



SAPIENZA
UNIVERSITÀ DI ROMA

Corso di Laurea 'A' in Medicina e Chirurgia

MIGRANTS' HEALTH

University of Rome "La Sapienza"

November 27th 2020

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Global Health: international monographic course

Socio demographic profile of migrant population

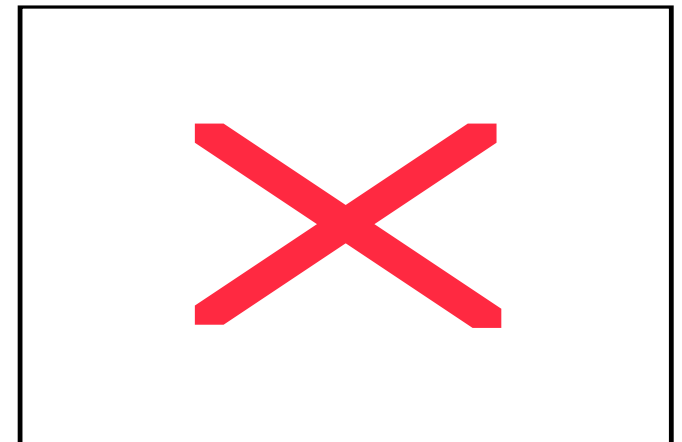


World migration data

- In 2019, almost **272 millions migrants** in the world (+14 millions than in 2017, +5,4% in two years);
- **3,5%** of the total population;
- In June 2020, **26 millions of refugees** and 4,2 millions of asylum seeker;
- Overall **79,5 millions** of forced migrants

World migration data (2)

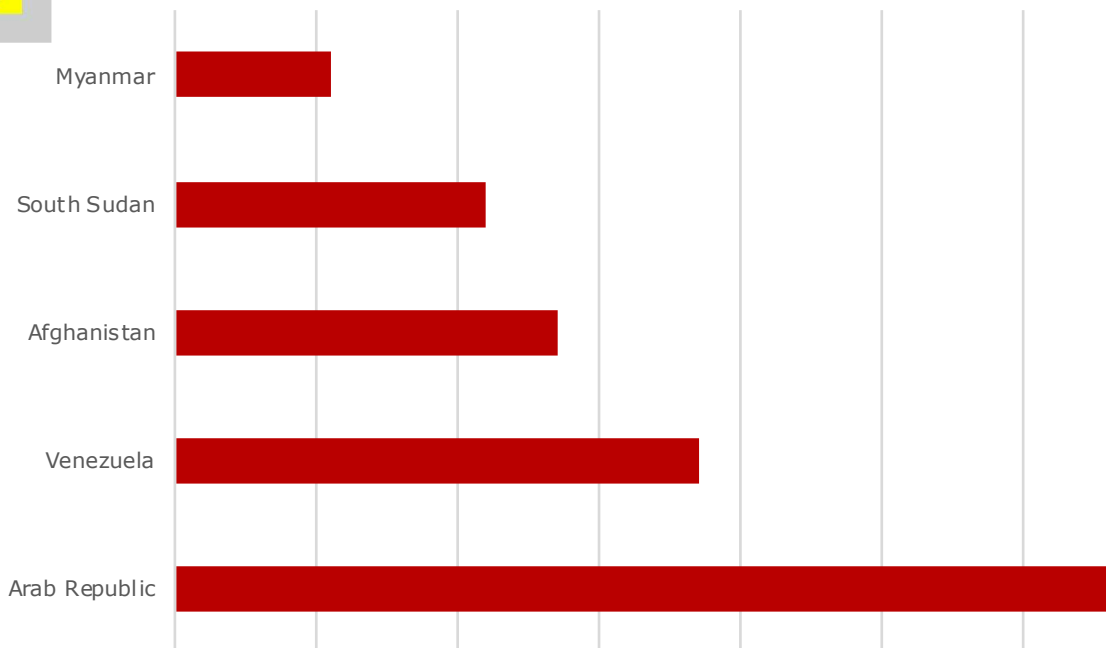
- 40% of them are children below 18 years of age;
- 3,6 millions Venezuelans displaced abroad
- In 2018, environmental migrants exceeded political ones.



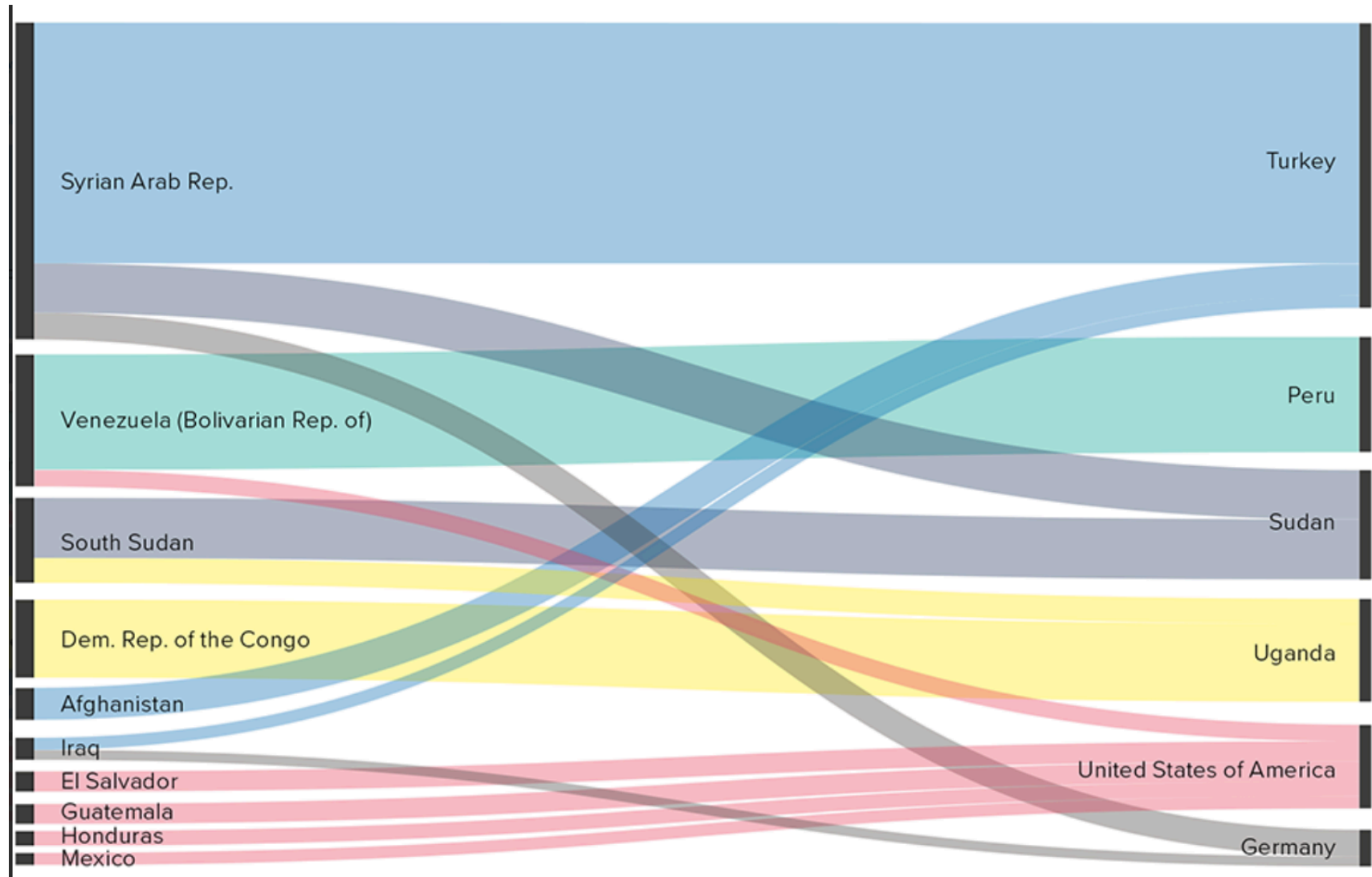
World migration data (3)



68% originate from the top 5 countries



Most displaced people remained close to home



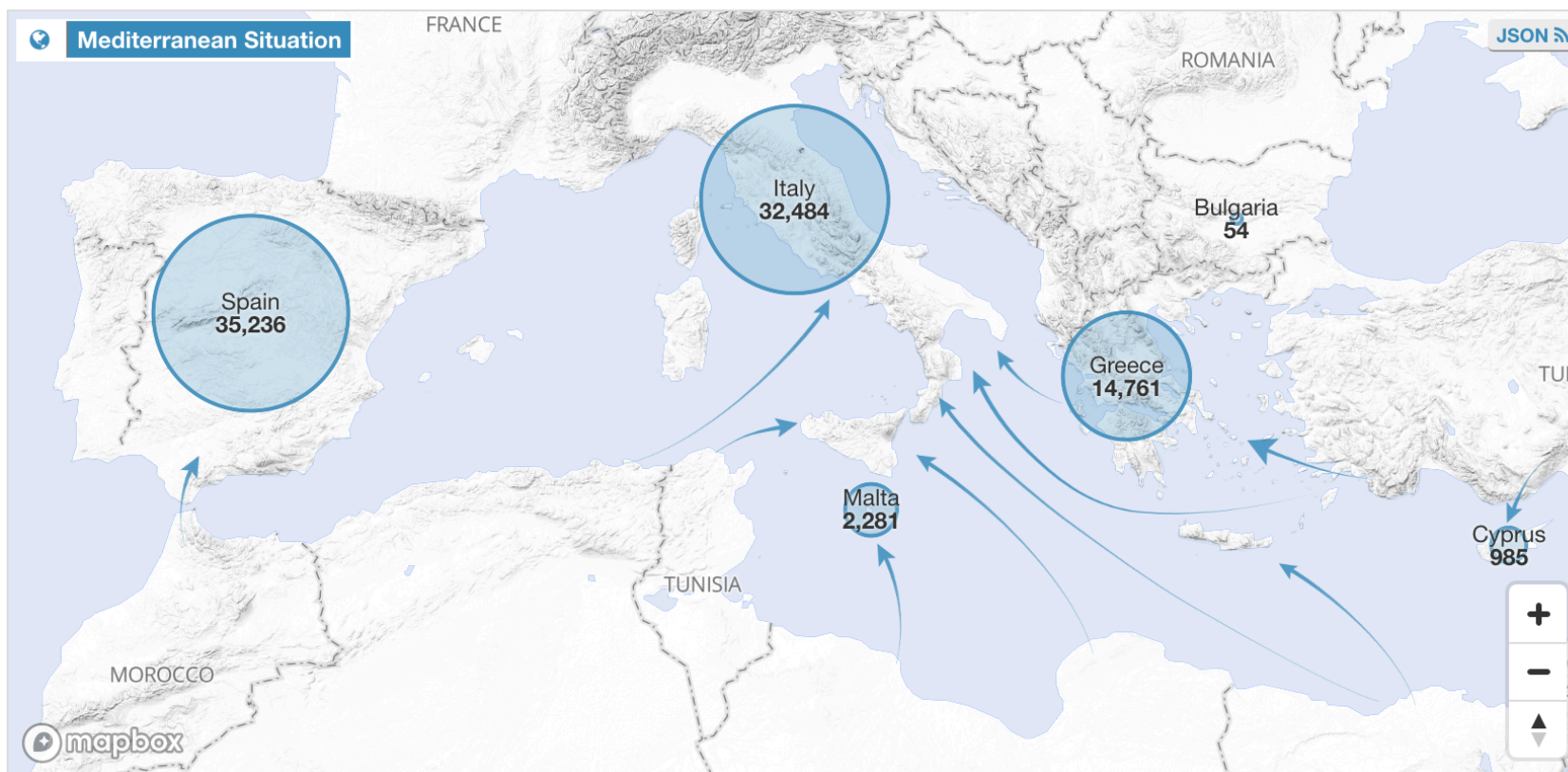
What is new?



