs and Crime (UNODC) to develop a research and training project on the problem with special reference to migrants in Russia. The project also involves training police in Moscow and St Petersburg on how to deal with injecting drug use and HIV in ways that do not marginalize them.

AIDS Security and Conflict Initiative

As part of a large inter-country initiative on AIDS, Security, and Conflict (ASCI) coordinated by Social Science Research Council in New York and Clingendael Institute in The Hague, ICMHD hosted a meeting of researchers on AIDS in post-conflict settings. ICMHD also initiated small surveys in Bosnia, Haiti, Liberia, and the Democratic Republic of Congo in order to understand how the challenge of HIV/AIDS is being taken up by civil society and governments.

Sexual Gender Based Violence

Sexual gender based violence (SGBV) in the context of conflict and population displacement has become a massive and growing problem in the DRC. It is now thought to be affecting many thousands of women and girls, especially in the

eastern provinces of DRC. ICMHD was asked by MONUC to assess the situation and prepare a plan for the UN to combat the problem. The Accelerated Plan that was prepared on the basis of site visits by ICMHD teams has become the basis for a UN-wide initiative that will involve ICMHD in a series of mapping and surveillance activities.

Climate change, migration and health

ICMHD estimates that over 200 million people could be displaced and forced to leave their homes and countries because of water shortages on the one hand and rising sea level on the other. In 2007 we began a project to assess how this forced movement might affect the health of the



people who move and the socio-political environments into which they go.

UNAIDS 2nd Independent Evaluation

ICMHD was contracted with the Tulane University Payson Center to design the methodology for the 2nd Independent Evaluation of UNAIDS and to meet with members of the Program Coordinating Board (PCB) to discuss how the process should be structured.

COMMUNICATIONS

In order to promote more awareness on how migration, health and development are linked, ICMHD explored new ways of reaching out to readers.

ICMHD Blog

A blog page was initiated in late 2007. We hope to use this internet platform to provide yet another forum for comments on issues in migration, health and development. The first blog on climate change and migration has received very positive feed back and will be followed by one on health worker migration. The ICMHD website will also be updated to better describe recent developments.

COLLABORATION

ICMHD strengthened its collaboration with existing partners, and in some cases entered into new relationships with a number of others.

Italian NIHMP

In 2007, ICMHD began a MoU with the newly established Italian National Institute for Health, Migration, and Poverty (NIHMP). This expands the established framework for cooperation previously established between ICMHD and the San Gallicano Hospital. It now includes training as well as research and policy advocacy which were the core of the original collaboration.

Taiwan International Health Action

With support from Taiwan International Health Action (TaiwanIHA) in 2007, ICMHD was able to begin working on

an international training project on cultural competency. The project includes an international syllabus, reading materials and group work guides designed to be adapted by countries in preparing their own programs to train health care staff working with people from distinct social and cultural backgrounds.

WHO South East Asia Region

During 2007, ICMHD continued to work closely with the WHO Regional Office for South East Asia and became part of its Advisory Group on Emergency Humanitarian Action. ICMHD also entered into discussions with SEARO on the subject of migration and its health ramifications in the context of rural-urban migration and urbanization.

CONFERENCES & MEETINGS

ICMHD believes conferences and meetings are an important vehicle for advocacy on migration, health and development.

EU Presidency Conference

In 2007, ICMHD was invited to help organize the EU Presidency Meeting on Migration and Health held in Lisbon, and to present one of the keynote speeches at the opening session. It was then asked to assist in publishing the report of the conference.



Council of Europe



The Council of Europe asked ICMHD to help organize its 8th Conference of European Health Ministers in Bratislava and to give one of the key-note addresses on the opportunities and challenges of migration in Europe.



European Medical Association

ICMHD was invited to give the plenary lecture at a meeting on challenges and opportunities for health and health care systems organized by European Medical Association and European Federation of Taiwan Health Alliance.

American Public Health Association

The ICMHD study on migration and diabetes was presented at the 135th Annual Meeting of the APHA in Washington D.C. In addition, ICMHD helped organize a satellite discussion on what steps are needed to prevent and mitigate diabetes in migrant populations.

Inauguration of the NIHMP

The ICMHD Executive Director gave the inaugural speech at the ceremony designating the San Gallicano Hospital in Rome as the first National Research Institute on Health, Migration and Poverty. ICMHD will continue to work closely with the NIHMP and has entered into a new agreement with the institute to develop training activities.

