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EUROPEAN UNION

National coordination of the health care response to refugees, asylum seekers and other migrants: *Working document* ITALY



READER'S GUIDE:

The SH-CAPAC consortium is conducting a mapping of the European Union Member States' health response to the refugees, asylum seekers and other migrants entering, transiting or staying in their territories.

This working document summarizes the latest information on the influx of the different categories (see box 1 on Country Context) and on the coordination of the health care responses (see box 2) in Italy. It also maps the available information on the WHERE-WHAT-WHO of these health care responses (see box 3). This is done for different categories: (1) recent arrivals, (2) people in transit, (3) asylum seekers, (4) refugee status granted persons, (5) undocumented migrants, and where relevant, also for (6) unaccompanied minors. Lastly we would like to map the funding sources for which the Member State's input is appreciated (see box 4 on Funding of health care responses).

*The information already completed below is based on different sources which were consulted online between January 20 and February 8 2016 and which is meant to give a first snapshot. **We would like to ask you to verify the information, to correct and amend where necessary and to complete where possible.** This mapping exercise will help the SH-CAPAC consortium to define a framework for effective health sector coordination for addressing the needs of the refugees, asylum seekers and other migrants in the European Union. **Please reply before February 16 2016 to ainhoa.ruiz.easp@juntadeandalucia.es with copy to birgit.kerstens@gmail.com and daniel.lopez.acuna.ext@juntadeandalucia.es.** More information on the SH-CAPAC project can be found in the leaflet in attachment and on www.easp.es/sh-capac.*

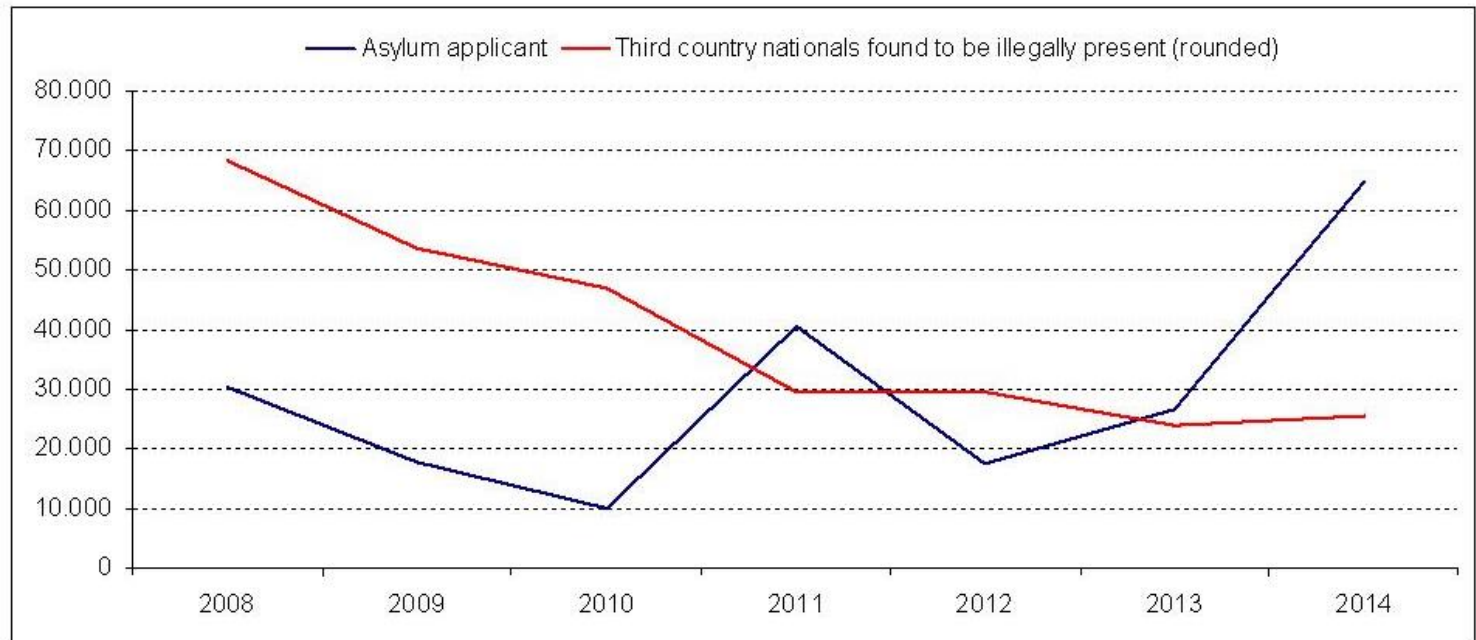
Sources consulted:

- European Commission (2016a). Managing the Refugee Crisis. State of play and future actions, January 2016. http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/european-agenda-migration/background-information/docs/eam_state_of_play_and_future_actions_20160113_en.pdf
- European Commission (2016b). Member states' Support to Emergency Relocation Mechanism. http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/european-agenda-migration/press-material/docs/state_of_play_-_relocation_en.pdf
- EUROSTAT (2016). Statistics 02/02/2016. <http://ec.europa.eu/eurostat>
- FRA, European Union Agency for Fundamental Rights (2015). Monthly data collection on the current migration situation in the EU. December 2015 monthly report. 23 November – 31 December 2015. http://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-monthly-compilation-com-update-1_en.pdf
- Frontex (2015). 710 000 Migrants entered EU in first nine months of 2015. <http://frontex.europa.eu/news/710-000-migrants-entered-eu-in-first-nine-months-of-2015-NUIBkk>

- IFRC, International Federation of Red Cross and Red Crescent Societies (2016). Information Bulletin IFRC Regional Office for Europe Migration response, 2016. http://www.ifrc.org/docs/Appeals/16/IB6_Migration%20response_Europe_010216.pdf
- IOM, International Organization for Migration (2015). Mediterranean Update. Missing Migrants Project: 13 November 2015. http://missingmigrants.iom.int/sites/default/files/Mediterranean_Update_13_November.pdf
- IOM, International Organization for Migration (2016). Flow Monitoring Compilation, 28 January 2016.
- MdM, Médecins du Monde (2016). 8 NGOs for migrants/refugees' health in 11 countries. Project 717307. Annex I (part B).
- UNHCR, The UN Refugee Agency (2015a). 2015 UNHCR subregional operations profile: Northern, Western, Central and Southern Europe – Italy. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e996&submit=GO>
- UNHCR, The UN Refugee Agency (2015b). 2015 UNHCR regional operations profile – Europe. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e996&submit=GO>
- UNHCR, The UN Refugee Agency. 2015 UNHCR subregional operations profile: Northern, Western, Central and Southern Europe – Italy, 2015a. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e48e996&submit=GO>
- UNHCR, The UN Refugee Agency (2016). Refugees / Migrants Emergency Response – Mediterranean. <http://data.unhcr.org/mediterranean/country.php?id=105>
- WHO-Europe, World Health Organization – Europe (2011). Increased influx of migrants in Lampedusa, Italy. Joint report from the Ministry of Health, Italy and the WHO Regional Office for Europe mission of 28–29 March 2011. http://www.euro.who.int/_data/assets/pdf_file/0004/182137/e96761.pdf?ua=1

Please provide us with any other sources that you deem appropriate for your country.

1. COUNTRY CONTEXT	
<p>When influx started (by year up till 2015, month since 2015)</p>	<p><i>(please complete or correct)</i></p> <p>In the first seven months of 2014, more than 87,000 people arrived in Italy by sea, mainly from Eritrea and the Syrian Arab Republic (Syria). From 01 January 2015 to 20 January 2016, an estimated 154,449 migrants and asylum seekers were registered arriving in Italy. These figures are reached by adding numbers circulated by the Ministry of Interior, which go up to 31 December 2015, to numbers of arrivals from 1 January 2016 onwards, which are estimated by IOM staff in the landing areas. From 14-20 January 2016, IOM staff in the landing areas estimated that 235 migrants and asylum seekers had arrived in Italy, bringing the cumulative total for this year to 607 estimated arrivals. (UNHCR 2015a)</p>



