ICMHD

2010-11 ANNUAL REPORT

INTERNATIONAL CENTRE FOR MIGRATION, HEALTH AND DEVELOPMENT

For further information please contact:

11, Route du Nant d'Avril CH-1214

Geneva Switzerland

T: + (41 22) 783 1080

F: + (41 22) 783 1087

Email : secretariat@icmhd.ch

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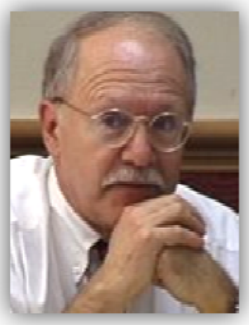
President's Statement

The last two years have proved to be two of the most financially turbulent years the world has seen since the 1930s when a major financial crisis in Europe and North America gave rise to widespread social instability and displacement of people. The last 24 months have again reminded us of the fragility of global economic systems and the extent to which these affect the lives of people. The domino effect of collapsing banks in North America and Europe has been felt in almost every part of the world, and we can already see some of the complex repercussions this is having on populations and population movement.

In the 1930's the loss of employment opportunities in USA and parts of Europe immediately impacted on the number of people arriving in and/or leaving Europe and North America and today the picture is not too different. The number of undocumented migrants attempting to enter the USA and EU countries has reportedly decreased, and many migrants – documented and undocumented – who were already in the USA or EU countries are beginning to move to countries of origin or elsewhere. Meanwhile the number of people leaving EU countries such as Greece, Ireland, Portugal and Spain in response to the new poverty is beginning to emulate the emigrations from these countries in the early 1970's.

How this new migration will end is not clear, but what is evident is that migration is playing the same role it has always played, namely that of providing a safety valve for countries and people in economic and/or political crisis. As such it is again proving to be a mechanism that can help avoid social and political instability by reducing the number of people unemployed and politically frustrated. Even so, however, migration and migrants continue to be met with suspicion in many parts of the world and at the same time as human mobility is becoming more and more essential, social and political barriers to their integration are being raised. The health implications of all of this will inevitably be complex and unless proactive steps are taken to address this, the mental health and well being of people on the move risks being adversely affected and there is good reason to believe their physical health will be affected as well.

Executive Director's Statement



Interest in the scope, pace and impact of migration continues to grow, and a number of UN organizations have now begun to include migration and its social and health implications in their portfolios. The Arab Spring of 2011, and especially the plight of foreign workers in Libya, helped to highlight the extent to which countries have become interlinked from the perspective of expatriate human resources and the impact political instability has on their lives and livelihoods. Meanwhile the rapidity with which young unemployed men and women have started to leave Portugal and Spain for other parts of the European Union has been equally indicative of how much migration is a central part of the European scene and an essential safety valve in times of economic crisis.

In most parts of the world migration nevertheless remains a largely unplanned and poorly coordinated phenomenon. Governments and industries - including the healthcare industry - that benefit from the movement of workers, still seem to be reluctant to see migration as something that needs and calls for constructive and pro-active engineering. Not surprisingly much of the migration that is taking place today around the world continues to pose difficulties for the people on the move as well as for those who receive them. Despite the increasingly evident need for migration and migrants, many of the countries that have now come to depend on workers from abroad appear to be insensitive to the needs and the rights of migrants. Few of them have been willing to take up and respond pro-actively and comprehensively to the complex physical and psycho-social dimensions of uprooting, movement and resettlement.

Over the last two years ICMHD has increased its research, training and advocacy activities and has scaled up its work with national authorities and international organizations. This included a major investment in non-communicable as well as communicable diseases. Our work in the area of diabetes was extended to cover gestational diabetes more extensively than before and ICMHD worked with WHO in South East Asia to define how urbanization is changing patterns of diabetes in general. Viral hepatitis also assumed a much greater prominence in our program of work and in 2010 ICMHD helped create the international Hepatitis B and C Public Policy Association and organize the Hepatitis B and C Summit Conference in Brussels. We went on to prepare a report on viral hepatitis and migration in

the EU for this Summit, and later we gave the keynote address at the Virology Futures Conference in 2011 in Prague. Our work in the area of TB and MDR-TB continued to move forward and in the latter part of 2011 was taken up by WHO in Pakistan where ICMHD was already present and working on monitoring and evaluating the international health response to the floods that have displaced close to five million people.

