



SAPIENZA  
UNIVERSITÀ DI ROMA

Corso di Laurea 'A' in Medicina e Chirurgia

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# MIGRANTS' HEALTH

University of Rome "La Sapienza"  
November 29<sup>th</sup> 2024

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*Global Health: international monographic course*



Gruppo Immigrazione e Salute  
Gr.I.S. LAZIO







# Caritas Rome Health department



## 4 areas of committment:

- health care;
- research;
- education;
- advocacy.



**Almost 350 volunteers**  
**6.000 patients/year**  
**Almost 20.000 services/year**



*Coordinamento  
Nazionale  
Immigrazione*



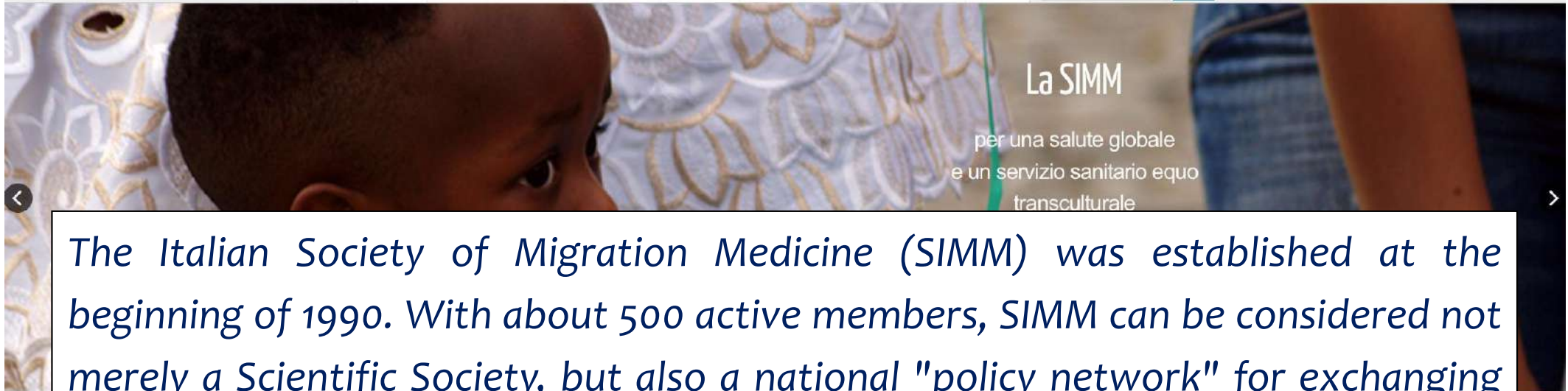
# Italian Society of Migration Medicine (SIMM)



Nome utente Password Accedi

Hai dimenticato la password?

Chi siamo Coordinamento Nazionale Aree Tematiche Formazione Calendario appuntamenti Per associarsi Contatti inserisci un termine Cerca



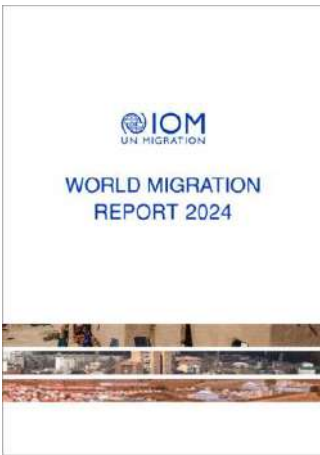
*The Italian Society of Migration Medicine (SIMM) was established at the beginning of 1990. With about 500 active members, SIMM can be considered not merely a Scientific Society, but also a national "policy network" for exchanging experiences, data, scientific evidence and considerations on health policy, including at the local level, relating to migrants' right to health care.*

*Since its founding it has influenced, through its constant action of advocacy, most national health care policy decisions in this sector, which has led to the enactment - not without controversy and difficulty - of the Italian inclusive laws.*

[www.simmweb.it](http://www.simmweb.it)







# World migration data



**International migrants<sup>a</sup>**

**281 million**

**international migrants** globally in 2020, or 3.6 per cent of the world's population

<b>Females<sup>a</sup></b>	<b>135 million</b>	<b>international female migrants</b> globally in 2020, or 3.5 per cent of the world's female population
<b>Males<sup>a</sup></b>	<b>146 million</b>	<b>international male migrants</b> globally in 2020, or 3.7 per cent of the world's male population
<b>Children<sup>a</sup></b>	<b>28 million</b>	<b>international child migrants</b> globally in 2020, or 1.4 per cent of the world's child population
<b>Labour migrants<sup>b</sup></b>	<b>169 million</b>	<b>migrant workers</b> globally in 2019
<b>Missing migrants<sup>c</sup></b>	Around <b>8,500</b>	<b>dead and missing</b> globally in 2023





# World migration data



**Displaced persons<sup>e,f</sup>**

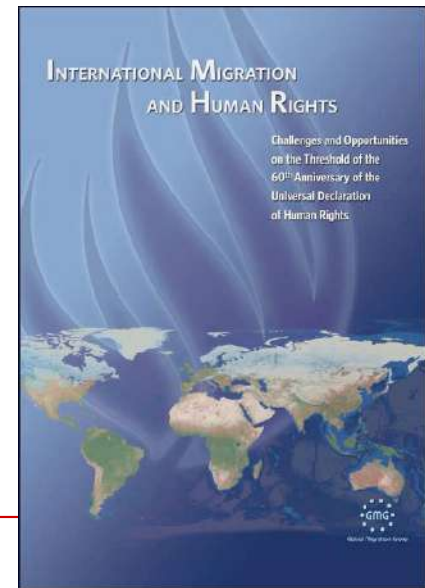
**117 million**

**people were living in displacement** globally at the end of 2022 (includes refugees, asylum-seekers, IDPs and others)

Refugees <sup>e</sup>	<b>35.3 million</b>	refugees globally in 2022
Asylum-seekers <sup>e</sup>	<b>5.4 million</b>	asylum-seekers globally in 2022
Others in need of international protection <sup>e</sup>	<b>5.2 million</b>	others displaced globally in 2022, mainly Venezuelans (not including those who were refugees or asylum-seekers)
Internally displaced persons (IDPs) <sup>f</sup>	<b>71.2 million</b>	IDPs globally in 2022: 62.5 million due to conflict and violence; 8.7 million due to disasters

# Forced migration

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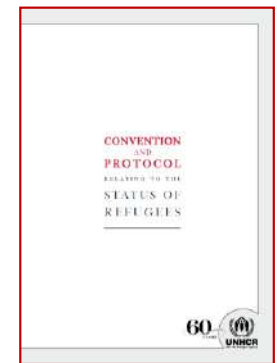


Forced migration is a general term to describe a migratory movement in which an element of coercion exists, including threats to life and livelihood, arising from natural or man-made causes, such as movements of refugees and internally displaced persons as well as people displaced by political instability, conflict, natural or environmental disasters, chemical or nuclear disasters, famine, or development projects.

Global Migration Group (GMG). (2008).  
International Migration and Human Rights. Geneva



# Some definitions: refugee



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Under the UN Convention 1951, a **refugee** is a person who, “*owing to well-founded fear of persecution for reasons of race, religion, nationality or membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail him/herself of the protection of that country; or who, not having a nationality or being outside the country of his/ her former habitual residence, is unable or, owing to such fear, is unwilling to return to it.*”

# Some definitions: asylum seeker

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An **asylum-seeker** is an individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it.

Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum-seeker.



## Some definitions: Internally displaced persons (IDPs)

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**Internally displaced persons, or IDPs**, are among the world's most vulnerable people. Unlike refugees, IDPs have not crossed an international border to find sanctuary but have remained inside their home countries.

Even if they have fled for similar reasons as refugees (armed conflict, generalized violence, human rights violations), IDPs legally remain under the protection of their own government – even though that government might be the cause of their flight.

As citizens, they retain all of their rights and protection under both human rights and international humanitarian law.



# World migration data

Table 1. Key facts and figures from *World Migration Reports 2000 and 2024*

	2000 report	2024 report
Estimated number of international migrants	150 million	281 million
Estimated proportion of world population who are migrants	2.8%	3.6%
Estimated proportion of female international migrants	47.5%	48.0%
Estimated proportion of international migrants who are children	16.0%	10.1%
Region with the highest proportion of international migrants	Oceania	Oceania
Country with the highest proportion of international migrants	United Arab Emirates	United Arab Emirates
Number of migrant workers	–	169 million
Global international remittances (USD)	128 billion	831 billion
Number of refugees	14 million	35.4 million
Number of internally displaced persons	21 million	71.4 million

**A growing phenomenon**



# World migration data

**75%** HOSTED IN  
LOW-AND MIDDLE-  
INCOME COUNTRIES

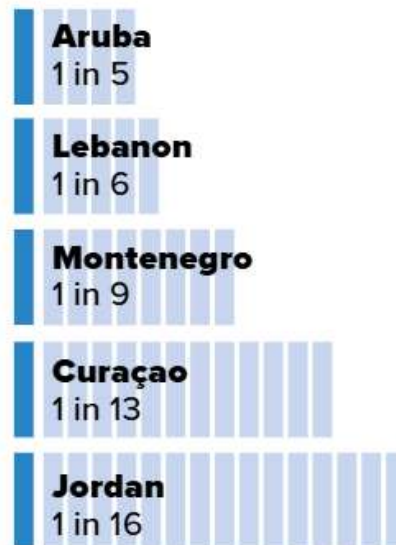
Low- and middle-income countries hosted 75 per cent of the world's refugees and other people in need of international protection.<sup>5</sup> The Least Developed Countries provided asylum to 21 per cent of the total.