(Eurostat 2016)

129.000 migrants entered into Italy the first three quarters of 2015.
(Frontex 2015 in MdM 2016)

**Current number as of Feb 1 (AS/
REF/ UDM/ unaccompanied minors)**

A. Most recent data per category:
5,326 arrivals by sea in 2016
153,842 arrivals in 2015
8% of arrivals are unaccompanied minors
(UNHCR 2016)

129.000 migrants entered into Italy the first three quarters of 2015
(Frontex 2015 in MdM 2016)

According to the latest report of the International Organization for Migration (IOM)¹⁷, 141,777 migrants had arrived in Italy by 13th of November 2015 through the Mediterranean Sea. Eritrea, Nigeria and Somalia are among the most highly represented countries of origin among the migrants arriving by sea – only 7,232 Syrians arrived. (IOM 2015 in MdM 2016)

According to the latest report of the International Organization for Migration (IOM)¹⁷, 141,777 migrants had arrived in Italy by 13th of November 2015 through the Mediterranean Sea. Eritrea, Nigeria and Somalia are among the most highly represented countries of origin among the migrants arriving by sea – only 7,232 Syrians arrived (http://missingmigrants.iom.int/sites/default/files/Mediterranean_Update_13_November.pdf), in MdM, Annex 1) Throughout 2015, more than 27,900 migrants have directly arrived in the ports of Calabria or have been relocated there immediately after their arrival on the Sicilian coast. Up to today, over 5,000 migrants are in first reception centres and many hundreds of “transit migrants” are not registered, waiting to go to other European countries. (MdM 2016)

The overall number of arrivals in the considered period is 10,137 persons.²⁷⁰ Several rescue at sea operations took place in the Central Mediterranean. On 24 November, Italian Navy ship “Duilio” rescued 116 people.²⁷¹ On 5 December, MSF declared to have rescued about 4600 people in 31 rescue operations at sea in the previous three days.²⁷² On the same day, the Italian Navy ship “Cigala Fulgosi” rescued 301 immigrants and brought them to the port of Catania (Sicily).²⁷³ The MSF ship “Argos” disembarked 526 rescued persons in Pozzallo on 4 December.²⁷⁴ On the same day, the ship “Corsi” rescued 127 people.²⁷⁵ On 6 December the Norwegian ship “Siem Pilot” disembarked 906 people in Calabria.²⁷⁶ On the same day, 233 people have been rescued by ship “Diciotti”.²⁷⁷ In the Ionian Sea on 7 December 2015, 603 migrants were rescued in Taranto (Apulia) by the Italian Navy ship “Aviere 603”. Among them, there were 480 men, 105 women, and 18 children, some of them unaccompanied. According to data provided by the local Prefecture Office, 200 of them were hosted in local reception centres, while all the others were sent to reception centres located in other Italian regions (Emilia-Romagna, Tuscany, Lombardy, Veneto, Piedmont, Lazio, and Campania).²⁷⁸ (FRA 2015)

Residing in Italy [1]Refugees [2] 93,715 Figure refers to the end of 2014 in the absence of updated information available.Asylum Seekers [3] 48,307Returned Refugees [4] 0Internally Displaced Persons (IDPs) [5] 0Returned IDPs [6] 0Stateless Persons [7] 606Various [8] 0Total Population of Concern 142,628Originating from Italy [1]Refugees [2] 68Asylum Seekers [3] 137Returned Refugees [4] 0Internally Displaced Persons (IDPs) [5] 0Returned IDPs [6] 0Various [8] 0Total Population of Concern 205. (UNHCR 2015a)

