

2012

ICMHD ANNUAL REPORT



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Letter from the President



As we approach the end of 2012, it is becoming increasingly apparent that the financial crisis we have heard so much about in the banking sector is affecting most other sectors as well. Throughout the world, academic and research institutions are suffering, and the impact on research and development has been considerable.

Against this backdrop, we are pleased to say that the work of ICMHD has continued at a good pace and that over the past year we have been able to contribute significantly to what is known about the implications of population movement for health and development.

It is important that we not lose sight of the fact that human migration will not stop as a result of the financial crisis. Although it may take different forms and directions, and although its pace may change, the interaction between uprooting, movement and health will continue to be as complex as it has always been. So will its impact on health systems and services.

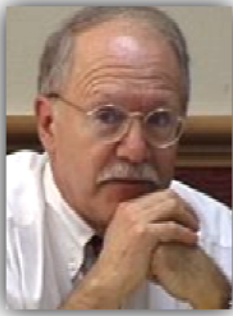
At a time of global financial crisis, this interaction may seem to some people as being less urgent an issue than it was when the world seemed to be in a better financial situation.

We must be alert to this possibility and continue to insist on the need for time to be given by policy makers to the theme of migration, health and development.

A handwritten signature in black ink, which appears to read 'Emma Kelly'.

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Letter from the Executive Director



The last 12 months have not been easy for ICMHD, and we have been compelled to cut down on some of our activities. In a way, this has helped us to focus on what we believe are the most pressing issues facing the world at the time of accelerating migration and decreasing resources available to address its consequences.

In 2012, we highlighted the growing tension around internal rural to urban migration and the hundreds of millions of people caught in a vicious cycle of urban poverty. This is a population that has been conveniently forgotten by policy makers despite the fragility of the health situation that is emerging in the overcrowded slums and shanty towns that rural migrants move into.

Rapid, unplanned urbanization is a common feature of most developing countries and is producing social and economic, as well as physical environments in which communicable diseases such as TB and multi-drug resistant TB flourish. These are environments which also lend themselves to the propagation of HIV and viral hepatitis, both of which are major causes of disability and death. Tragically, the process of uprooting and resettlement in settings such as these is also giving rise to a range of non-communicable diseases and diabetes, cardio-vascular diseases, poor maternal and infant health, as well as a range of psychological problems are adding to the already challenged epidemiological profile of people in urban slums. This must become a priority for the international health community and I hope ICMHD's work in this area will highlight how important an area it has become.

A handwritten signature in dark ink, appearing to read "Anne Carullo". The signature is fluid and cursive, written in a professional style.

Rapid, unplanned urbanization is producing social, economic and physical environments in which communicable and non-communicable diseases flourish

ICMHD and its mission

ICMHD is a Swiss-based non-profit institution established in 1995. Its mandate is to provide governments, UN and other international organizations, NGOs and the private sector with research, training and policy advocacy support in areas related to migration, health and development.

ICMHD believes the right to health applies to all people, including migrants, refugees, and all other people who find themselves on the move, be it for political, economic or environmental reasons.

ICMHD's work is predicated on the belief that by protecting the health and welfare of people on the move, the public health, social development and human security of the larger society is also strengthened.

ICMHD 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.

ICMHD works with a wide range of donors and institutions from the public and private sectors. It seeks to show how all partners and stakeholders can come together around the health and welfare concerns raised by forced and voluntary migration.

Research

ICMHD's research is designed to provide all stakeholders with real-time evidence on which policies can be built and monitored. To date migration, health and development has received relatively little attention when compared to other domains of public health. Perhaps for this reason many of the policies and decisions taken in this area have not always been immediately relevant to the challenges that surround the movement of people.

During the course of 2012, ICMHD worked with a number of partners in taking up some of the main public health issues that are now confronting countries as a result of the growing pace of migration.

Eight of the research themes that we addressed in 2012 were:

- Type 2 diabetes mellitus (T2DM)
- Gestational diabetes mellitus (GDM)
- TB and MDR-TB
- Hepatitis B and C
- HIV/ AIDS
- Gender based violence
- Children left behind
- Substance abuse

Cultural attitudes to health

When people move from one location to another, they inevitably take with them the health prints that they have developed over the course of their lives. These health prints reflect not only their medical histories, but also the many experiences they had with healthcare systems in the settings they lived in and the choices they had to make in response to disease events. Understanding this phenomenon is essential to being able to respond to migrants and non-migrants in a meaningful way.

