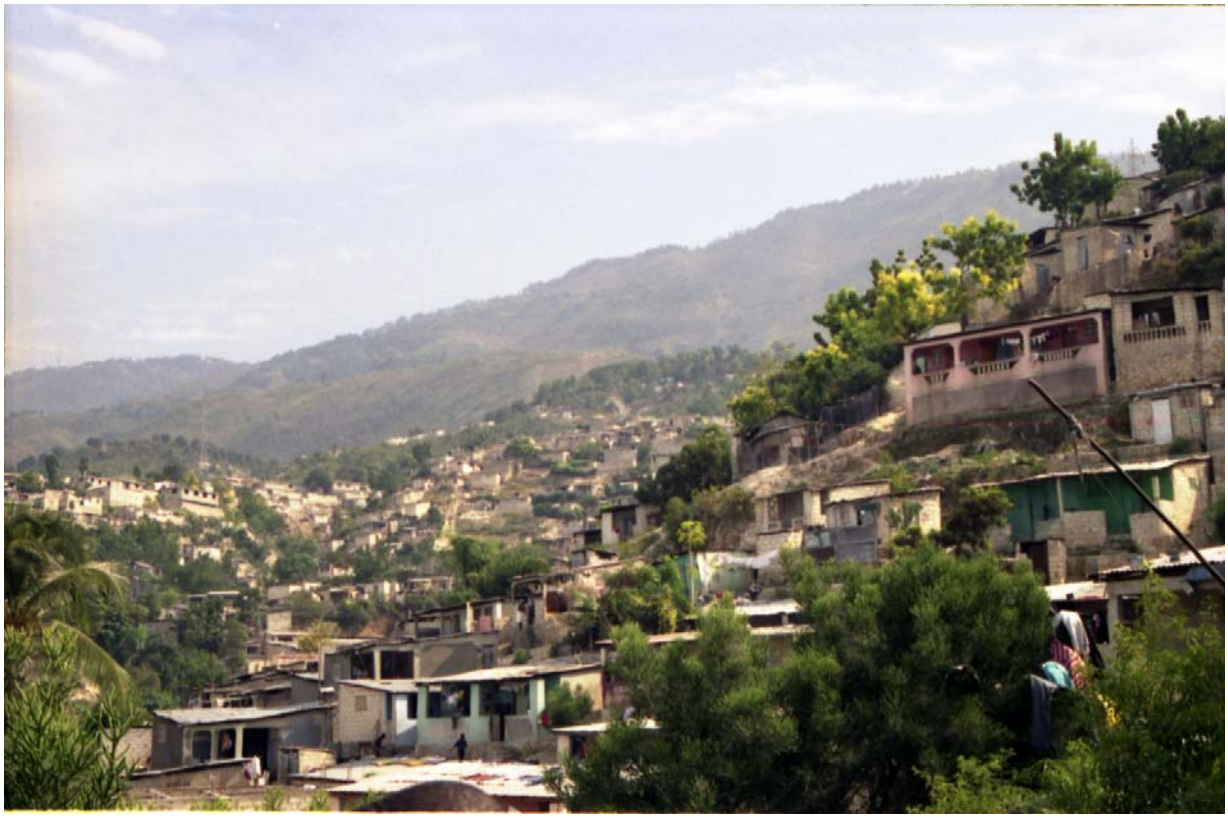
ICMHD
2008-9 ANNUAL REPORT



INTERNATIONAL CENTRE FOR MIGRATION HEALTH AND DEVELOPMENT

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Letter from the President

By the middle of 2008, the emerging global financial crisis was already having an impact on the global movement of people and ICMHD has continued to respond to the evolving scenario over the past two years. In some regions there is evidence of return migration as employment options become fewer. In other regions, however, the pace of migration is continuing to grow. ICMHD has worked with governments and UN organizations such as WHO, UNFPA and UNAIDS to address the phenomena, and has produced a number of major reports for these and other stakeholders.

The last two years also saw ICMHD's work address more human rights-related issues than in the past, reflecting what is now a much greater sensitivity at policy levels to how migration of all kinds has the capacity to affect a wide range of rights questions.

Our decision to combine the annual reports for 2008 and 2009 reflects the fact that many of the activities that ICMHD was asked to carry out in 2008 went over very significantly into 2009. Indeed in the case of some of them, they are likely to continue well into 2010 as ICMHD takes on more surveillance-related activities.

ICMHD's work has also continued to take up the question of development more than it did in the past, and in four countries that have recently gone through periods of protracted instability and conflict ICMHD has been involved in assessing what happens in the post-conflict period when there is – or should be – a return of displaced people and a reintegration into the recovery process.

I am confident that as we move into 2010, many of the areas that we took up over the last two years period will begin to contribute to our collective knowledge about the nexus between the situations that prompt migration and the health impact of uprooting and movement. Never before has the world needed information on this as it does now.

