



United Nations  
Educational, Scientific and  
Cultural Organization



UNESCO Chair on Training and Empowering  
Human Resources for Health Development  
in Resource-Limited Countries  
University of Brescia



Italian Society of Tropical Medicine  
and Global Health (SIMET)

# Determinanti delle migrazioni e dimensioni del fenomeno

## Francesco Castelli

Professor of Infectious Diseases  
UNESCO Chairholder  
University of Brescia (Italy)  
President SIMET



Summer School in Public Health Policy, Economics and Management

From August 29<sup>th</sup> to September 3<sup>rd</sup>, 2016 – Lugano (Ticino, Switzerland)

Swiss School of Public Health+ | Università della Svizzera Italiana | Swiss Tropical and Public Health Institute





Santo, Argentina

Alfio, Argentina

Angelo, France

Nicola, Milan

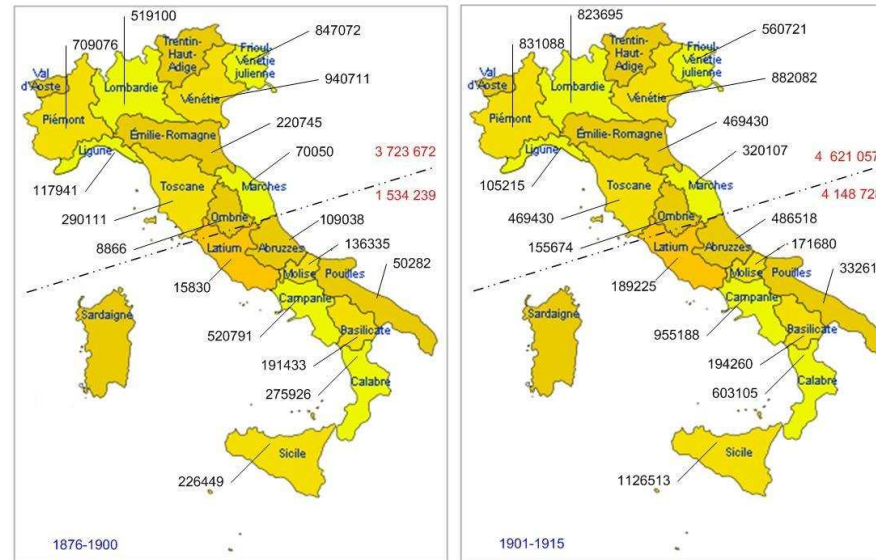


## Conflict of interest

Sebastiano, Argentina

*“No one would leave his/her own homeland and beloved ones if life conditions were acceptable”*

Acireale (CT), autumn 1924



Estimates of the number of emigrants from 1876-1900 and 1901-1915, by region of origin.



Italian guestworkers arrive in Switzerland in search of a better life ([swissinfo.ch](http://swissinfo.ch))



