

The Erice 58 Charter on 'The health of migrants. An equity challenge for the public health system'

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Abstract

The Erice 58 Charter titled “The Health of Migrants: a Challenge of Equity for the Public Health System”, was unanimously approved at the conclusion of the 58th Residential Course of the School of Epidemiology and Preventive Medicine ‘Giuseppe D’Alessandro’ entitled “The Health of Migrants: a Challenge of Equity for the Public Health System. Epidemiological, clinical-relational, regulatory, organisational, training and public communication aspects at international, national and local level”, which took place from 28 March to 2 April 2022 in Erice (Sicily, Italy), at the ‘Ettore Majorana’ Foundation and Centre for Scientific Culture. The Course was promoted by the Italian Society of Migration Medicine (S.I.M.M.) and the Italian Society of Hygiene, Preventive Medicine and Public Health (SIItI), with the collaboration and patronage of the Istituto Superiore di Sanità (ISS). 72 learners participated (mainly resident doctors in ‘Hygiene and Preventive Medicine’ but also other health service professionals), whose average age was 37 years; on the basis of territorial origin, 13 of the 20 Italian regions were represented. During the intense learning experience, which consisted of 18 frontal lessons (with 20 lecturers from the bio-medical, socio-anthropological and journalistic fields) and 7 working group sessions (supported by 4 classroom tutors in addition to the lecturers) in ‘blended learning’ mode, the various dimensions and critical issues related to the possibility of guaranteeing truly inclusive health policies for foreigners/migrants, throughout the country, were identified and discussed from an ‘Health Equity’ perspective. This enabled a small editorial group to draw up the basic document that, in the last session of the Course, was discussed and modified by all participants into the version of the ‘Erice 58 Charter’ presented here.

Introduction

In a planet where an estimated 281 million international migrants live, migration is now rightly considered a social determinant of health (1, 2). Human societies and their health systems increasingly have to deal with this phenomenon according to complex dynamics, which require knowledge, skills, strategies and targeted approaches. An editorial in ‘The Lancet’ of 24 May 2018 was entitled: ‘No public health without migrant health’; this title was later significantly taken up by: ‘Report on the health of refugees and migrants in the WHO European Region’ by the European Office of the World Health Organisation published in the same year (3).

The Course that gave rise to the Erice 58 Charter presented here set out to “*offer, from a public health perspective, a broad and structured view of the health and care implications of migration in its various forms and expressions, with the aim of orienting and qualifying individual professionals, health organisations and decision-makers*”.

To this end, the following thematic areas were addressed on the various days of the Course:

- main directions of International Policies (with particular reference to the WHO European Region) for the promotion and protection of migrants’ health;
- epidemiological considerations on the health of different types of migrants and in different generations;
- guidelines for the clinical approach (with particular reference to relational aspects) to the migrant;
- policies and legislation for migrant care at national and local level;
- strategies, models and experiences for a ‘proximity’ public health approach (understood as the ability to reach people where they live or work);
- training needs for health professionals: the challenge of sensitivity to differences;

- guidelines for correct and comprehensible public communication on migrants’ health.

A total of 101 people took part in the Course in a mix of in-presence and remote (almost all lecturers in presence, 40% of learners in presence); these people have the following roles and affiliations: doctors, researchers, academics, directors, managers and practitioners in the social and health sector at international, national and local level.

It should be noted that: 1) the Course took place in a particular historical-political moment as, due to the Russia-Ukraine war, the migration phenomenon fuelled by international protection seekers was expected to assume significant proportions also in Italy in the near future; 2) with respect to the Erice Charter resulting from the Course there is a specific historical precedent dating back to 2001 (4).

Aims

The Declaration is addressed to different public and private, collective and individual actors, in order to urge their commitment to promoting equity in health and care for refugees and migrants, according to the guidelines included in the draft Global Plan of Action 2019-2023 approved by the 72nd World Health Assembly (5). It is especially addressed to: the world of politics and in particular to decision-makers; public institutions with particular reference to those working in the health and social sectors; universities and other educational agencies; research bodies; scientific societies; professional bodies; the Media; migrant communities; civil society organisations and individuals.

The key points

The Declaration is basically structured in two parts: I) premises, acknowledgements, assumptions of awareness and background statements/underlining; II) wishes,

recommendations, warnings, solicitations and requests.

