

# 2013 ANNUAL











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## *Who we are*

The International Centre for Migration, Health and Development (ICMHD) is a Swiss NGO that was established in 1995 in response to an Inter-Agency Expert Meeting in 1993 that called for urgent attention to be given to migration and its emerging implications for health and health systems. ICMHD was set up as an autonomous organization to provide governments, UN agencies, the private sector and other stakeholders with current research data, innovative training and policy option papers.

ICMHD brings to the challenge of migration, health and development a broad range of multi-disciplinary experience in public health and clinical medicine, medical and social epidemiology, clinical and social psychology, medical geography, health economics and political science. This body of experience is placed at the disposal of stakeholders in order to help promote and protect the health of people on the move, the people they leave behind and those who host them when they resettle.

Since it was set up ICMHD has been designated a WHO Collaborating Centre four consecutive times, and has also been made an Implementing Partner of both UNFPA and UNAIDS. In addition to its office in Geneva, ICMHD has country offices in Bosnia and Herzegovina (BiH), the Democratic Republic of Congo (DRC), and Spain. It also benefits from an active collaboration with research and training personnel in more than twenty countries in Africa, Asia, Europe and North America where it works closely with major universities such as Columbia, Fordham and Tulane in the USA, Manchester and Glasgow Caledonian in the UK, AUB in Lebanon, Barcelona and Gran Canaria in Spain, the School of Public Health in the DRC and research institutes such as the Dasman Diabetes Institute in Kuwait.

With a presence spanning almost every continent, ICMHD is well positioned to help respond to the needs and interests of governments, international organizations, NGOs and the private sector with respect to the growing challenge of migration, health and development.





# *Our 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 for political, economic, environmental or other reasons. We believe 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 always protected and strengthened as well.

ICMHD carries out its mission by:

- Conducting **research** relevant to the needs of countries and people on the move, and helping to translate the findings of its research into policies and actions;
- Organizing **training** for key stakeholders such as health related personnel, humanitarian relief workers, peacekeepers, other military personnel, police and migrants, so that they can all better participate in the health development process;
- Developing **advocacy** programmes designed to reach key decision makers in government at national and local levels, as well as at an international level.





# Message from the Director



A number of things have occurred over the past 12 months that influence the work of ICMHD. The first and probably the most important is that the economic situation has continued to worsen for many countries, and in doing so has produced major changes in the pace and direction of population movement. Today when millions of people today are being caught up by the need to leave in search of work and a better life elsewhere, many of the jobs they would have been eligible for just a few years ago, are becoming scarcer and host countries are beginning to insist on nationals taking jobs they would previously not have accepted.

It is too early for us to say how this new equation is going to evolve. What we can say, however, is that the health dimensions of international and national migration are becoming more pronounced and the risks to people on the move are more evident and far reaching than at any time in the past thirty or so years. The number of people being injured and dying as they try to move across borders and oceans has grown massively over the course of 2013. Everywhere there is also evidence that the movement of people in search of work is being abused by traffickers who are benefiting from the misery of others. Making the situation even more complex, 2013 also saw national policies on migration harden and become more restrictive. In a few cases the decisions behind these policies were based on a rational review of the supply and demand situation in their countries, but in others the statements and the policies emanating from political circles were clearly not evidence-based and were much more designed to respond to the sentiments and political interests of a few.

At ICMHD we have pursued our quest for rational approaches to be taken to the issue of migration. We have insisted on human rights and objectivity in a context and at a time when many are forgetting the international and historical nature of both migration and human rights. Our commitment to promoting and protecting the health of the few as well as the many has continued as strong as it was when we first set out the principles of our organization.

I and my colleagues on the Executive Committee of ICMHD, Dr Mohammed Abdelmoumène, Professor Monique Bégin, Dr Issakha Diallo and Dr Manuel Carballo sincerely hope the work of ICMHD has contributed in 2013 to improving not only the health and welfare of people on the move, but more importantly to the way in which the principle of universal access to health is seen and translated into action by countries.