Italian emigrants leaving Italy in the 1890s

# Conflict of interest



www.settemuse.it

Batoni Pompeo: Enea in partenza da Troia

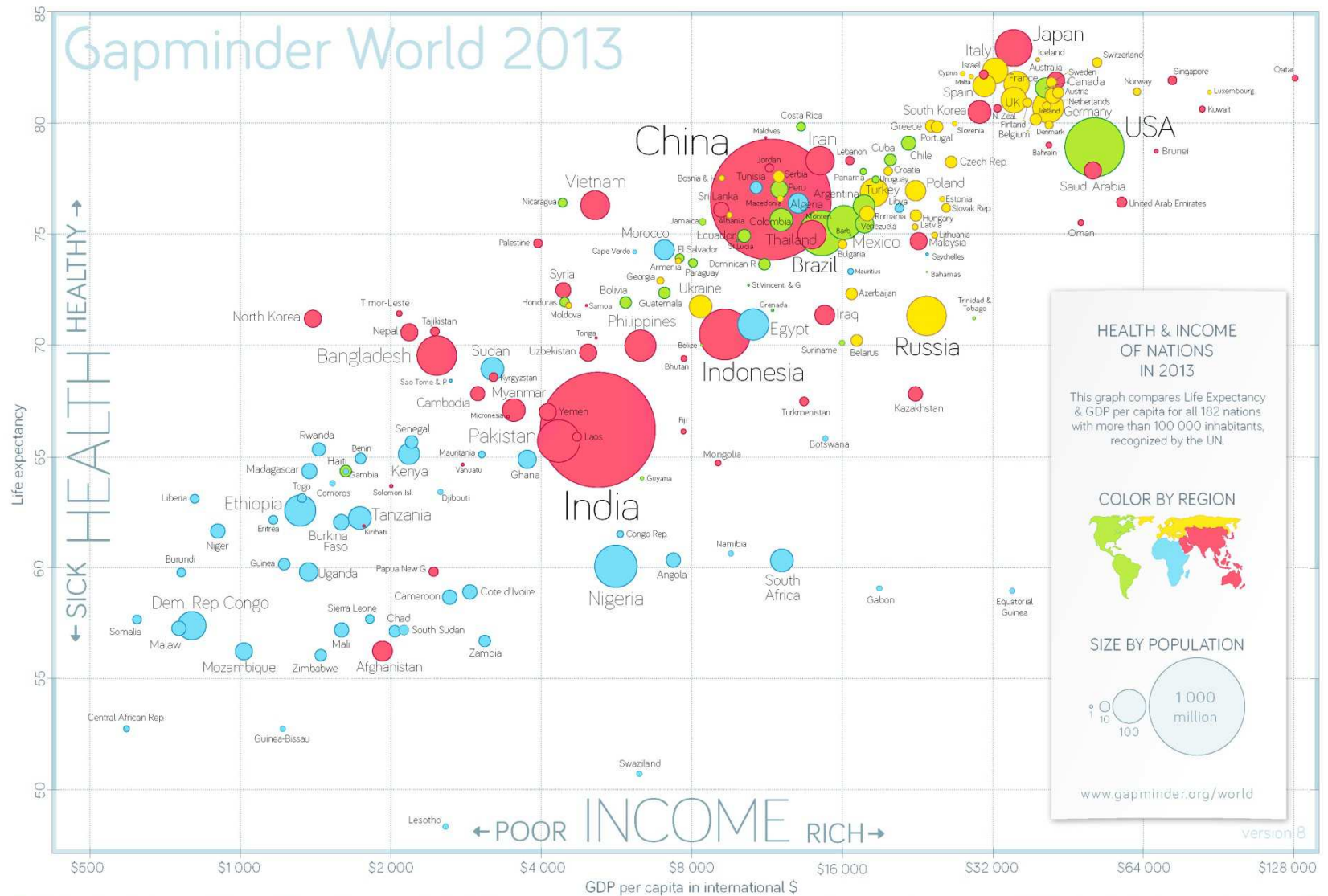


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# Expulsion factors

