

International Centre for Migration, Health and Development

REPORT

2014 - 2015



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About us

ICMHD is a Swiss based NGO committed to addressing today's challenge of migration and its implications for health, health care and health systems. Its goal is to strengthen the WHO goal of health for all by providing the evidence on which countries, international organisations and other stakeholders can develop informed policies and programs in the area of population movement.

ICMHD was established in 1995 to respond to the growing challenge of migration and its role in health and development. Today we are proud to say that we are providing governments, UN agencies, private sector groups and interested parties everywhere with real-time data, training and policy options on a wide range of migration, health and development issues.

ICMHD brings together a sound body of multi-disciplinary expertise in fields such as medical and social epidemiology, public health policy, program planning, critical incident assessment, monitoring, evaluation, social and behavioural sciences, medical geography and economics. It also help national authorities to create robust health surveillance systems in communicable and non-communicable diseases, and translate the findings of these systems into action.

Our current research addresses the health and welfare of host communities as well as that of people on the move such as migrants, refugees, asylum seekers, tourists and military and peace keeping personnel. Our training and advocacy programs are designed to strengthen national and local capacities in healthcare planning and the public health response to situations of mass population movement.

The work of ICMHD has led to its designation as a WHO Collaborating Centre and it works with the WHO Regional Office for Europe as well as with WHO's headquarters and other regional offices. As an implementing partner for UNFPA and UNAIDS and a collaborator with the European Centre for Disease Control (ECDC), ICMHD is a key contributor to public health research worldwide.

Foreword

Over the last two years many of our worst predictions and fears have come true. The number of people being forced from their homes and countries has increased in ways we would never have thought possible two years ago, and at the same time, hundreds of thousands of other people have left homes and countries in search of economic security.

As we have said in so many of our previous Annual Reports, population movement is by no means new and has always been a key part of social and economic development everywhere. The subject of migration and in particular its health aspects has rarely been given the attention it deserves.

Today, at a time when the pace of migration into Europe is assuming levels that even a few years ago were unimaginable, the health impact of mass movement may well be lost in the political turmoil of “if and how to accept Europe’s latest newcomers”. Many countries simply find themselves poorly prepared to take up the challenge and are resorting to rejection rather than pragmatic, evidence-based integration. The lack of any Europe-wide common policy on migration is not helping.

Over a million migrants, refugees, asylum seekers have made the trek by land and sea to European countries in search of what all people seek, namely a mix of political stability, economic opportunity and human security. Many of them will now not find this easily as Europe seeks

desperately to put up barriers and find ways of turning people back. This massive and relatively sudden influx of newcomers serves as a reminder not only of the fact that Europe and North America have become beacons of human security to the world’s poor and desperate people, but also how communication and transportation systems can now facilitate such massive and rapid movement of people. Sadly it has also highlighted that in 2016 the world is just as fragile and inward looking as it was some eighty years ago. So at a time when many European countries are desperately in need of new young work forces, the potential value of this new migrant workforce is being neglected.

Lost in the discussion of how best to stop the arrival of people is the understanding that migration is not just a “pull” issue but also a “push” phenomenon. International development assistance has failed to reach those who need it the most and allow them to make a living in their home countries. An unwillingness to help resolve political unrest and social inequalities early in their prime is now forcing people to flee and seek security elsewhere. The international health sector could do much to provide leadership at this time and demonstrate that health is not just the absence of disease, but also the presence social and mental wellbeing.



Dr Eamon Kelly
President



Dr Manuel Carballo
Executive Director

Preventing and mitigating the adverse effects of migration on Children Left Behind



Image by Jo Kearney. U.A.E., 2014

For many sending countries, migration has become one of the most important avenues to a better life and the remittances workers are able to send back home has become a boon to families left behind. Indeed today migrant worker remittances constitute the mainstay not only of families but also entire countries. None of this has come without a social cost, however.

With support from the OPEC International Development Fund and WHO's South East Asian Regional Office ICMHD assessed how migration is affecting family life and the health and welfare of children left behind in the Philippines, Sri Lanka and Thailand.

ICMHD found that although the migration of one or sometimes both parents to in search of work can have positive effects in terms of supporting better housing and educational opportunities, it can also have a negative impact on the psychosocial wellbeing of the children left with older relatives, friends or in some cases even alone.