**69%** HOSTED  
IN NEIGHBOURING  
COUNTRIES

69 per cent of refugees and other people in need of international protection lived in countries neighbouring their countries of origin.

**1** IN **5**  
ARE DISPLACED

Relative to their national populations,<sup>6</sup> the island of Aruba (1 in 5) and Lebanon (1 in 6) hosted the largest number of refugees and other people in need of international protection, followed by Montenegro (1 in 9), Curaçao (1 in 13) and Jordan (1 in 16).<sup>7</sup>



**3.6** MILLION  
NEW CLAIMS

The United States of America was the world's largest recipient of new individual applications.

**United States of America**  
1.2 million

**Germany**  
329,100

**Egypt**  
183,100

**Spain**  
163,200

**Canada**  
146,800



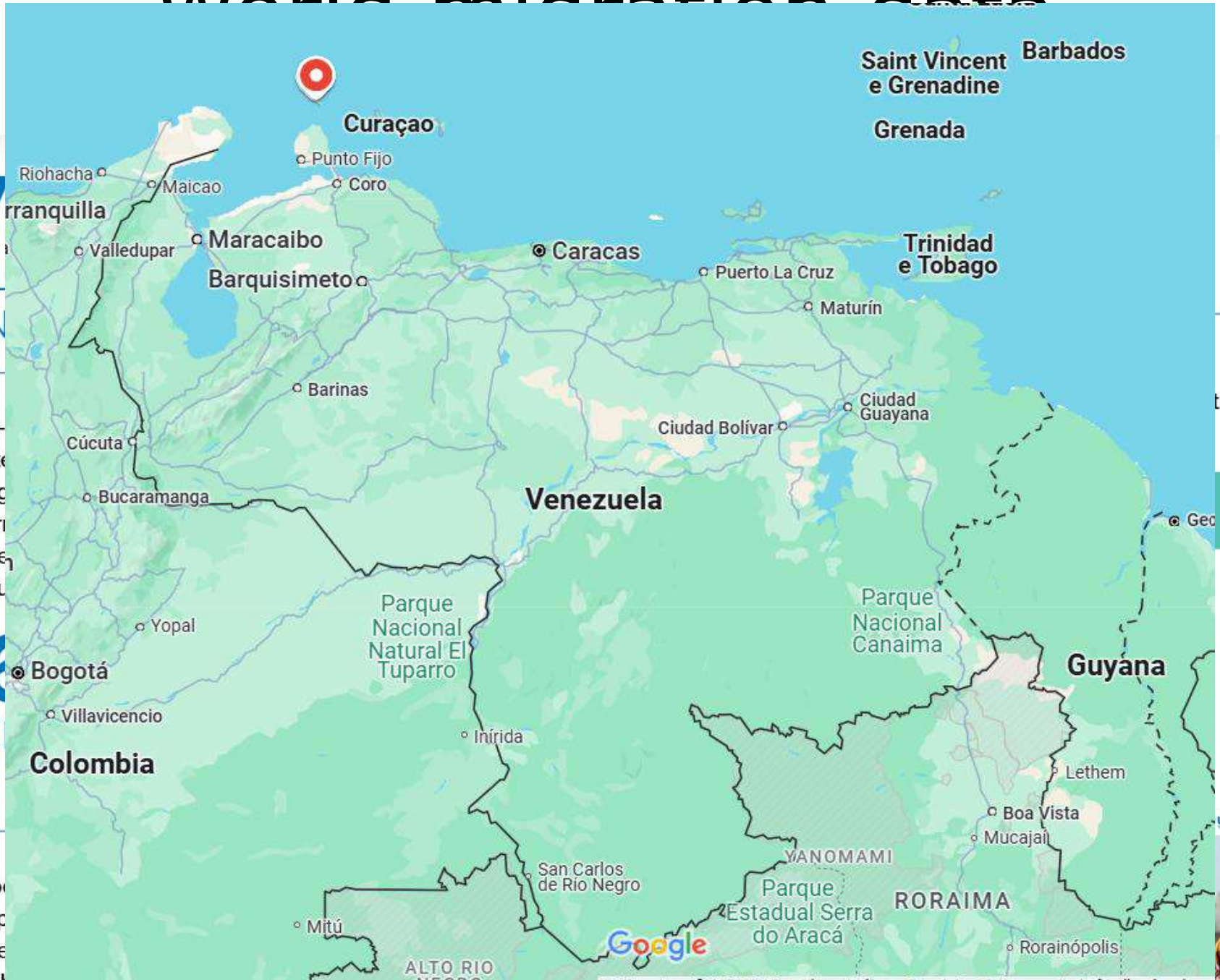
# World migration data

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neighbouring their countries of origin.