Thank you,

Letter from the Executive Director

The last two years have been years of considerable global turmoil, and the pace of forced displacement has accelerated. In Africa, the Middle East and South Central Asia, major and often protracted conflicts and poor recovery options have continued to create socially precarious situations that have prompted hundreds of thousands of people to seek security elsewhere. The number of people who have nevertheless been forced to stay within their national frontiers has grown and IDPs have now come to significantly outnumber the number of refugees world wide. The implications of this for the health of the people concerned and for the health systems of the communities or regions they have moved to have been complex and difficult to deal with by national and international stakeholders.

The last two years have also seen the number of intense climatic events grow and, even though many national policy makers remain unconvinced, there is little doubt that climate change is already affecting most parts of the world. Some, however, are being affected more than others and poor countries are bearing the brunt.

If recent predictions that as many as 250 million people could be forced to leave their homes by climatic events in coming decades are borne out, it will mean the largest forced migration the world has ever seen. Preparing for this eventuality will have to be given far more priority than has been the case to date, and at ICMHD we have begun to concentrate more on this theme. I hope our work on all this an other fronts is helping to make human mobility safer and healthier for everyone concerned. Indeed in the case of some of our work, programs are likely to continue well into 2010 as ICMHD takes on more surveillance-related activities.

ICMHD is addressing this combination of forces and over the course of the last two years has invested in a new number of research, training and advocacy areas in order to help countries, UN agencies and others deal with the phenomenon.
We have also broadened our scope of collaborative activities with other groups and we are working in more countries than ever before to meet the growing challenge of migration, health and development in the 21st century.

Thank you,

ICMHD Mission

ICMHD is committed to ensuring that the right to health applies to all people, be they migrants, refugees, or others who find themselves on the move for political, economic, environmental or professional reasons. ICMHD's work 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.

About ICMHD

ICMHD is a non-profit research, training and policy institute that was established as the International Centre for Migration and Development (ICMH) in Switzerland in 1995. In 2008, the term "development was added to ICMH's name, broadening

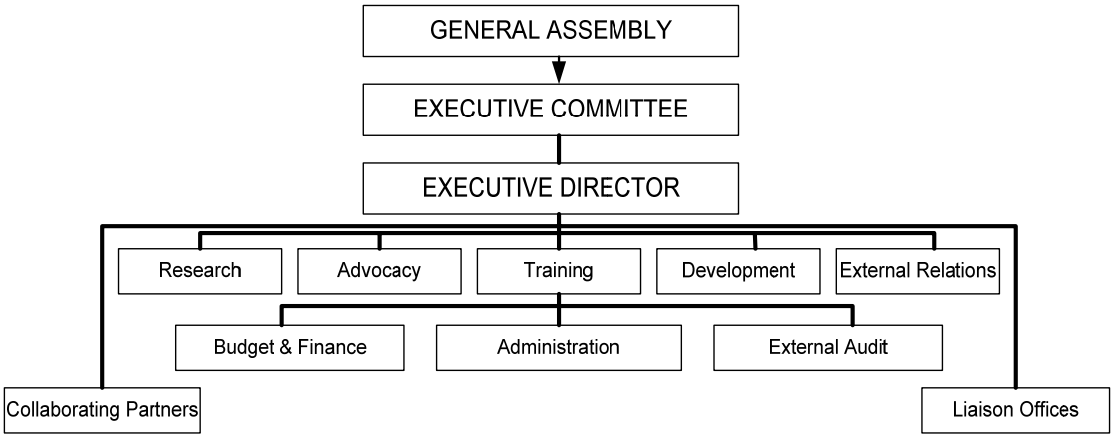
ICMHD's scope of work and at the same time recognizing the link between health and development. ICMHD has also been able to open new offices and is now represented in Kinshasa as well as Nairobi, Rome, Sarajevo and Geneva.

The work of the International Centre for Migration, Health and Development now addresses most of the major types of population movement, including economically pushed migration of both documented and undocumented people, forced migration of environmental and political refugees and internally displaced people, nomadic migration and movement of groups such as peacekeepers and military personnel.

ICMHD addresses the question of how and to what extent migration and health interact, as well as how this interaction affects the people who move, those they leave behind, those they meet along the way and those they go on to live and work with in the countries in which they settle.

ICMHD Management

ICMHD's activities are guided by its five-person Executive Committee**,** which in turn presents its recommendations for action to the ICMHD General Assembly.