The last two years saw the work of ICMHD recognized in a number of ways. We are proud to report that ICMHD was once again designated a WHO Collaborating Centre for Health-related Aspects of People Displaced by Disaster and is working with the European and South East Asia Regional Offices, as well as with the WHO Headquarters in Geneva to better address the impact of mass migrations and displacements. ICMHD also entered into Memorandums of Understanding with UNAIDS and major research organizations in India and Norway with the objective of jointly reinforcing the migration, health and development agenda.

… proud to report that ICMHD was once again designated a WHO Collaborating Centre

Our internship program flourished in the 2010-2011 period and ICMHD accepted graduate and undergraduate students from Canada, Egypt, France, Germany, Nigeria, Norway, Rwanda, Switzerland the UK and USA. Interns also came from the Tulane School of Public Health and Tropical Medicine to complete their studies and practicums with ICMHD and we were able to help place “graduating” interns in a number of organizations and settings, including one in Haiti as a WHO coordinator for cholera activities.

ICMHD mission

ICMHD has continued to commit itself to the principle that the right to health applies to everyone including those who find themselves on the move, whether fleeing from persecution, disasters, or simply seeking a better life. We believe, more than ever, that this is not only ethical but also essential to the larger public health. We remain convinced that in protecting the health and welfare of people on the move, the health security of people in general is more assured.

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ICMHD work

ICMHD has a well-established three-pronged program of work that involves:

- research
- training and education
- policy advocacy

ICMHD's work in all these three areas is designed to strengthen the capacity of countries and we link up with a range of partners and stakeholders to do this. In 2010-2011 we worked with governments and national health authorities, NGOS, research organizations, academic institutions, UN agencies and the private sector in all Africa, Asia, Europe and North America.

Research

ICMHD's seeks to make its research relevant to the needs of countries and people on the move, and it tries to ensure that the findings of its research can be readily translated into public health actions. In 2010-2011 most of ICMHD's research was in the area of:

- sexual gender based violence (SGBV)
- HIV/AIDS
- screening
- TB and MDR-TB
- viral hepatitis
- type 2 diabetes mellitus (T2DM)
- gestational diabetes mellitus (GDM)

Sexual gender based violence and HIV/AIDS

ICMHD's research has repeatedly highlighted the extent to which sexual gender based violence (SGBV) is used as a tool of war to harm and humiliate women and the societies or ethnic groups they represent. In its most recent work in Bosnia, DRC, Haiti and Liberia, ICMHD was able to show that the risk of sexual violence does not necessarily end with ceasefires or peace accords. In many cases women and girls become even more vulnerable in the post-conflict phase than during the conflict itself when there are humanitarian organizations and peacekeeping groups around to protect them. In the DRC ICMHD developed a participatory survey with the Congolese National Police Force and the School of Public Health in Kinshasa, and this became the basis of the country's first evidence-based training program on SGBV for police and military personnel. Our work on SGBV has been closely linked to our activities in the area of HIV/AIDS and in 2010 we worked with the Social Science Research Council in the USA and the Dutch Peace Institute in the Hague to assess how the nature of the HIV/AIDS epidemic is being affected by conflicts and post-conflict transitions and who are the most vulnerable people in these settings. As with SGBV we found that displaced women believe they are being overlooked and neglected by HIV/AIDS programs, and often feel they are less exposed to HIV/AIDS by not trying to return and reinsert themselves in the larger society. These findings suggest that much remains to be done if women's vulnerability to both SGBV and HIV/AIDS is to be reduced and their full participation in sustainable reconstruction is to be achieved.