- Inadequate human development
- Demographic increase, urbanization
- Climate changes
- Political crisis, war, dictatorship
- Natural catastrophes



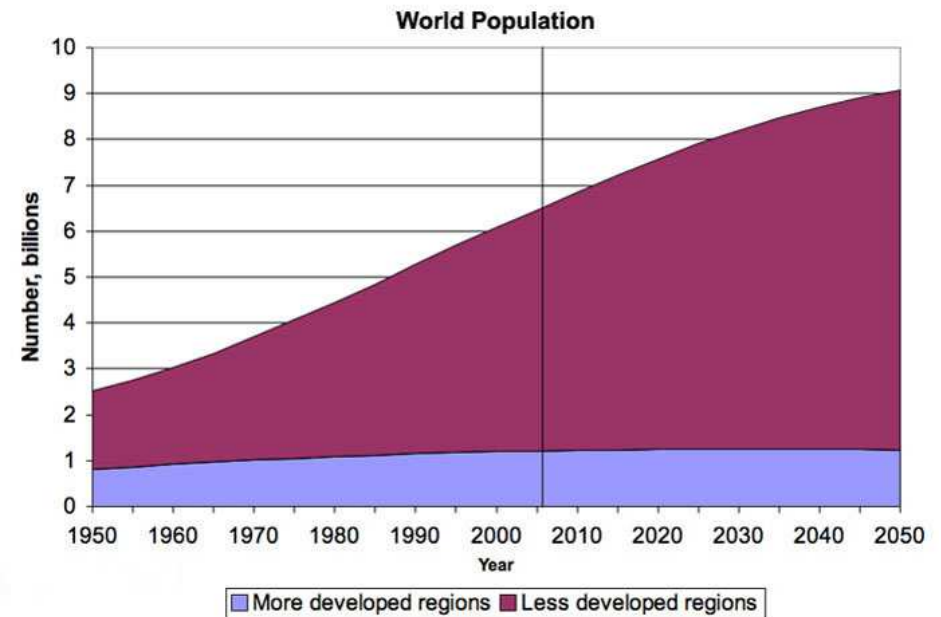
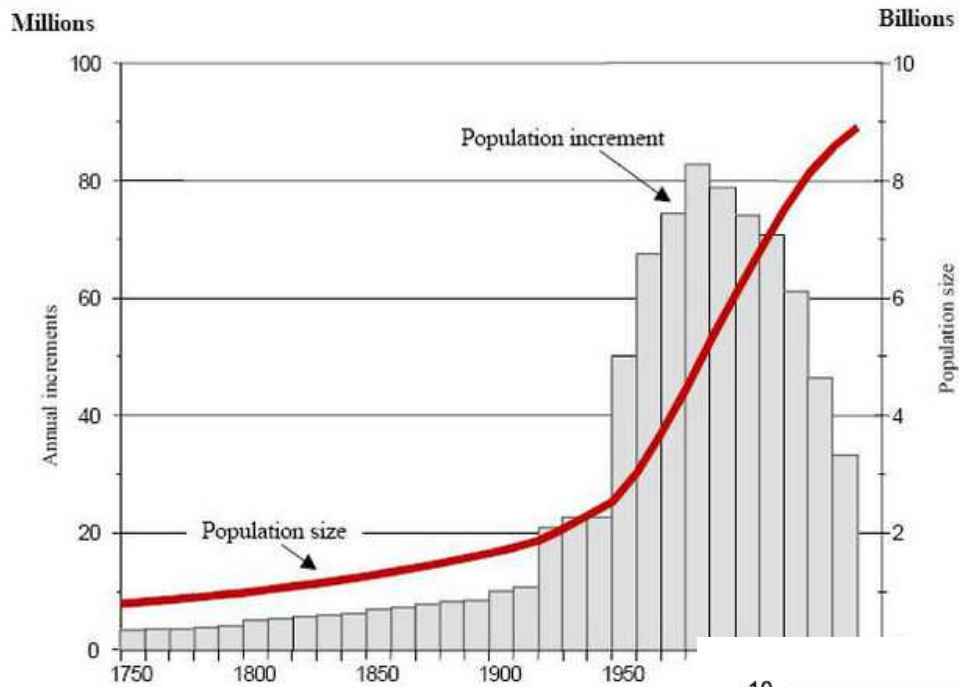