Culture, however, is a dynamic process, and when people move and have to adapt to new social, economic and political conditions, new cultural permutations emerge. These new cultural profiles are usually positive, but if they are negative they can adversely affect health behavior and healthcare seeking. For ICMHD the challenge is not only knowing what factors play a role in this, but also how and in what ways they go on to determine the course of those diseases and the capacity of people to care for themselves and benefit from available treatment.

Diabetes

Diabetes has become a global threat, and on the occasion of World Diabetes Day 2012, WHO reported that over three hundred million people around the world were living with Type 2 Diabetes mellitus (T2DM). Even this already massive number could be a major underestimation of the true size of the problem because the disease is not always looked for or efficiently reported in many developing countries where the disease is nevertheless fast becoming a challenge to public health and clinical medicine.

In 2012 ICMHD prepared two sets of guidelines designed for use at the primary healthcare level. The first focuses on the management of T2DM in migrant and ethnic populations and highlights the fact that although global in nature, it affects some people more than others and may also go on to affect them differently. Migrants in general appear to be more vulnerable than non-migrants, and migrants coming from certain parts of the world, such as South-East Asia seem to be especially at risk of developing the disease.

Reaching migrants and ethnic minority people with timely diagnosis and treatment is not easy. For a variety of cultural and socioeconomic reasons, they are often unaware of the problem of diabetes and their vulnerability to it. They are also less likely than other people to know about the services that are available to deal with diabetes.

Meanwhile differences in language and culture can make migrants more difficult to reach with information on what they can do to prevent T2DM and treat it if it does occur. As a result, migrants who do develop diabetes often have worse outcomes compared to non-migrants, even when they have access to the same types of treatment. The guidelines that ICMHD have prepared discuss all these issues and propose actions that healthcare workers can take in responding to them.

In addition to the T2DM guidelines, ICMHD is preparing guidelines on the diagnosis and management of gestational diabetes (GDM). In Kuwait ICMHD collaborated with the

Dasman Diabetes Institute and the Ministry of Health to undertake a survey of GDM that highlighted the importance of promoting standard operating procedures (SOPs) that can be followed at the Primary Care level. The survey showed that even within countries healthcare personnel often



take different approaches to diagnosing and treating GDM.

Working with the Ministry of Health in Jamaica and with support from the WDF, ICMHD undertook a similar survey that suggested that although T2DM has now become a major problem and has prompted a response by national health authorities, GDM remains relatively neglected. Despite an interruption in this project, ICMHD is now working again with the Ministry of Health in Jamaica and hopes to bring to see how national policies and strategies on GDM can be improved. In 2013 it will do the same in Panama.

Infant and young child feeding

In 1981 WHO published its landmark study on the factors affecting breastfeeding and highlighted the importance of breastfeeding for the health of the mother as well as the baby. The WHO study, which was headed by the current Executive Director of ICMHD, threw new light on the changes that were then taking place in patterns of infant feeding and what this could mean for global infant health.

Since then there has been a dramatic increase in scientific research on the role of breastfeeding from a nutritional, immunological, physiological and psychological perspective. Breastfeeding protects the baby against the respiratory and gastrointestinal infections that can plague early infancy, and it also provides barriers to many ear infections and allergies. For the mother there is a reduced risk of breast cancer and osteoporosis, both of which are major sources of morbidity and mortality.

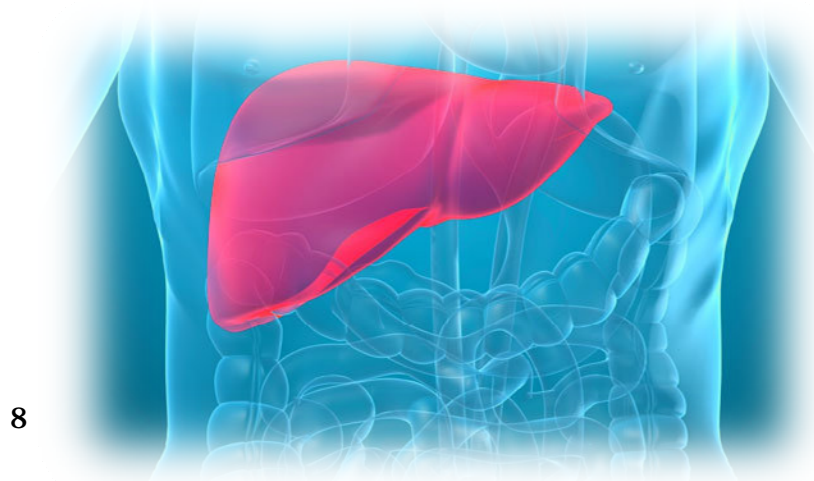


Today there is a growing concern that in the midst of all the social and demographic changes occurring in the context of migration, traditional patterns of breastfeeding are being challenged. The changes that are emerging as a result may be prompting serious problems for infant health and welfare.