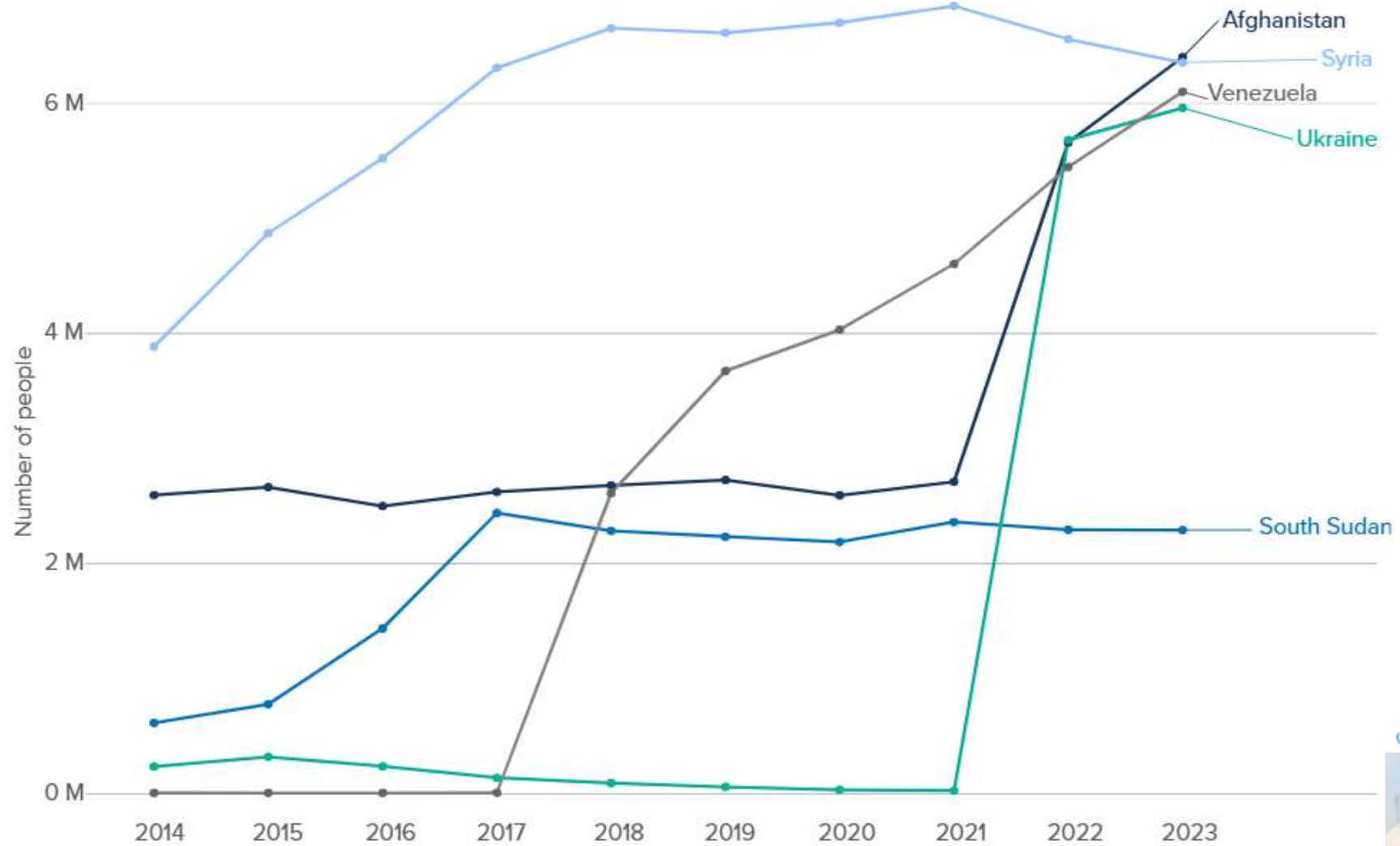


GLOBAL TRENDS  
FORCED DISPLACEMENT  
IN 2023



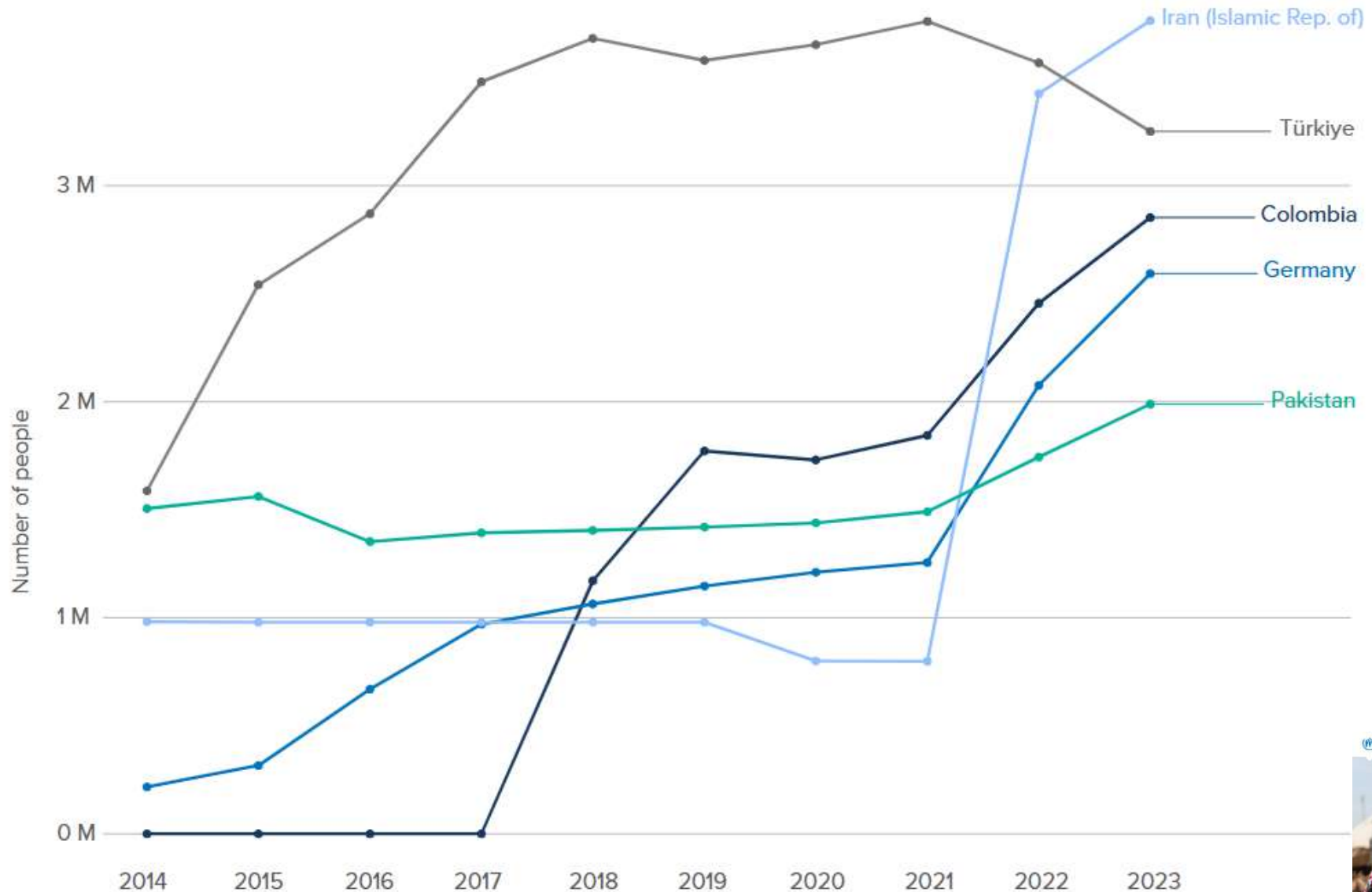
# World migration data

Figure 7 | Refugees, people in refugee-like situations and other people in need of international protection by major country of origin | 2014-2023

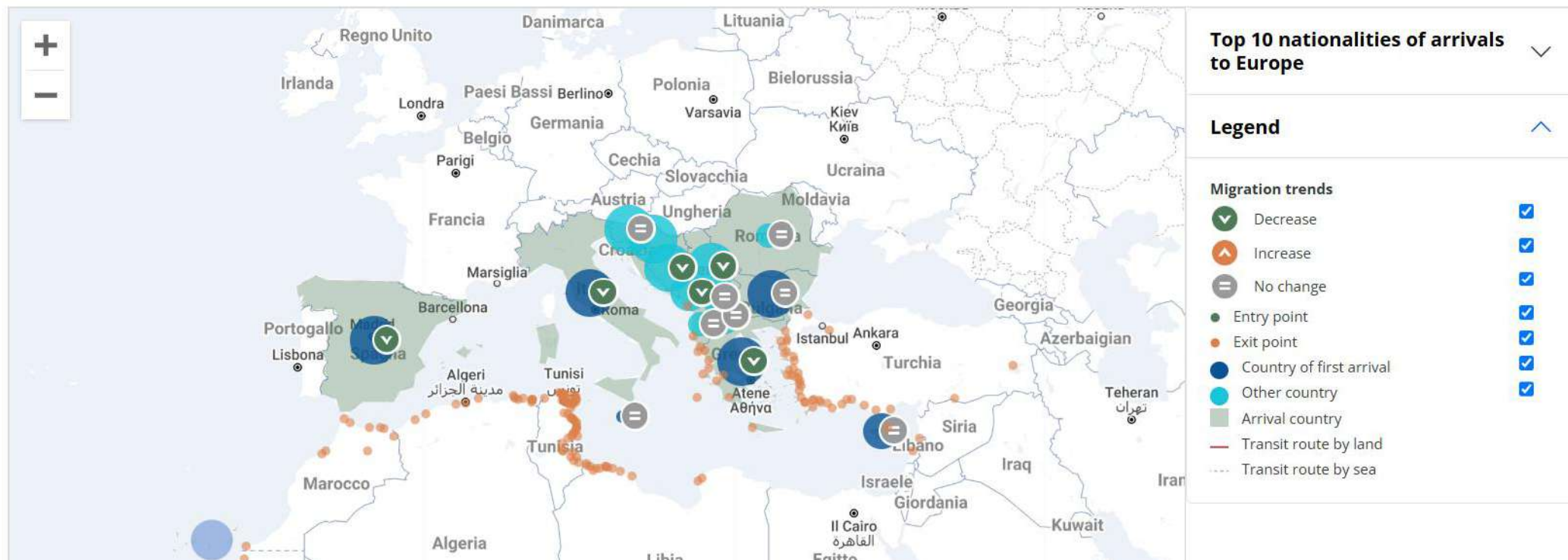


# World migration data

Figure 9 | Refugees, people in refugee-like situations and other people in need of international protection by major country of asylum | 2014-2023



# Mediterranean situation



TOTAL ARRIVALS

**181,849**

25 Nov 2024

ARRIVALS BY SEA

**167,566**

25 Nov 2024

ARRIVALS BY LAND

**14,283**

25 Nov 2024

DEAD AND MISSING MIGRANTS TO EUROPE

**2,973**

2024



# Migrants in Italy

## Regularly present migrants 2024:

5.307.598 (Istat)

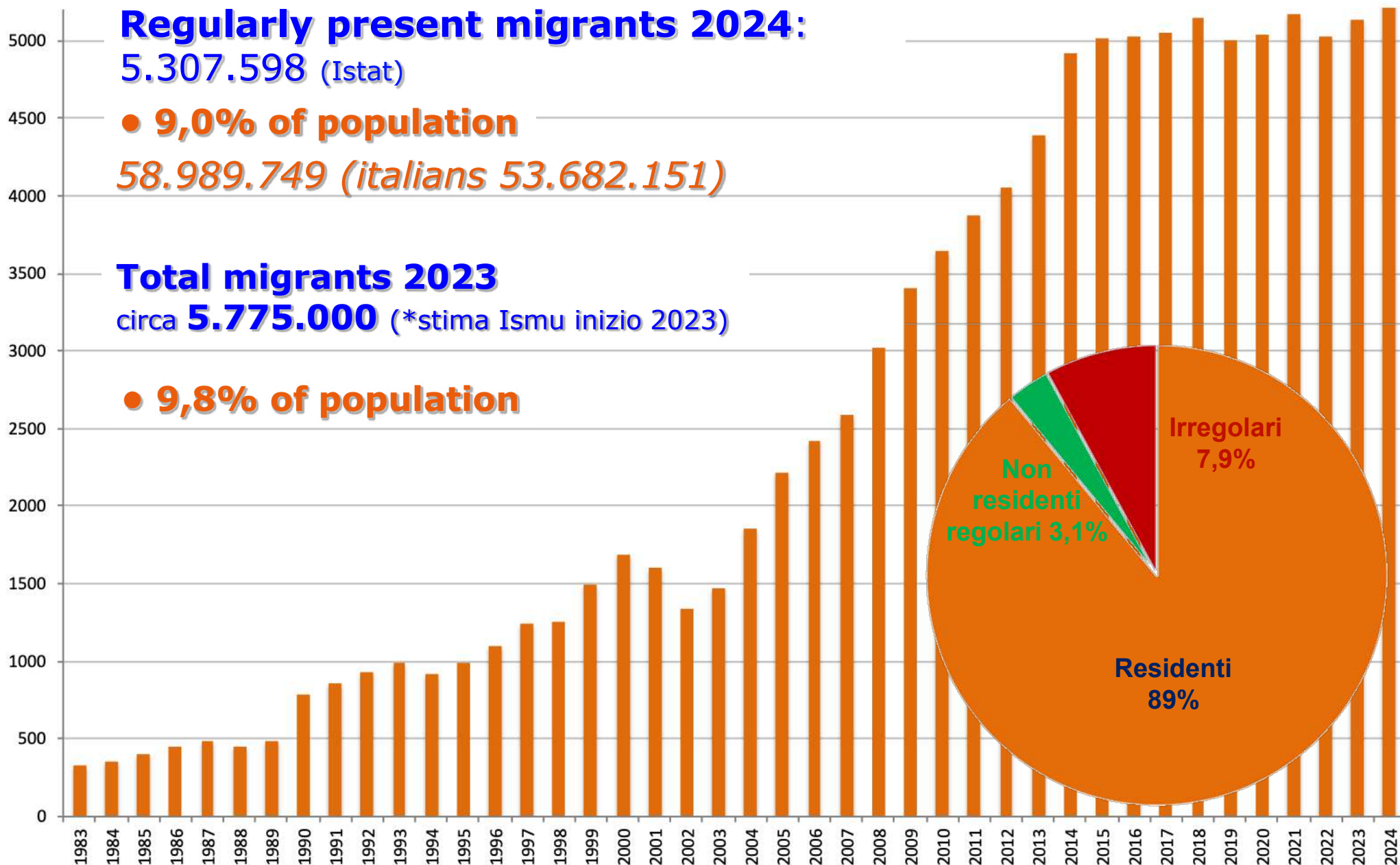
● 9,0% of population

58.989.749 (italians 53.682.151)