While many adapt and cope, some others perceive the decision of parents to leave as an abandonment or a form of rejection. The loss of parental care giving moreover can often mean the neglect of day-to-day health promotion and of vital emotional support by surrogate care givers who do not have any real attachment to the children in their care. Emotional problems among children left behind are common and often translate into chronic passivity, or alternatively deviant or aggressive behaviours.

Based on the findings of the project, and in view of the fact that migration of parents is likely to increase in the context of hardening attitudes by employers and countries to the idea of family unit migration, a series of recommendations were made to assist in responding to the challenge.

Preventing and responding to HIV and Sexual Gender Based Violence in peacekeeping



HIV continues to pose a serious challenge to social development and stability in many parts of the world, and especially so in situations of conflict and upheaval. In its Resolution 1983, the UN Security Council again called on UN member states to take up the challenge of preventing HIV among peacekeepers. It also called for much more attention to be given to preventing sexual gender based violence (SGBV) in settings of peacekeeping.

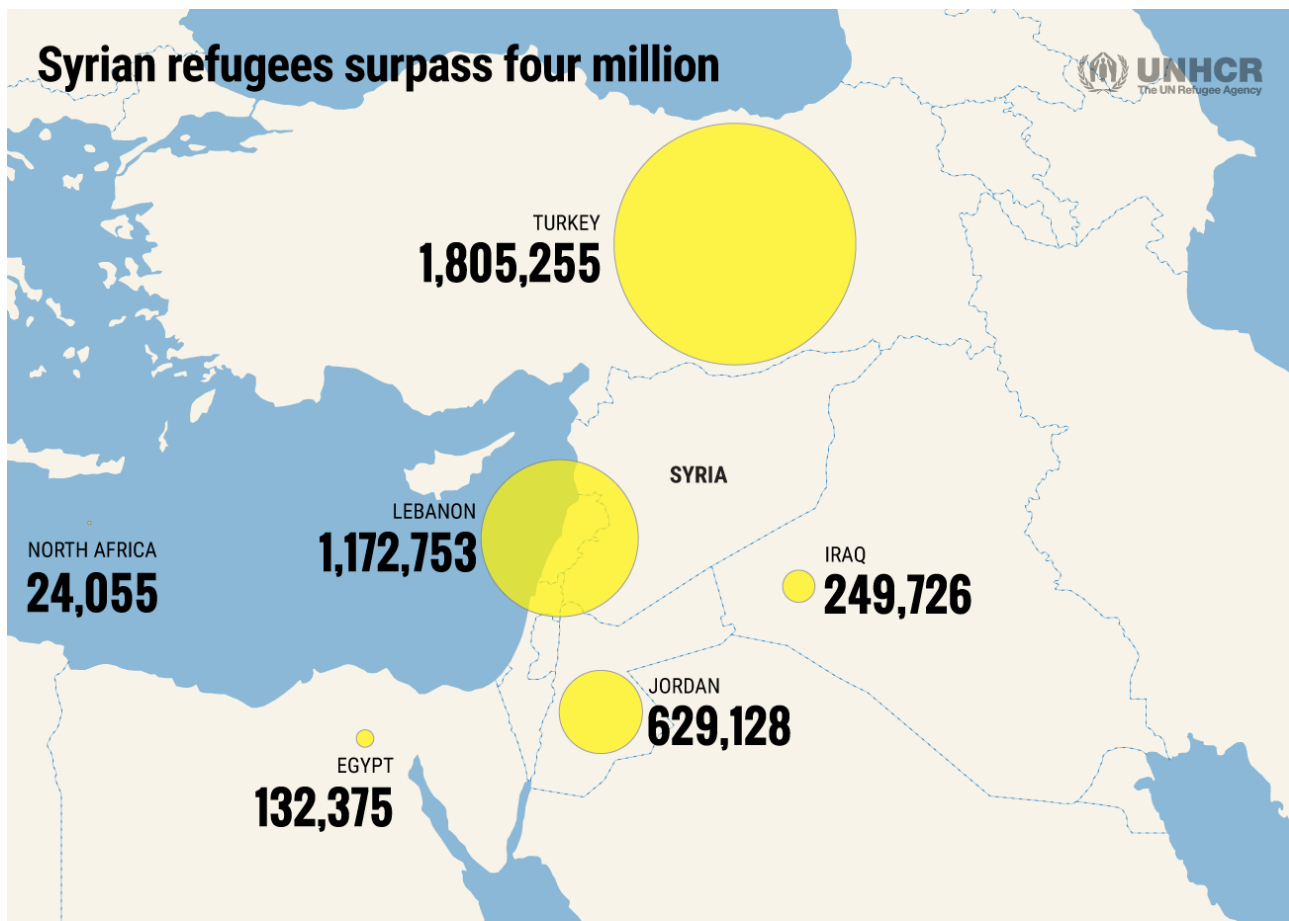
In 2014 ICMHD worked with UNAIDS and undertook a series of activities to address the UN Security Councils call for action. In the African region, ICMHD prepared draft guidelines for troop contributing countries on HIV. The draft guidelines, which were presented for review at a meeting of African Union countries in Addis Ababa, can serve as a basis for much-needed standardisation of how troop contributing countries take up the challenge of HIV and SGBV prevention.