The Executive Committee is composed of: Dr. Eamon Kelly (President), former Chairman of the Board of the National Science Foundation (USA) and former President of Tulane University; Dr. Mohammed Abdelmoumène (Vice President), former Minister of Health of Algeria and former Deputy Director General of WHO and UNRWA; Professor Monique Bégin (Treasurer), Professor of Health Sciences at the University of Ottawa, former Minister of Health of Canada and former Member of the WHO Commission on the Social Determinants of Health; Dr. Issakha Diallo, Project Director for Management Sciences for Health with MSH in Ghana, and former Director of the Institut de Santé et Développment in Senegal; Dr. Manuel Carballo (ICMHD Executive Director), former Chief of Behavioral Research in the WHO Global Program on AIDS (GPA), former WHO Public Health Adviser in Bosnia (BiH) during the war, and Professor of Public Health at Columbia University.

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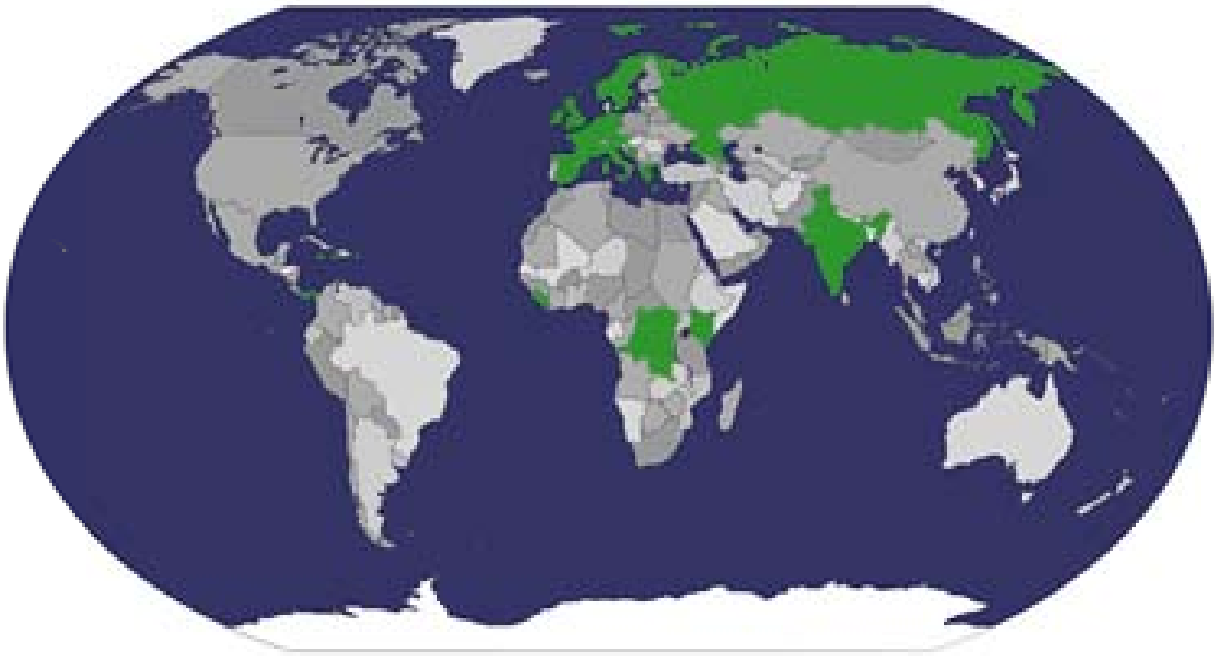
Members of the Board are: Professor Edmond Dragoti, Director, IPOS in Albania; Dr. Ashour Gebreel, Professor Liverpool School of Tropical Medicine and Hygiene, UK; Dr. Benjamin Harris, Department of Psychiatry, University of Liberia; Dr. Ghada Karmi, Fellow, Royal Institute of International Affairs, London, UK; Dr. Patrick Kayembe, Dean, School of Public Health, University of Kinshasa, DRC; Mr. Kevin Lyonette, Director, SDS, Switzerland; Dr. Ndioro Ndiaye, Deputy Director General IOM, Switzerland; Professor Esteban Pont Barcelo, University of Barcelona; Mrs. Elenor Richter, Coordinator, CWA, Switzerland; and Dr. Harald Siem, Head, Directorate for Health and Social Affairs, Norway.

In 2008 the ICMHD General Assembly appointed three new members: Dr. Kazem Behbehani, Director of Dasman Institute in Kuwait and former Assistant Director General at WHO; Dr. Jose Ramon Calvo Fernadez, Professor of Health Sciences at the University of Las Palmas in Spain and Director of the International Campus of Excellence; and Dr. Jacques Lebas, founding member of Médecins sans Frontiers (MSF) and faculty member of the University of Paris Saint Antoine Hospital.

ICMHD Activities in 2008/09

ICMHD believes that research, training and policy advocacy are essential components towards its goal of providing governments and other stakeholders with the information needed to facilitate evidence-based policies and action on the health needs of people on the move. In 2008/09, ICMHD's activities primarily focused on research and training, and a number of new areas were developed through collaboration with governments, UN agencies and other international NGOs and research institutions around the world.