**Dr Eamon Kelly**

A handwritten signature in black ink, appearing to read 'Eamon Kelly', written in a cursive style.

*“Our  
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# *Message from the Executive Director*



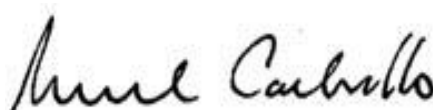
2013 was a year in which the complex nature of both national and international migration became more evident. In countries such as China, India and Indonesia migration from the countryside to cities continued unabated and in China became part of a national promoted policy. In these and other countries, however, the pace of urban growth unfortunately outpaced the capacity of many cities to provide the schools, housing, and jobs needed to make urbanization successful and healthy. In Europe, meanwhile, the needs and rights of migrants clearly took a more background position than they had in previous years and the deepening financial crisis made the economic basis of migration became more pronounced as countries such as Spain and Portugal which had quite gladly become magnets of migration from Eastern Europe, Latin America, Africa and Asia once again become exporters rather than importers of people. Hundreds of thousands of young, highly educated young people left for countries such as Germany where the demand for “new blood” continued to grow and where the need for migrants was recognized within national policies. Others who left Spain and Portugal headed for Switzerland and other parts of northern Europe, producing a Mediterranean diaspora that had not been seen since the 1960’s.

Chronic and possibly worsening poverty and political unrest meanwhile prompted thousands of people from North and Sub-Saharan Africa tried to find new ways of getting to the promised land of Europe, and reminded the world that the gap between the economic condition of regions as well as countries is growing. Many of these migrants failed in their pursuit of happiness and drowned trying to reach islands such as Lampedusa and Malta. Europe was not alone in witnessing this re-enactment of a modern tragedy and off the coast of migration-built Australia overloaded ships carrying human cargo sank or were intercepted and repelled.

The crisis in Syria produced massive numbers of displaced people and created a challenge that countries such as Lebanon and Turkey were ill-prepared to address and was a reminder that the vast majority of the world’s refugees are hosted by the poorer rather than richer countries. As the winter of 2013 approached, decisions and indecisions concerning the Syrian exodus threatened to make their plight even more dramatic.

ICMHD was asked to work with the European office of WHO in helping countries in the Mediterranean and Balkan region to prepare for sudden influxes of migrants and refugees and we gladly did so. We believe this is one of the most important steps to be taken by an international agency. It brings together much-needed evidence and promotes national policies and local programs based on this base of information. A positive note in what has been an otherwise difficult year for the world at large.

**Dr Manuel Carballo**







# HIV and SGBV in DRC

HIV/AIDS and Sexual Gender Based Violence (SGBV) continue to be major problems in the DRC where a chronic conflict and worsening poverty has disorganized many parts of the country, displaced hundreds of thousands of women, men and children, and disrupted all economic activity.

An ICMHD project funded by UNAIDS to take up the HIV/SGBV challenge came to an end this year and highlighted just how much the Congolese National Police Force is aware of the problem and is eager to invest in dealing with it in a technically sound manner.

Following an ICMHD survey within the ranks of the police a training course was developed and in October 122 mid-level and senior level police officers were trained in the prevention and response to HIV and SGBV. The training was organized in Bukavu (South Kivu) where fighting continues to create havoc, and in the capital, Kinshasa.

Graduation day was a celebration of how new knowledge and on-going commitment by partners can bring about change.





# Fighting HIV and SGBV with peace keeping forces

Following its work in the DRC, ICMHD has reinvigorated an area of work that it started a few years ago, namely partnering with peace

support personnel in the prevention of HIV and SGBV. Working with UNAIDS, we have built on the opportunity to collaborate with African Union peacekeepers (military and police) being deployed in Somalia (AMISOM) to create a greater awareness about and involvement in preventing HIV and SGBV.

