Policy and practice

PROMOTING INTERSECTORAL PUBLIC HEALTH RESPONSES TO LARGE-SCALE MIGRATION: THE EXAMPLE OF SICILY, ITALY

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ABSTRACT

Migration is attracting growing attention from public health professionals in the European Region. The increase in the number of migrants arriving in European countries during the past few years poses a series of questions that need public health answers. The provision of adequate migrant-sensitive health services, and the overall protection of the health of migrants and the resident population require the commitment and leadership of the health sector, as well as the establishment of a cross-sectoral dialogue on health and migration. The arrival of migrants in large numbers to the Sicily region of Italy since 2011 is evidence of the need for strategic approaches beyond an emergency response, including enhancement of health system capacity and establishment of response mechanisms involving health and non-health actors. The Ministry of Health of Italy, the Regional Health Authority of Sicily and the World Health Organization (WHO) Regional Office for Europe have conducted several assessment missions to identify and address the challenges posed by migration. The establishment of an intersectoral working group led to the preparation and adoption by the Regional Health Authority of Sicily of a regional health contingency plan on migration in September 2014.

Keywords: SICILY, LARGE-SCALE MIGRATION, HEALTH SERVICES, MIGRANTS, INTERSECTORAL APPROACH

BACKGROUND

Migration is rapidly emerging as a new public health challenge. The 53 countries of the World Health Organization (WHO) European Region are home to an estimated 73 million migrants, who account for nearly 8% of the total population. There has been an increase of 5 million migrants in the Region since 2005 *(1)*. Economic and political crises, and natural and human-induced disasters are causing the displacement of large population groups. Since 2011, war, political instability, human rights violations and poverty in sub-Saharan and Middle Eastern countries have resulted in a growing exodus heading mainly to countries in the European Union. Furthermore, migrants' desire to seek opportunities for living a better life for themselves and their families has led to an increase in labour migration, affecting all countries across the WHO European Region.

In this scenario, increasing attention has been paid to the health of migrants, which served to highlight the multiple public health challenges in this field and the need to seek adequate solutions. These entail the development and strengthening of surveillance systems and response capacities across countries to protect all people from public health risks and emergencies. Given the multifaceted nature of the field of health and migration, an adequate response should include a well-organized multisectoral and multicountry approach.

Despite efforts to strengthen surveillance systems, there is a shortage of information in many countries about the state of health of migrants, more specifically, those who are undocumented. This affects the development of evidence-informed policy recommendations *(2)*. Besides the difficulties in monitoring the health of undocumented migrants, the absence of strong governance on health and

migration adds a layer of complexity to this issue. Health is frequently disregarded due to the predominant role of the non-heath sectors over the health services in migration centres in the majority of countries in the European Region. As a consequence, the health sector frequently has poor awareness and ownership of the health of migrants. The approach to migration and health needs to be revisited, and the health sector's role in providing health care to this vulnerable group defined. At the same time, there is a need to recognize that health is a whole-of-government responsibility, in accordance with the European policy framework Health 2020 *(3)*.

LOCAL CONTEXT

Italy is the Member State of the European Region most affected by the arrival of large numbers of undocumented migrants during the past few years. This is particularly imminent in Sicily, which acts as a southern doorway to Europe. Migrants have different legal statuses, which determine their access to health services in the host country. According to Eurostat, there has been a 44% increase in the number of applications for asylum in the European Union in 2014 compared with 2013. Italy, with a 143% increase (from 26 620 asylum applications registered in 2013 to 64 625 in 2014), ranks third, after Germany and Sweden. It should be noted that these figures do not include the large numbers of newly arrived migrants who do not ask for asylum in Italy *(4)*.

Migration poses a broad range of health risks which vary according to the stage of migration, as well as the age and legal status of the migrant (refugee, trafficked person or economic migrant). Heath risks are also experienced by people during the journey from their country of origin to the new country *(5)*. Conditions and factors that determine migrants' health status may include: physical and psychological illnesses associated with exposure to sociopolitical conflict and/or violence; communicable and noncommunicable diseases associated with weak or disrupted health systems in their country of origin; trauma and hypothermia due to conditions of the journey from the country of origin, among others. According to Italian legislation *(6)*, any migrant needing urgent or essential care has the right to access public health-care services, such as inpatient and emergency care, regardless of legal status. Moreover, access to certain health services is available at migration centres *(6)*. There are several types of migration centres in Italy, including identification and expulsion centres (closed facilities), and centres for asylum seekers (open facilities). Given the sharp increase in the number of arrivals in the past few years, a growing number of temporary centres have also been made available in the country *(7)*. The management of health services provided in these centres does not fall within the purview of the National Health System and, therefore, it is not the responsibility of the Ministry of Health. Services within the migration centres, including shelter, food and health, fall under the jurisdiction of the Ministry of Interior and are managed by nongovernmental organizations and the Red Cross *(8)*.