	<p>From 01 January 2015 to 20 January 2016, an estimated 157,083 migrants and asylum seekers were registered arriving in Italy. These figures are reached by adding numbers circulated by the Ministry of Interior, which go up to 31 December 2015, to numbers of arrivals from 1 January 2016 onwards, which are estimated by IOM staff in the landing areas. From 21-27 January 2016, IOM staff in the landing areas estimated that 2,634 migrants and asylum seekers had arrived in Italy, up from 235 in the previous week. This brings the cumulative total for this year to 3,241 estimated arrivals. (IOM 2016)</p> <p>B. Most recent data on total number:</p>
<p>Percentage of F/M/T, age groups and origin</p>	<p>A. Most recent data per category: B. Most recent data by gender, age group, origin:</p> <p>11% children, 14% women, 75% men Eritrea 25% Nigeria 14% Somalia 8% Sudan 6% Gambia 5% Syria 5% Senegal 4% Mali 4% Bangladesh 3% Morocco 3% (UnHCR 2016)</p> <p>Additional rescue operations took place around Christmas. On 24 December 2015, 661 migrants were rescued by the MSF ship “Bourbon Argos”, the Italian Navy ship “Cigala Fulgosi”, and the Italian Coast Guard (<i>Guardia Costiera</i>) ship “Dattilo”, and disembarked in Augusta (Sicily). Among them, there were 546 men, 103 women, and 12 children. One young man, who has not been identified yet, had died before reaching the Italian shores. Migrants came mostly from Pakistan, Afghanistan, and Sub-Saharan Africa.²⁷⁹</p> <p>On 28 December 2015, 931 migrants were disembarked in Palermo by the Norwegian ship “Siem Pilot”. Among them, there were 841 men, 64 women (two of whom were pregnant), and 26 unaccompanied children. They were received at the docks by local police authorities, IRC, and Caritas. Healthcare was provided by the local hospital.²⁸⁰ On the same day, 114</p>

migrants coming from New Guinea, Senegal, and Nigeria disembarked in Catania (Sicily) after being rescued by the Italian Navy ship “Dattilo”. They were immediately transferred to reception centres located in northern Italy.²⁸¹ Relocation procedures continued to be carried out during the reporting period, leading to a total of some 190 asylum seekers departing from Italy to other EU Member States.
(FRA 2015)

ASYLUM APPLICANT	2014
Total	64.625
Males	92,4%
Females	7,6%
Less than 18 years	6,8%
18 - 64 years	93,1%
65 years or over	0,1%
Unaccompanied minors (Asylum applicant)	2.505
Males	98,0%
Females	2,0%
IRREGULAR MIGRANT	25.300
Males	94,1%
Females	5,9%
Less than 18 years	0,8%
18 years or over	99,2%

(Eurostat 2016)

2. HEALTH CARE RESPONSES	
<i>Please correct or complete the information where possible.</i>	
Health care coordination at national/regional level	<p>A. Existence of a national coordination mechanism of the health response: YES/NO <i>(Please complete)</i></p> <p>B. Explanation: <i>(if yes, please describe how the mechanism works and who participates; if no, please describe why there is no coordination)</i></p> <p>The Calabria region is among the most fragile in terms of supply and management of health services offered to the population. Due to a management that has been considered lacking transparency and ineffective by the Government, the regional health system has been entrusted to the direct supervision of Prefects appointed ad hoc from 2013 onwards. To date the Government has stated that the restructuring process will take time, so that the "Commissariamento" is not expected until 2018. According to data provided by the MoH in August 2015, the number of employees of the Regional Health Service is not sufficient. In October 2015 the Governor of the Region sent a letter to the MoH to emphasize that, despite the work of the Prefects, the basic levels of care are still not always guaranteed, with strong budgetary imbalances. (Mdm 2016)</p> <p>In Italy, the Emergency Appeal was revised in November 2015, allowing the IFRC to support the Italian Red Cross to assist up to 105,000 people (increased from 85,000 in the original version) by adding contingency stock provision for 20,000 (including mainly shelter and hygiene items) as a preparedness measure during the ongoing migration crisis that could partially be used for to meet the urgent needs in other affected countries around the region. Currently, the Italian RC is in the process of procuring these stocks in coordination with the Global logistics services of the IFRC. The Italian Red Cross has been focusing its support on the provision of basic food and non-food items; health care; including First Aid and Psychosocial Support; hygiene promotion; Restoring Family Links (RFL) services, as well as building the response capacities of the National Society. (IFRC 2016)</p> <p>In Italy, all key elements of the governance and stewardship building blocks in relation to the preparedness to cope with the consequences of a massive influx of displaced populations are addressed through the Italian Ministry of Interior, with coordination leadership from the local authority for the area of Lampedusa represented by the special commissioner for the immigration emergency, the Prefect of Palermo.</p> <p>Legal frameworks and institutional arrangements are in place, showing a good basis of readiness by the Italian health system to address public health challenges triggered by a potential mass influx of migrants. There is an effective legal framework for multisectoral crisis management arrangements and the public health law and regulations allow for any extraordinary measures necessary to effectively manage a public health emergency.</p> <p>In addition, while the Italian Government has implemented European laws with regard to</p>