In October, ICMHD also helped organize an African Union/ILO/UNAIDS in Addis Ababa on HIV and peace support operations. Our work in Somalia and elsewhere picks up on the recommendations coming out from that workshop, and together with UNAIDS and ILO, ICMHD is exploring innovative avenues to preventing and mitigating the impact of HIV and SGBV in conflict and post-conflict settings where social disruption heightens the risk of exposure to HIV and sexual gender based violence.





# Migration and children who are left behind

In an era of globalization the face of migration is changing everywhere. Today, hundreds of thousands of people are moving because of poverty and a need to find work and in the process are leaving children behind. The impact of this on family life and structure is becoming more complex and pronounced.

In 2013 ICMHD took up a theme it had first shed light on in ..... when it looked at the impact of migration on children in Central Asia. In a new project that has received seed funds from the OPEC Fund for International Development (OFID) ICMHD is working with partners in Philippines, Sri Lanka and Thailand to assess how being left behind affects the health and educational development of the children.

Our CLB project seeks not only to assess the scope and impact of the problem, however, but also to work with stakeholders in the communities in question to find solutions that

they can develop and managed themselves. ICMHD recognizes that migration is growing and becoming an essential part of global development. Because it is not likely to stop, we believe it is important that mechanisms be found to prevent and reduce any adverse impact it can have on children who have to be left behind.

We believe doing so is essential not only for the health and welfare of children, but also for society as a whole. Children left behind and not systematically and well cared for are social capital lost. They are also the potential seeds of social and political unrest later in life.

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# Health literacy

Understanding and being able to effectively use healthcare services can be a powerful determinant of health. For millions of people around the world this has always been a major challenge. It affects not only their health but it also denies countries the possibility of improving national health.

ICMHD has taken up the long-standing but sadly neglected theme of health literacy and the capacity of migrants and others to use health services effectively.

Poor use of health services is a universal and complex problem. It affects people coming from different socio-cultural and linguistic backgrounds, and it affects people whose educational experience and socioeconomic status limits the ability to manage personal health and deal with complex health systems. The challenge is common to both developed and developing countries.

Working with the Health Literacy Study-Asia (HLS-Asia), ICMHD has set out to promote a greater awareness of the problem and ways of overcoming it. It is targeting policy makers and the public alike.

To do this we are encouraging countries to work with us and HLS-Asia to gather information on the and encourage action aims at measuring and providing an

overview of the health literacy status in a number of countries across Asia. ICMHD was invited to join this initiative and to exchange its knowledge and share its experience on health literacy among migrant and ethnic populations.

As a result, ICMHD participated in the *1st International Conference on Health Literacy and Better Healthcare: EU and Asia* held on November 20 in Taipei, Taiwan. The conference served as a platform to exchange present core health literacy issues from across the globe and to promote and establish a network for Health Literacy in Asia.

Together with scientists and researchers from other institutions and countries, ICMHD will continue to focus on this subject in the coming year and work towards a more health literate society.



# Diabetes prevention and treatment

This year ICMHD gave much more emphasis to the subject of diabetes and migration and working with countries to develop policies and programs that will hopefully not only prevent many cases of diabetes but will also ensure that people already living with the condition are diagnosed early and treated appropriately. Together with the Dasman Diabetes Institute in Kuwait, ICMHD is planning new initiatives on diabetes for the coming year.

*“347 million people worldwide have diabetes”*

## *Gestational Diabetes*

Gestational diabetes is a major cause of preventable morbidity and mortality. Although the precise magnitude of the problem remains unknown, its concomitant association with type 2 diabetes suggests that it has now become a growing global problem. In 2013, ICMHD's work in this area expanded and its collaboration with the

Dasman Diabetes Institute in Kuwait and the Joslin Institute in Boston opened up new avenues of research, training and policy advocacy. ICMHD surveys on gestational diabetes in Kuwait were completed and the recommendations emerging from them will be taken up in 2014 through a series of national and international meetings.





# *Hepatitis **B** and **C***

Hepatitis B and C constitute a major global health risk with around 240 million people being chronically infected with hepatitis B and around 150 million people chronically infected with hepatitis C. A growing body of evidence suggest that population movement from parts of the world with a high prevalence of HBV and HCV is one of the factors contributing to this epidemic. During 2013, ICMHD continued to develop the Hepatitis B and C initiative together with the

Hepatitis B and C Public Policy Association and with WHO.