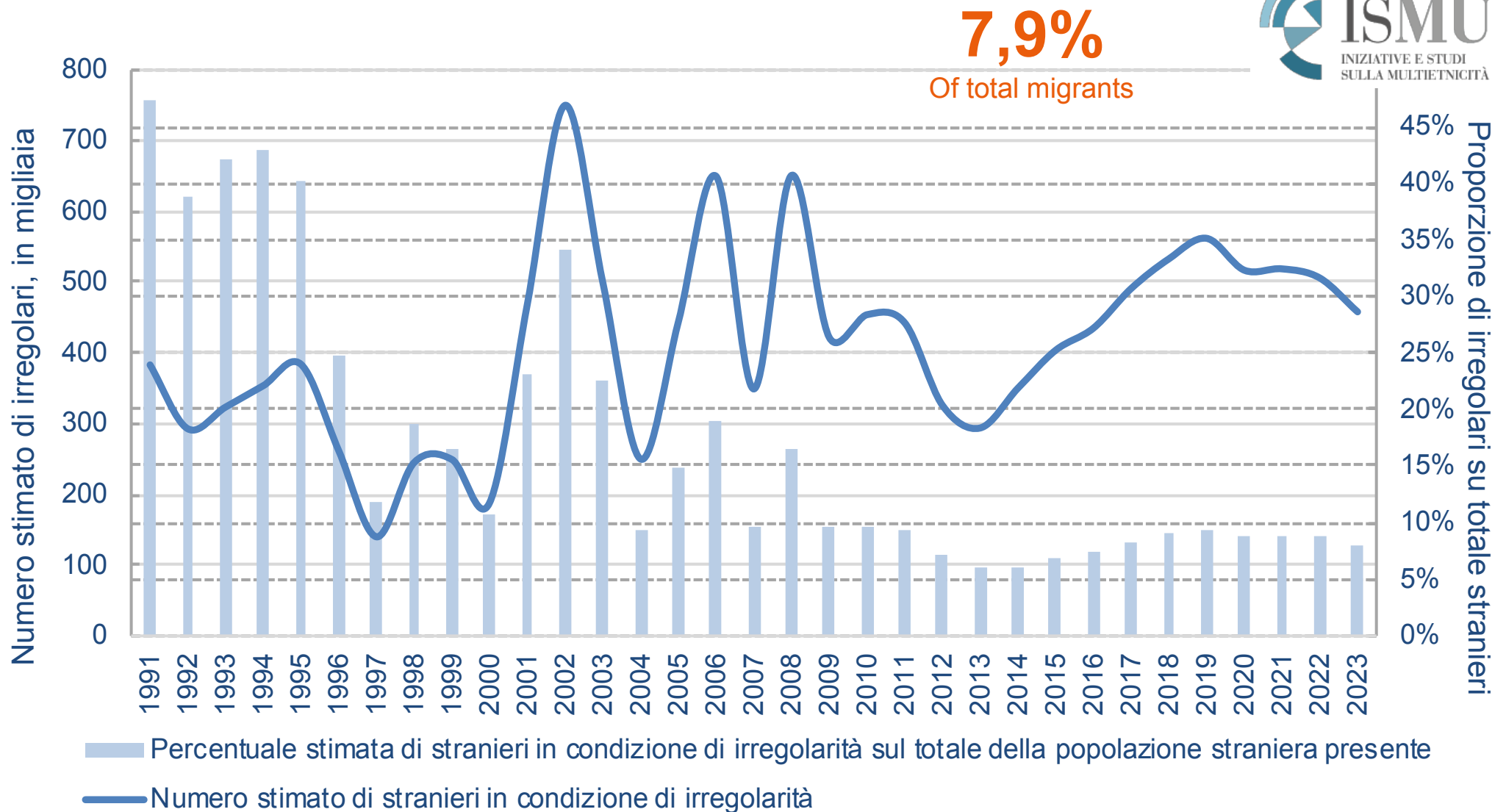
## Total migrants 2023

circa 5.775.000 (\*stima Ismu inizio 2023)