- 3.6 millions are **Venezuelans** displaced abroad;
- A total of 4.5 million Venezuelans have left their country at the end of 2019;
- People are leaving Venezuela for many reasons including violence, shortages of food and medicine.

Mediterranean situation

(last update 23 Nov 2020)



Total arrivals	Sea arrivals	Dead and missing
85.801	78.946	886

ARRIVI E DECESSI ATTRAVERSO IL MEDITERRANEO

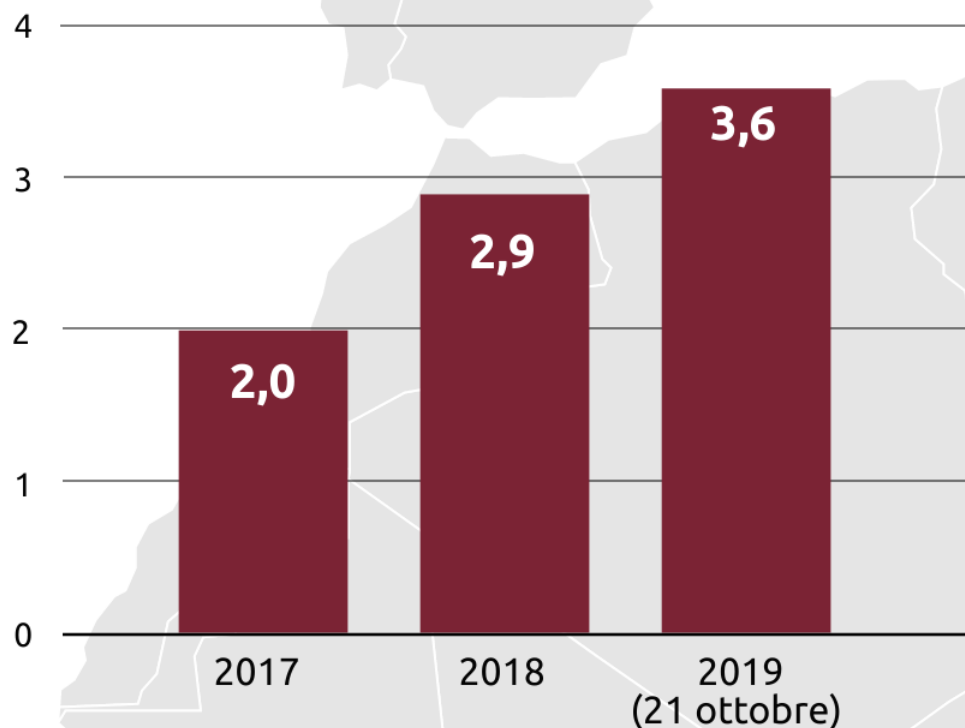
2.299

morti e dispersi nel Mediterraneo (2018)
di cui 1.314 lungo la ROTTA CENTRALE
57,2% del totale

oltre 25mila

i morti e dispersi dal 2000 ad oggi

**ROTTA CENTRALE: morti/dispersi ogni 100 tentativi
di attraversamento**

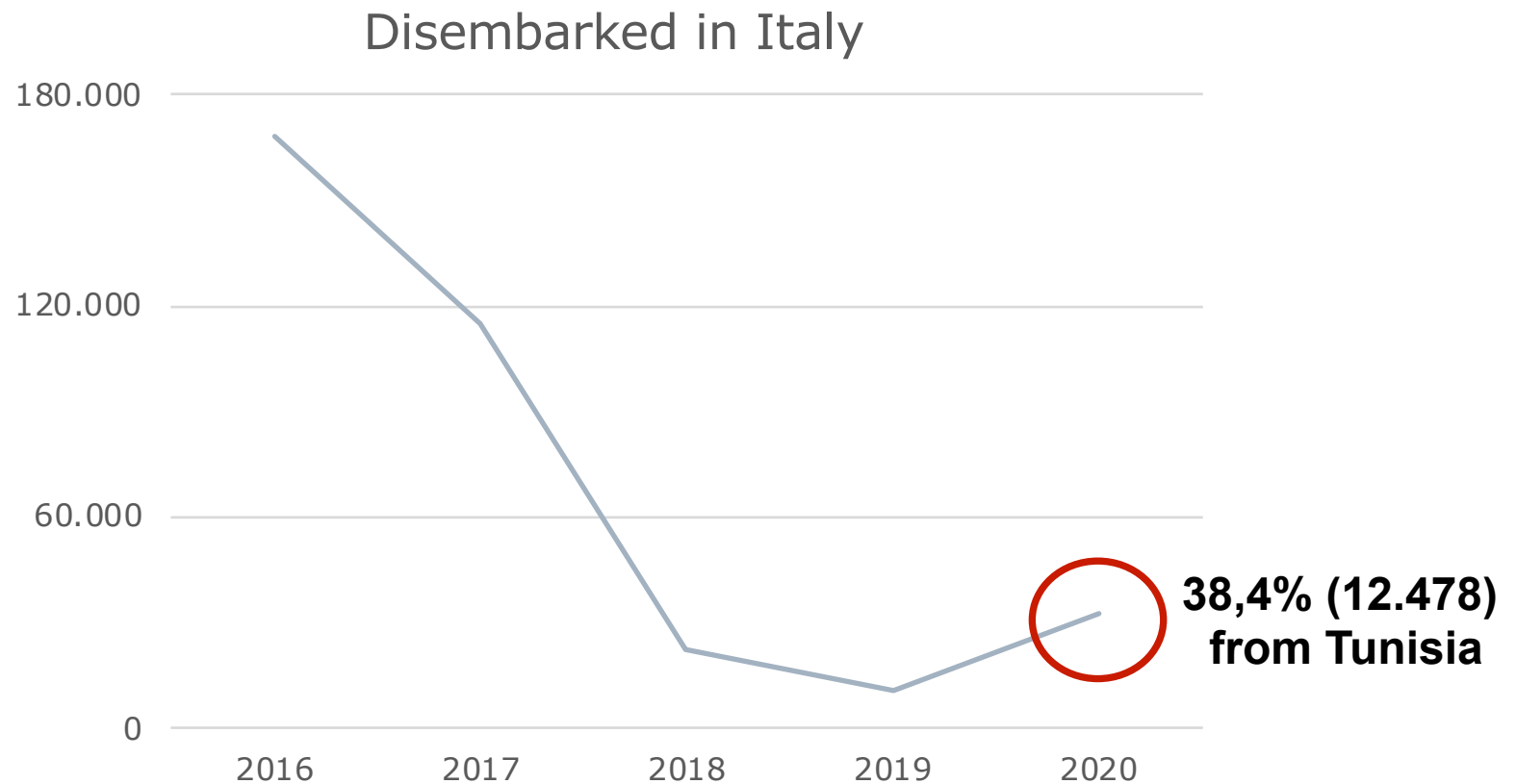


692

morti e dispersi
nel 2019 (21 ottobre)

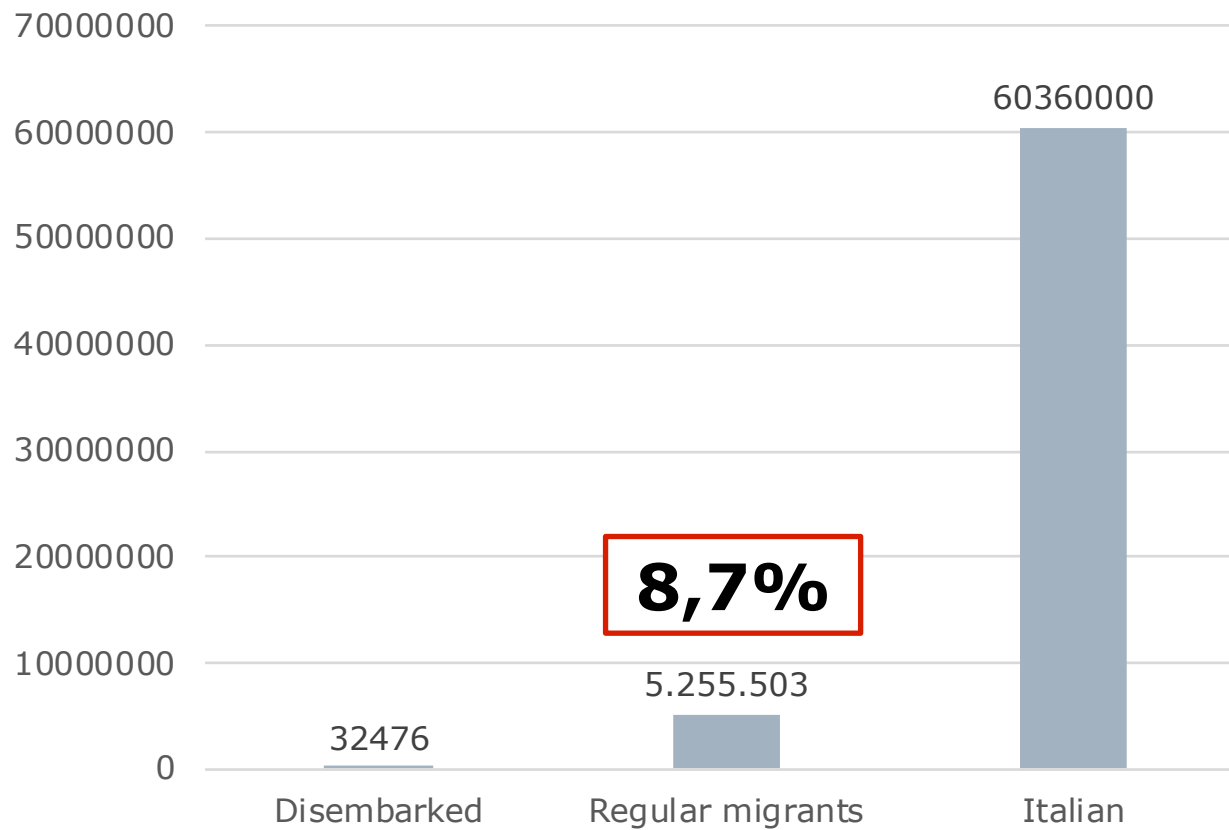
**1.319 morti e
dispersi a fine
2019**

Immigration in Italy beyond perception



Comparing period from 1st January to 25th November of every year;

Immigration in Italy beyond perception (2)



Country of origin, documents

194 different country of origin

In 2019 about 127.000 foreign citizens have become italian citizens (13% more than 2018)

Citizenship	Residents
Romania	1 207 919
Albania	440 854
Marocco	432 458
Cina	305 089
Ucraina	240 428
Filippine	169 137
India	161 101
Bangladesh	147 872
Egitto	136 113
Pakistan	127 101

2018

- 62,3% permanent residency permit
- In 2019, 39.000 asilum requests (-27% than 2019)