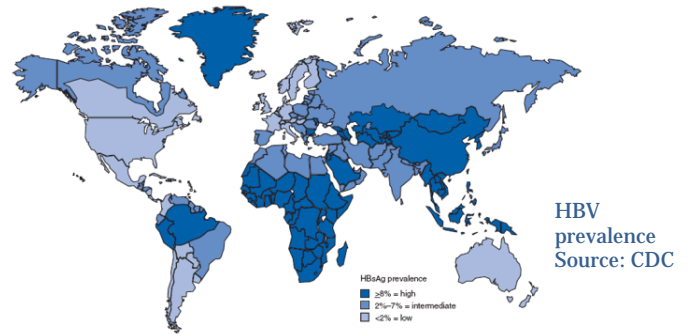
In 2013 ICMHD will launch an appeal for support to new research on how migration, even within countries is affecting infant and young child feeding practices. We believe health care professionals must understand and be responsive to this and know how to respond to it. We believe that in focusing on how migration affects infant and young child feeding it will be possible to better understand why and under what circumstances infant feeding practices change among non-migrants as well.

Viral hepatitis

Viral hepatitis continues to be a major focus of attention at ICMHD. Working with the Hepatitis B and C Public Policy Association, which ICMHD helped to establish, a Summit Conference on Hepatitis B and C was organized in Brussels in 2010. The Summit focused on the 27 countries of the EU and in December 2012 a second Summit was organized for Mediterranean and Balkan countries. The conference brought together more than 200 senior figures from ministries of health, research institutions and NGOs working in the field of viral hepatitis.



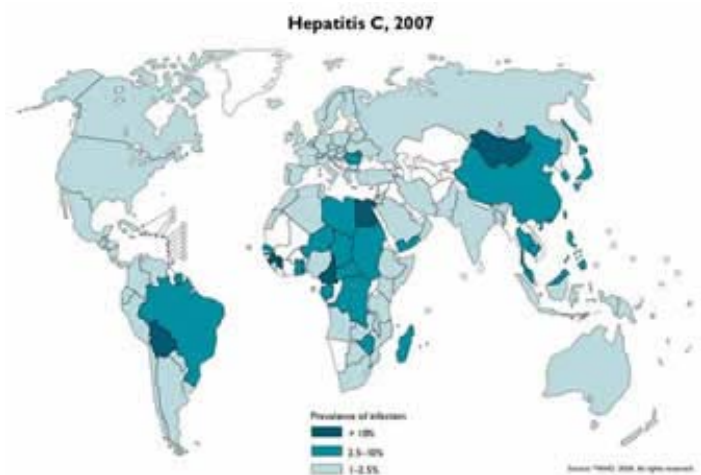
In parts of Europe it is estimated that as much as 80% of all hepatitis B is migrant related and in response to this fact ICMHD is preparing



guidelines on improved diagnosis and treatment of hepatitis B and C among migrants and ethnic minorities. The guidelines are intended for doctors and nurses working at the primary care level but can be used by other healthcare professionals as well. They highlight the changing epidemiology of viral hepatitis and the ways in which people coming from different cultural and disease prevalence backgrounds should be helped.

At a time when treatment options for hepatitis B and C are improving rapidly, there is good reason to believe that hepatitis C could soon be curable through a single dose of oral medication. Treating hepatitis C in migrant populations, however, will be challenging because hepatitis C has a range of genotypes that vary according to region of the world.

As infected people from these different regions move, they inevitably take with them the particular genotype they have been infected with and this may go on to influence the efficacy of treatment compounds. In helping to prepare for this challenge ICMHD is mapping migration patterns and the movement of genotypes into and from Europe.



Tuberculosis

There is growing concern that the number of new cases of TB is increasing and that in some parts of the world there is also a growing problem of multi-drug resistant tuberculosis (MDR-TB). While the global prevalence of MDR-TB is still relatively low, MDR-TB is nevertheless becoming a major threat to national and international health and calls for urgent action.

In many developing countries the problem is associated with the massive internal migration from rural to urban areas and the urban slums into which most rural migrants are forced to move. The urban poor have always tended to be neglected, and this is certainly the case with people arriving from rural areas and settling in overcrowded, poor quality dwellings where all the ingredients for TB transmission are present.

In response to this growing problem ICMHD has started a research and development initiative in three cities in Africa, Asia and the Pacific to better understand the phenomenon and then intervene by creating cadres of community-based workers that can improve TB case detection and treatment in urban slums.