…the risk of sexual violence does not necessarily end with ceasefires and peace accords

Screening for communicable and non-communicable diseases

The real or perceived link between migrants and disease has often led to aggressive screening policies, quarantine practices and at times, the simple rejection of migrants. ICMHD has always taken the position that while screening is a valuable public health tool, the social contexts in which they are applied are

constantly changing and this means that both screening policies and practices need to be carefully and repeatedly monitored and evaluated. If they are to be effective and sustainable they also need to be modified an d refined over time. We have also always maintained that screening must be voluntary and understood to be associated with counseling and treatment. It should never be used or be seen as used to marginalize groups or individuals. Our research over the course of the last two years suggests that many of the screening policies and practices in place around the world are failing to meet these requirements. They are neither identifying people at risk nor are they encouraging the active participation of migrants in the type of timely diagnosis and treatment programs that could improve their health and that of host countries. ICMHD has concluded that major changes are called for if screening of migrants is to be cost-effective and valuable as a public health predictive tool.

…screening must always be voluntary and associated with counseling and treatment

TB and migration

TB has always been a disease of poverty, and in many parts of the world the 20th century saw the prevalence of TB fall as countries developed socio-economically. Unfortunately these improvements were not enjoyed or maintained everywhere, and as much as one-third of the world's population is still estimated to be infected with TB. Indeed TB is now re-emerging as a major public health problem. The HIV epidemic has done much to facilitate the spread of TB, but other key drivers have emerged as well. ICMHD's research shows that migration has become one of the main factors in the changing global pattern of TB. The movement of people from high prevalence countries or parts of countries to lower prevalence areas is clearly central a part of the changing scenario, but ICMHD's research over the past two years has shown that the conditions under which people are being forced to move e and then live and work in when they arrive in host countries is also contributing to the problem. Our findings lead us to believe that countries and migrants would benefit from a re-evaluation of when, where and how often to screen for TB and from a stronger commitment to reaching out to migrants with pro-active information on the availability of treatment-supported TB screening. While ICMHD's research shows that the TB does not move from migrants to host communities it is clear that much more needs to be done to prevent TB in migrant and ethnic minority settings.

…migration has become a key driver in the changing global pattern of TB

MDR-TB and migration

Inconsistent or inappropriate treatment of TB has led to the emergence of drug resistant forms of the disease (MDR and XDR-TB), and these are now presenting new and serious challenges to countries and to global health in general. While the global number of MDR-TB cases remains relatively small, WHO believes the risk of MDR-TB spreading is high and is growing. To date, most of the diagnosed and reported MDR-TB cases have been in Southern Africa where health systems have been challenged by massive workforce migration, and Russia and other parts of Eastern Europe where health care systems have been have been weakened in the transition from one economic system to another and where there has also been large-scale migration. The uprooting of people being treated for TB can easily interrupt their treatment and increase the risk of their developing drug resistance. In 2010 ICMHD reported on its research in this area at the 41st Union World Conference on Lung Health in Berlin, and it became a partner in the Eli Lilly MDR-TB Partnership Program. Our research has since extended to other parts of the world where patterns of MDR-TB are also becoming a concern.

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Viral hepatitis

Over 550 million people worldwide are estimated to be infected with hepatitis B or C and there is evidence that the epidemic is growing rapidly. Much of the clinical and epidemiological data available to countries in Europe indicates that population movement from parts of the world with a high prevalence of HBV and HVC is one of the factors in the epidemic. In 2010 ICMHD undertook a major research project on this theme and made a key note presentation of the findings of the research at the Summit Conference on Hepatitis B and C, held in Brussels in October 2010. ICMHD has recommended more targeted screening of people at risk, followed by more systematic and timely vaccination against HBV and better access to treatment for HCV. Since then ICMHD has been a founding member of the Hepatitis B and C Public Policy Association which is advocating for more action and is actively promoting new research and treatment modalities to countries.