The proposals contained in the Declaration essentially concern a strong call for an evidence-based approach; the call for the activation of intersectoral and health promotion policies, also through the gradual dissemination of innovative ‘proximity’ public health approaches for ‘hard to reach’ groups; the fight against inequalities in health and care, also through the use of the ‘Health Equity Audit’; an effort to improve quality in the collection and provision of key health / health care data / variables of interest and for their integrated use; greater stability of interventions aimed at migrants and refugees by avoiding their discontinuation when funding for specific projects ceases; a strong call for an effective system governance capable of overcoming the territorial fragmentation and inhomogeneity in the application of rules and pathways by public health services (which produce barriers to access and use of assistance); special attention to the promotion and protection of minors’ health; a progressive and more widespread ‘sensitivity to differences’ in the public health system; greater accuracy and fairness on the part of the Mass Media, to remove prejudices and false alarmism capable of generating discrimination.

The process that led to the final Declaration can be summarised as follows: the draft was prepared by a small group of organisers on the basis of concise contributions proposed by the various lecturers/speakers; the advanced draft was then presented and discussed during a concluding half-day of work; the text was corrected and circulated for a few weeks after the Course in order to acquire any proposals for amendment; the Declaration was then signed by 101 of the lecturers and participants in the training event; in the following period, it was also opened to external persons who had not taken part in the Course, in particular by publicising it on the website of the Italian

Society of Migration Medicine, gathering the signatures of a further 85 people.

The text of the Charter

We, the undersigned, researchers, academics, directors, managers, medical doctors, and social and health workers at the national and local level, students and lecturers of the course “THE HEALTH OF MIGRANTS: A CHALLENGE OF EQUITY FOR THE PUBLIC HEALTH SYSTEM”, an event sponsored by the Italian Society of Migration Medicine (SIMM), the Italian Society of Hygiene, Preventive Medicine and Public Health (SIItI) and the Istituto Superiore di Sanità (ISS) and held at the “High School of Epidemiology and Preventive Medicine” of the “Ettore Majorana Foundation and Centre for Scientific Culture” of Erice (Sicily) from 28 March to 2 April 2022:

- acknowledging that people of foreign origin or with a migratory background represent a structural and significant component of the population present in Italy, which actively makes a significant contribution in cultural, social and economic terms for the benefit of the entire community, and which must be systematically considered within the health policies aimed at the entire population from an equity perspective;

- aware that the COVID-19 pandemic, which is still ongoing, has highlighted specific vulnerabilities and exacerbated pre-existing inequalities, including those affecting migrants, demonstrating that public health interventions - that programmatically include them - increase the protection of the entire community in a Global Health perspective;

- being concerned about the repercussions linked to the numerous and serious war conflicts being waged around the world, which, together with the burden of death, violence and despair, often produce huge

international migration flows and internally displaced people (in the case of Ukraine, mainly women, children and the elderly) and leave a legacy of highly traumatic situations capable of seriously affecting the quality of life of those affected;

- aware of the existence, within the foreign population in Italy, of groups with specific socio-economic vulnerabilities which can be traced back to the action of the so-called ‘structural determinants of health’;

- aware that, in the face of a national health legislation/regulations of an inclusive nature, throughout the territory from Region to Region/public administrations, barriers of an administrative, organizational, psychological and linguistic nature persist unevenly;

- noted that the main international institutions and agencies, with particular reference to the WHO, have produced in recent years Reports and Documents, also in the form of Resolutions, which recommend acting with multi-sectorial policies on the basis of the recognition of a right to health without any discrimination;

We strongly affirm the need for institutions at state, regional/provincial and local level to promote highly inclusive policies for all types of migrants not only from a health perspective - in terms of accessibility and usability of the necessary prevention, treatment and rehabilitation services - but

also in terms of their promotion and social protection;

We underscore how crucial it is – in line with the recommendations produced by the WHO European Regional Office in December 2020 – to establish the regulatory, administrative, technical and professional conditions that can allow an effective monitoring of the health of migrants and refugees¹.

We express a particular concern in the face of the profound disparities between Regions and Autonomous Provinces with regard to the effective application of the Essential Levels of Healthcare (LEA)² and other welfare provisions aimed at women, men and children within the community (with specific reference to the EU citizens who are not enrolled in the Health Service - ENI) and the non-EU citizens (with specific reference to those who do not have a valid residence permit - STP).

Based on the above considerations:

We urge the application throughout the national territory of the Guidelines already available with regards to reception (in its different phases) and to the methods for verifying the health conditions of migrants with specific conditions/needs and subsequent taking charge actions based on the available scientific evidence³;

¹ World Health Organization. Regional Office for Europe (WHO-EU). Collection and Integration of Data of Refugee and Migrant Health in the WHO European Region. Technical Guidance. World Health Organization; 2020. Available on: <https://apps.who.int/iris/bitstream/handle/10665/337694/9789289055369-eng.pdf> [Last accessed: 2023 May 16].