To do this ICMHD is working with a range of stakeholders including the private sector which we believe can be asked to play an important role in making TB case detection more efficient and then keeping people on treatment as long as required to ensure cure.



HIV and Gender Based Violence

Gender based violence (GBV) has probably been present in conflict situations throughout history. Indeed there is even evidence that at times, rape has been romanticized and/or simply referred to as one of the spoils of war. Today however there is a growing awareness of how rape violates the human rights of victims and how the psychological and physical damage done to them can mark victims for life.

The perpetrators of GBV are a diverse group, but in conflict situations, military personnel are often implicated and a number of organizations, including UN agencies have chosen to focus on preventing GBV the military. ICMHD has taken a unique approach to this and two years ago completed an innovative series of research and training activities designed to involve the military and police in defining how they see the challenge being best taken up. Thus in the Democratic Republic of Congo (DRC) ICMHD worked closely with both the National Police Force and the Ministry of Defence in conducting behavioural surveys followed by discussions with senior personnel to develop training programs that respond to the gaps in knowledge and attitudes highlighted by the surveys. In the latter part of 2012 ICMHD entered into a new partnership with UNAIDS to develop a second phase of training of the National Police Force in DRC and link the prevention of HIV/AIDS to the prevention and mitigation of GBV.

Picking up on this work in the DRC, ICMHD has been asked to develop a similar initiative in Somalia where the African Union is deploying as many as 17,000 troops. The projects being undertaken by ICMHD respond to, and expand on, the directive enshrined in UN Security Council Resolution 1983 which was passed in 2011, calling for more accelerated action to support peacekeeping personnel and other uniformed services in the areas of HIV and GBV.

Substance abuse

In 2004, ICMHD undertook a pilot survey of drug abuse among the children of migrants in six cities in France and Belgium. The survey found that the children of migrants are often more vulnerable than other children because they find themselves caught between two cultures and feel unwanted by both. A common theme that emerged in the six cities was that children of migrants often experimented with drugs as a way of demonstrating their rejection of their parents' culture and that of the host society as well. Drug dealers have understood how best and when to target children of migrants and take advantage of the dilemma they find themselves in.

In collaboration with US based researchers ICMHD is now developing a new assessment of this problem in Greece, Spain and Portugal with a view to identifying ways in which exposure to substance abuse can be prevented and its health impact mitigated through community action.

Children left behind



In 2012, ICMHD took up the problem of children left behind by parents who move to other cities or countries in search of work. This is a concern that ICMHD first addressed in 2004 in Central Asia where parents moving to other countries had



left behind thousands of children. Our research pointed to major problems of poor vaccination coverage, early school drop-out and high rates of petty criminality.

Today there is a growing realization that children left behind can not constitute a major blow to national security and the future development of countries. ICMHD is now working to look for optional approaches to this problem and is working in the Philippines, Sri Lanka and Thailand to develop model approaches to preventing and mitigating the health and educational impact of being left behind.

The reasons parents leave children behind are complex. In some cases, employers do not allow migrants to bring their children with them. In other cases, migrants know they will not have the type of security needed to look after children properly and leave them behind with relatives and friends who then do not have the time or capacity to care for them.



New relationships

2012 saw ICMHD invited to enter into a number of new relationships with other organizations. A Memorandum of Understanding was signed with the Applied Economics Health





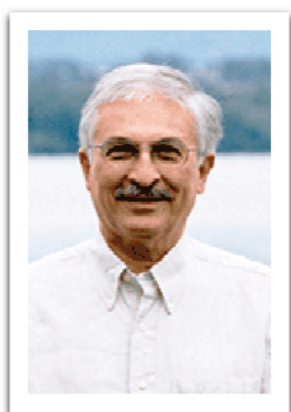
Research partnership (AEHRP) in Denmark, and this has already led to a number of joint ventures including one in the area of psycho-neurological diseases.

ICMHD is also developing a Memorandum of Understanding with the Dasman Diabetes Institute in Kuwait and this should strengthen our work in the area of diabetes and other chronic diseases which the Dasman Diabetes Institute is pioneering.

A new collaboration was also developed with the University College of Applied Sciences in Oslo, and ICMHD is currently developing research on women's health and cancer with

this group. Together with the University of Aberdeen ICMHD is addressing the question of if and to what extent public health decisions in humanitarian action are evidenced based. A research and training collaboration has also been started with Glasgow Caledonian University, which is pioneering new approaches to health development in many parts of the world. In 2012, ICMHD also began to explore a training partnership with the Joslin Diabetes Institute at Harvard University in the USA.