APPROACH

In view of the tremendous increase in the number of migrants, it became important to address the public health aspects of migration. To do this, in March 2011, the Ministry of Health of Italy and WHO Regional Office for Europe conducted a first assessment mission in Lampedusa (the southernmost island of Italy and a part of the Sicilian province of Agrigento) to jointly assess the capacity of the island, given the reported conditions of overcrowding in migration centres. This exercise laid the foundation for a high-level meeting held in Rome on 13 April 2011, entitled "Increasing movement of displaced populations in the Mediterranean countries of the EU: future challenges for the health systems" *(9)*. It was convened by the Ministry of Health of Italy, WHO Regional Office for Europe and European Commission. As a result of this meeting, technical coordination groups were established at the national level and in Sicily to ensure adequate preparedness and capacity of the health system.

The Rome high-level meeting also led to the creation of the project "Public Health Aspects of Migration in Europe" (PHAME) of the WHO Regional Office for Europe, with the support of the Italian Ministry of Health ***(10)***. The project was designed following the principles and values of the European policy framework, Health 2020. The PHAME project aims at reducing health inequalities by addressing the public health aspects of migration and, consequently, improving the health of both the migrant and resident populations. Furthermore, the multidisciplinary

nature of migration demands a redefinition of the role of the health sector and its coordination with non-health actors in this area, which would improve health governance by advocating for a whole-of-government responsibility for health. The Regional Health Authority of Sicily and the PHAME project conducted two additional assessments. The first one covered
the islands of Lampedusa and Linosa in May 2012 *(11)*.
The second mission was conducted in October 2013 throughout Sicily, as migrants began arriving in large numbers. The report published after the 2013 mission recommended several urgent actions, regional intersectoral contingency plan to adequately respond to the public health needs of a large number of arriving migrants. Such a plan should include a detailed definition of the regional and municipal actors involved, their roles and responsibilities, and the chain of command *(8)*.

The methodology used for the assessments evolved throughout the assessment missions conducted in Italy and other countries. During the first assessment in Lampedusa, the existing "WHO Toolkit for assessing health-system capacity for crisis management" *(12)* was used to interview the main actors involved in the management of migration, and assess the health impact of their policies and interventions. However, the assessment team concluded that the large number and sudden arrival of migrants required a tool tailored to these complex, resource-intensive and politically sensitive situations. Consequently, this WHO Toolkit was revised and adapted with the support of a group of international experts, and piloted during the subsequent assessments in Sicily, as well as during similar missions in Portugal, Malta, Spain, Greece, Cyprus and Bulgaria. The outcome of this revision was the draft "WHO Toolkit for assessing local health system capacity to manage large influxes of migrants" *(13)*. This draft was developed around the six key functions of the WHO health systems framework: leadership and governance; health workforce; medical products, vaccines and technology; health information; health financing; and health delivery (Box 1). Questions related to each function have been slightly modified to adapt them to the context of large-scale migration. During the assessment missions, different questions are posed to the different stakeholders interviewed from the health and non-health sectors in order to assess and analyse the country's level of preparedness, and capacity to deal with potential large influxes of migrants. After the assessment, the report and recommendations are developed using both the information gathered during the interviews and during the desk review. The toolkit has now been finalized with the help of technical experts from within and outside the WHO Regional Office for Europe *(13)*.

BOX 1. STRUCTURE OF THE DRAFT "WHO TOOLKIT FOR ASSESSING LOCAL HEALTH SYSTEM CAPACITY TO MANAGE LARGE INFLUXES OF MIGRANTS"

Part 1: Context, challenges and health risks
Understanding the causes: the social determinants of migrant health
The emerging challenge of sudden large movements of refugees and migrants
Health risks related to large influxes of migrants
Health system functions in managing large influxes of migrants

Part 2: Guide to carrying out the assessment
Preparation for the assessment
Desk review
Carrying out the assessment
Setting up and carrying out interviews
Writing the report
After the assessment

Part 3: Interview guides
Section 1. Stakeholder meeting
Section 2. Meetings with relevant technical divisions, departments and units in the Ministry of Health
Section 3. Meetings with other institutions, including Civil Protection, Search and Rescue institutions, United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), Red Cross and nongovernmental organizations
Section 4. Site assessments

RELEVANT CHANGES

As a result of several public health assessment missions conducted in Sicily, the Italian Ministry of Health published in June 2012 a series of recommendations on the management of health issues related to migration influxes in small islands *(14)* (Box 2). This document stated the need for regional and local authorities to embark on the development of contingency plans to improve the coordination of and public health response to large-scale migration.