Map of ICMHD programs in 2008-9: Austria, Belgium, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, United Kingdom, Bosnia, Russia, India, Maldives, Democratic Republic of the Congo, Kenya, Liberia, Sierra Leone, Haiti, Jamaica, and Panama

Research-Action

ICMHD's research-action program for 2008/09 spanned more than twenty countries and addressed a wide range of communicable and non-communicable disease issues. Some of the themes that were taken up also addressed the ways in which conflict and displacement impact health, especially that of women. Sexual gender based violence in conflict and post-conflict settings, including its implications for HIV and other diseases and injuries, was given high prominence. Other key research issues included viral hepatitis and diabetes in the context of migration and at the end of 2009 work was also started on climate change and how the mass displacement of people will possibly impact on health and health systems.

Sexual gender based violence and displacement

DRC: Accelerated SGBV Plan

ICMHD was asked in 2009 by the UN Mission in the DRC (MONUC) to assess how sexual gender based violence in the country was affecting health and welfare of women and girls and propose what additional steps could be taken to better respond to the problem. On the basis of its evaluation, especially in the eastern provinces where the conflict is focused, ICMHD produced an Accelerated Plan for Reducing and Mitigating SGBV that highlighted the need for coordinated action by the UN and other stakeholders in seven priority areas. Key parts of the Accelerated Plan have been taken up by a number of UN and other organizations, and, in 2009, ICMHD itself took up two priority areas.

DRC: Police and SGBV

In 2009, ICMHD was funded to take up the theme of strengthening the role of uniformed services personnel in the fight against SGBV. Working with the School of Public Health in Kinshasa, in close collaboration with the Ministry of Interior and Security, the National Congolese Police Force (NCPF), and with UNFPA funding, ICMHD implemented the first participatory study of how Congolese police personnel of all ranks perceived SGBV, what they felt could and should be done to prevent it, and what role they felt they should play in responding to the challenge.

The findings revealed a widely held view among the police that war in the eastern provinces is eroding much of the social structure and tradition of society and is opening it to a variety of abuses such as SGBV. There was also a feeling that the behavior of people is changing rapidly and people are more tolerant of sexual violence.

The findings also highlighted a concern among the police that their capacity to prevent and investigate cases of rape was constrained by a lack of training on SGBV and its scope and impact, as well as a lack of training in investigation and reporting methods. A lack of equipment also emerged as a concern, and most of the police said they simply did not have the type of communication/transportation needed to make their work effective.

At the end of 2009, ICMHD, UNFPA and the Ministry of the Interior and Security agreed to hold a meeting in early 2010 to review the findings of the study and prepare a response to the problem.

DRC: Health Facilities

Another priority area highlighted in the Accelerated Plan was the urgent need to strengthen the capacity of the healthcare system to respond to SGBV, and, at the end of 2009, ICMHD took up the task of rehabilitating eleven health facilities in eastern war-torn provinces of the DRC. In some cases this meant creating new walls and roofs; in others, it was a matter of installing water and sewage systems, improved flooring, building incinerators, and putting in electrical systems. Of eleven centers identified, eight were ready by the end of 2009 for equipping and staffing.

Conflict and post-conflict transition

AIDS, Security, Conflict

As part of an AIDS, Security, Conflict Initiative (ASCI) coordinated by the US Social Science Research Council and the Clingaendale Peace Institute in the Hague, ICMHD created and undertook a series of qualitative surveys in Bosnia, the DRC, Haiti and Liberia to assess how the transition from conflict to post-conflict affected people and their health, d in particular their experience with HIV/AIDS. In the four countries, ICMHD focused on the life situation of three key groups of people – displaced women, ex-combatants and peacekeepers – and found that in all the countries the post-conflict period was felt by most of these groups to have been as difficult, if not far more, than the conflict period itself.

Women who had been displaced during the conflict saw themselves by-passed by HIV/AIDS prevention and treatment initiatives as well as by other health and social actions. In most places they also felt more at risk than before of sexual violence and rape. Many women felt so unwanted and marginalized that staying in “the bush” was preferable to trying to return and re-settle in their communities of origin.

In all four countries, ex-combatants were equally pessimistic about the future and said they felt forgotten and neglected by both international and national agencies in the area of HIV/AIDS prevention and treatment. Many had developed fatalistic ideas about the inevitability of death, whether from a bullet or from HIV/AIDS.

In Liberia, there was a strong sense that demobilization had not been well used to address the problem of HIV/AIDS, and some people described it as a missed opportunity that would not present itself again.