Following the second Summit Conference on Hepatitis B and C in Cyprus at the end of 2012, ICMHD began to work more closely with the HEPscreen project being coordinated by the University of Rotterdam and as part of this has participated in a number of planning meetings over the course of the year.



# Conferences and meetings

2013

- March 17, Glasgow  
MEDSIN Annual Conference  
Speech: *The role of migration in health*
- March 27-28, Barcelona  
The Big Picture
- April 17-18, Stockholm  
European Hepatitis B and C Network
- June 18-20, Oslo  
Oslo 2013 Hospital Congress
- September 10, Barcelona  
European Forum for TB Innovation
- October 8-10, Addis Ababa  
A joint African Union/ILO/UNAIDS Consultative workshop on HIV interventions in AU peace support operations
- October 22, Glasgow  
City Health 2013  
Speech: *Changing patterns of migration and their implications for urban health systems*
- October 24, Barcelona  
HEPscreen Integration meeting  
Discussion: *Communication to health professionals*
- November 17-22, Florence  
2<sup>nd</sup> Florence International Training Course: Impact of the economic crisis on the determinants of health and response strategies in Europe  
Speech: *Economic crisis and migration: the double burden*
- November 20-22, Taipei  
International Conference on Health Literacy and Better Healthcare: EU and Asia  
Speech: *Migration and Health literacy: A persisting challenge*

# *Collaboration*

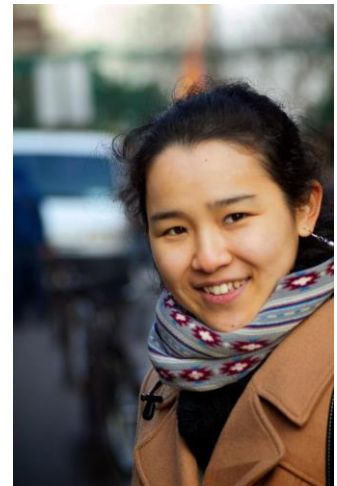
In 2013, ICMHD strengthened its collaboration with existing partners, and also entered into new relationships with a number of other institutions. During this year, ICMHD continued to work with a number of departments at WHO Headquarters in Geneva and with WHO Regional Offices for Europe, South East Asia and Western Pacific. A number of new collaborative initiatives were also started with UNAIDS and ILO in the area of security and HIV/SGBV.



# *Internships*

The ICMHD internship program provides opportunities for international students to complement their educational experience and develop their professional skills in the field of public health, migration and development. It offers its interns access to resources, individualized advisement, guidance in research projects, and facilitates students' successful navigation

of their professional development through experiential learning. In 2012-2013, ICMHD hosted 16 undergraduates and graduates from China, Hawaii, Japan, Singapore, Switzerland and the U.S. While at ICMHD they expanded their potential by working on a range of ongoing projects and participating in counselling sessions on public health.





# *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

# *ICMHD Executive Board*

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Director General of the Dasman Diabetes Institute, Kuwait

[Dr Jose Ramon Calvo](#)

Professor of Health Sciences, University of Gran Canaria, Spain

[Dr Edmond Dragoti](#)

Director of the Institute of Opinion Studies, Albania

[Dr Ashour Gebreel](#)

Professor, Liverpool School of Public Health and Tropical Medicine, UK

[Benjamin L. Harris, M.D.](#)

Associate Professor and Chairman, Department of Psychiatry A.M. Dogliotti College of Medicine, University of Liberia and Vice President, College of Physicians, Liberia College of Physicians and Surgeons, Monrovia, Liberia

[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](#)

Dean, School of Public Health, Kinshasa, DRC

[Dr Jaques Lebas](#)

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

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[Dr Aldo Morrone](#)

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

[Dr Esteban Pont-Barceló](#)

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