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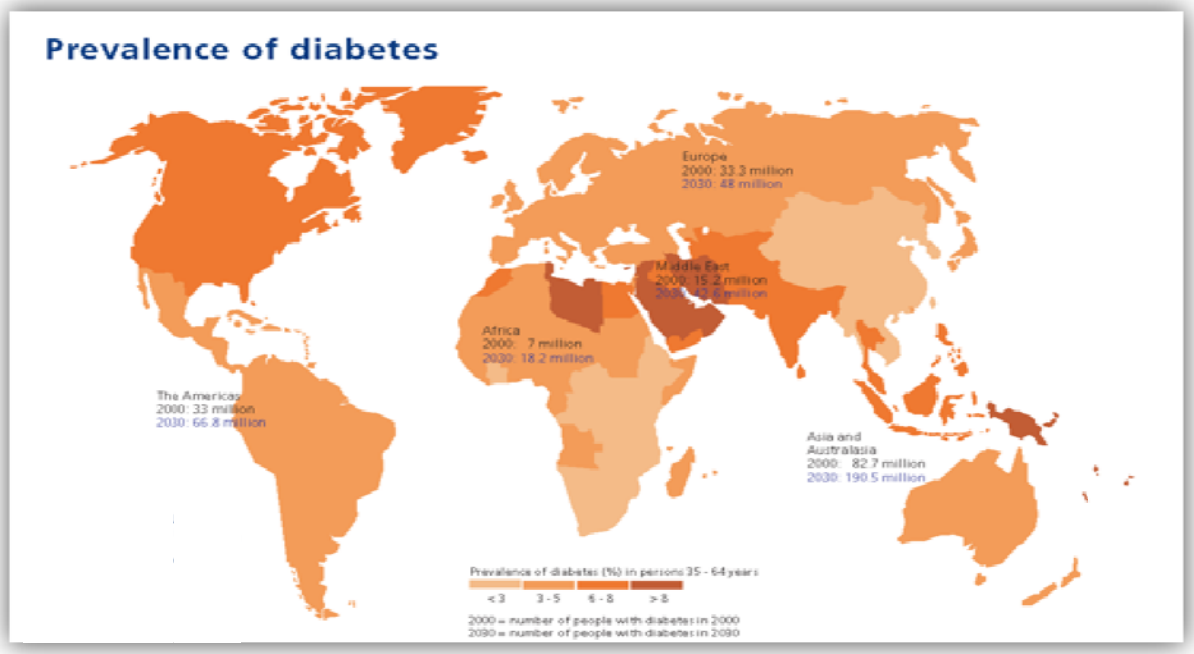
Type 2 diabetes mellitus (T2DM)

Type 2 diabetes mellitus is now one of the most important global causes of disability and mortality and is estimated to affect 347 million people and that in the next twenty years there will be a 69% increase so that by then the number of



people living with the disease will be well over 550 million. WHO believes that during this same period the number of diabetes-related deaths will double, especially, but not only, among people with undiagnosed diabetes. Typically thought of as a disease of rich countries and wealthy people, T2DM has assumed epidemic proportions in parts of the world such as China, India and Pakistan where little public health attention had been previously given to it. Our research has highlighted the extent to which people on the move are vulnerable to T2DM and how complex is the mix of factors contributing to this phenomenon. Treating migrants from different social and cultural backgrounds, moreover, can also be complex, and in general the outcomes of diabetes tend to be much worse in migrants than they are in non-migrants. When diagnosed with T2DM, migrants often misunderstand the instructions given to them by health personnel and they are less likely, compared to non-migrants, to be able to manage their condition because they often feel “powerless” and hence require much more support from healthcare providers.