In 2014 ICMHD also received funding from UNAIDS to address HIV and SGBV with the African Union Mission in Somalia (AMISOM). The project served to highlight that far too little is being done with respect to preparing and engaging the military and police contingents on HIV and SGBV. Many troop and police contributing countries have not yet allocated the time required to this issue and have not systematically taken up UN Security Council Resolution 1983.

There was little evidence that either military or police personnel were being well briefed or trained on SGBV or HIV before, during and after deployment. As a result, ICMHD developed Standard Operating Procedures on HIV and SGBV and accompanied these with training materials that respond to the gaps identified in the initial assessments that were made with help from AMISOM.

The project served to heighten awareness not only about the continuing importance of HIV and SGBV in conflict zones, but also the need for countries sending military and police personnel in support of much needed peacekeeping operations to be committed to ensuring their uniformed personnel are more aware and respectful of their own health and that of the people they are there to serve. This theme has been taken up by the UN Secretary General's office and by UNAIDS as well.

HIV and the Syrian crisis



Because conflict, social instability and the forced displacement that comes with war are known to increase the vulnerability of people to poor health, including their sexual health, concern about how the Syrian crisis is affecting people has mounted. The crisis has already displaced more than 5 million people and has forced more into situations of acute poverty.

The UNAIDS Office for the Middle East and North Africa (MENA) has led discussions on this theme and has asked for HIV not to be forgotten in the midst of all the other issues rightly preoccupying humanitarian agencies and staff. In 2014 it commissioned ICMHD to develop a strategic plan on HIV in 2015 it asked ICMHD to determine how HIV was being taken up by humanitarian groups in Jordan

and Lebanon where large numbers of refugees are being accommodated.

ICMHD staff went to both countries to make field assessments and identify if and what might be required to strengthen the way in which HIV is taken up as a routine part of the humanitarian assistance programs in place. Discussions were held in both countries with Ministry of Health officials and staff in the main national and international NGOs based there.

A number of site visits to the larger refugee camps highlighted the fact that to date HIV has not been given much prominence by many organisations. Most have tightly given more attention to food, shelter, primary care and education, saying that HIV was not a priority prior to the crisis.

At the same time many humanitarian groups felt more should be done on HIV prevention and treatment, especially given the fact that the upheaval in Syria has forced a very large number of young girls into serious poverty and that sex work and trafficking of girls and women has become a major challenge.

In 2015 UNAIDS/MENA invited ICMHD to develop a Concept Note on HIV and TB for the Syrian Republic that could be used by Syria in applying Global Fund support.

ICMHD held meetings with Syrian Country Coordinating Mechanism representatives, UNDP, WHO and other key stakeholders to review past activities supported by the Global Fund and identify current gaps and needs.

The resulting Concept Note became the basis for on-going discussions between Syrian officials and the Global Fund, and in November 2015 ICMHD was asked to be part of a Global Fund consultation meeting in Beirut where the draft Concept Note was officially presented.



Dr Paolo Hartmann during his visit to a Syrian refugee camp in the Bekaa Valley

HIV in emergency situations



Over the last decade a well-documented growth in man-made and natural disasters has prompted the International Federation for Red Cross (IFRC) to look for ways of scaling up its work on HIV in emergencies and in 2015 IFRC asked ICMHD to develop guidelines, assessment tools, and a training curriculum on HIV in emergencies for Red Cross Red Crescent staff and volunteers.