Geneva Health Forum

ICMHD made a presentation at the GHF annual conference on ensuring access to quality health care, including in the cases of undocumented migrants, refugees and asylum seekers. ICMHD also set up an information booth at the conference.

EDUCATION AND TRAINING

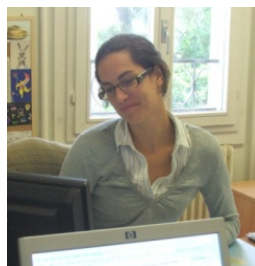
Strengthening the capacity of countries and organizations to be able to respond to the health-related challenges of forced and voluntary migration continues to be a high priority for ICMHD.

IDHA

ICMHD continued to be responsible for the psychosocial component of Fordham University's International Diploma in Humanitarian Assistance program which is held in Geneva and New York each year.

PHCE

In 1999, ICMHD worked with Columbia University's Mailman School of Public Health, IRC and World Education to prepare the international training course "Public Health in Complex Emergencies." Now in its ninth year, ICMHD continues to teach two components, namely on the psychosocial and reproductive health aspects of complex emergencies. The courses are held in Uganda (Makerere University) and in Lebanon (American University of Beirut).



Tulane University Payson Center

In 2007, ICMHD co-organized and hosted a two-week intensive course, “Human and Social Aspects of Disasters ANDComplex Emergencies,” with the Tulane University Payson Center. The course also provided visits for students to some of the UN agencies working in the area of humanitarian relief.

Campus of Excellence

Each summer for the past five years the University of Las Palmas in Spain has organized a Campus of Excellence that brings together 15 Nobel Laureates and 50 top graduate students from around the world. ICMHD has been closely involved with the Campus of Excellence since its inception and in 2007 we were represented by Dr Abdelmoumene, Dr Gebreel, Dr Carballo and five members of the ICMHD staff.

Internship program

As part of its on-going commitment to capacity strengthening ICMHD accepts interns from universities. In 2007, 17 students (undergraduates and graduates) from Canada, DRC, France, Germany, Guinea, Switzerland, and USA interned with us. They participated in a range of on-going projects and also in seminars on public health organized for them at ICMHD.

FINANCIAL REPORT

ICMHD continued to depend entirely on projects for its financing and, in 2007, as in previous years, did not have any core support. The total operating budget was CHF 1,390,000 spread over the projects

outlined above. The major contributions were from Merck Sharp and Dohme, the Canadian government and the San Gallicano Hospital for work on diabetes in migrants. TaiwanIHA also made an important contribution to our work in the area of cultural competency. The needs of ICMHD nevertheless called for additional funds, and ICMHD had to draw on its own reserves to ensure the quality of its program implementation.



ICMHD BOARD

Executive Committee

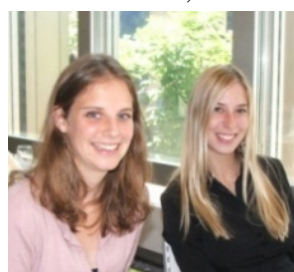
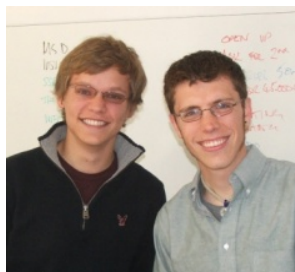
Dr Eamon Kelly, Director of the Tulane



University Payson Center International Development and Technology Transfer; former Chairman of the Board of the US National Science Foundation;

Dr Mohamed Abdelmoumène, Former Minister of Health, Algeria, and former Deputy Director General of WHO and former Deputy Director, UNRWA;

Professor Monique Bégin, Former Minister of Health Canada, Member of



the WHO Global Commission on Social Determinants of Health, Professor of Health Sciences, University of Ottawa

Dr Issakha Diallo, Project Director for Management Sciences for Health (MSH); former Director of the Institut de Santé et Développement in Senegal.

Dr Manuel Carballo, Former Chief of Behavioral Research, WHO Global Program on AIDS, former WHO Public Health Representative, Bosnia, and Professor of Public Health, Columbia University, New York.

Professor Aldo Morrone,
Director NIHMP, Rome, Italy

Dr Ndioro Ndiaye, Deputy Director General, IOM, Geneva

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