Gestational diabetes mellitus (GDM)

Gestational Diabetes Mellitus (GDM) is a transitory type of diabetes that appears during mid-pregnancy and typically goes into remission after the baby is born. GDM nevertheless can be dangerous for both the mother and her foetus if un-diagnosed and not treated. It can provoke the growth of particularly large babies, some of whom may have broad shoulders that go on to impair easy vaginal

delivery and can cause suffering and damage to both mother and baby in the birth process. Women who develop GDM also have a higher than average risk of developing T2DM in the ten years that follow pregnancy and their offspring also have a higher than average risk of developing obesity and T2DM in early childhood. Early antenatal diagnosis of GDM ideally leads to treatment involving dietary change and physical exercise, or where necessary, insulin. In 2010 with funding from the World Diabetes Foundation, ICMHD began a research-action project in Jamaica and Panama to test ways of improving GDM diagnosis and treatment at the primary health care level, and using GDM as an entry point for the prevention of type 2 diabetes for mothers and their children. In 2011 ICMHD extended its work on GDM to Kuwait with funding from the Dasman Diabetes Institute with whom it collaborates on other issues as well.

Training and Education

Police and military in DRC

Over the last two years ICMHD' program of training police officers in the DRC was broadened, and at the request of the Ministry of Defense, modified to cover military personnel as well. In close collaboration with MONUSCO, the Kinshasa School of Public Health and other partners, ICMHD developed courses to promote a greater awareness among uniformed services personnel of the physical and psychosocial damage done by SGBV, including the risks it brings for HIV/AIDS. It has also prepared police and military personnel to be able to help

prevent SGBV and respond to the needs of women who have been raped in sympathetic and technically correct ways.

Education and training partnerships

Sharing migration, health and development related knowledge and skills through systematic training and "learning by-doing" has always been a key component of the ICMHD agenda. At the request of a number of governments and partner institutions ICMHD expanded its training program to provide more courses for university students, health care workers, and humanitarian professionals and enhanced the content of its existing programs. Among the activities ICMHD engaged in were:

- strengthened collaboration with national educational institutions
- organization of internships
- training on public health in migration and emergencies

Collaboration with Educational Institutions

Tulane University Payson Center

In the summer of 2010, ICMHD collaborated for the sixth year with the Tulane University Payson Center for International Development and the Tulane School of

Public Health and Tropical Medicine to provide a course covering public health in natural and man-made emergencies where there is mass displacement of people. The course brought together speakers from a number of Geneva-based UN agencies such as WHO, UNICEF and UNFPA, as well as the ICRC and the IFRCCS.

American University in Beirut

Continuing its relationship with the American University in Beirut, ICMHD provided support to a course for humanitarian relief staff from more than ten organizations working in the Middle East. ICMHD was primarily responsible for courses on reproductive health and psychosocial health in emergencies, but also provided additional teaching support in other areas such as epidemiology.

International Diploma in Humanitarian Assistance

ICMHD continued to support the Fordham University International Diploma in Humanitarian Assistance course which is held in Geneva every year, by providing a course on psycho-social aspects of complex emergencies and their implications for the health of both displaced people and humanitarian relief workers.

School for International Training (SIT)

The last two years saw ICMHD increase its involvement with the Student for International Training program in Nyon and provided lectures and internships on the history and function of migration, migration and health, and the changing face of humanitarian action.

University of Geneva

In 2010 and 2011 supported the University of Geneva Medical Faculty in its joint program with the University of Boston by giving lectures on emerging patterns of migration and the implications of global migration for health and health systems. In addition ICMHD began collaborating with the Department of Infectious Diseases, in particular, the Unit of Hepatology.

University of Manchester

In 2010 and 2011 ICMHD was invited to collaborate with the University of Manchester, and ICMHD staff provided lectures to medical students and students in the Global Health Program on the psychological and physical health implications of forced and unplanned migration. The lectures were provided in Manchester, but medical students from Manchester also came to intern at ICMHD in Geneva.