In October 2013, after the Lampedusa tragedy, in which nearly 360 migrants lost their lives when a boat sank off the coast of the island, the Italian Government scaled up its response with the establishment of Operation Mare Nostrum *(15)*. After the completion

of Operation Mare Nostrum, the Triton operation was established by the European Agency for the Management of Operational Cooperation at the External Borders of Member States of the European Union (Frontex) *(16)*. These naval operations have affected not only the management of arrivals at sea, but also the public health response. In this context, the health authorities of Sicily and the WHO Regional Office for Europe joined forces for one month to develop a public health contingency plan for migration. The establishment of an intersectoral working group for the preparation of the contingency plan was of paramount importance due to the fact that non-health sectors such as the Ministry of Interior have full control over the provision of services at the migration centres, including health. The current setting and division of responsibilities at these centres have public health implications, from food safety to the provision of emergency care. Therefore, having a basic notion of the impact of non-health policies on public health was a crucial element in drafting the contingency plan, and ensuring ownership of this tool across the regional government.

BOX 2. AREAS WHERE THE MINISTRY OF HEALTH OF ITALY PUBLISHED RECOMMENDATIONS FOR IMPROVING THE MANAGEMENT OF PUBLIC HEALTH AND MIGRATION

1. Coordination
2. Crisis communication
3. Infrastructure
4. First aid and reception centres
5. Transfer of migrants needing medical care
6. Drinking water
7. Sanitary and hygiene services and management
8. Sanitation
9. Food safety
10. Prevention and control measures – epidemiological surveillance
11. Centralized collection of data
12. Age assessment for children

This contingency plan, the first of its kind in the European Region, has been implemented and was adopted as a law by the Regional Parliament of Sicily on 23 September 2014 *(17)*. The final document identifies all the key actors involved in the public health response to migration, and defines homogeneous procedures aimed at increasing the efficiency of logistical, financial and human resources. It includes an overview of the key legislation in place, a brief analysis of the public health risks associated with large influxes of migrants, and a detailed graphic representation of the agreed coordination and information flows among the key actors in the region of Sicily *(17)*. On 3 October 2014, the day of the first anniversary of the Lampedusa tragedy, the Regional Health Authority of Sicily made public the Regional Health Contingency Plan for Migration *(18)*.

LESSONS LEARNED

The region of Sicily successfully addressed a major public health challenge by developing the first intersectoral contingency plan of its kind. This transformed the focus from an emergency response to a comprehensive and systematic one. Nevertheless, large population movements pose significant medium- and long-term challenges that require capacity-building mechanisms to improve the resilience of health systems and countries to this growing influx of people.

Adequate management of the public health implications of large-scale migration demands the ownership and leadership of the health sector. As the non-health sectors have traditionally been responsible for the overall management of migration, including the provision of health services, the health sector has been kept aside, and has usually been involved exclusively in the case of public health emergencies.

The emergency context provides a useful scenario to define the specific roles and responsibilities of all sectors with regard to migration and public health, and the coordination mechanisms among them. However, there is an equal need to redefine roles and responsibilities beyond the emergency scenario. On the one hand, the health sector should be accountable for the provision of health services in migration centres, defining common health standards and procedures, and advocating for the achievement of health equity and reduction in vulnerabilities among migrant populations through culturally sensitive support that takes into account the different needs, values and perceptions of migrant patients in an increasingly diverse society. On the other hand, a whole-of-government approach to health is needed to bring policy coherence among all relevant sectors involved in the management and coordination of

large-scale migration, both during the acute phase and afterwards. These structural changes would have a positive impact on the health of both the migrant population and society as a whole.

Acknowledgements: The authors express their sincere appreciation to the Italian Ministry of Health for its commitment and support to improving the national health system in the area of migration health. The authors are also grateful to the Ministry of the Interior of Italy, the National Institute for Health, Migration and Poverty, the Prefecture Office of Agrigento, the Regional Health Authority of Sicily, the Municipality of Lampedusa, the Coast Guard Authority, the Carabinieri and the Police Force for their assistance during the assessment missions. Special thanks to the Health Councillor of the Sicily Region, Dr Lucia Borsellino, Dr Ignazio Tozzo and Dr Mario Palermo, and to all staff of the Regional Health Authority of Sicily and the health authorities of Palermo, Trapani, Agrigento, Siracusa, Ragusa and Caltanissetta for their collaboration and technical support, as well as their active participation in the work on migration and health. Particular thanks also to Dr Giuseppe Annunziata of the WHO Collaborating Centre, the International Centre for Migration, Health and Development, and Dr Ayesha Kadir, who have been involved throughout this process.

Sources of funding: Ministry of Health of Italy.

Conflicts of interest: None declared.

Disclaimer: The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

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