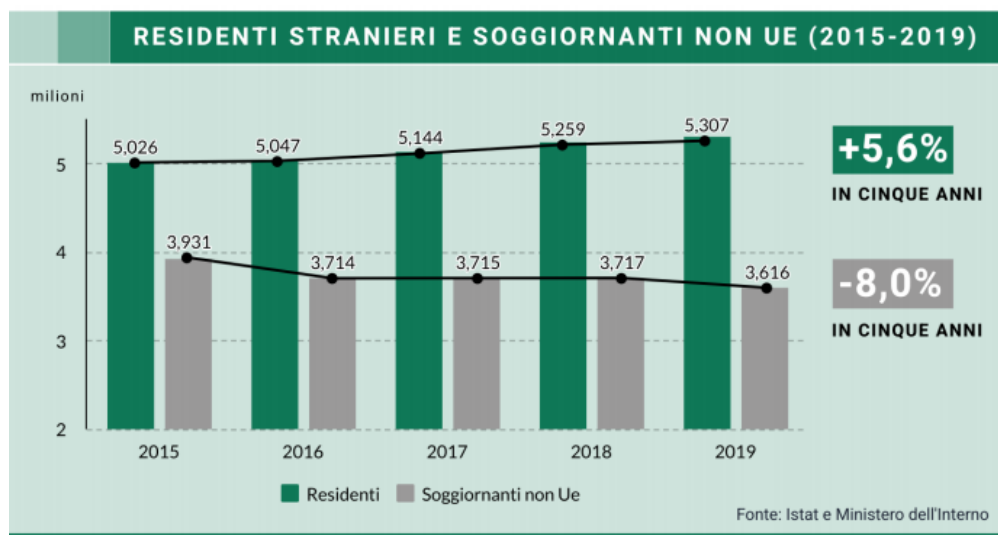
About permits with deadline

- 50,7% family
- 26,8% protection
- 6% work

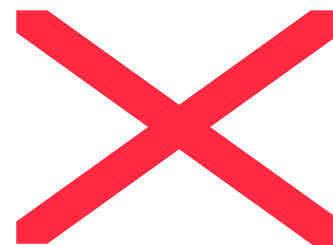
Migration and law: the effect of policy

From 2018 to 2019 regular migrants decreased in Italy from 3.717.000 to 3.615.000 (-2,7%)

- ❑ “Security decrees” (2018 and 2019) and abolition of residence permit for humanitarian reasons;
- ❑ Decline of recognition of international protection (from 32.2% in 2018 to 19.7% in 2019);
- ❑ No repatriating;
- ❑ “Closing ports” to migrants.



In 2019, 610.000 irregular migrants are estimated (about 7% of all migrants)



Multi-religious context

- **Christians: 51,9%**

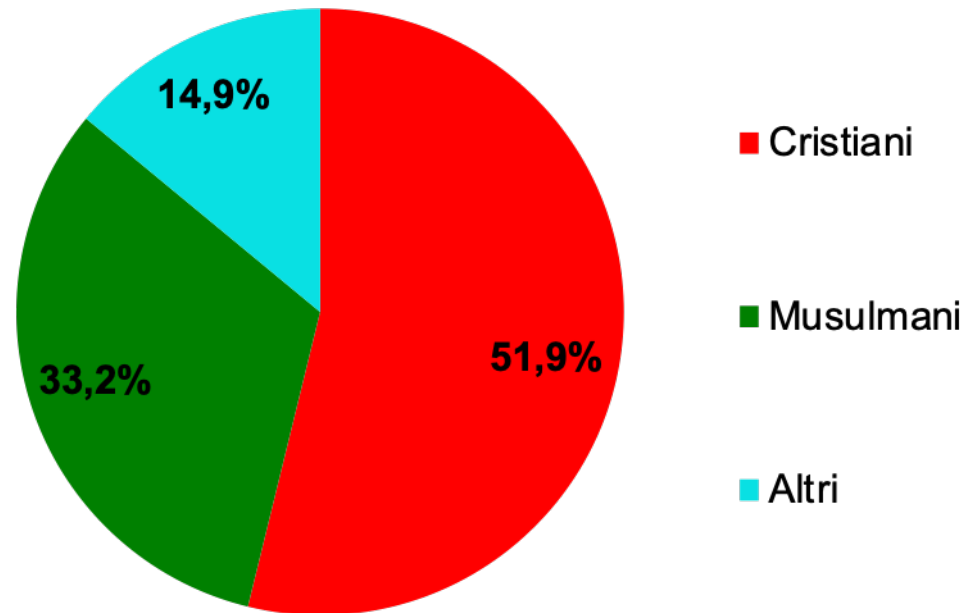
Ortodoxs: 28,9%

Catholics: 17,7%

Protestants: 4,4%

Other christians: 0,9%

- **Muslims: 33,2%**



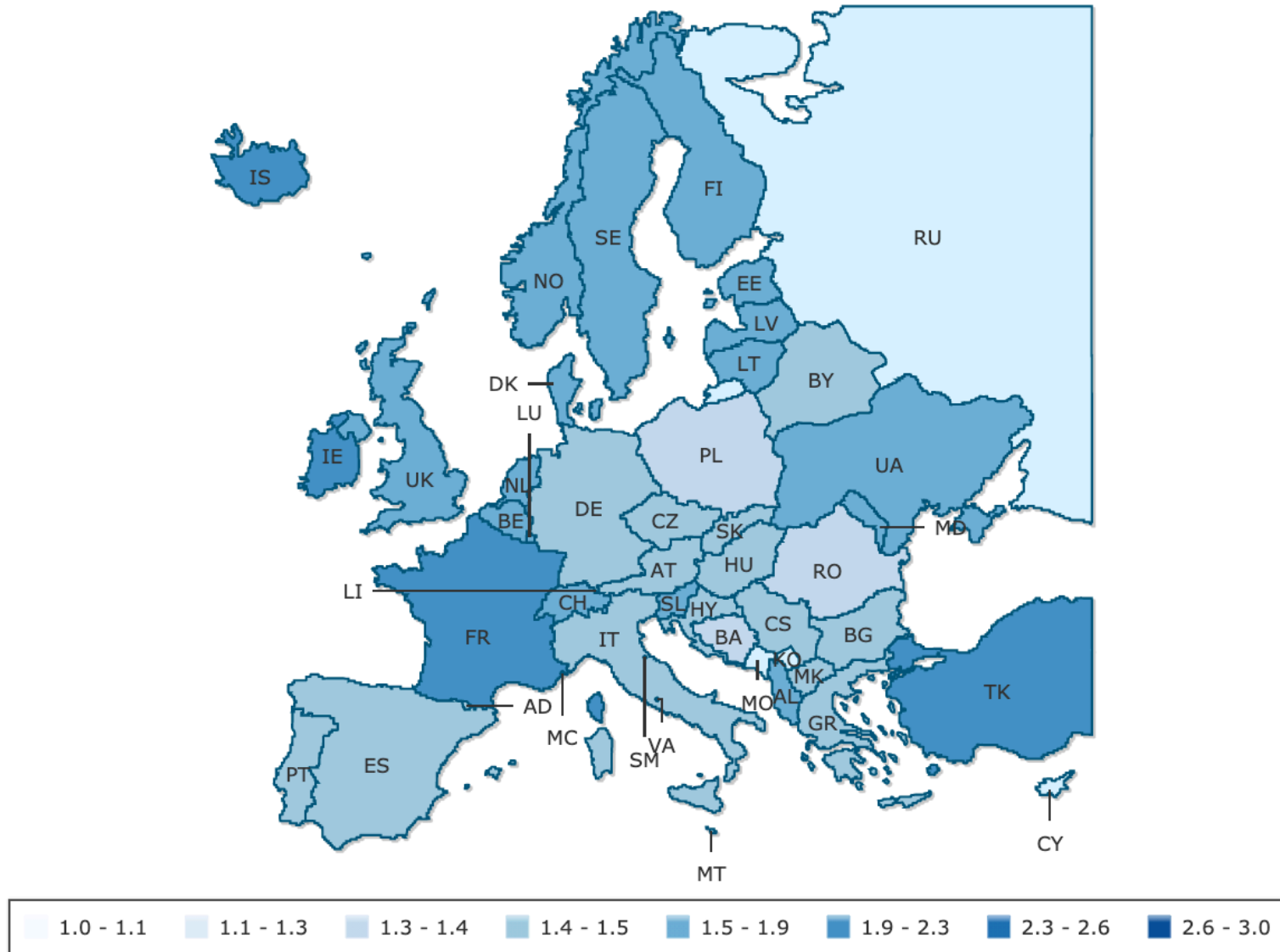


**More than
1 million
foreign
minors**

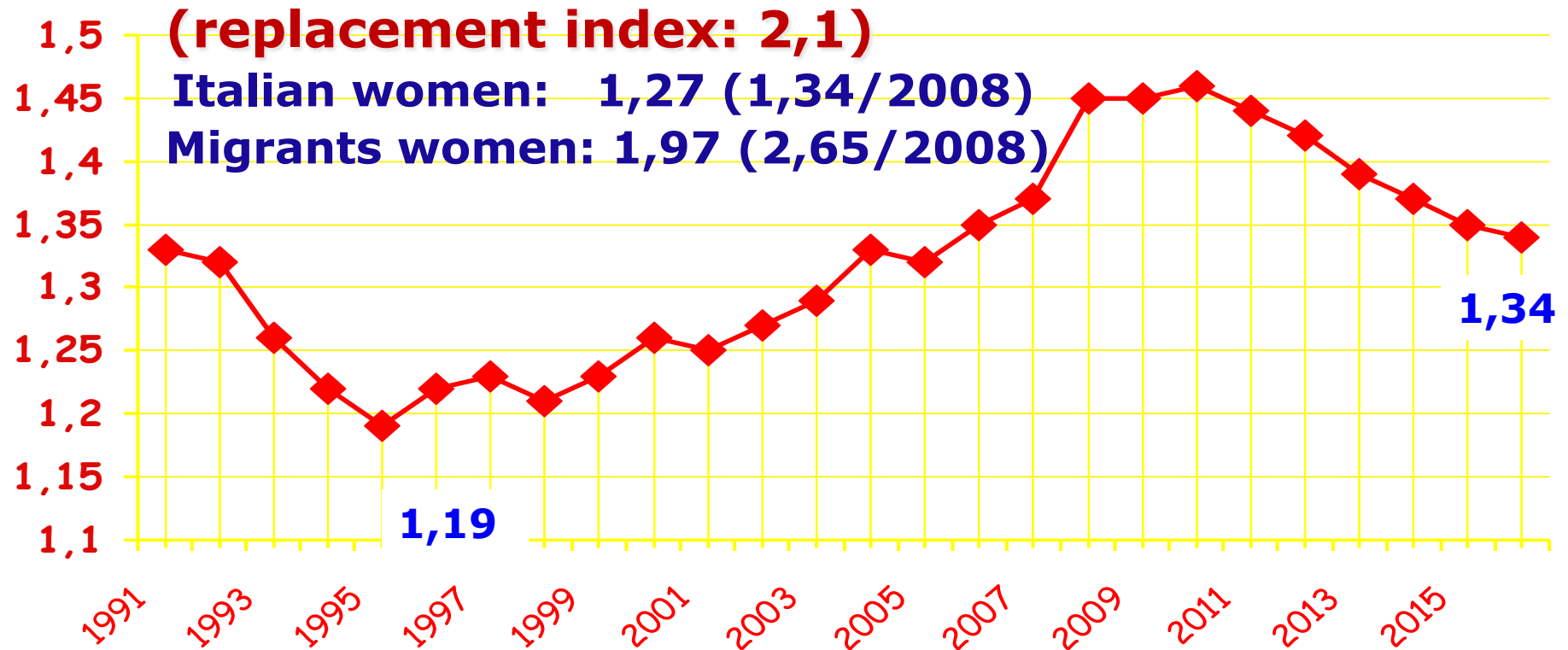
2.470.000 families

More than 7% of all families in Italy has at least one foreign component. The 70% has all foreigners components