In all four countries, ICMHD also found a strong sense of frustration among the personnel of peacekeeping contingents at the fact that they were not allowed or asked to do more health promotion and social reconstruction work. Many of the peacekeepers said they saw work of this kind as essential to sustainable peace and recovery, as well as necessary for better HIV/AIDS prevention and care, and felt they could make a contribution to it.

Afghanistan: MCH poppies

In 2008, ICMHD developed a research-action project with the Ministry of Health of Afghanistan to strengthen community-based mother and child health care in conjunction with new agriculture-based community development for returning refugees. The project was intended to provide returning refugees from Pakistan and Iran with agro-economic options that could be linked to improving the capacity of community-based healthcare activities and alternatives to poppy production, reducing dependency on poppies as a sole crop.

Communicable diseases and migration

Tuberculosis and MDR-TB

TB tends to reflect the social, economic and health environments that people live and work in, as well as the health care services they do or do not have access to. An estimated 1.7 million people die of TB every year, and in 2009 ICMHD was asked to look at how migration may be contributing to the changing patterns of TB around the world.

Rightly or wrongly, migrants have long been seen as linked to the movement of TB, and many receiving countries have adopted TB policies that call for screening of migrants either before they leave their countries of origin, or on entry into host countries. ICMHD believes that many if not most of these policies have not been effective in contributing to the prevention or the timely diagnosis and treatment of TB, and in many cases may have done more harm than good.

ICMHD also believes that much of the TB now seen in migrant populations is being acquired in the host countries as a consequence of very poor, overcrowded living and working conditions, as well as

low incomes, poor nutrition and limited access to health care services.

Our work in the area of TB has also highlighted the growing epidemiological importance of multi-drug resistant TB (MDR-TB) and, in some countries, the added challenge of very multi-drug resistant TB. While the causes of MDR-TB are complex, the fact that migrants often have to interrupt treatment when they move is potentially important and in 2008-2009, and based on evidence it has gathered, ICMHD called for more priority to be given to the needs of people on the move with respect to early access to voluntary counseling and testing for TB, cross-border continuity of health records and continued treatment follow-up.

HIV and Migration

A review undertaken by ICMHD in 2008 suggested that although many of the new cases of HIV now being reported in the EU are in newcomers, the picture is far more complex than simply being one of "imported" HIV, and that new exposure to HIV is occurring in the migrant communities. Migrants from countries with high rates of HIV are at higher risk of developing HIV-related symptoms than those coming from low HIV prevalence countries, and there is also good evidence that within migrant communities, women are the ones at highest risk for acquiring HIV, and may have few options for prevention or care.

As with TB, there is very little evidence to suggest that migrants are a source of HIV transmission to the larger receiving host community. This may again reflect the fact that with the exception of sex workers (who in many EU countries are migrants who have been trafficked and/or otherwise forced into sex work), the social/sexual networks of migrants and host communities remain quite distinct. This may also be a reason why, in some places, refugees are not being effectively reached with HIV prevention information and education.

Malaria and displaced people

Refugees, internally displaced people and others on the move in low-resource countries often find themselves sleeping in places where the risk of exposure to mosquitoes is high. This In 2009, ICMHD prepared a policy paper on how the global effort to prevent malaria transmission in pregnant women and their babies should take up the needs of refugees and other types of migrants.

ICMHD looked at alternative ways of reaching out to pregnant women living in camps and who are especially at risk of the anopheles mosquito, which tends to be most active between sunset and sunrise and thrives in the stagnant water pools often found in slums and refugee camps. After reviewing at alternative ways of preventing exposure ICMHD felt that the most opportune mechanism for reaching pregnant women is systematic and targeted distribution of impregnated bed nets at the time of antenatal care.

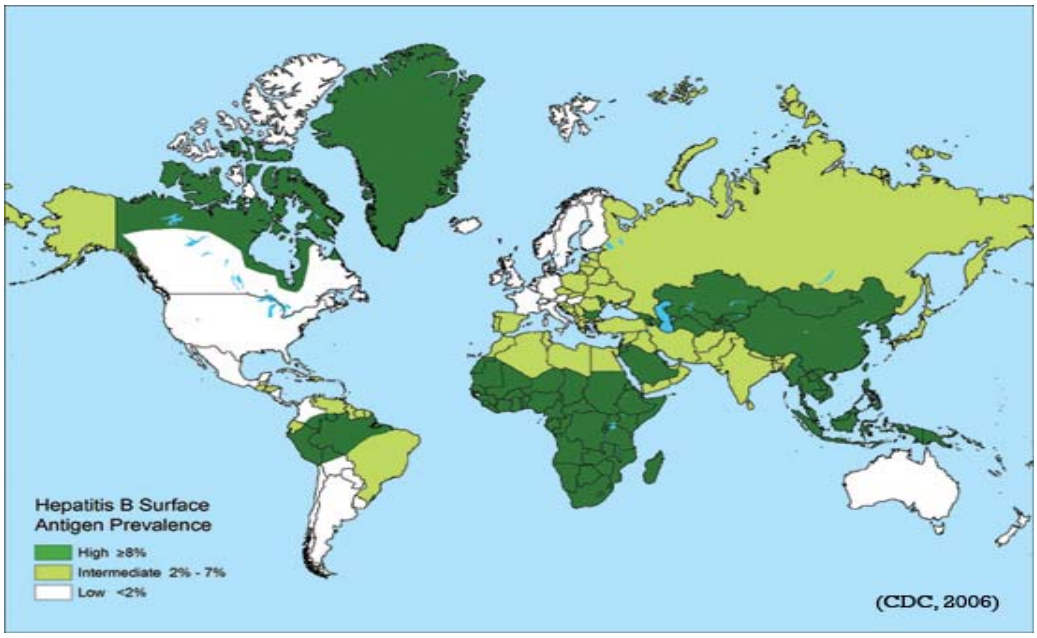
Worldwide, up to 80% of all liver cancer is caused by Hepatitis B and C and in