In preparing the groundwork for this task ICMHD undertook a field assessment of perceived needs among Red Cross and Red Crescent staff in Bosnia, Liberia, and Senegal. On the basis of the findings and discussions with HIV experts in countries that have recently gone through disasters of one kind or another draft documents were prepared and presented in November.

“Around the world, 1.6 million people living with HIV have been displaced by natural and man-made disasters”
UNAIDS 2013

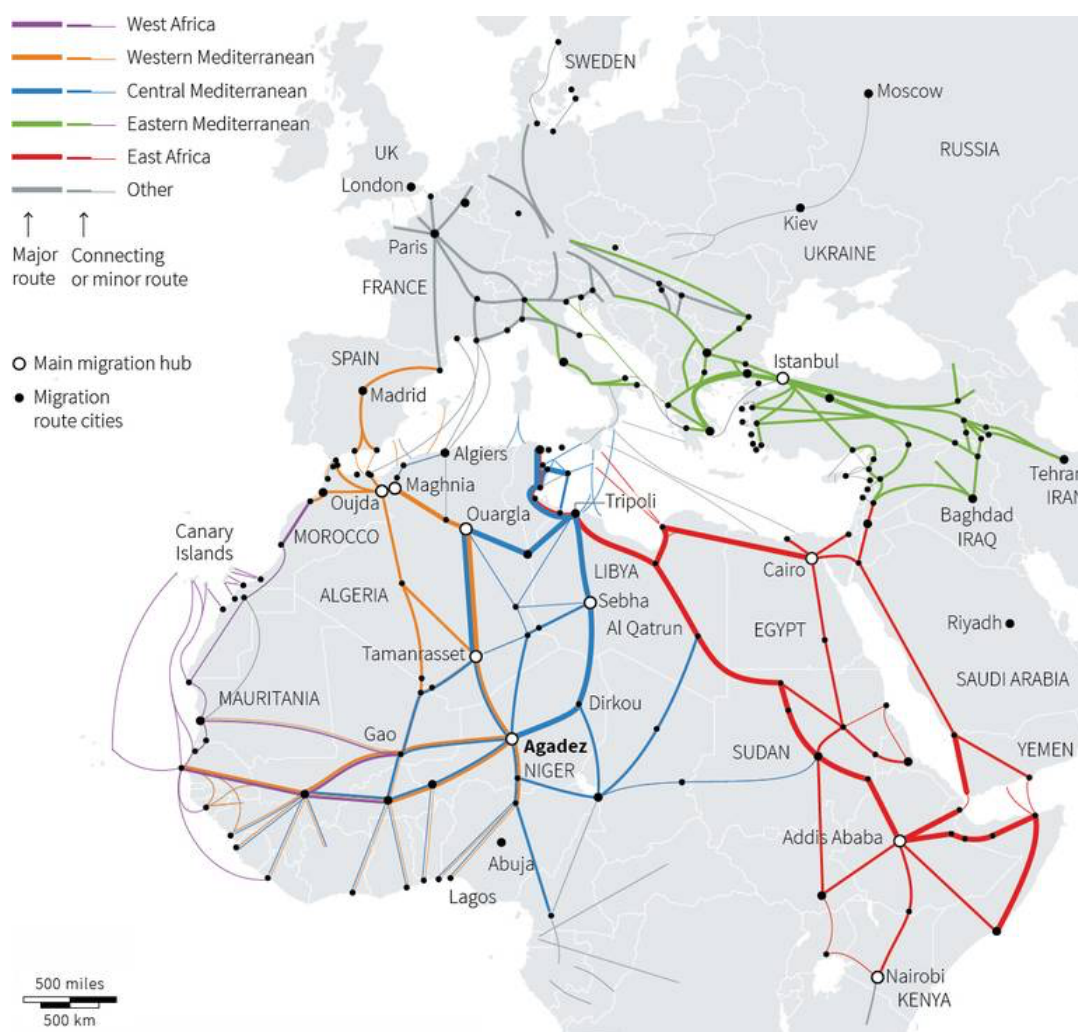
Public health aspects of migration in Europe

Confronted by the rapidly changing pace of migration into Europe, especially into and then through southern European countries, the WHO Regional Office for Europe has taken up the challenge of helping member states on the “front line” to strengthen their health sector capacity to address massive and sudden influxes of people.