European fertility rate



Fertility rate in Italy from 1991 to 2016



Age at delivery: 31,7 aa

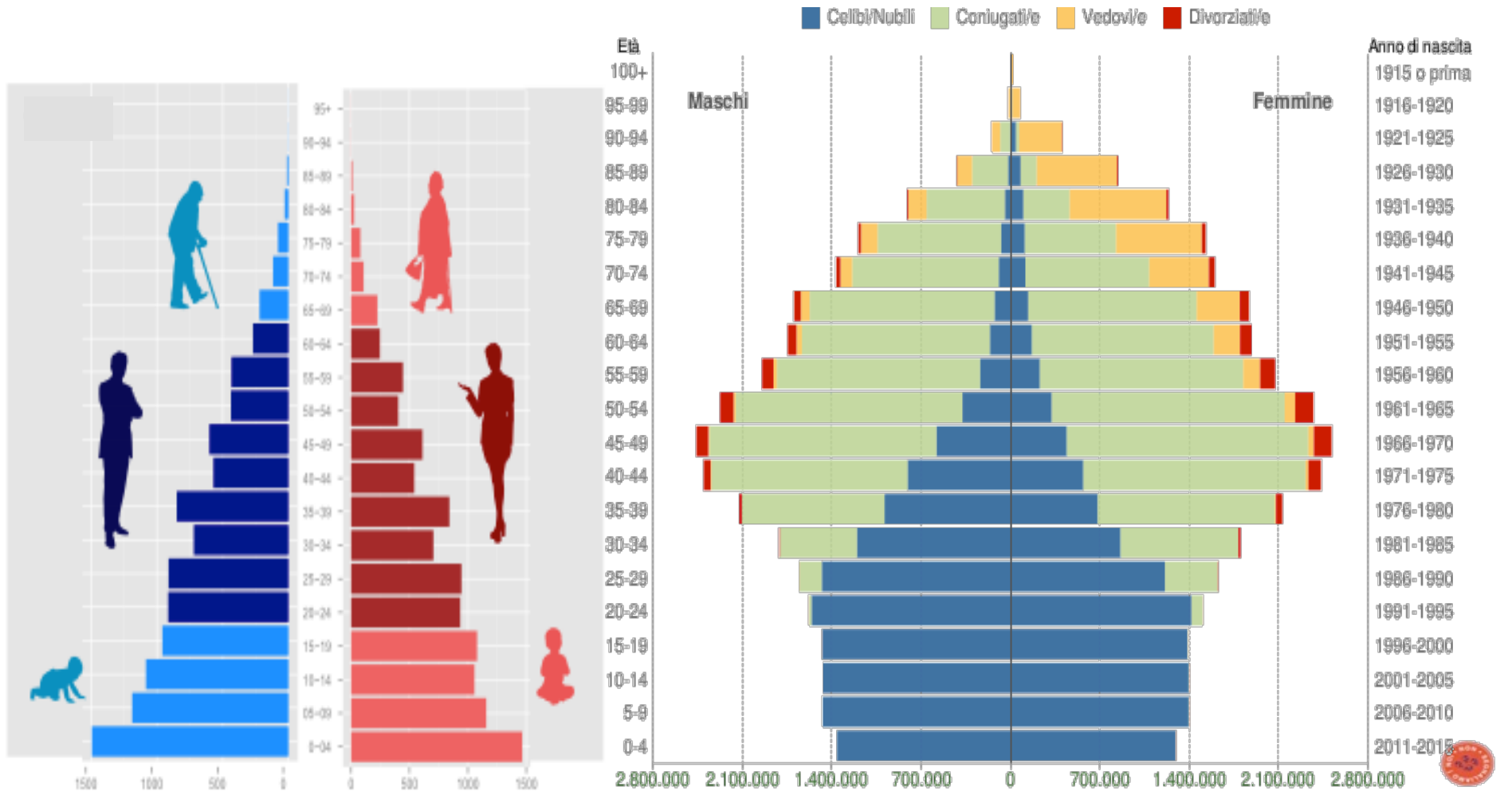
italians 32,2 aa

foreigners 28,7 aa

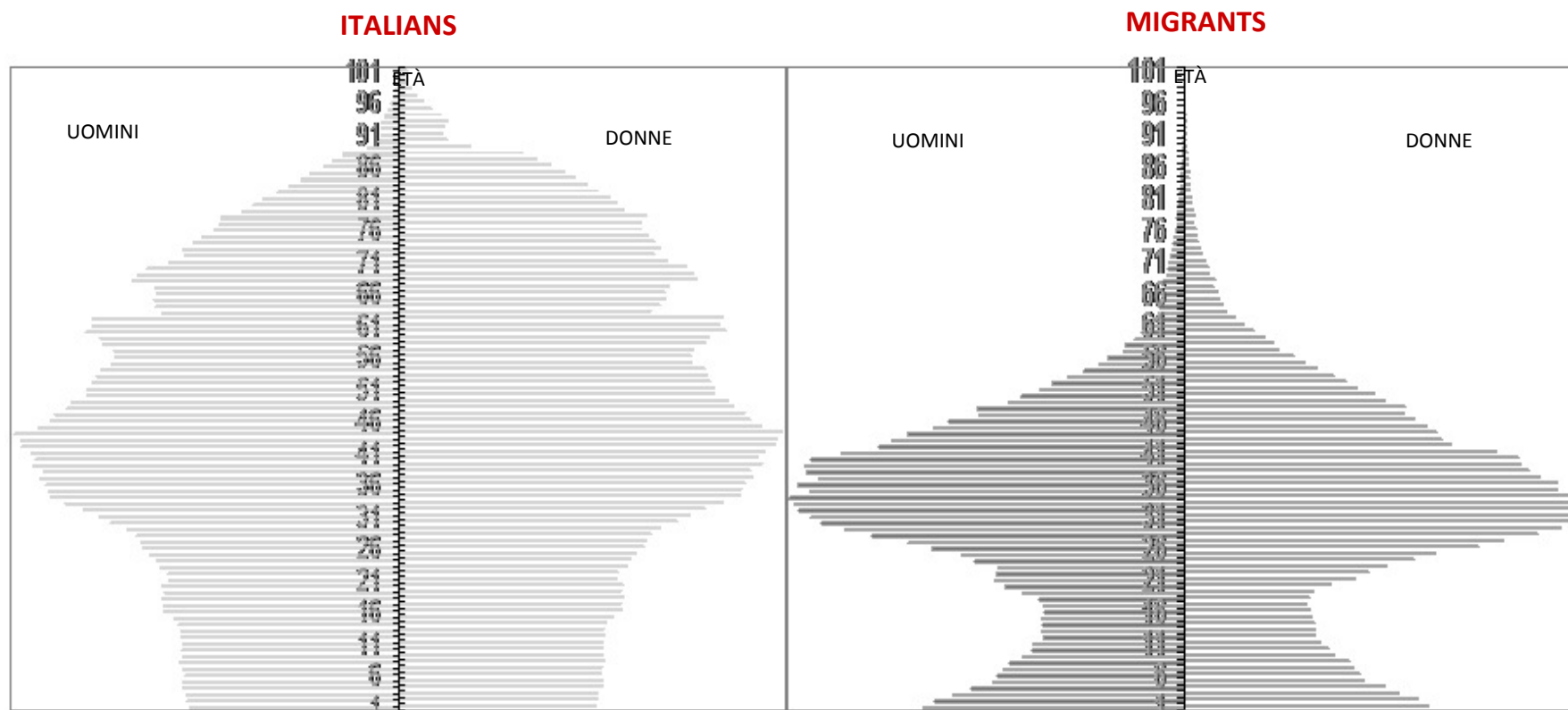
Children born in 2017: 458.151
(-15.000 than 2016)

Historical minimum from 1861

Age pyramid



Age pyramid



Fonte dati: ISTAT

Average age of resident population: 43,7 years

Italians: 44,7 yrs Foreigns: 32,2 yrs

More than 80% of foreigners population is less than 45 years old

Age pyramid



Esteri

Home

Politica

Economia

Sport

Spettacoli

Tecnologia

Moto

L'Europa e l'emergenza profughi: le inchieste del gruppo Lena »



In Marocco, tra i disperati che sognano l'Europa: ogni giorno un assalto



Asilo in quarantotto ore, ecco perché l'Ue guarda all'esempio



L'Europa che invecchia salvata dai migranti: "Senza nuovi lavoratori l'industria è a rischio"

L'Ocse: entro il 2020 la popolazione in età produttiva calerà di 7,5 milioni di unità

di STEFAN VON BORSTEL, MARTIN GREIVE, BENNO MÜCHLER

Costs and benefits of migrants in Italy



**8,8% Gross Domestic Product
from migrants**

HEALTH PROFILE OF MIGRANT POPULATION

CONGRATULATIONS

YOU ARE A HEALTHY MIGRANT!

• More civil society / NGO coverage in remote / rural areas → or other places - even Bangkok

• Living together
- all nationalities, all religions, all genders
all ethnicities

• Better NGO & migrant - eg Mekong networks for advocacy & cooperation

• Community fundraising

• Growing own vegetables

• Migrant-run pre-departure programs

• Community radio & other media for migrants

Working together → Lobbying

Campaigning

Migration Network

Respect → Human dignity is not based on nationality

legal assistance - HOTLINE - counselling



il Giornale

Quotidiano del mattino

Spedizione in abbonamento
postale / 50% - Milano

Milano, giovedì 17 novembre 1994

Dopo il colera in Puglia, la Sanità di nuovo in allarme per l'infezione arrivata dall'Africa: vertice delle Usi

La lebbra sbarca in Sicilia

Sedici casi segnalati a Messina tra immigrati marocchini e tunisini. Contagiati anche quattro italiani. Un fax della prefettura mette in allerta i medici di base. Difficili i controlli sui 25.000 extracomunitari presenti

CORRIERE DELLA SERA cronaca Milano

20-AGO-2008

Diffusione: n.d.

Lettori: n.d.