² Prime Minister Decree of 12 January 2017. *Definizione e aggiornamento dei livelli essenziali di assistenza, di cui all'articolo 1, comma 7, del decreto legislativo 30 dicembre 1992, n. 502*. Official Gazette of the Italian Republic No. 65, 18 Mar 2017 (Ordinary Supplement no. 15). Available on: <https://www.gazzettaufficiale.it/eli/gu/2017/03/18/65/so/15/sg/pdf> [Last accessed: 2023 May 16].

³ In particular, the following documents/Guidelines are recalled (those approved with specific Agreements of the State-Regions Conference or Unified Conference are marked *): INMP-ISS-SIMM: “*Border controls. The frontier of controls*”* (2017). Available on: https://www.salute.gov.it/imgs/C_17_pubblicazioni_2624_allegato.pdf [Last accessed: 2023 May 16]; INMP-ISS-SIMM: “*Tuberculosis control of immigrants to Italy*” (2018, update 2023). Available on: https://www.inmp.it/lg/LG_Tubercolosi.pdf [Last accessed: 2023 May 16]; Ministry of Health: “*Guidelines for the planning of assistance and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have suffered torture, rape or other serious forms of psychological, physical or sexual violence*”* (2017). Available on: https://www.salute.gov.it/imgs/C_17_pubblicazioni_2599_al

We hope for the activation of interventions relating to the implementation of inter-sectoral policies and empowerment actions in favour of foreign communities in Italy for the promotion of their health; specifically, we hope for the enhancement of the widespread skills of organised civil society in the field of the promotion and protection of the health of the most fragile people, in a virtuous logic of circular subsidiarity to know, intercept and take charge in an integrated form of the situations of greatest vulnerability;

We urge the promotion and implementation of actions to tackle possible inequalities in health and care that affect migrant populations - with particular reference to the possibility of actively reaching the most vulnerable groups (the so-called 'hard to reach') - through 'proximity' public health interventions (based on the following characteristics: outreach, system mediation, involvement of individuals, institutions, and communities) and the dissemination and application of the 'Health Equity Audit' tool;

We recommend improving the quality of the collection of key variables of interest⁴ or including them in current health information flows, in pathology registers and in scientific research, in order to disaggregate data of interest aimed at promoting and protecting the health of immigrant communities - in compliance with privacy constraints - and to be able to communicate the different flows with each other through 'record linkage'. This is indispensable in order to have reliable and stable information on health needs and critical care issues on the basis of which the health planning documents can be defined for the various fields of interest (e.g.: for vaccination and oncological prevention,

for the various clinical and rehabilitation fields...) and the relative assessment of health and care outcomes;

We ask to guarantee, in all the public health service branches and in particular in the Local Health Authority offices (in their various denominations), conditions that ensure stability to projects and interventions in the promotion and the protection of the health of migrants, whatever their legal status, ensuring their inclusion in all programs/interventions, also through the possible definition in the company organigram chart of dedicated Operative Units and/or the establishment of specifically dedicated interdepartmental/inter-district company committee;

We highlight the need to overcome the great fragmentation and dis-homogeneity related to the identification of the requirements and procedures functional to the accessibility and usability of the different types of assistance, including the levels of exemption to the payment of services, favouring single national codes, in particular for people with STP - Stranieri Temporaneamente Presenti (foreigners temporarily present) or ENI - Europei non iscritti al Servizio sanitario (Europeans not enrolled in the Health Service) codes;

We also ask the institutions in various capacities involved in the objective of health for all - with particular reference to the necessary role of coordination and stewardship of the Ministry of Health and the institutions it oversees - to strengthen their governance action and to strengthen their guidelines and tools of preparedness, also in order to be able to better respond to the needs of a society subject to demographic, social and epidemiological changes, and possible

legato.pdf [Last accessed: 2023 May 16]; Presidency of the Council of Ministers: "*Multidisciplinary protocol for the determination of the age of unaccompanied foreign minors*"* (2020). Available on: <https://www.statoregioni.it/media/2751/p3-cu-atto-rep-n-73-9lug2020.pdf> [Last accessed: 2023 May 16].