● 9,8% of population



# Undocumented migrants



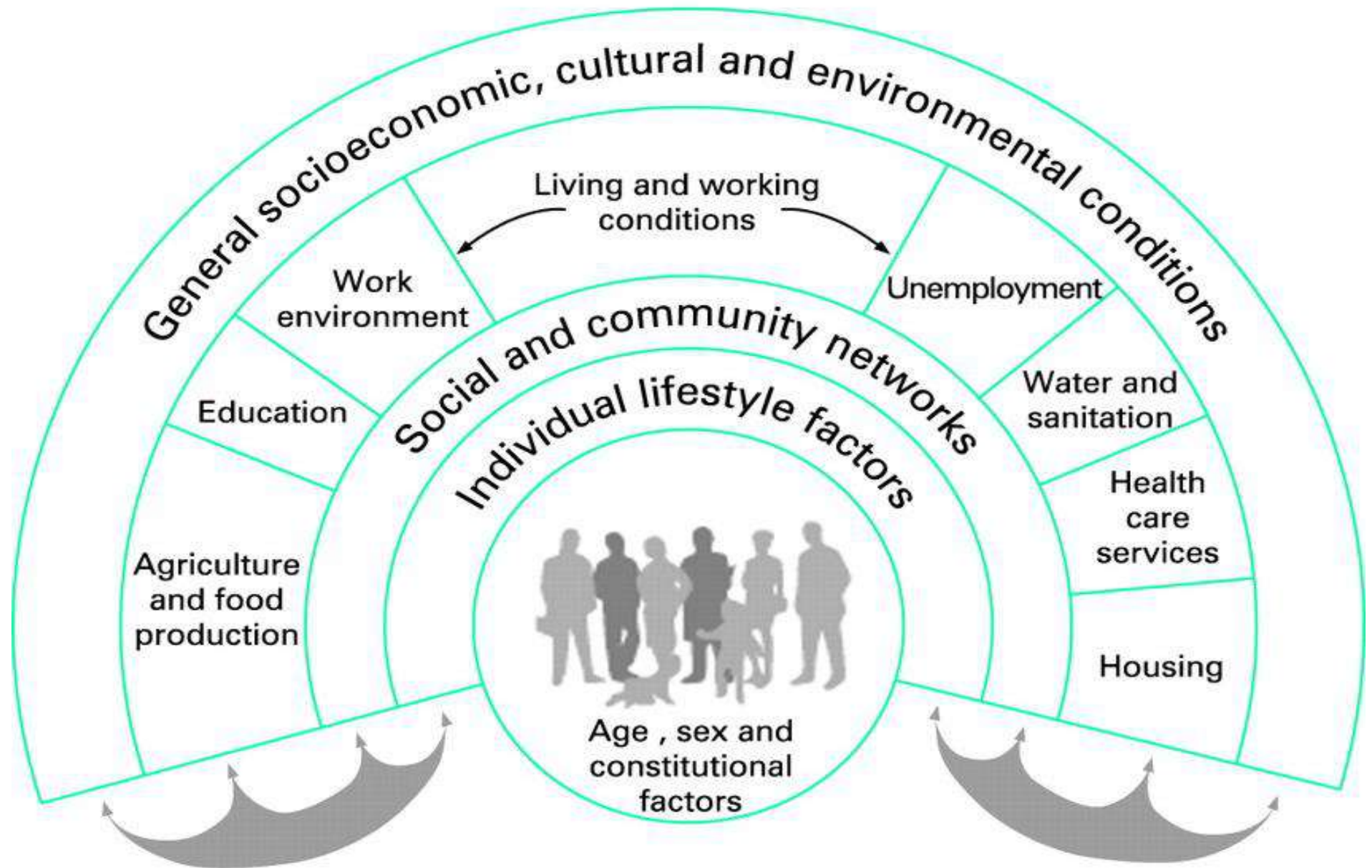


# Migrant's Health

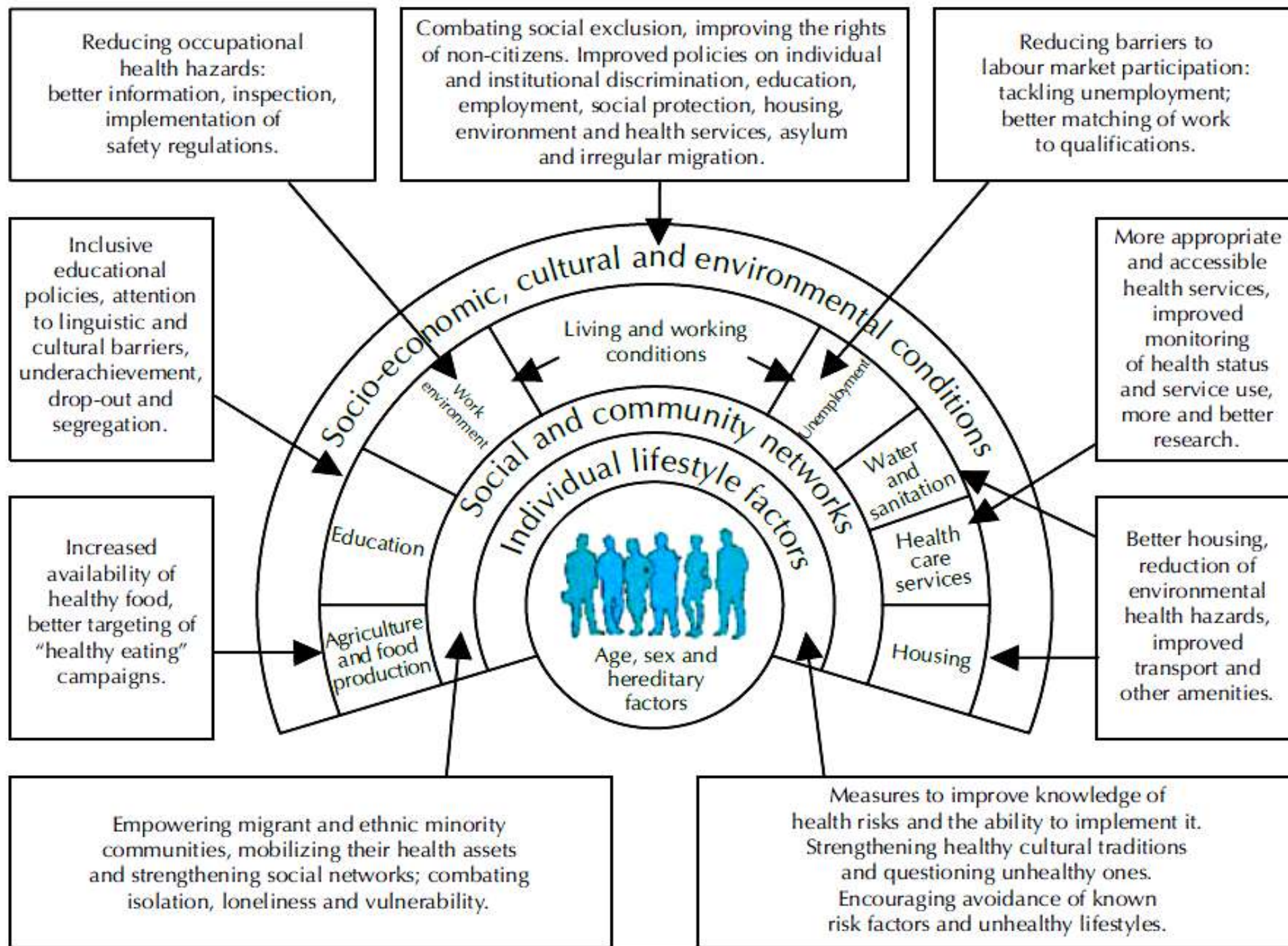




# SOCIAL DETERMINANTS OF HEALTH



# Policy measures required to tackle the social determinants of health for migrants and ethnic minorities





# Migrants health

## Healthy migrant effect

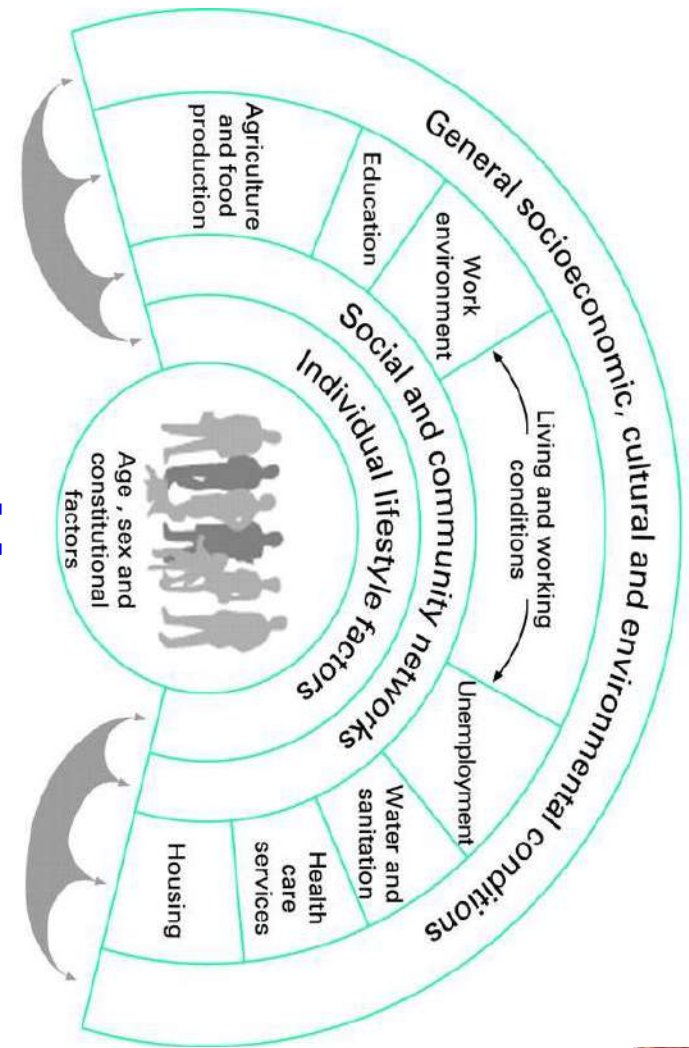
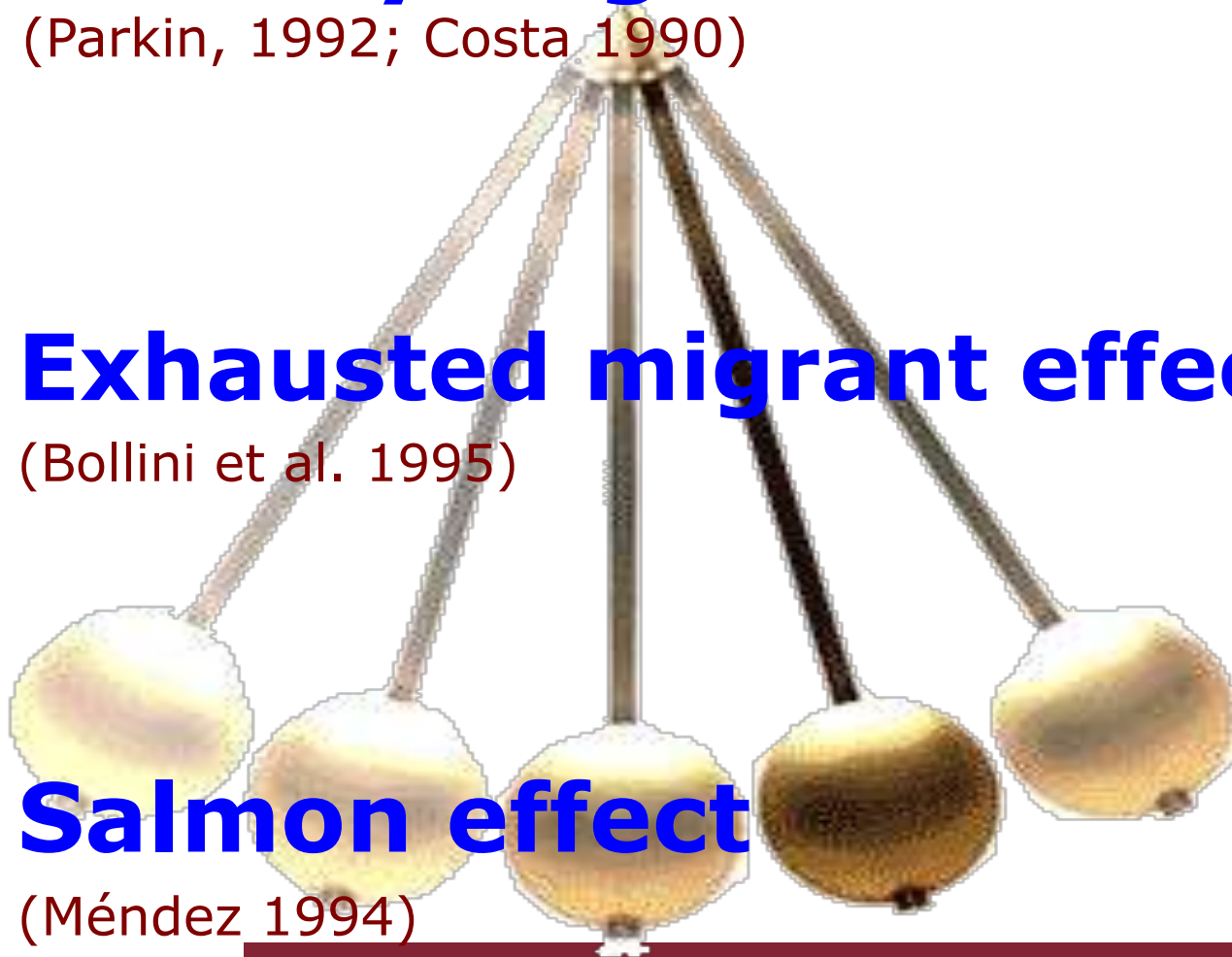
(Parkin, 1992; Costa 1990)

## Exhausted migrant effect

(Bollini et al. 1995)

## Salmon effect

(Méndez 1994)