As part of this, the new WHO Public Health Aspects of Migration in Europe (PHAME) works with countries to assess the extent of their preparedness to respond to health and healthcare needs of new arrivals.

In 2014-2015, ICMHD was asked to help prepare an assessment “toolkit” to be used in PHAME country assessments and to be responsible for assessments in Cyprus and Malta as well participating in other countries.

The results of these assessments have been published by WHO/EURO and now constitute part of the overall country



support program being put in place by PHAME. These publications were presented at the WHO High Level Meeting on Refugee and Migrant Health on 23-24 November in Rome.

As part of the PHAME response, ICMHD was also asked to develop and conduct training courses for public health workers in Macedonia and Serbia in the latter part of 2015. ICMHD is continuing its work in this area and developing more training courses and first line guidelines.



Tackling viral hepatitis

Viral hepatitis, especially hepatitis B and C, account for over 50% of all liver cancer and cirrhosis in the world. Despite this, viral hepatitis has failed to attract the degree and type of commitment needed from ministries of health. In Europe hepatitis C is becoming more common and hepatitis B continues to be problematic despite the fact that a highly effective vaccine exists and is readily available to countries.

In 2015, with funding from ApEHR, a health research group based in Denmark, ICMHD undertook a major review of the main HCV registries and databases that are currently available in 10 European countries where HCV is recognised as a problem.

Creating new registries and developing shared data platforms will be a major step forward in fighting HCV, but to date there has been little cooperation between countries in approaching this topic in a standardised way.

In 2015, ICMHD has also been involved in discussions with ministries of health from Gulf Cooperation Council (GCC) countries in how best to tackle HBV and HCV in that region. In 2016 ICMHD will organise a GCC-wide meeting with ministries of health to discuss current policies and practices, and how these may need to change in light of new clinical evidence and improvements in current treatment options.



Malignant melanoma

Over the course of the last few years the field of cancer management has seen a number of major breakthroughs, especially in the area of immunotherapy. As these and other advances become more established and as the application of new knowledge becomes increasingly possible, research in healthcare options and patient outcomes is also being called for. In 2014, ApEHR was invited to lead an international observational study effort in the field of melanoma treatment. ApEHR in turn invited ICMHD to become a technical collaborator in creating a multi-country

data platform for use in assessing treatments and outcomes. A second phase of the project involving Denmark, France, Italy and Sweden began in late 2015 with ICMHD collaboration.

Rare cancers

Because rare cancers are infrequent, they have attracted little attention and there is a paucity of comparative information on these cancers in Europe. In August 2015, ApEHR asked ICMHD to explore if and where data on treatment patterns and outcomes of 10 selected rare cancers could be developed. The ICMHD assessment identified registers and a series of databases, biobanks and other potential platform partners in sixteen European countries.

DM and TB: a double burden



In a world of fast growing “poli-morbidity”, complex disease burdens are beginning to present challenges that many healthcare systems are ill-prepared to deal with. The growing prevalence of diabetes in places where TB is still common, is one of the new threats that is burdening people and the healthcare systems they need.

People with diabetes have a higher risk of developing active TB than others, and many of the countries that have seen a rapid growth in diabetes have seen a concomitant increase in the number of

new cases of TB. Making the threat even greater is the fact that people with diabetes and TB are also up to 4 times more likely to fail TB treatment even when they adhere to treatment regimens.

In June 2014, ICMHD and the Dasman Diabetes Institute in Kuwait organised an international technical meeting on the growing threat of co-morbid diseases with a focus on diabetes and TB. The meeting brought together 60 participants including Ministry of Health officials and experts from China, Kuwait, Qatar, the UK and USA to discuss current epidemiological and clinical knowledge about the dynamics of the link and key prevention and treatment options.

The meeting called for new evidence based global policies, international guidelines and standard operating procedures on timely screening for TB in people with diabetes in countries where widespread diabetes-TB co-morbidity can be anticipated.