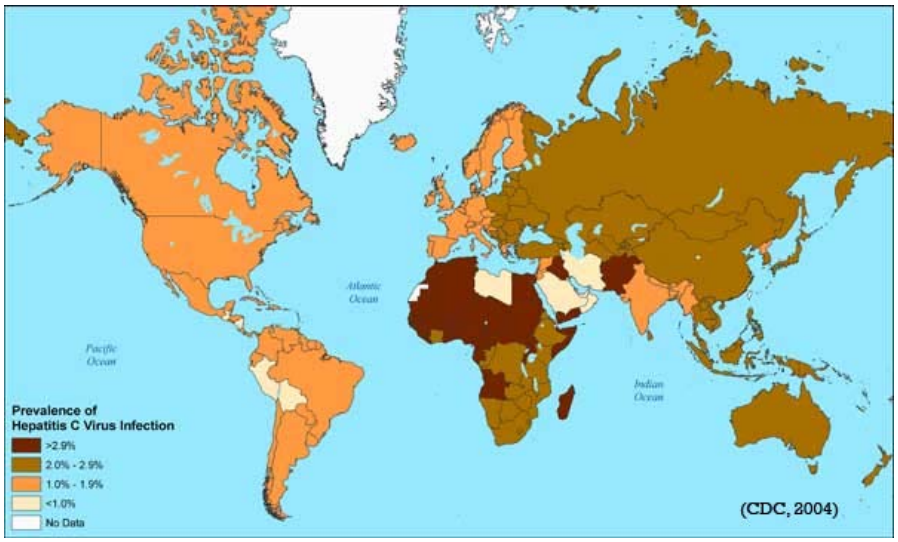
the EU they have become the two main causes of liver cancer. Globally, liver cancer is now the sixth most important cancer in terms of its incidence and the third most important cause of mortality. If not detected and treated early, up to 40% of all those infected with hepatitis B develop liver cirrhosis, liver cancer and liver failure.

Some of the differences in patterns of HBV and HCV in the EU reflect, in part, different case definitions and diagnostic methods, but the evidence gathered by ICMHD suggests that the growth in new cases of HBV and HCV in the EU is also due to the arrival of people from countries with a high prevalence of viral hepatitis. As with TB and HIV there is little evidence of spread from migrants to host communities, but given that many people who are infected with hepatitis are often unaware of their infection until late ICMHD has called for countries to offer migrants the option of counseling and diagnosis.