	<p>immigration, the Sicilian Regional Government (Italy is divided into administrative regions which hold the responsibility of providing and managing health care. Sicily, constituting one of these regions, holds additional administrative autonomy in the areas of taxation and legislative capacity), after responding to past crises with massive debarking of migrants, issued several law directives aiming to provide “essential and continuative treatment” to the immigrant population.</p> <p>The institutional framework foresees a multisectoral emergency management structure under the “Special Commissioner for the Immigration Emergency”. This was activated to coordinate the logistical challenges of managing the emergency immigration in Lampedusa, the transfer of migrants to hospitality centres on the mainland, and repatriations. Preparedness and management efforts of the current situation in Lampedusa are coordinated and led by the Ministry of Interior, the Civil Protection, which falls under the Prime Minister’s office, the police, the Armed Forces, the Ministry for Health, and the Regional Health Authorities. In Lampedusa, the Ministry of Interior is also supported through a legal agreement with the United Nations High Commission for Refugees (UNHCR), International Organization for Migration (IOM), Italian Red Cross, and the nongovernmental organizations Médecins Sans Frontières (MSF) and Save the Children.</p> <p>(WHO-Europe 2011)</p>
<p>First entry assistance services</p>	<p>MSF announced its decision to withdraw from the first reception centre (<i>centro di primo soccorso e accoglienza, CPSA</i>) in Pozzallo (Sicily) due to the critical reception conditions at the facility, which had already been reported in November 2015.²⁸⁹ MSF criticises the Ministry of Interior for not improving the conditions at the centre, which are detention-like and do not take into account the needs of vulnerable people arriving in Italy.²⁹⁰ The position of MSF was endorsed by a question to the government tabled in the senate on 10 December 2015. The document describes the detention-like conditions at the reception centre, where persons are not allowed to leave the facility even for a few hours and the police carries out thorough and systematic checks at the entrance; international protection procedures are not guaranteed since basic information is not provided and “economic migrants” are hastily distinguished from asylum seekers with no attention paid to their individual history and experience, thus infringing upon the right to international protection.</p> <p>²⁹¹ This question was submitted to Parliament by Luigi Manconi, president of the Senate Human Rights Commission, in cooperation with ASGI, Oxfam, MSF, and the association A buon diritto.²⁹²</p> <p>The Lampedusa-based organisation Askavusa has launched a public call for the closure of the Lampedusa reception centre, following the demonstration against forced identification organised by Eritrean asylum seekers living in the centre.²⁹³ Along with the closure of this facility, the organisation points to the bad living conditions experienced in the centre, and asks for the possibility for every human being to travel across European borders without being forced to identification. The organisation also advocates for the demilitarisation of the island of Lampedusa, for the suspension of Italy’s participation in wars, and for a halt to the production and sale of weapons.²⁹⁴</p>