Gestational diabetes

The demographic patterns of diabetes are changing globally, with an observed shift to younger age groups, including women of reproductive age. As a result, diabetes in pregnancy is increasingly common and so is gestational diabetes mellitus (GDM).

GDM is a transitory form of diabetes which in most cases goes into remission once the woman gives birth. If undiagnosed and untreated, however, GDM can lead to foetal growth problems, macrosomia and difficult deliveries, including haemorrhage. GDM also puts the mother at high risk of type 2 diabetes later in life. The infant is also at risk of developing obesity and diabetes in childhood. Unless action is taken to tackle this growing problem, GDM could become a major threat to maternal and child health in developing and developed societies.

In 2015 ICMHD in collaboration with the Dasman Diabetes Institute (DDI) in Kuwait brought together national and international experts including representatives from the Ministry of Health to review knowledge on the situation globally and in Kuwait. The meeting workshop was seen as a major step towards enhancing national planning on GDM and in late 2015 the DDI initiated a new epidemiological study on GDM in Kuwait.



Courses and internships

In 2014 - 2015, the Payson Centre for International Development (USA) and ICMHD organised summer courses on urbanisation and climate change. The courses explored the impact of rapid urbanisation and climate change on population movement and health and examined the role of social, economic and political factors in influencing the capacity to respond to these evolving global threats. The courses also addressed key questions related to the impact of forced displacement and rapid urbanisation on health planning.

In 2015, 12 undergraduate students attended the 2 weeks course in Geneva. The students also benefited from field trips to the World Health Organisation, the International Committee of the Red Cross, and the UN High Commission for Refugees. The course was followed by a three-week internship program in July.

In 2014-2015 ICMHD also offered internship programs for undergraduate and graduate students. These programs provide opportunities for international students to complement their educational experience and develop their professional skills in the field of public health, migration and development. During 2014 - 2015 ICMHD hosted up to 30 undergraduates and graduates from Canada, France, India, Taiwan, and the U.S. Interns expanded their knowledge by working on a range of ongoing projects and participating in individual counselling sessions.



ICMHD: a growing team

In 2014 - 2015, some staff left and other new staff arrived, bringing with them a wealth of technical expertise and experience with WHO and other international organisations.

Today ICMHD is more multidisciplinary than ever and has a broader network of collaborators in Europe, Africa, Asia and the Americas. This is making it possible for ICMHD to cover more thematic areas related to health and development.



Meetings and conferences

In 2014 - 2015, ICMHD has been invited to give key note addresses in a number of international meetings and conferences.

March 19 - 20, 2014 | Athens, Greece

Public Health Benefits of Screening for Infectious diseases among Newly Arrived Migrants in the EU/EEA

April 1, 2014 | Padua, Italy

The history of migration

April, 9-10, 2014 | Granada, Spain

Public Health Principles and Professional Standards

June 3-4, 2014 | Athens, Greece

Economic Crisis and Healthcare - ensuring access to public health services: the case of Hepatitis B and C

June 6, 2014 | Glasgow, Scotland

Glasgow Caledonian Research Day

July 5-7, 2014 | Barcelona, Spain

HEPHIV 2014

HIV and Viral Hepatitis: Challenges of Timely Testing and Care

November 3-4, 2014 | Amsterdam, Netherlands

International City Health Conference

November 7, 2014 | Geneva, Switzerland

Health Literacy: Taking the Agenda Forward

November 28, 2014 | Istanbul, Turkey

IDF Annual Meeting

January 24-25, 2015 | Athens, Greece
22nd St Hadziyannis International Hepatitis B&C Meeting

April 21 | Vienna, Austria
EASL International Liver Congress 2015

May 20, 2015 | Geneva, Switzerland
Geneva Global Health Literacy Forum

June 8-10, 2015 | Lyon, France
NCID 2015 10th meeting of National Cancer Institute Directors

September 6-10, 2015 | Basel, Switzerland
9th European Congress on Tropical Medicine and International Health

October 8-10, 2015 | Dubai, UAE
Middle East Virology Meeting

December 3 | London, UK
GCU Master Class
Mass migration: challenge or opportunity for Europe

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 Behavioural Research, WHO Global Program on AIDS; Former WHO Public Health Representative, Bosnia; Professor of Public Health, Columbia University, New York; Adjunct Professor Tulane University