Direttore: Paolo Mieli

da pag. 2

Oggi vertice con l'Asl. L'Osservatorio immigrazione: più casi di tbc. «Pronti a fronteggiare un boom di malaria»

«Colera a Milano, sì alle vaccinazioni»

I medici: in aumento le malattie della paura. Il Comune: controlli sugli stranieri a rischio



Data:
sabato 31.12.2016

IL TEMPO

Estratto da Pagina:
10

Meningite, scoppia il caso immigrati

La Lega Nord: il virus non è sceso da una nave da crociera ma dai barconi

Data:
sabato 14.01.2017

Libero

Estratto da Pagina:
1

Tra il 2011 e il 2015 segnalati 3.633 malati

Rischio malaria. Il governo: colpa dei migranti

Il ministero della Salute: in Lombardia, Piemonte, Veneto ed Emilia 32% in più di casi, l'80% dovuto agli stranieri

La bimba trentina di 4 anni morta di malaria

DOPO LA MISERIA PORTANO MALATTIE

Immigrati affetti da morbi letali diffondono infezioni. Basta che una zanzara punga prima un malato e poi uno sano e quest'ultimo muore. Il governo se ne disinteressa e insiste con l'accoglienza

I verbali dello stupro di Rimini: «Violenza oltre ogni immaginazione e doppia penetrazione»

di **PIETRO SENALDI**

Migrants health

Healthy migrant effect

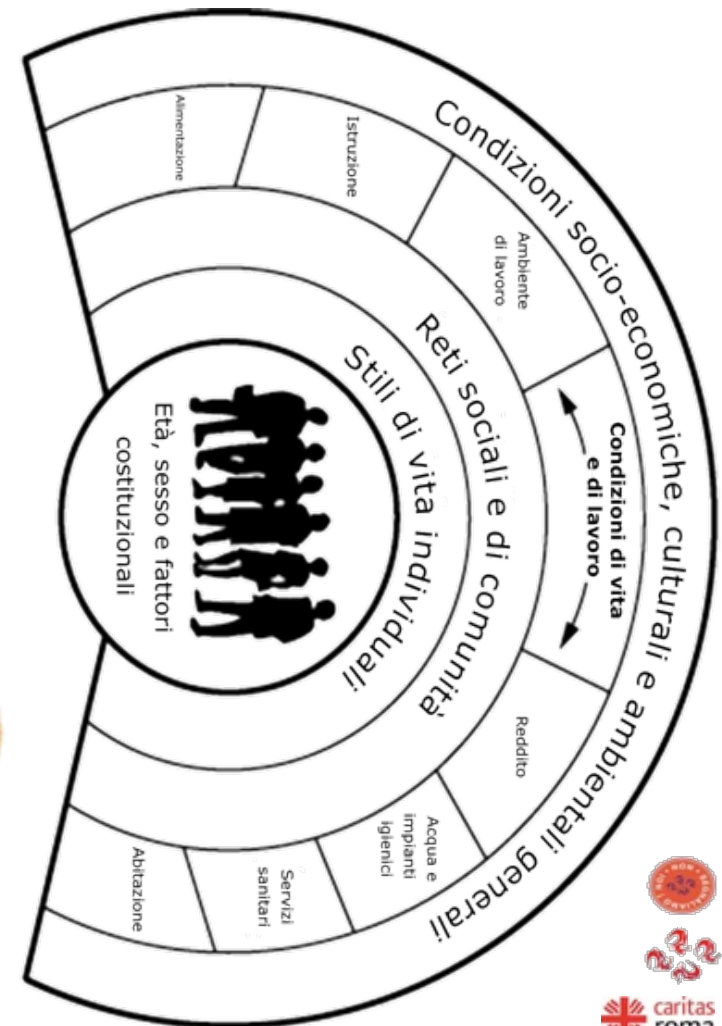
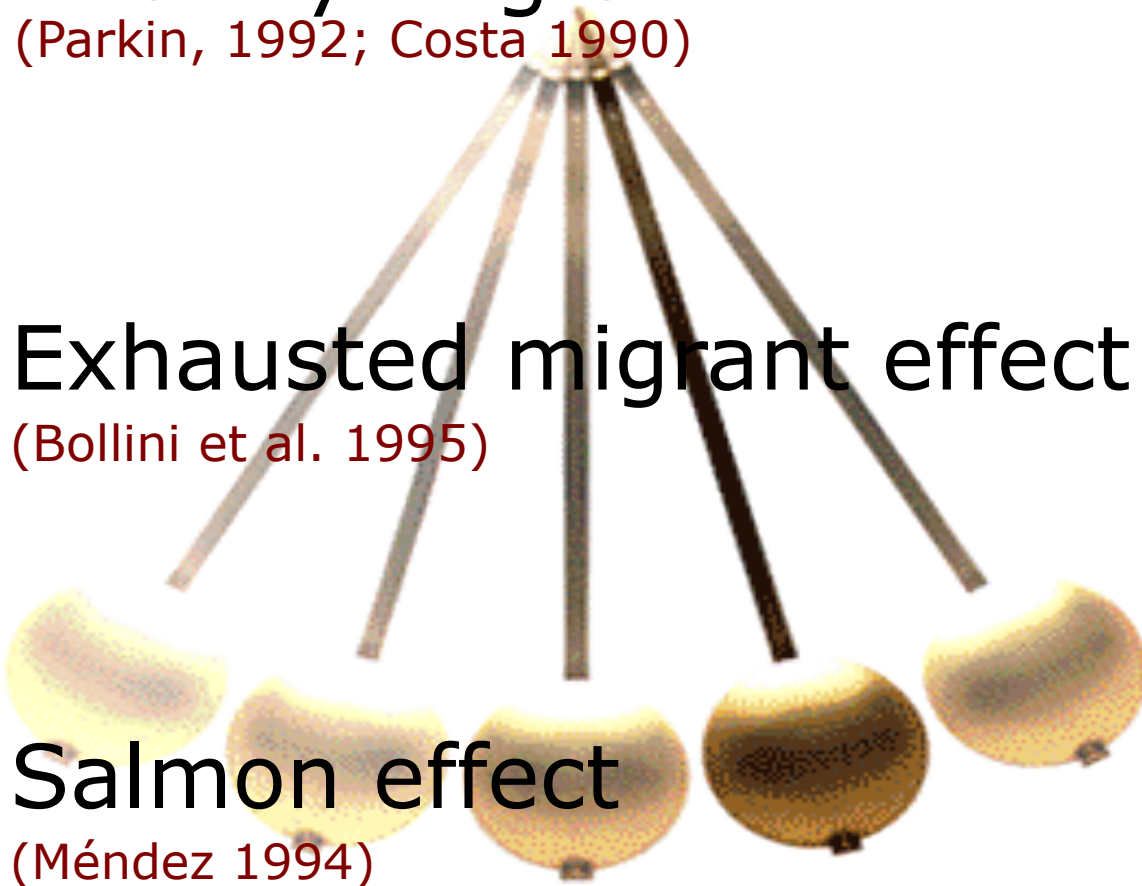
(Parkin, 1992; Costa 1990)

Exhausted migrant effect

(Bollini et al. 1995)

Salmon effect

(Méndez 1994)



Social determinants of migrant's health

**Situation before
departure**

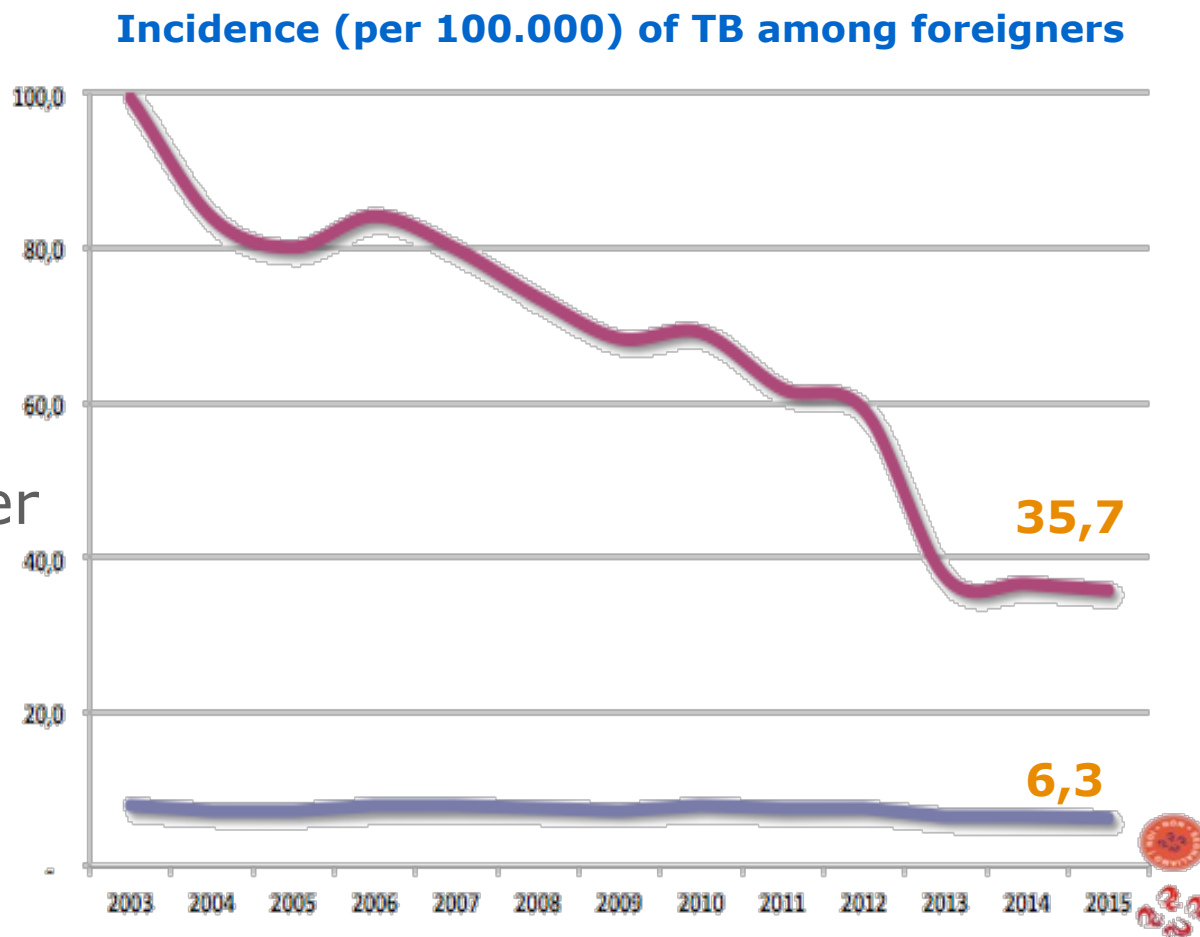
“selection - exposure”



Incidence of tuberculosis among foreigners in Italy. 2003-2015

From 2003 to 2015, incidence pass from **100** to **35,7** per 100.000 people-year)