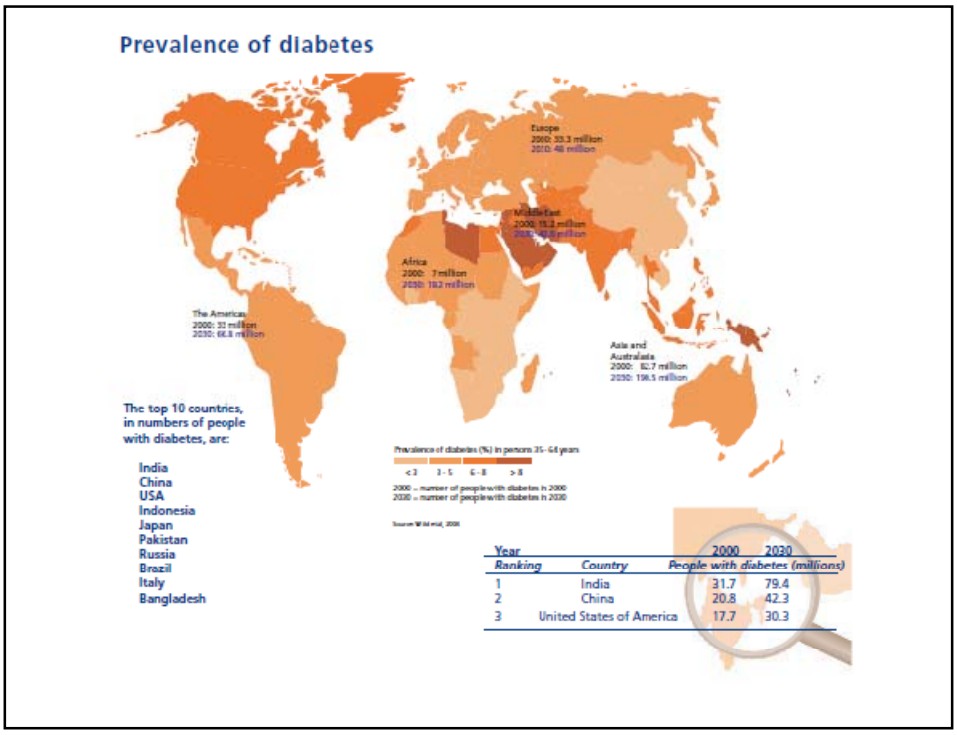
Hepatitis B/C and Migration

In 1997 an ICMHD report alerted the EU to the growing challenge of viral hepatitis in migrant populations and in the early part of 2009, ICMHD joined a group of hepatitis researchers and clinicians to organize an EU Summit Conference on Hepatitis B and C (2010). In preparation for this conference, which was seen as a way of drawing attention to the growing nature of viral hepatitis in the EU in general, ICMHD began a broad-based review of current knowledge about viral hepatitis patterns and their possible link to population movement. Although the review is still underway, it is already clear that new cases of both hepatitis B and C are far more common among migrants than host community people.





Non-communicable diseases and migration



Mapping Diabetes Migration

As part of its 2008/2009 program of work ICMHD set out to map global patterns of type 2 diabetes in relation to migration using national and international statistics provided by WHO. Type 2 Diabetes is a growing global problem and ICMHD has previously shown that migrants are more vulnerable to it than others are, and that they are also likely to have much worse outcomes if and when they do develop

it. ICMHD's research shows that a mix of factors are at work, including nutrition acculturation problems, chronic stress and coping with stress through food and drink, and fast food dependence place migrants at a high risk for type 2 diabetes.

In 2009, ICMHD finalized its collection of data on this theme in ten EU and EFTA countries and Canada and expects to begin an out-reach program with policy makers, health care workers and others in the countries that took part in the study. This will include production and testing of guidelines, training, policy option papers and workshops for health decision makers.

Dasman Institute Kuwait

In 2009, ICMHD began to collaborate with the Dasman Institute for Diabetes and other Chronic Diseases. Located in Kuwait, the Dasman Institute is a global leader in research and development in the area of diabetes and is active in the area of primary/ secondary prevention and treatment. Type 2 diabetes is a growing problem in both the host and expatriate communities in Kuwait and the entire Gulf region. ICMHD's partnership with the Dasman Institute will allow for a strong mutual exchange of knowledge and experience.

Gestational Diabetes

Gestational Diabetes Mellitus is a poorly understood and often under-recognized form of diabetes that develops during pregnancy. Although often transitory, it can provoke serious short and long term problems for mother and baby. In many countries, there is little or no systematic screening for GDM as part of ante-natal care, and in the special case of mobile populations screening is even less likely to be available. ICMHD believes that the systematic testing and treatment of pregnant women for GDM could go far in reducing the health dangers associated with it and at the same serve as an entry point for preventing the occurrence of type 2 diabetes later in life. In late 2009 ICMHD began a research-action project in Jamaica and Panama, and hopes to extend it to other countries in the region and elsewhere.

HIV/AIDS and migration

HIV and Injecting Drug Users

In some parts of the world, injecting drug use has become a leading cause of HIV and other sexually transmitted infections (STIs) in migrants, as well as in others. In 2008, ICMHD was asked to begin a research-action project with the police in Moscow to assess how police personnel view the problem and determine with them how best to respond preventatively and in terms of care and treatment.

UNAIDS

In 2008 and 2009, ICMHD strengthened its work with UNAIDS and provided it with technical assistance in formulating and implementing the 2nd Independent Evaluation of UNAIDS. It also worked with UNAIDS on a series of monitoring and evaluation activities, and also on HIV and security issues.

Climate change

Climate Change Displacement

ICMHD believes that extreme climatic events will have serious implications for the forced displacement, the health of the people forced to move, and the health systems of the communities they eventually move into. ICMHD worked on formulating the components of predictive models of this process and prepared a draft plan of action for UNAIDS on how best to address the phenomenon in the countries that will be the most affected. ICMHD has proposed that new policies be developed to deal with displacement, and that new research be started to survey and map the most likely routes displaced people will take, so that the countries and communities that are likely to receive large numbers of displaced people be able to prepare. ICMHD has also proposed heightened coordination of health action, including the training of health-related personnel to cope with the arrival of large numbers of people.