Special mention



In 2012 ICMHD received special support from Dr Kazem Behbehani, the Director General of the Dasman Diabetes Institute in Kuwait. ICMHD is very grateful to him for this. His support came to ICMHD at a very timely moment in its history.

WHO

ICMHD was again honored to see its designation as a WHO Collaborating Centre renewed. This will allow ICMHD to work closely with WHO on a number of new topics, and in 2012 it began to collaborate with WHO Headquarters on hepatitis and the Regional Offices for Europe and South East Asia on preparing for rapid influxes of migrants and refugees in Europe and urbanization and health in South East Asia.



Blogs

A blog series was started in 2012 and covered a wide range of topics such as the forced displacement of Roma from France, and the massive migration of young skilled workers from Spain and Portugal to Switzerland and Germany. ICMHD is committed to using its blogs to reach people who might not be aware of the magnitude of contemporary migration and the health and development issues that surround it.

Internships and training

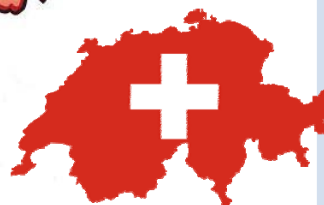
Over the last twelve months ICMHD welcomed a larger number of interns than ever. Students came from Atlantic College, Boston University, Columbia University, Miami University, Rollins College, Smith College and Tulane University in the United States, as well as the Graduate Institute of the University of Geneva in Switzerland, Aberdeen University in Scotland, the University of Oslo in Norway, the Dutch Tropical Medicine

Institute in Amsterdam, Netherlands, and the University of Lisbon in Portugal. Interns also came from the School for International Training in the United States, which has a large program in Switzerland.

ICMHD internships allow students to participate in on-going research activities and also benefit from our seminars and discussion groups. We are pleased to see how many of them have gone on to take up careers in public health and migration-development areas.



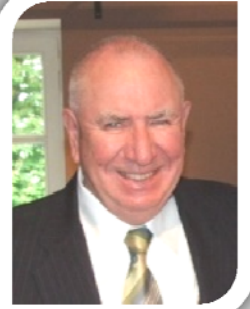
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ICMHD Executive Committee

Dr Eamon Kelly President

Former President of Tulane University and Director of the Payson Center for International Development; former Chairman of the Board of the US National Science Foundation



Dr Mohamed Abdelmoumène Vice president

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



Professor Monique Bégin Treasurer

Former Minister of Health of Canada; Member of the WHO International Commission on Social Determinants of Health; Professor Emeritus, University of Ottawa



Dr Issakha Diallo Committee member

Project Director, Management Sciences for Health, 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 Executive Board

Dr Kazem Behbehani

Director General of the Dasman Diabetes Institute, Kuwait

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Professor of Health Sciences, University of Gran Canaria, Spain

Dr Edmond Dragoti

Director of the Institute of Opinion Studies, Albania

Dr Ashour Gebreel

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

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Dean, School of Public Health, Kinshasa , DRC

Dr Jaques Lebas

Head of the Institut de l'Humanitaire, Paris, France

Kevin Lyonette

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Director of Preventive Medicine in Migration, Tourism and Tropical Dermatology, Italy

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Department of Pedagogy Application, Universitat Autònoma de Barcelona, Spain

Dr Ndioro Ndiaye

President Alliance for Migration, Leadership and Development, Senegal

Elenor Richter Lyonette

Senior Monitoring and Evaluation Officer, Sustainable Development Services, Switzerland

Dr Harald Siem

Ministry of Health, Norway

ICMHD Team

Over the course of the last 12 months, a number of new staff joined ICMHD. Dr Paolo Hartmann came to ICMHD with a strong and long body of experience in infectious diseases and epidemiology with WHO in the South East Asia Region and Headquarters in Geneva. Dr George Dorros also joined ICMHD after a long and successful career with WHO in the area of health systems strengthening in the Western Pacific Region and Headquarters. We were also joined by Dr Olavi Elo who has had a long career with both WHO and UNAIDS in the area of humanitarian relief coordination and AIDS. Olavi is currently based in Somalia. We were also joined by Mrs Buena Dorros who comes with a very successful private sector background in strategic planning and development. Dr Oladipupo Shobowale came to ICMHD from the Royal Tropical Institute, Amsterdam with a background in public health and neoursiences. Miss Elizabeth MacLean joined ICMHD from the University of Aberdeen where she recently completed her MPH with a specialisation in reproductive health and safe motherhood. Miss Ina Gudumac came to ICMHD from the University of Lisbon where she studied international relations and foreign languages.



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