Risk is **5,6 times** higher than total population



Social determinants of migrant's health

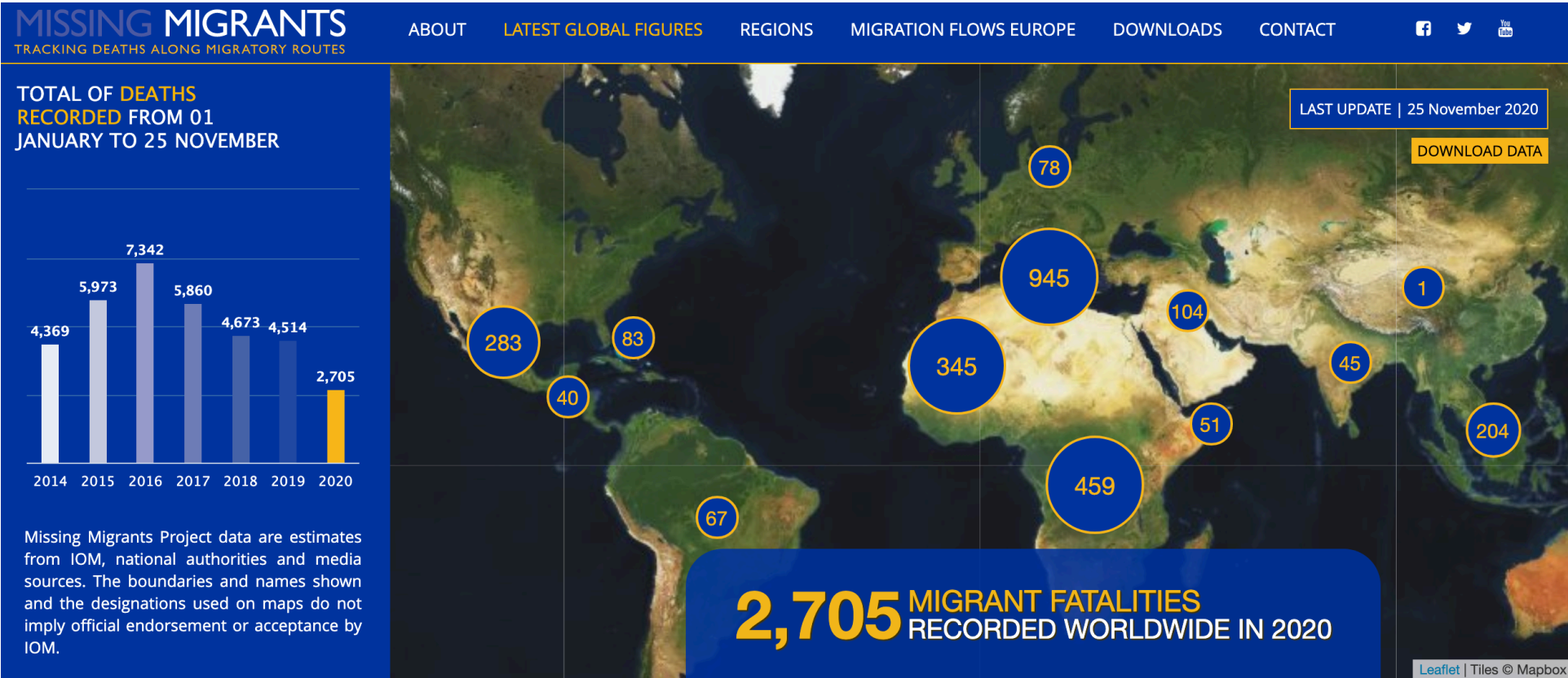
**Situation before
departure**

“selection - exposure”



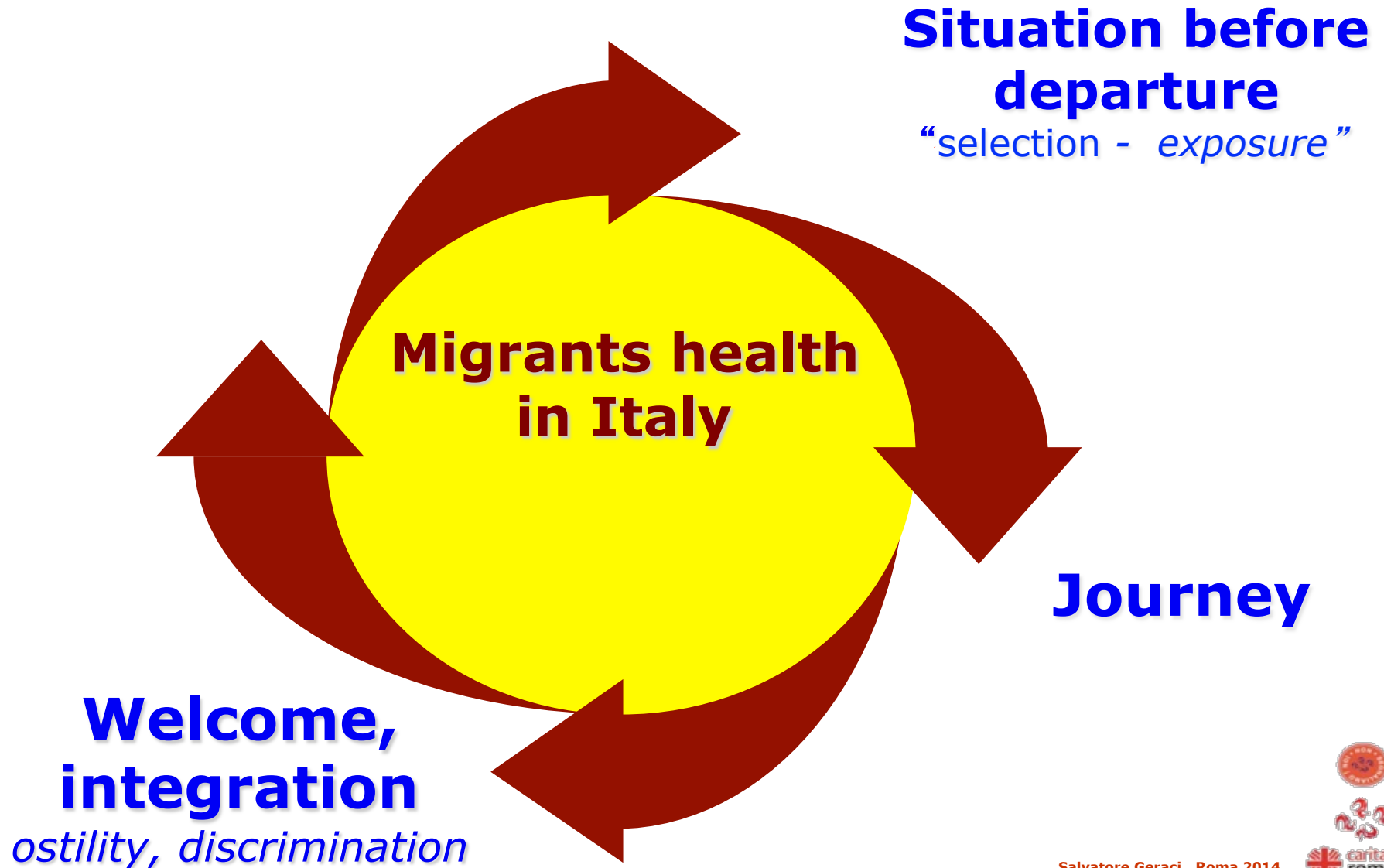
Journey

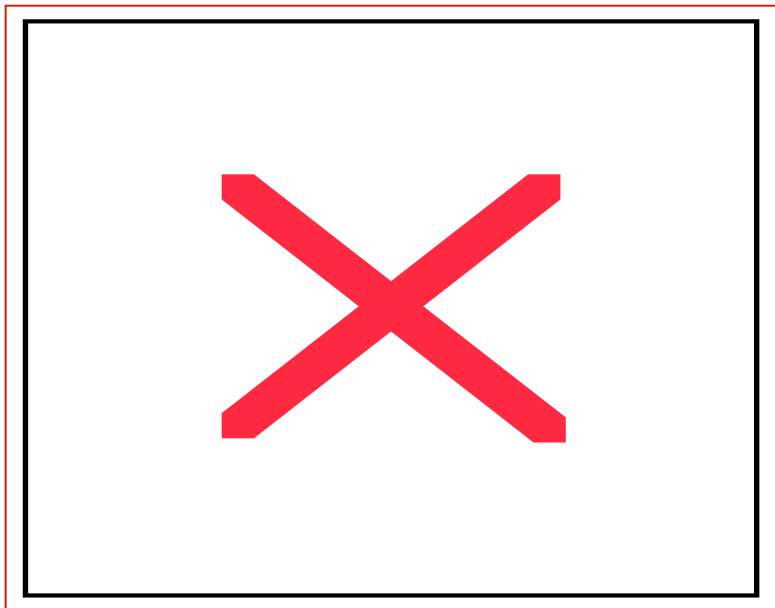
Missing migrants projects



<https://missingmigrants.iom.int/>

Social determinants of migrant's health





"Siete sempre a controllare, andatevene", clandestini aggrediscono poliziotti

Federico Garau



Vittorio Feltri, legge per regolarizzare i clandestini: "I neri possono essere sfruttati e i nostri disoccupati no?"

Sullo stesso argomento:

Vittorio Feltri: "Myrta Merlino chiede a Prodi come si fa a mettersi contro l'Europa? Già, più facile mettersi contro gli italiani"

"Morire di virus o morire di fame". Feltri a Stasera Italia, il dato che condanna Conte: un tragico bivio italiano

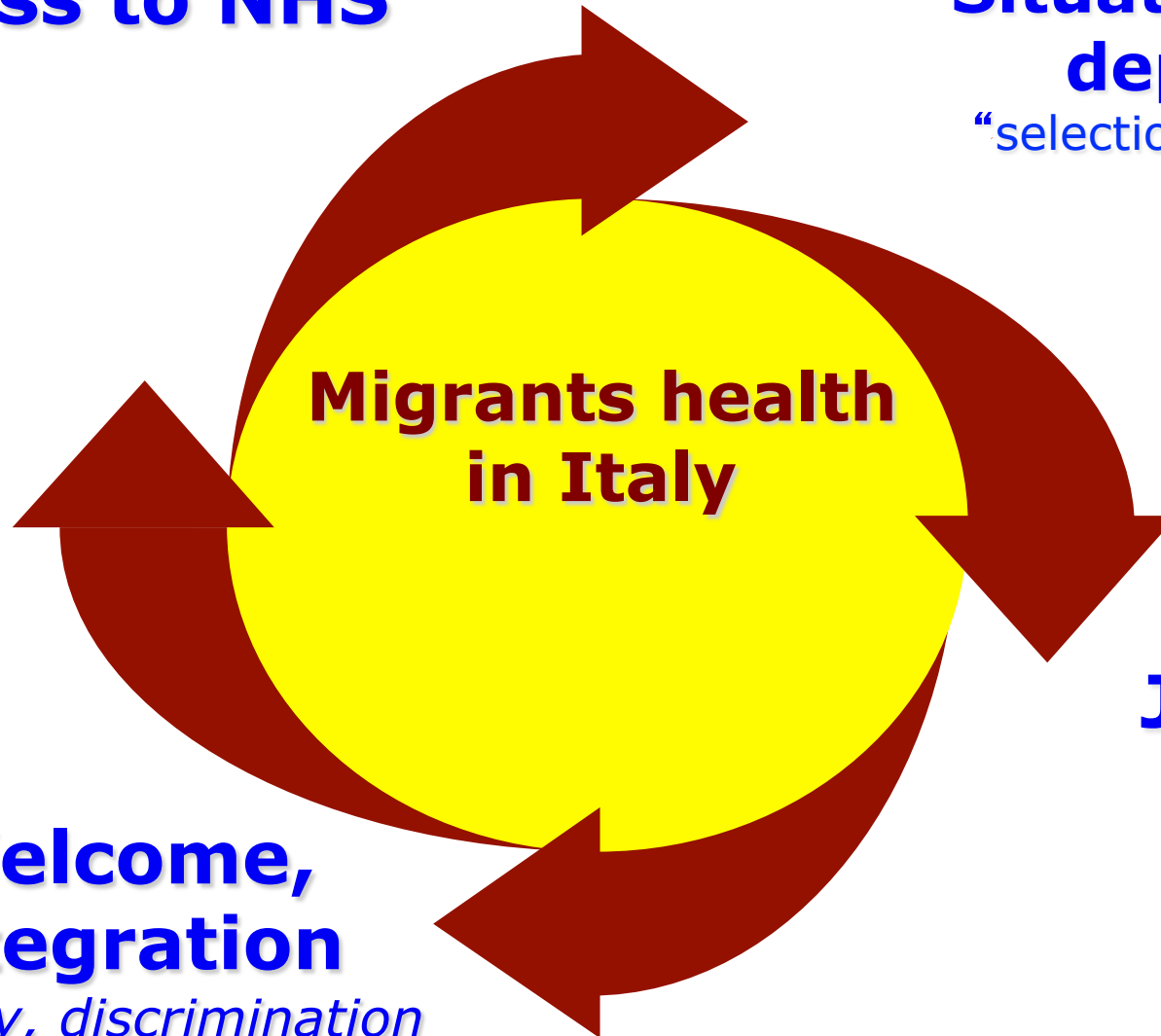
■ IN POLE



Social determinants of migrant's health

Access to NHS

Situation before departure
"selection - exposure"