Internship and Training

ICMHD regularly gives graduate and undergraduate students opportunities to participate in ICMHD's training program by "learning by doing". Since 2000, when ICMHD began its internship program, more than 150 students have spent periods of between two and three months of on-the-job training. As the number of students has grown, so has the number of participating countries. Over the last decade ICMHD has hosted interns from Austria, Bulgaria, Canada, China, Cote d'Ivoire, DRC, France, Germany, India, Mexico, the Netherlands, Portugal, Spain, Sweden, Switzerland, the UK and the USA. In 2011, 21 interns came from Afghanistan, Australia, Spain, Canada, Ethiopia, France, Italy, Switzerland, the UK and the USA.

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Policy

Throughout the world, 2010 saw an increase in the number and severity of extreme climatic events. Climate scientists believe these events are products of global warming and a worldwide change in climate systems. It is generally accepted that if and when the changes that are now being predicted do occur, drought in some regions and floods in others will displace more than 250 million people. ICMHD believes this will be the largest forced displacement ever seen and that it will impose new and difficult-to-meet demands on the health care systems of the countries and communities people move into. In 2010 and 2011 ICMHD prepared a series of policy papers on this topic and worked with UNAIDS and other organizations to raise the profile of the issue and highlight the fact that climate change will probably change the global epidemiology of many infectious

diseases such as HIV, TB, malaria and viral hepatitis, as well as a host of non-communicable ones. Health and health care systems everywhere will be challenged by these changes, but it will be the ones in poor countries that will be most burdened. ICMHD has given priority to advocating for more attention to be given to the problem, including policies and plans on preparedness and adaptation.

Development

Strengthening Health Systems

A key part of ICMHD's Accelerated Plan on Prevention and Mitigation of Sexual Gender Based Violence in the DRC is the strengthening of the health care system so that it can better respond to the needs of victims of SGBV In 2010 ICMHD took on the task of physically rehabilitating eleven health centers in conflict and post-conflict zones of the country and by the end of 2011 all of these had been completed. All of them required extensive work, including new water and sanitation systems, roofing and incinerators, and in some cases it was a case of demolishing and virtually rebuilding them, which provided ICMHD with an opportunity to engage local entrepreneurs and community workers in what we hope will be a sustainable effort to improve health care in the eastern provinces of DRC.

… rehabilitating eleven health centers in conflict and post-conflict zones of the country and by the end of 2011 all had been completed

m-health

A new development in 2011 was the development by ICMHD of an M-health project in collaboration with Universal Doctor in Spain. The first of the M-health projects focuses on prevention of obesity and type 2 diabetes in adolescent populations and involves games that can be played on the iPad or other similar tablets, and which take the user through a series of questions and answers involving themes such as food intake, physical exercise, and implications of obesity and diabetes.

Institutional collaboration

WHO/EURO, Copenhagen

In 1987 WHO designated what was then still called ICMH, as a WHO Collaborating Centre for Health-related Aspects of People Displaced by Disaster. Since then, ICMHD had been designated three more times and in 2011 it was designated for a fourth consecutive period.

WHO/SEARO, Delhi

Over the last two years ICMHD continued to work closely with the office of the Regional Director in WHO/SEARO and it helped SEARO to prepare a series of policy and research papers on primary health care, non-communicable diseases and urbanization.

UNAIDS, Geneva

Throughout 2010 ICMHD continued to develop its technical links with UNAIDS and in 2011, at the recommendation of the Executive Director of UNAIDS, ICMHD entered into a Memorandum of Understanding (MoU) which asks ICMHD to help develop and coordinate a number of new research and training themes, especially in the area of security and HIV.

DASMAN Diabetes Institute, Kuwait

The Dasman Diabetes Institute in Kuwait has become the leading diabetes research training and treatment center in the Gulf region. Over the past two years it has effectively changed the way in which diabetes is seen and managed in Kuwait, and has introduced

nationwide public education and electronic health records systems. ICMHD is collaborating with the Dasman Institute on gestational diabetes and the management of types 2 diabetes in expatriate populations.