⁴ Here we specifically mention the 'core variables' according to the WHO: country of birth; country of citizenship; month and year of arrival; country of birth of both parents.

future health threats, in a more timely and homogeneous manner, also through optimal use of funding connected to the ‘PNRR- Piano Nazionale di Ripresa e Resilienza’ (National Recovery and Resilience Plan)⁵; in particular, with reference to the provisions for the ‘Case della comunità’ (Community Houses), it is proposed that these include integrated primary care services also intended for foreigners in possession of an STP or ENI card;

We urge specific attention to the promotion and adoption of all those interventions and actions capable of supporting the ‘cultural competence’ of the public Health System (as well as of its individual operators) in the direction of a progressive and more widespread ‘sensitivity to differences’, reinforcing, in particular, the use of the system mediation approach. In particular, we request:

1. the promotion of pre- and post-graduate training and continuous education training initiatives and courses for professionals by Universities and Health Authorities through inclusion in their Compulsory Training Plans / CME - which have a perspective of cultural pluralism with a cross-cultural approach and a multi-professional and multi-disciplinary system/framework;

2. a special focus on the need to guarantee - with particular reference to certain services such as counselling and mental health services, also with regards to the possibility of taking charge of people who have suffered intentional violence - the

presence of specifically competent operators trained to work in a multidisciplinary team and to guarantee to all services, including those of a hospital nature, the possibility of using effective linguistic-cultural mediation interventions, where necessary;

with regards to mass media communication, We ask for accuracy and correctness in the reporting of health issues in relation to migration and its stakeholders, in the belief that respect for the deontological principles of the journalistic profession contributes to removing prejudices and false alarmism and to produce a more comprehensive and less stereotypical conscious vision⁶.

This Declaration is addressed to the world of politics and in particular to those who play the role of decision-makers, to public institutions with particular reference to those operating in the health and social sectors, to universities and other training agencies, to research organizations and institutions, to scientific societies, to professional bodies and colleges, to the mass media, migrant communities, civil society organizations as well as individuals interested in promoting equity in health and care.

Riassunto

La Carta di Erice 58 su ‘La salute dei migranti. Una sfida di equità per il sistema sanitario pubblico’

La Carta di Erice 58, dal titolo ‘La Salute dei Migranti: una sfida di Equità per il Sistema Sanitario Pubblico’,

⁵ The National Recovery and Resilience Plan (Piano Nazionale di Ripresa e Resilienza, PNRR) was emanded in 2021 and is part of the Recovery and Resilience Facility (RRF)- programme part of the New Generation EU - which aims to repair the social and economic damage caused by the COVID-19 Pandemic. The Italian Recovery and Resistance Plan has 6 main missions, one of these missions is “HEALTH” which focuses on modernizing and strengthening the Italian health system reinforcing its digitalization and enhancing equal access to health care. Available on: <https://www.governo.it/sites/governo.it/files/PNRR.pdf> [Last accessed: 2023 May 16].

⁶ See the ‘Deontological Protocol for correct information on immigration issues’, signed by the National Council of the Order of Journalists (CNOG) and the National Federation of the Italian Press (FNSI) in June 2008, the implementation of which is supervised by the Association ‘Carta di Roma’. Available on: <https://www.cartadiroma.org/cosa-e-la-carta-di-roma/codice-deontologico/> [Last accessed: 2023 May 16].

è stata approvata all'unanimità a conclusione del 58° Corso residenziale della Scuola Superiore di Epidemiologia e Medicina Preventiva 'Giuseppe D'Alessandro' intitolato 'La Salute dei Migranti: una sfida di Equità per il Sistema Sanitario Pubblico. Aspetti epidemiologici, clinico-relazionali, normativi, organizzativi, formativi e di comunicazione pubblica a livello internazionale, nazionale e locale', che ha avuto luogo dal 28 marzo al 2 aprile 2022 ad Erice (TP), presso la Fondazione e Centro per la Cultura Scientifica 'Ettore Majorana'. Il Corso è stato promosso dalla Società Italiana di Medicina delle Migrazioni (S.I.M.M.) e dalla Società Italiana di Igiene, Medicina Preventiva e Sanità Pubblica (SIIP), con la collaborazione e il patrocinio dell'Istituto Superiore di Sanità (ISS). Vi hanno partecipato circa 80 discenti (in prevalenza medici in formazione specialistica in 'Igiene e Medicina Preventiva' ma anche altri professionisti dei servizi sanitari), la cui età media è risultata essere di 37 anni; sulla base della provenienza territoriale sono risultate rappresentate 13 delle 20 regioni italiane. Durante l'intensa esperienza didattica, che si è articolata in 18 lezioni frontali (con 20 docenti di ambito bio-medico, socio-antropologico e giornalistico) e 7 sessioni di lavori di gruppo (supportati da 4 tutor d'aula oltre che dai docenti) con modalità 'blended learning', sono state individuate e discusse le diverse dimensioni e criticità correlate alla possibilità di garantire alle persone straniere / migranti, su tutto il territorio nazionale, politiche sanitarie realmente inclusive in un'ottica di 'equità nella salute'. Ciò ha permesso di elaborare, da parte di un gruppo di redazione ristretto, il documento di base che, nell'ultima sessione del Corso, è stato discusso e modificato da parte di tutti partecipanti nella versione della 'Carta di Erice 58' qui presentata.

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