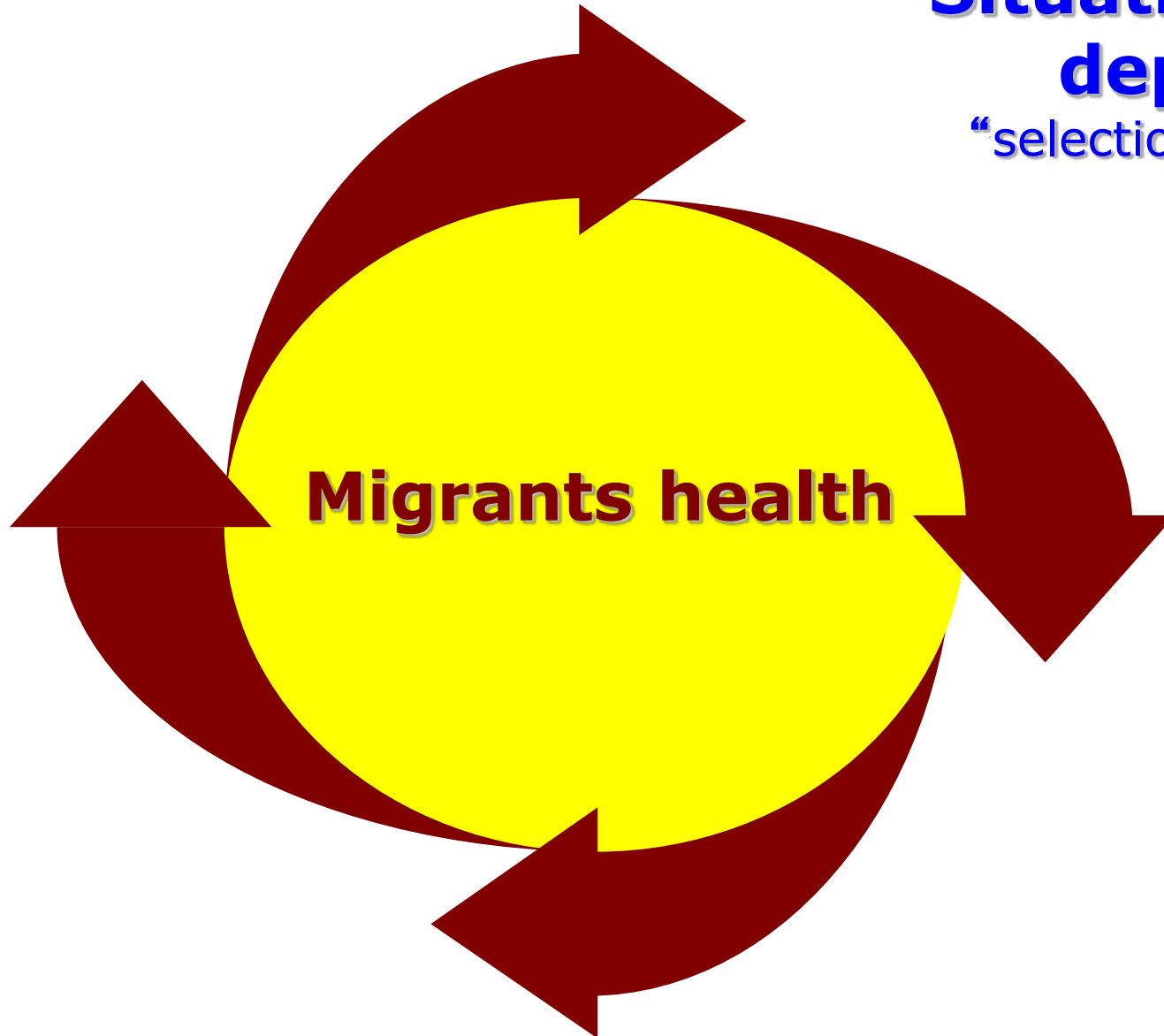




# Social determinants of migrant's health

**Situation before  
departure**

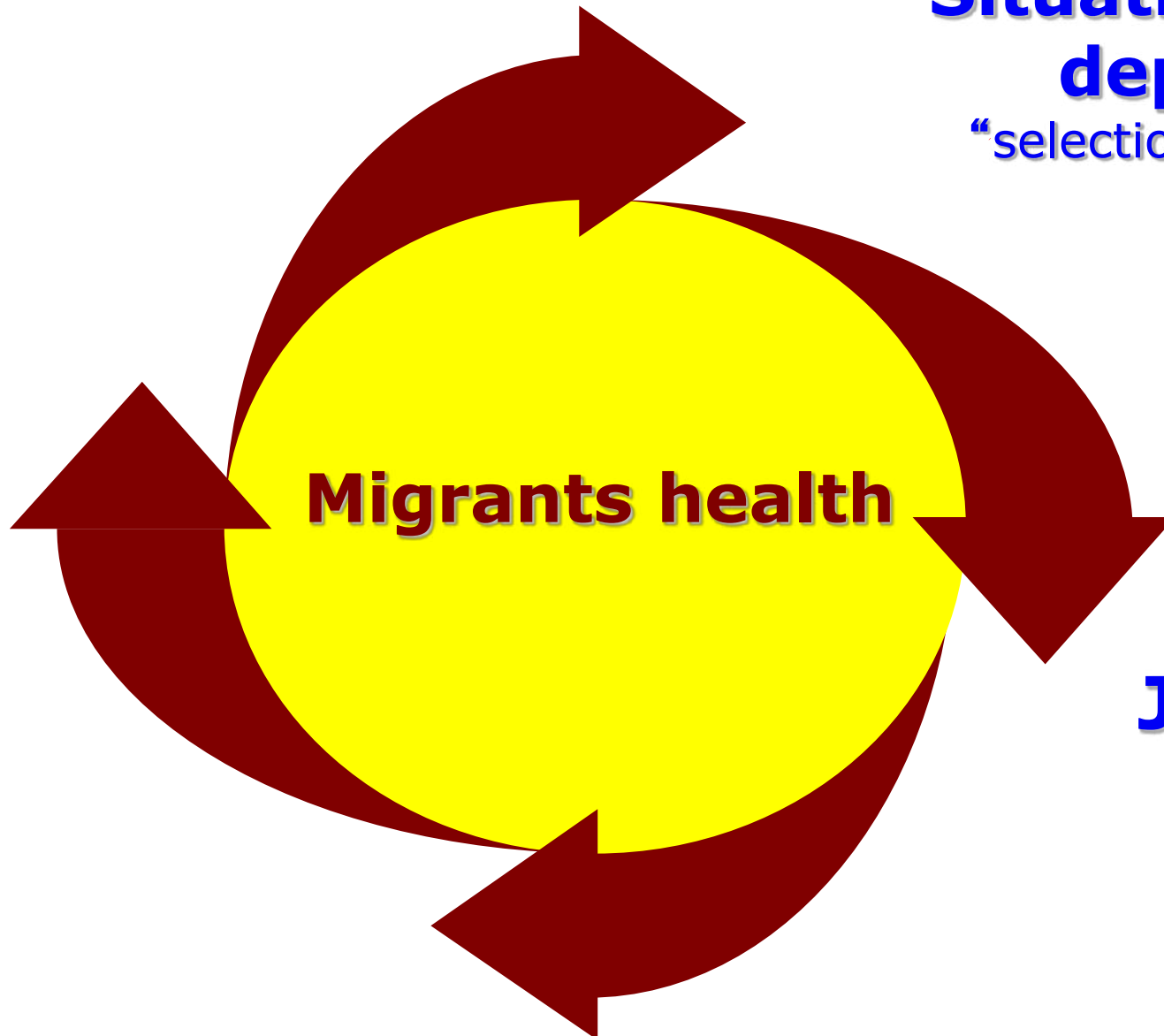
*“selection - exposure”*



# Social determinants of migrant's health

**Situation before  
departure**

*“selection - exposure”*



# Deaths in the Mediterranean Sea from 2011 to 2024



**29.700**  
**Deaths from**  
**2011**

**2011: 60.500**  
Deaths 1.500

**2012: 13.200**  
Deaths 590

**2013: 43.000**  
Deaths 801

**2022: 105.140**  
Deaths 2.406

**2014: 170.000**  
Deaths 3.300

**2015: 153.872**  
Deaths 3.771

**2016: 181.436**  
Deaths 4.581

**2023: 157.652**  
Deaths 2.498

**2017: 119.310**  
Deaths 2.832

**2018: 23.370**  
Deaths 1.314

**2019: 11.471**  
Deaths 1.223

**2024: 60.613**  
Deaths 1.455

**2020: 34.154**  
Deaths 1.427

**2021: 67.477**  
Deaths 2.062

*Novembre 2024*

<https://missingmigrants.iom.int>



# Social determinants of migrant's health

**Situation before  
departure**

*“selection - exposure”*

**Migrants health**

**Journey**

**Welcome,  
integration**

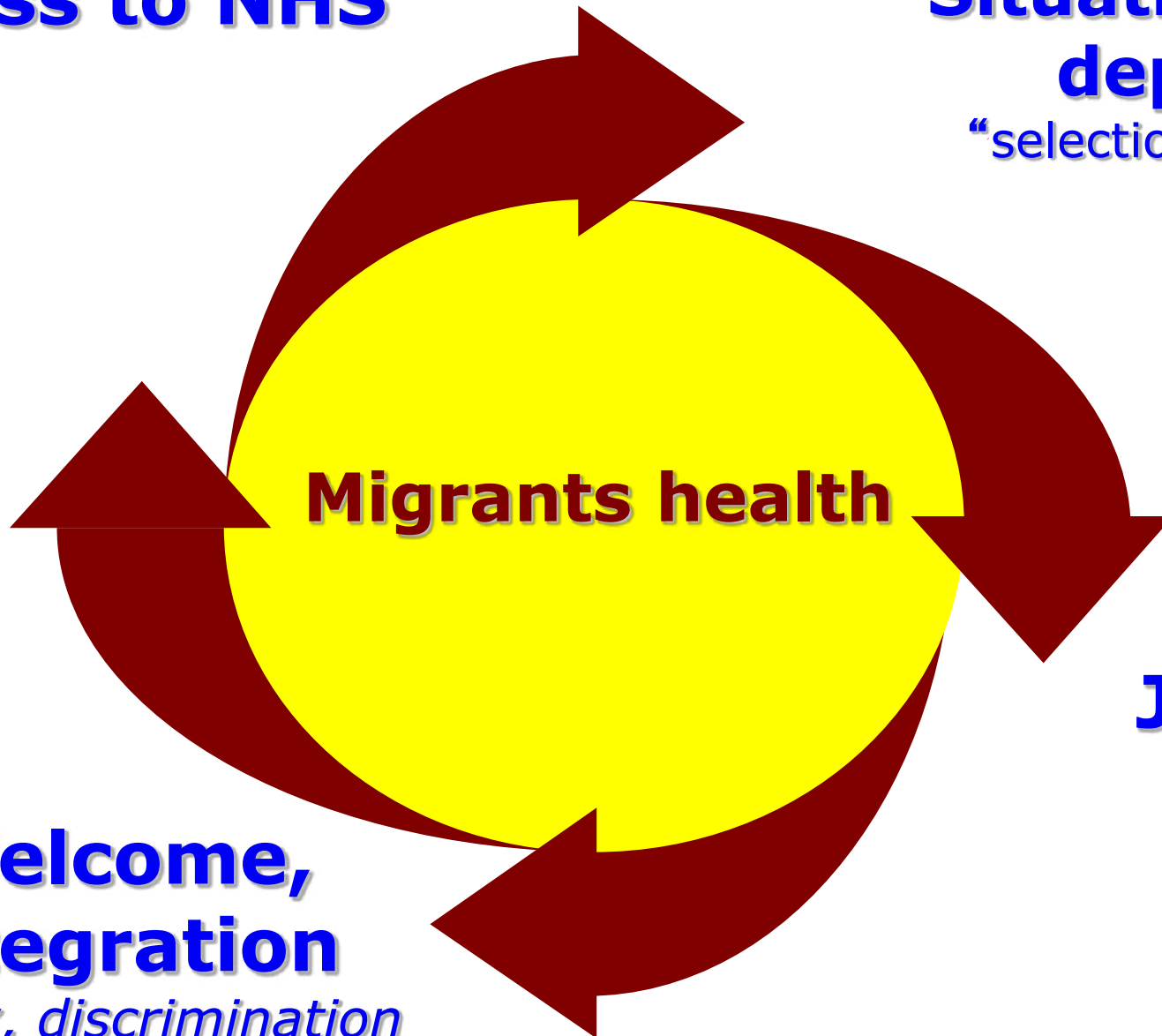
*ostility, discrimination*

# Social determinants of migrant's health

**Access to NHS**

**Situation before departure**  
**departure**

*“selection - exposure”*



**Journey**

**Welcome,  
integration**  
*ostility, discrimination*

# MIGRANT'S HEALTH POLICIES IN ITALY





# *The Italian Constitution (1948)*



## *32<sup>nd</sup> Article*

*“The Republic safeguards health as a fundamental right of the individual and as a collective interest, and guarantees free medical care to the indigent.*

*No one may be obliged to undergo any given health treatment except under the provisions of the law. The law cannot under any circumstances violate the limits imposed by respect for the human person”.*

# The Italian Law on the Migrant Rights to Health Care

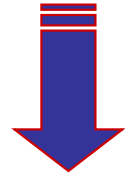