University of Gran Canary, Spain

In 2010, the University of Gran Canary invited ICMHD to open an office in Spain using its university premises and with a view to developing more focused research program on the health of undocumented migrants. The Spanish Canary Islands are located off the Atlantic coast of Morocco and are one of the first landfalls for migrant boats leaving Senegal and other West African countries.

NAKMI, Norway

2011 saw ICMHD begin to work more closely with NAKMI in Norway and in July of 2011 ICMHD was invited to enter into a Memorandum of Understanding (MoU) with NAKMI with the aim of developing a joint program on climate change and population displacement, as well as on access and use of healthcare services by migrants and ethnic minorities in Europe.

University of Manchester, United Kingdom

In 2010 and 2011 ICMHD continued to collaborate with the Medical School at the University of Manchester on courses on global health and public health. Medical students from Manchester also came to ICMHD as interns in the summer of 2010, and ICMHD was invited to become a Core Research Partner with the University.

Istituto Superiore di Sanita, Italy

In 2010 and 2011 ICMHD renewed its relationship with the Istituto Superiore di Sanita (National Institute of Health) in Italy and began a small exploratory project on MDR-TB in migrants. As part of this project, the Istituto Superiore di Sanita is coordinating the work of two other partners, namely the University of Lisbon in Portugal and the University of Gran Canaria in Spain on MDR-TB.

ICOE, India

The Indian government recently established a Ministry of Emigration and a quasi-governmental organization that has responsibility for developing research and evidence-based policies on the health and

welfare of Indians living and working abroad. In 2011, ICMHD was invited to enter into a MoU with this ICOE and is currently preparing a research agenda with it.

Empower University of Health Sciences

ICMHD is working with the Empower University of Health Sciences in Delhi and has established a MoU with the University on projects in India and Afghanistan.

Bakhtar Development Network (BDN)

BDN is an Afghan NGO working towards implementing the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in six provinces of Afghanistan. Its services cover a total of 33 districts, serving 2,864,045 Afghans through a network of health facilities from the hospital level down to remote health posts.

Publications 2010-2011

ICMHD publications:

- Connaissances, perceptions, attitudes et pratiques des membres de la Police Nationale Congolaise en matière de violences sexuelles dans trois provinces de la République Démocratique du Congo (2010)
- Overview of seven case studies undertaken in preparation of the Granada Consultation on Sexual and Reproductive Health in Protracted Crises and Recovery (2010)
- Payson Center for International Development – International Centre for Migration, Health and Development: Summer Course Curriculum 6-19 June (2010)
- Post Conflict Transition and HIV vulnerability (2010)
- Changing Patterns of Migration: Taking the Health of Women and Girl Migrants Forward, Summary of an International Workshop (2010)
- Protegiendo la salud de las mujeres y de las niñas en la República Democrática del Congo (2010)
- Migration, Hepatitis B and Hepatitis C: Background paper for the Summit Conference on Hepatitis B and C in Brussels (2010)
- Payson Center for International Development – International Centre for Migration, Health and Development Summer Course (2011)

Peer-reviewed and external publications:

- Kenny L., Carballo M., Bergmann T., “Vulnerable mobile populations overlooked”, in: Forced Migration Review, Refugee Studies Centre (University of Oxford), Supplement, October 2010, pp. 3-4.

- Carballo M, Clérisme C, Harris B, Kayembe P, Serdarevic F and Small A. "Post-conflict transition and HIV", in: Forced Migration Review, Refugee Studies Centre (University of Oxford), Supplement, October 2010, pp. 20-21.
- Carballo M., "Migration as a health and dynamic development process", in: Health G20 eBook, edition 1, 2010: pp. 9-11, 116-120.
- Behbehani K, Carballo M. The Emerging Challenge of Non-Communicable Diseases. G8: The Deauville Summit. May 2011: pp.57-58.
- Behbehani K, Carballo M. "Introduction" and "Demography and NCDs: a challenge of sustainability", in Health G20: Sustainable Healthcare, edition 1, 2011: pp.12-13, 62-64.
- Carballo M, Faniko K, Lefebvre A. Type 2 Diabetes and migrants: a twelve country study (abstract). Geneva Health Forum 2012. 2011.