	<p>(FRA 2015)</p> <p>Main known entry points: In the Channel of Sicily migrants are usually rescued in international waters and brought to the ports of Lampedusa, Sicily (Catania, Augusta, Pozzallo, Porto Empedocle, Trapani, Messina, Palermo) Calabria (Crotone, Reggio Calabria, Vibo, and others) or Apulia (mainly Taranto). Sometimes migrants are also brought to Sardinia (Cagliari), or Campania (Salerno).</p> <p>Main known exit points: Exit points are irregular and therefore little is known about them. IOM Italy estimates that most Syrians and Eritreans and many Sudanese tend to move on to other European countries within 24-48 hours after reaching Italy, while most Sub-Saharan Africans remain in Italy.</p> <p>Lampedusa, Trapani – operational Pozzallo and Porto Empedocle – facilities are ready and the hotspots could be opened quickly pending political decision by Italy Taranto and Augusta – still under preparation and could be operation end of March</p> <p>(European Commission 2016a)</p>
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Response to ‘An Agenda for Action’ as agreed during the High Level Meeting on Refugee and Migrant Health in Rome in November 2015:
Cross the appropriate ‘Yes’, ‘No’ or ‘There is no information available’ option in the blue boxes. Additional information or sources can be mentioned underneath the box.

Integration of the health care services for refugees, asylum seekers and migrants into the existing national health systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
Limit initial screening upon arrival to relevant risk assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
Non Communicable Diseases included in the provision of services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
Active participation and empowerment of the refugees and migrants throughout all stages of health service provision, including design and planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> There is no information available
Training of health professionals involved in the provision of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> There is no

	Yes	No	information available
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3. WHERE-WHAT-WHO			
<i>Please correct or complete the information where possible.</i>			
Migrant group	WHERE are they receiving the health care?	WHAT type of health care provision are they receiving?	WHO is the actor/agency providing the health care?
(1) Recent arrivals	First basic medical screening at the dock (MdM 2016)	Most centres are not able to directly offer healthcare to the migrants hosted, so migrants who need care are referred to the National Health system at local level. However, there are strong barriers to access the system. Three barriers: administrative, cross-cultural, lack of specialized services (MdM 2016)	
(2) People in transit		Several associations, including ASGI, MSF, Italian Refugees Council (CIR), UNHCR, and Caritas, sent a letter to the Ministry of Health concerning the exemption from healthcare fees for asylum seekers. Considering that since 1 October 2015 asylum seekers in Italy are not allowed to work during the first two months after the application for international protection and that, after this period of time, they are considered able to pay healthcare fees, unless they demonstrate they are unemployed, the abovementioned associations have asked the Ministry of Health to clarify how this set of rules is consistent with	

Migrant group	WHERE are they receiving the health care?	WHAT type of health care provision are they receiving?	WHO is the actor/agency providing the health care?
		the EU legislation concerning healthcare assistance for asylum seekers. (FRA 2015)	
(3) Asylum seekers			
(4) Refugee status granted			
(5) Undocumented migrants			
(6) Unaccompanied minors			

4. FUNDING OF THE HEALTH CARE RESPONSES				
<p>Please provide us with any relevant information of funding made available by your country or other partners for health care responses:</p> <ul style="list-style-type: none"> FUNDING SOURCES: where does the funding come from? e.g. Government, UN agency (UNHCR, IOM, WHO Euro,...), EU, NGO, civil society organisation, faith-based organisation, private organisation, international donor, (public/private) health insurance, other (please specify) FUNDING MECHANISM: how is the health care delivery being funded? e.g. envelope (for whole year/project), lump sum amount per asylum. seeker/refugee, out-of-pocket expenses, third payer mechanism, emergency/contingency budget. FUNDING AMOUNT: Give the amount spent on health care responses, in Euros, per year/month; if available also provide the pledged amount. COMMENTS. 				
Migrant group	Funding source	Funding mechanism	Funding amount	Comments
(1) Recent arrivals				
(2) People in transit				
(3) Asylum seekers				
(4) Refugee status granted				
(5) Undocumented migrants				