In Italy the current regulations on the available health care services for immigrants date back to a comprehensive law, entitled “Single Text on Immigration” (D.Lgs. 286, articles 34th, 35th and 36th) approved in 1998, and successive regulatory provisions (mainly the DPR 394/1999, articles 42nd, 43th and 44th and the Circular n. 5 del 2000 of the Health Department).

# Policies on migrant's health care in Italy

## Legal migrants:

- Complete equality of rights and obligations with italians... universal health coverage from the NHS



Essential health care levels (LEA),  
schematically:



1. Community health care in living and working environment
2. District Health Care
3. Hospital Health Care



## Undocumented migrants (STP and ENI):

- Broad possibility of health protection and health assistance



- **Provision of hospital and outpatient care, albeit continuous, for emergency, essential illness conditions, preventive medicine and rehabilitation**

*by the delivery of 'STP' Card (valid on national territory, semi-annual and renewable) and contrast of economic barriers in case of indigence*

- **Particular protection for women and children**
- **Special attention to infectious diseases and international prophylaxis**

### LEA (extract)

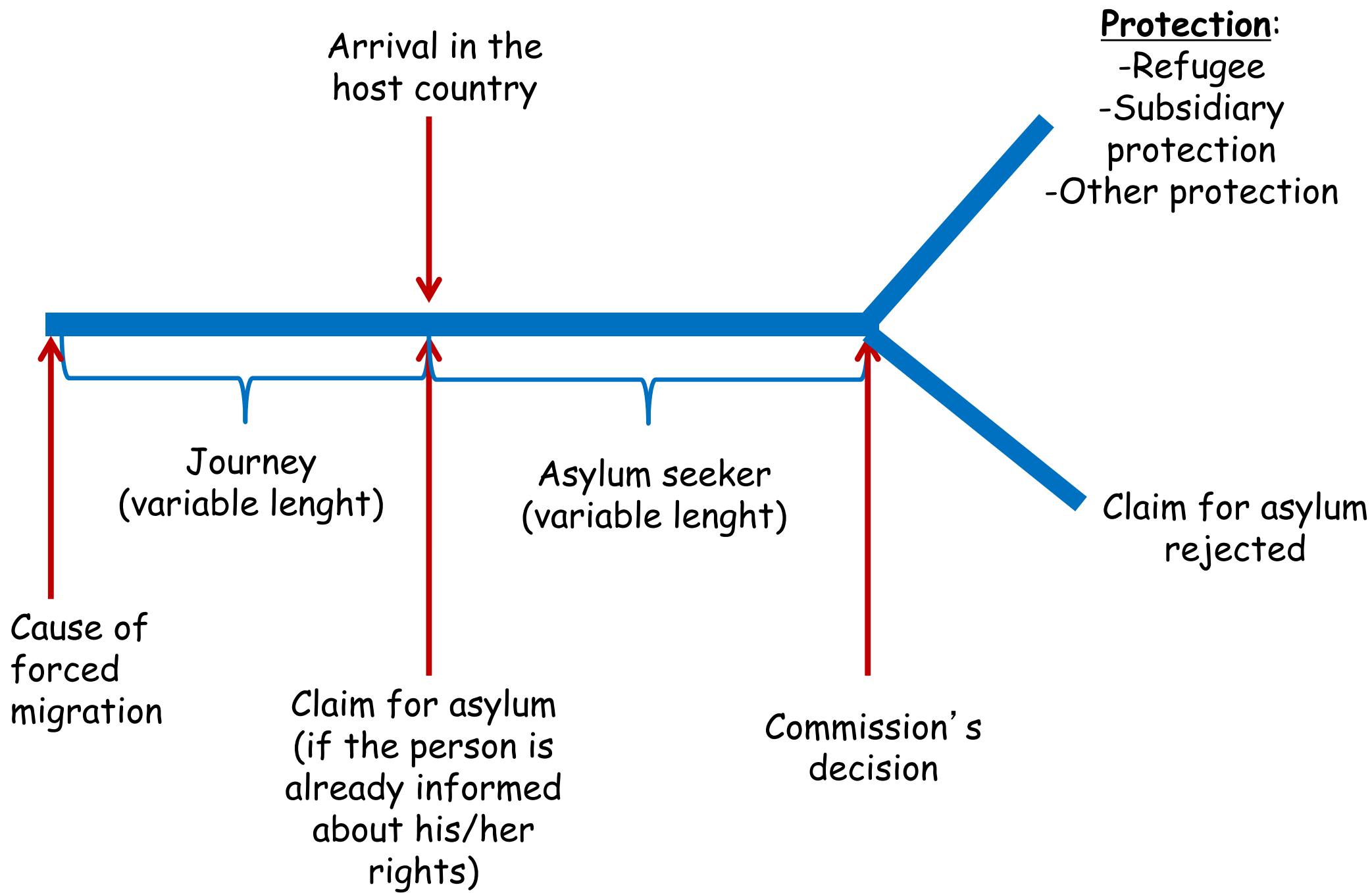
#### Stranieri extracomunitari non iscritti al Ssn

Prestazioni	Fonti	Modalità organizzative e standard	Liste di prestazioni	Rif
Interventi di medicina preventiva, tutela della gravidanza, tutela della salute dei minori, vaccinazioni, profilassi internazionale, prevenzione diagnosi e cura delle malattie infettive.	D.lgs. 25 luglio 1998, n. 286 (T.U.), art. 35.		Le prestazioni sono indicate dall'art. 35 del T.U.	1 2 3

**Prohibition of reporting undocumented immigrants who have applied for or received a health service to the Police authority !**