"selection - exposure"

**Migrants health
in Italy**

Journey

**Welcome,
integration**

hostility, discrimination

Principal causes of hospitalisation. Foreigners, age 18+

Hospitalisation

Male (n=91.665)		Female (n=228.826)	
	%		%
Trauma	19,3	Pregnancy/ delivery	55,5
Gastrointestinal diseases	14,5	Gynaecologic diseases	6,7
Circulatory system diseases	12,9	Gastrointestinal diseases	6,6
Respiratory diseases	8,8	Tumors	5,9
Bones and muscles diseases	6,4	Circulatory system diseases	3,9

Principal causes of hospitalisation. Foreigners, age 18+

Day-hospital

Male (n=24.170)		%	Female (n=79.757)		%
General causes	14,0		Abortion	49,2	
Gastrointestinal diseases	13,5		Gynaecologic diseases	12,5	
Bones and muscles diseases	9,7		General causes	9,2	
Trauma	8,8		Tumors	5,8	
Nervous diseases	8,7		Bones and muscles diseases	4,1	

Migrants' health Today

- GROWING ACCESS TO NHS
- GROWING SOCIAL FRAILTY

Growing **work accidents**

Abortion rate 3-4 times higher than in Italian women

Inappropriate recovery

EFFECT OF AN UNCERTAIN WELCOME

EFFECT OF A NON GOVERNED MIGRATION

- EPIDEMIOLOGICAL TRANSITION

From acute to chronic diseases, but...

... Covid-19: incidence in migrants communities

In Europe, significant over-representation of immigrants in the incidence of COVID-19 (confirmed cases).

In Norway, 31% are foreign-born, almost twice as much as their

In Sweden, 32% of cases being immigrants (against 19% in the population)

In Denmark, immigrants account for 18% of the infected, twice as many as their share in the Danish population.

In Portugal, 24% of COVID-19 infections in Lisbon are immigrants (mainly from Africa).

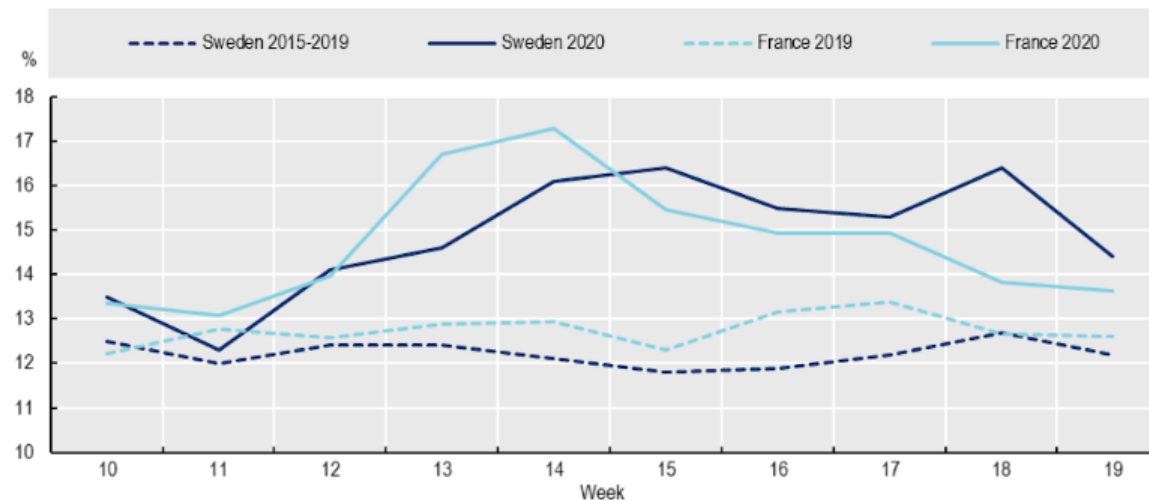
Outside Europe, immigrants are also disproportionately affected by COVID-19 (es. in Ontario, 43.5% of cases).

In Italy data from the Superior Institute of Health showed that 5% of cases concerned foreigners, only about half of their share in the population.

-
- different **demographic** composition (immigrants are younger on average and are less likely to show COVID-19 symptoms);
 - number of confirmed cases is driven by the **national testing strategy**. Limited testing capacities in some countries in the early phases of the pandemic hampered large-scale population testing;
 - the number of confirmed cases by origin is also impacted by the **ability** of each country **to reach** the most vulnerable groups, among them immigrants and their specific issues (e.g. lack of host-country language proficiency, legal status).

Excess of mortality during the COVID-19 period

Figure 2. Share of immigrants among deaths in France and Sweden, March-April 2020 compared with previous periods



Note: The share of immigrant deaths in France in the weeks 10 to 19 2020 is compared with the share for the same period for the year 2019. The share of immigrant deaths in Sweden in the weeks 10 to 19 2020 is compared with the share for the same period for the years 2015-19.

Source: OECD Secretariat calculations based on national sources.

Immigrants have paid a higher toll with respect to the incidence of COVID-19, with higher infection risk and higher mortality, despite having a younger age on average.

Global health and COVID-19

COVID pandemic enhanced the meaning of **global health**, showing the deep relation among health and health determinants, as work, environment and economy.

- ❑ Living in **crowded conditions**, with difficulty in self-isolating and maintaining social distancing (e.g. reception centers);
- ❑ **Poor hygiene** and reduced access to clean water;
- ❑ Reduced access to knowledge and information about COVID-19;
- ❑ No socioeconomic or technical means (such as Internet access) to care for themselves and their families during isolation.

European Public Health Agency and European WHO

- ❑ Develop health-related messages that reach everyone in the community contributes to promotion of behaviours that can contain or stop the outbreak;
- ❑ All national health-care initiatives must be afforded to all migrants to ensure the protection of the human right to health;
- ❑ Specific measures to reach marginalized or hard-to-reach groups;
- ❑ Provide information in appropriate languages by translating written materials;
- ❑ Ensure that fear of registration for some groups of migrants and refugees will not prevent them from seeking health care;
- ❑ (...)

MIGRANT'S HEALTH POLICIES IN ITALY



The Italian Constitution (1948)



32nd Article

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

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



Source: Piano Sanitario nazionale 1998-2000, DPCM 29 novembre 2001 e successive modifiche (d.P.C.M. 16 aprile 2002 e d.P.C.M. 28 novembre 2003)

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

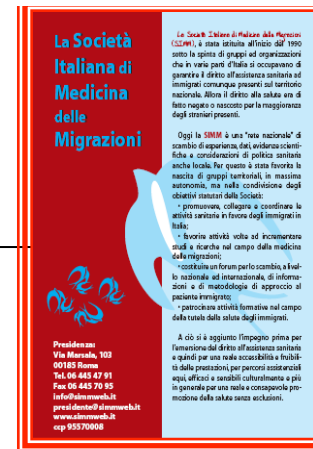
- **Particular protection for women and children**
- **Special attention to infectious diseases and international prophylaxis**

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 !



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

La Società Italiana di Medicina delle Migrazioni (S.I.M.M.)



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Simm

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- [Atti Costitutivi](#)
- [Consensus e Congressi SIMM](#)
- [Altri documenti di indirizzo](#)
- [Collaborazioni](#)

Ultime News

[Come tutti i bambini: un video per sensibilizzare sui diritti dei minori stranieri](#)

[Cara Maria Edoarda, hai sempre guardato lontano, ed è sempre stata vicina](#)

COME TUTTI I BAMBINI: UN VIDEO PER SENSIBILIZZARE SUI DIRITTI DEI MINORI STRANIERI

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La Società Italiana di Pediatria, in collaborazione con il Gruppo di Studio del Bambino Migrante e il regista Piero Li Donni ha realizzato un filmato dal titolo **"Come tutti i bambini"**, che è stato presentato in apertura agli Stati Generali della Pediatria, tenutisi a Firenze il 19 novembre 2016.

Il video, ambientato a Pozzallo e a Palermo, coniuga la "narrazione" filmica della condizione di tanti minori migranti che, soli o accompagnati, arrivano in Italia, ad alcuni messaggi importanti relativi alla loro accoglienza socio-sanitaria e alla tutela del loro diritto alla salute.

Arricchito dalla partecipazione, in qualità di attori e voce narrante, di bambini e adolescenti che hanno vissuto direttamente l'esperienza migratoria, il filmato vuole essere uno strumento di sensibilizzazione e informazione nell'ambito di una più vasta azione di advocacy a favore dei diritti di questi minori, in un'ottica di equità e inclusione.

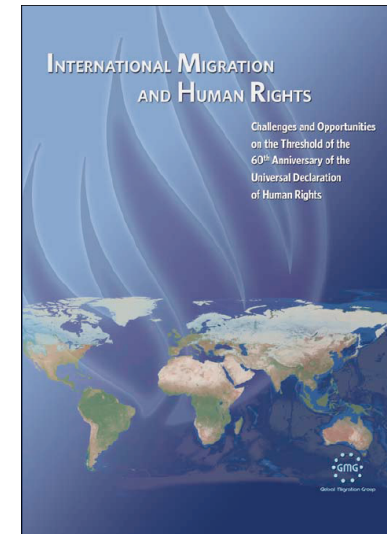




FOCUS ON ASYLUM SEEKERS AND REFUGEES



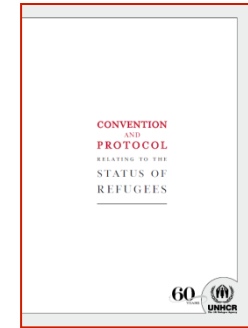
Forced migration



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



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

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)

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.