Training and Education

Building for the future through education and training has long been a central theme for ICMHD. In 2008-2009, ICMHD provided training on a range of inter-related health and migration issues to a variety of target groups.

Payson Center Summer Institute

In collaboration with Tulane University's Payson Center for Technology Transfer and International Development, ICMHD provided summer courses in both 2008 and 2009 in Geneva on the theme of public health in man-made emergencies and natural disasters.

The course includes lectures by ICMHD staff and staff of UN agencies based in Geneva, visits to UN and humanitarian NGOs based in Geneva, simulation and problem-solving exercises, readings and examination.

American University in Beirut

ICMHD participated in the annual course at the American University in Beirut and was responsible for the sections of the course that deal with reproductive health and psychosocial issues.

Internship program

2008-2009 saw a major increase in the number of graduate and undergraduate students interning at ICMHD. Interns came from the Medical School at Manchester and the School of Hygiene and Tropical Medicine, the Tulane School of Public Health and Tropical Medicine, the Boston University School of Public Health, and Vancouver University. Most students stayed with ICMHD for periods of three months, but some extended for longer periods and took up projects from which they wrote theses and dissertations.

Conferences & Meetings

The Manila Workshop

In preparation for the Annual Global Forum on Migration and Development in Manila, ICMHD worked with The Hague Process on Refugees and Migration (HPRM) and IDEALS to organize a two-day international workshop on changing patterns of female migration and health. Thirty participants from Austria, Canada, the Caribbean, Netherlands, Philippines, Senegal, Somalia, Switzerland, and the USA attended with representatives of IOM and UNFPA.

The Workshop highlighted the growing fragility of the situation that women and girl migrants face everywhere and called for more specific action on protecting the health of female migrants with specific respect to the types of work they go into, the hours and conditions in which they work, and their exposure to exploitation and abuse.

Financial Report

On the whole, 2008-2009 was characterized by a growing financial crisis that almost inevitably impacted on ICMHD as well as other similar organizations. A shortage of funds made it difficult to complete some of the projects scheduled for termination during this period, and, in the case of the DRC, assumptions made by UN agencies on the willingness of other donors to supplement what they were giving were not borne out.

Nevertheless, during 2008-2009 funds were received from a variety of sources, including both the public and private sectors. Funding was received from UNFPA to support work on sexual gender based violence, and, in DRC, some funding also came from the Pooled Fund and through MONUC. Funding for work on TB was received from WHO, and, in the area of HIV, some support was received from UNAIDS. Additionally, the European Center for Disease Control (ECDC) helped fund a review on migration and selected infectious and vaccine-preventable diseases. The 2008-2009 period also saw funding from a number of pharma groups such as Merck for work on diabetes and from a conglomerate of pharmaceutical industries for work on hepatitis.

NOTES

INTERNATIONAL CENTRE FOR MIGRATION, HEALTH AND DEVELOPMENT

The International Centre for Migration, Health and Development (ICMHD) is a research, training and policy centre with offices in Geneva, Gran Canaria, Kinshasa, Nairobi, Rome, Sarajevo and with a wide network of partners in other parts of the world.

The pace of migration is growing everywhere and more people are moving faster and further than at any time in previous history. Migration affects the health and welfare of those who move, those they leave behind, and those they come into contact with either along the way or in the countries that eventually host them.

ICMHD's mandate is to provide governments, UN agencies, NGOs and other parties with information and technical support on how the movement of people affects, and is affected by health and social conditions, and how this dynamic can be best managed to the benefit of everyone concerned.

The work of ICMHD is predicated on the fact that the right to health must apply to all people, including migrants, refugees and others who find themselves on the move for political, environmental, social and economic reasons. ICMHD believes that in protecting the health and welfare of people on the move, the public health and security of the larger society is also strengthened.

The work of ICMHD covers all types of population movement, including economically motivated migration (documented and undocumented), forced migration (environmental and political), nomadic migration, and the movement of uniformed service groups such as peacekeepers and military personnel. From the perspective of health, health care and health systems, ICMHD addresses non-communicable, communicable and parasitic diseases. ICMHD is currently working on research, training and policy options in the areas of HIV/AIDS, TB, viral hepatitis, diabetes, malaria, reproductive health and psycho-social impacts of uprooting. It is also addressing the question of health care worker migration and alternative approches to preventing excess brain drain from developing countries.

ICMHD is a WHO Collaborating Centre and a UNFPA Implementing Partner. It also works with other UN agencies as well as with universities and research and training institutions throughout the world.


International Centre for Migration Health and Development