# Focus on asylum seekers and refugees







# Refugee's health

```
graph TD; A(Refugee's health) --> B(Premigration factors); A --> C(Migration factors); A --> D(Post migration factors);
```

## Premigration factors

- ✓ Living and health conditions before departure
- ✓ Trauma
- ✓ Possible violence/ torture

## Migration factors

- ✓ Conditions and length of the journey
- ✓ Possible violence/ torture

## Post migration factors

- ✓ Living conditions
- ✓ Process of applying for asylum
- ✓ Possibility of integration

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- ✓ Process of applying for asylum
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# Post migration living difficulties



Selam Palace



Old Somali embassy

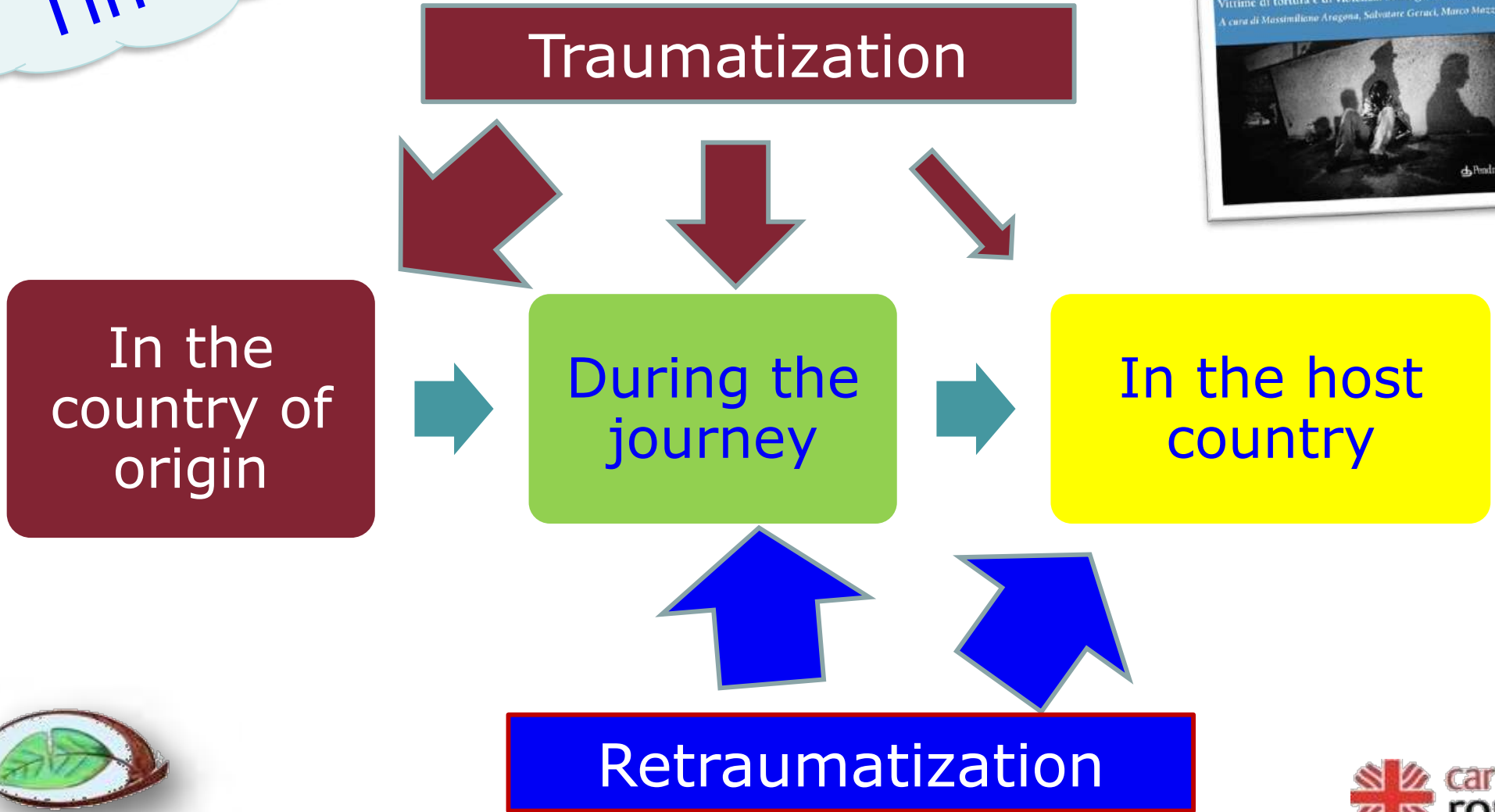


Tor Sapienza



# Migration and trauma

Timing



# INVISIBLE WOUNDS



# POST TRAUMATIC STRESS DISORDER

- PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.
- It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.



# POST-TRAUMATIC STRESS DISORDER

## EARLY WARNING SIGNS OF PTSD



Re-experiencing the trauma through repeated flashbacks or nightmares that cause distress.



Avoiding places, people and activities that act as reminders of the trauma.



Increased sensitivity to the point of losing focus, insomnia and increased irritation or anger.

## SYMPTOMS OF PTSD

Anxiety  
Hallucinations  
Flashbacks

Insomnia  
Nightmares  
Loss of Focus

Depression  
Sudden Agitation  
Guilt

» Actual symptoms may appear several months or years after a traumatic event.



ALLEGATO

*Linee guida per la programmazione degli interventi di assistenza e riabilitazione nonché per il trattamento dei disturbi psichici dei titolari dello status di rifugiato e dello status di protezione sussidiaria che hanno subito torture, stupri o altre forme gravi di violenza psicologica, fisica o sessuale*

Roma, 22 marzo 2017



*Guidelines for the planning of care and rehabilitation interventions and for the treatment of psychological disorders of refugee and subsidiary protection status holders that have suffered torture, rape or other forms of psychological, physical or sexual violence*

of 13 December 2011

on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted

(recast)

## Healthcare

1. Member States shall ensure that beneficiaries of international protection have access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection.

In Italy the registration to National Health System is mandatory for asylum seekers and refugees



# Refugees and health

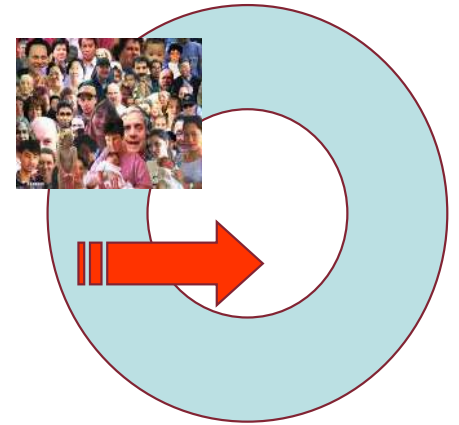
Refugee health care requires a strategy that is able to encompass and integrate health and social services and to involve all the necessary personnel.

This inter-sectorial approach should be able:

- ✓ to gather accurate information on refugees at a local level;
- ✓ to ensure that they have equal access to services;
- ✓ to train and up-date specialist personnel.

The refugees themselves must be involved, directly, in all these activities too.

# “Inclusive” health policies: values and approaches

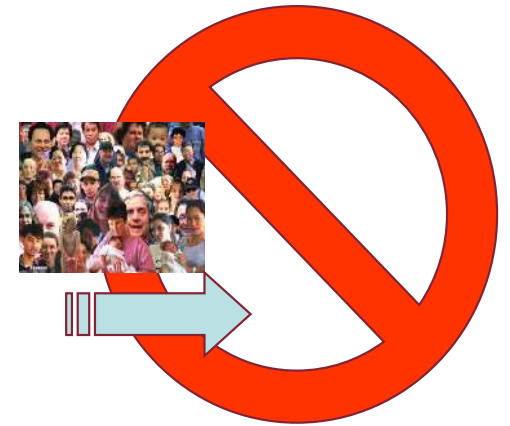


- ❖ *The right to health (ethics and laws)*
- ❖ *A correct information on the right to health care (health information)*
- ❖ *The real possibility of using (what makes the practical and effective use of) the health care services (organization)*

# The real possibility of using the health care services

The contrast of **barriers** :

- ❖ *bureaucratic / administrative*
- ❖ *economical / financial*
- ❖ *organizational*
- ❖ *psychological*
- ❖ *linguistic - cultural*





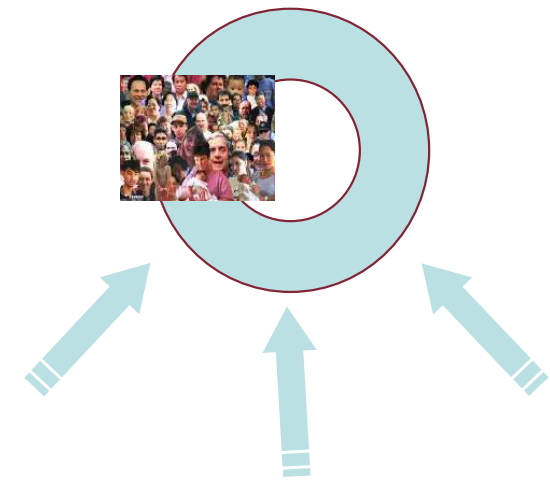
# adopting strategies

## barriers :

- ❖ *bureaucratic / administrative*
- ❖ *economical*
- ❖ *organizational*
- ❖ *psychological*
- ❖ *linguistic - cultural*

## answers :

- ❖ *juridical*
- ❖ *education / CME*
- ❖ *exemptions for specific categories*
- ❖ *easy way to health-care services access*
- ❖ *to care / trust*
- ❖ *linguistic and cultural competence*



# Thank you!