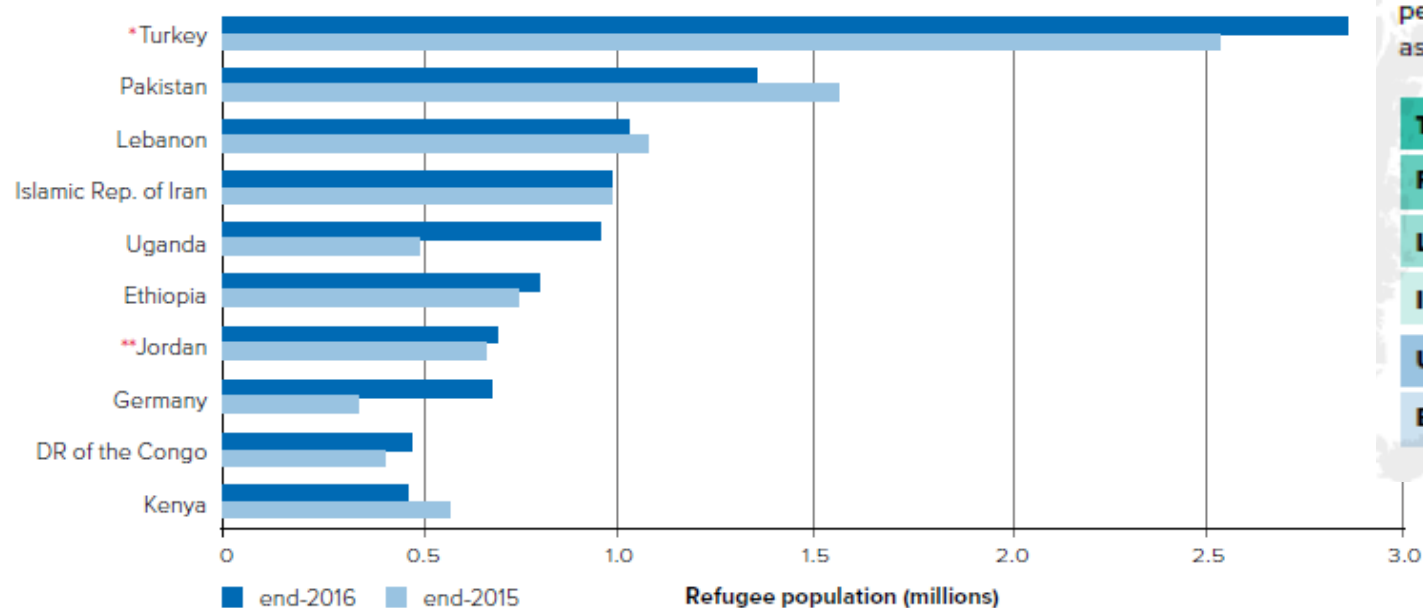
Even if they have fled for similar reasons as refugees (armed conflict, generalized violence, human rights violations), IDPs legally remain under the protection of their own government – even though that government might be the cause of their flight.

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

Hosting countries

2.9
MILLION PEOPLE

Figure 4 | Major refugee-hosting countries



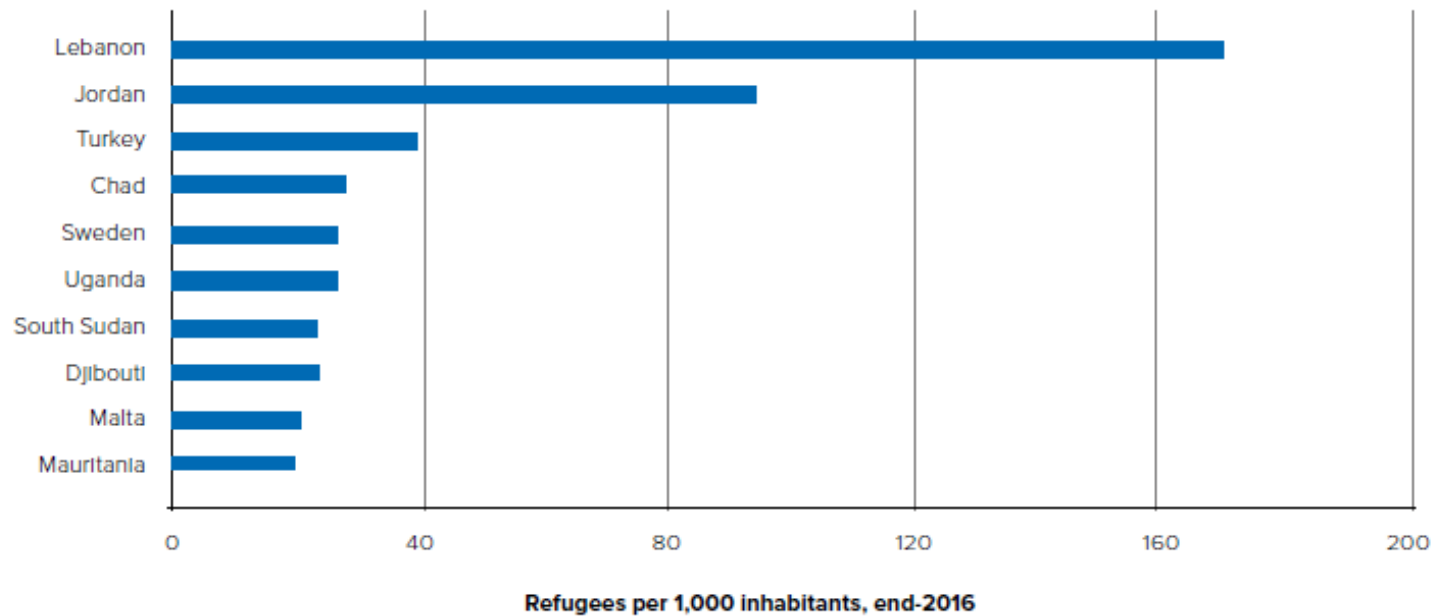
For the third consecutive year, Turkey hosted the largest number of refugees worldwide, with 2.9 million people. The main countries of asylum for refugees were:

Turkey	2.9 million
Pakistan	1.4 million
Lebanon	1.0 million
Islamic Republic of Iran	979,400
Uganda	940,800
Ethiopia	791,600

- * Refugee figure for Syrians in Turkey was a Government estimate.
- ** Includes 33,100 Iraqi refugees registered with UNHCR in Jordan. The Government estimated the number of Iraqis at 400,000 individuals at the end of March 2015. This includes refugees and other categories of Iraqis.

Refugees rate for countries

Figure 6 | Number of refugees per 1,000 inhabitants | end-2016*



* Only countries with national populations over 100,000 were considered.



75,000

UNACCOMPANIED OR SEPARATED CHILDREN

Unaccompanied or separated children – mainly Afghans, and Syrians – lodged some 75,000 asylum applications in 70 countries during the year, although this figure is assumed to be an underestimate. Germany received the highest number of these applications (35,900).

25.846 unaccompanied children
in Italy in 2016

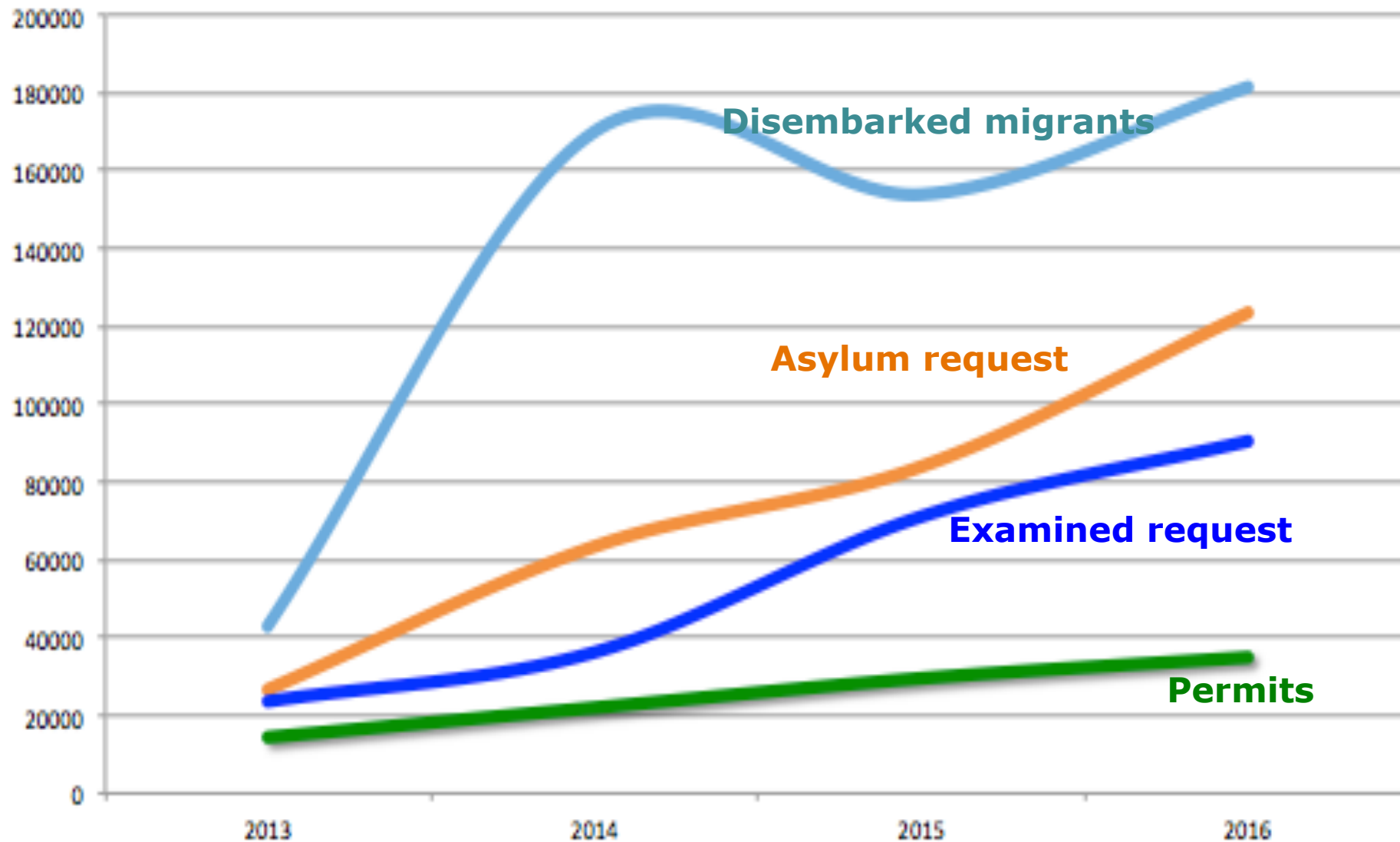
15.779 in 2017

2.896 on July 2018

“We are facing the biggest refugee and displacement crisis of our time. Above all, this is not just a crisis of numbers; it is also a crisis of solidarity.”

Ban Ki Moon, United Nations Secretary General

Disembark, request of asylum, decisions in Italy 2013-2016



Refugee's health

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

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

Migration factors

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

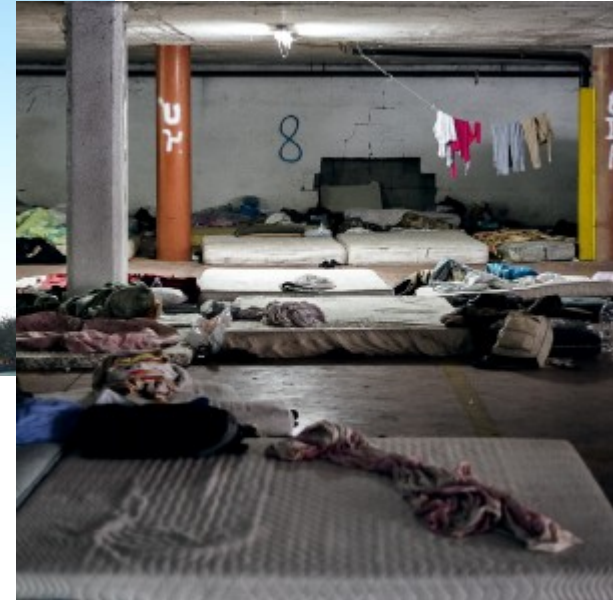
Post migration factors

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

Post migration living difficulties



Selam Palace



Old Somali embassy



Tor Sapienza

DIRECTIVE 2011/95/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

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

Thank you!