ICMHD Executive Committee

Dr Eamon Kelly, President
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, Vice president
Former Minister of Health, Algeria, and former Deputy Director General of WHO and former Deputy Director, UNRWA

Professor Monique Bégin, Treasurer
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, Committee member
Project Director, Management Sciences for Health, USA, and Ghana, former Director of the Institut de Santé et Développement, Senegal

Dr Manuel Carballo, Executive Director
Former Chief of Behavioral Research, WHO Global Program on AIDS, former WHO Public Health Representative, Bosnia, Professor of Public Health, Columbia University, New York, Adjunct Professor Tulane University Payson Center for International Development, New Orleans

ICMHD Board

- **Dr Kazem Behbehani**, Director General, Dasman Diabetes Institute, Kuwait, and former Assistant Director General of the World Health Organization, WHO Geneva.

- **Dr Jose Ramon Calvo**, Professor of Health Sciences, University of Gran Canaria, Spain, and Country Coordinator ICMHD-Spain

- **Professor Edmond Dragoti**, Director, Institute of Public Opinion Studies, Tirana, and Deputy Minister of Culture, Youth and Sports, former Rector of the University of Berat, Albania

- **Dr Ashour Gebreel**, Professor of Public Health and Tropical Medicine, Liverpool School of Tropical Medicine, United Kingdom

- **Dr Benjamin Harris**, Professor and Head of psychiatry at the A.M. Dogliotti College of Medicine, Liberia and chairman and Vice President of the Liberia Chapter of the West African College of Physicians

- **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

- **Dr Patrick Kayembe**, Head of Epidemiology and Dean of the School of Public Health, Kinshasa, Democratic Republic of Congo

- **Dr Jaques Lebas**, Head of the Institut de l'humanitaire, Paris, France, and former founding member of Médecins du Monde

- **Mr Kevin Lyonette**, Director, Sustainable Development Services, Switzerland, and former UNHCR Regional Director for Central America

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

- **Dr Esteban Pont-Barceló**, Department of Pedagogy Application, Facultat de Ciències de l'Educació, Unversitat Autònoma de Barcelona, Barcelona, Spain

- **Dr Ndioro Ndiaye**, President Alliance for Migration, Leadership and Development (AMLD), former Deputy General Director IOM

- **Ms Elenor Richter-Lyonnette,** 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,** Senior Advisor at the Secretariat of International Health, Directorate of Norway, former Director of Medical Services IOM and Senior Scientist WHO Geneva

ICMHD Staff

In 2010-2011 ICMHD's full-time and part-time staffing pattern included:

- Dr Manuel Carballo - Geneva
- Dr Gangyan Gong - Geneva
- Dr Klea Faniko - Geneva
- Dr Alexandre Lefebvre - Geneva
- Mr Jos Ohms - Geneva
- Mr Fidel Ruiz - Geneva
- Mrs Katherine Maillet - Geneva
- Mr Mourtala Mboup - Geneva
- Dr Yeny Serrano - Geneva
- Dr Jordi Pons Serrano - Geneva
- Dr Ubah Adan - Islamabad
- Mrs Joyce Visi Bobesse - Kinshasa
- Dr José Ramon Calvo - Madrid
- Dr Celeste Calixte - Port O'Prince
- Dr Benjamin Harris - Monrovia
- Dr Patrick Kayembe - Kinshasa
- Dr Muna Khaladi - Beirut
- Dr Fadila Serdarevic - Sarajevo

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 approaches 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.


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