

# Health Promotion, Policy and Research

Besides providing direct health assistance to migrant populations and coordinating the many operations that predominantly take place in IOM field missions, MHD carries out operations research to provide the necessary evidence on the relevance of specific interventions. As such MHD responds to the needs of governments and agencies for evidence based information on migrant health using modern information technology systems. Quantitative and qualitative research data on migrant health are analysed and disseminated for advocacy purposes and to guide policy developments and strategies. In addition, the Department recommends appropriate interventions and prevention strategies to combat ill health among migrants and their host communities. MHD collaborates closely with international organizations, universities, governments, NGOs and other key partners in the conduct of researches, health promotion and development of policy guidelines.

The interconnection between research, health promotion and policy was reflected in several research projects conducted by the Department. Major foci of MHD research in 2006 were in the domains of HIV and AIDS, human trafficking, health care worker migration and health access of migrants.

Some examples include an assessment of the needs of migrants and determination of the best approaches to reach them with HIV and AIDS prevention activities in Bosnia and Herzegovina; the use of participatory action research to enable communities to develop their own programmes for prevention, care and support in Myanmar; and the assessment of HIV vulnerability and reproductive health care of displaced peoples in Zimbabwe and migration populations in Timor-



Leste. Existing policy responses from IOM and other organizations related to counter-trafficking and HIV were the subject of a desk study for East and Southern Africa. This study also described the link between sexual, reproductive and mental health, HIV and human trafficking, as experienced by different groups of trafficked women from Ethiopia, Mozambique and Thailand. This led to the identification of good practices in mainstreaming HIV and AIDS into counter-trafficking interventions.

Mapping of social health services for asylum seekers, refugees and people holding subsidiary protection in Italy were translated into recommendations for consideration by social health services operators and the Ministry of Health. A similar



Daily life in Mae La camp, Thailand.

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project to map healthcare services for migrant populations in Haiti, the Dominican Republic, Jamaica, the Bahamas and Trinidad and Tobago will help strengthen synergies between policy and decision makers and the private sector. In Regione Campania, Italy, public and non-profit reproductive health services for migrant women were also being mapped while conducting a social research to identify determinants and needs related to reproductive health.

Migration of health care workers was also a focus of research in MHD. The development potential of migrants in the health sector in Geneva coming from Cameroon, Senegal and Somalia was explored in a joint study with the University of Geneva. IOM commissioned consultants to conduct studies to provide

evidence-based strategies and guidelines for addressing the movement of human resources for health in Kenya, Tanzania and Uganda.

Baseline studies were conducted to provide background information for subsequent evaluation of the effectiveness of health interventions. Information campaigns to raise awareness on risks of irregular migration and HIV and AIDS were accompanied by baseline surveys. Research outputs were also used as contributions of MHD when collaborating in inter-agency work groups. IOM actively organized regional workshops to bring together researchers and policy makers.



IOM organized a social activity for children in the post-tsunami Ampara camp.

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## Significant Publications from Researches on Trafficked Women

In 2006, two significant publications were generated from research conducted with MHD participation. The first publication, "Stolen Smiles", written by Cathy Zimmerman et al. was based on a study with the London School of Hygiene and Tropical Medicine, on the physical and psychological health consequences experienced by trafficked women and adolescents in Europe. IOM Rehabilitation Centres in Moldova and Ukraine contributed the majority of subjects for this study. MHD staff of these centres conducted the interviews using standardized questionnaires developed for the study. This study presents data on health outcomes of 207 trafficked women. Nearly all women in this study (95%) suffered either physical or sexual violence, although majority (60%) had already experienced some form of violence even before being trafficked. More than one-third of them said even their families were threatened with violence which often were carried out. Fatigue and loss of appetite, neurological symptoms such as headaches and memory loss, and stomach and abdominal pains were reported by the majority. Pelvic pain, vaginal discharge and gynaecological infections were reported by 60% or more. Symptoms of depression and anxiety were present in 95% and 91% of trafficked women, respectively. (<http://www.lshtm.ac.uk/hpu/docs/StolenSmiles.pdf>)

The second publication "Breaking the Cycle of Violence", reported on a study of women trafficked from Ethiopia, Mozambique and Thailand, and was prepared by IOM's Regional Office for Southern Africa. The paper described the experiences the women lived through during the different stages of the trafficking process, and the associated vulnerabilities to sexual, reproductive and mental problems. For instance, trafficked Ethiopian women, many of whom experienced violence at home before being trafficked, would work in domestic labour in the Middle East where nearly half (45%) experienced physical abuse. Many Ethiopian women are deported back to their countries after a period of stay in detention centers where health care was minimal. During transit, Mozambican women were often sexually assaulted by their traffickers or their associates as a way of "initiating" them to sex work. These traffickers also use physical harm to "break" these women and make them easy to manipulate. At destination, Mozambican women were sold as "wives" to mine workers or ended up as sex workers in South Africa. Trafficked Thai women worked in private homes in South Africa where they were forced to perform sex acts against their will, work for long hours and deprived of freedom of movement. ([http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published\\_docs/books/Breaking\\_the\\_Cycle2.pdf](http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published_docs/books/Breaking_the_Cycle2.pdf))



Arrival in Bor, disembarking. These Dinkas, one of the main tribes in Southern Sudan, were displaced from their homes during the long civil war which ended last year after a peace deal was signed between the government in Khartoum and the SPLA (Sudanese People Liberation Army).

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