DATA SOURCES — INCOME: World Bank's GDP per capita, PPP (constant 2011 international \$), as of Jan 14 2015, with a few additions by Gapminder. Wealth axis uses log-scale to show doubling of incomes as same distance on all levels. — LIFE EXPECTANCY: IHME 2014. Available from <http://vizhub.healthdata-ia.org/le/> (Accessed Jan 14 2015). — POPULATION: UN World Population Prospects: The 2012 Revision. — FREE TEACHING MATERIALS — [www.gapminder.org/world](http://www.gapminder.org/world). LICENSE: Creative Commons Attribution License 3.0, which means please share! \*Based on a free chart from [www.gapminder.org/](http://www.gapminder.org/)

<http://www.gapminder.org/downloads/gapminder-world-poster-2013/>

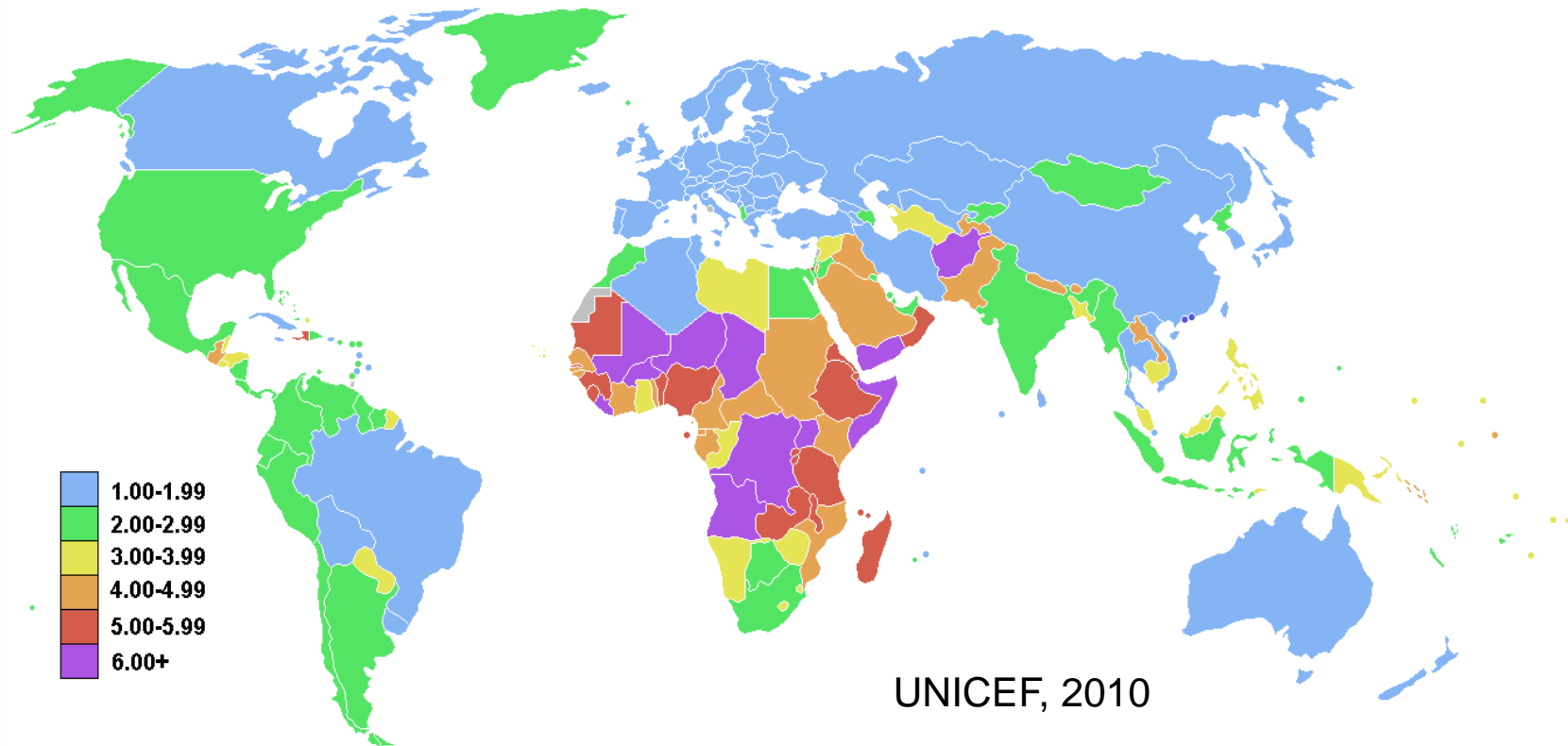


# Demographic increase





## Fertility rates by geographical area, 2010



- From 2005 to 2030:
  - Productive-age population in MENA Countries will increase by 156.3 M
  - EU-27 population will decrease by 23.7 M
  - 25-yrs old population:
    - will increase by 321,000 units/yr in MENA Countries
    - will decrease by 233,000 units/yr in EU-27



# Human resources

Table 5.2 Doctors trained in sub-Saharan Africa working in OECD countries

Source country	Total doctors in home country	Doctors working in eight OECD recipient countries <sup>a</sup>	
		Number	Percentage of home country workforce
Angola	881	168	19
Cameroon	3 124	109	3
Ethiopia	1 936	335	17
Ghana	3 240	926	29
Mozambique	514	22	4
Nigeria	34 923	4 261	12
South Africa	32 973	12 136	37
Uganda	1 918	316	16
United Republic of Tanzania	822	46	6
Zimbabwe	2 086		
<b>Total</b>	<b>82 417</b>	<b>18 556</b>	

6.071 physicians

6.072 physicians

<sup>a</sup> Recipient countries: Australia, Canada, Finland, France, Germany, Portugal, United Kingdom, United States of America

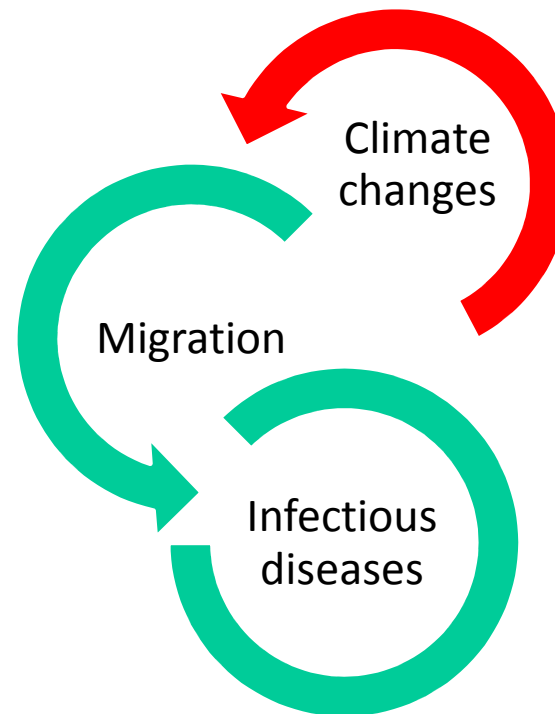
Source: (11).

In London, as many as 23% physicians and 47% nurses are foreign borne



# Climate changes, Migration and Infectious diseases

- ✓ Do climate changes impact on infectious diseases?
- ✓ **Do climate changes impact on migration?**
- ✓ Does migration impact on infectious diseases?



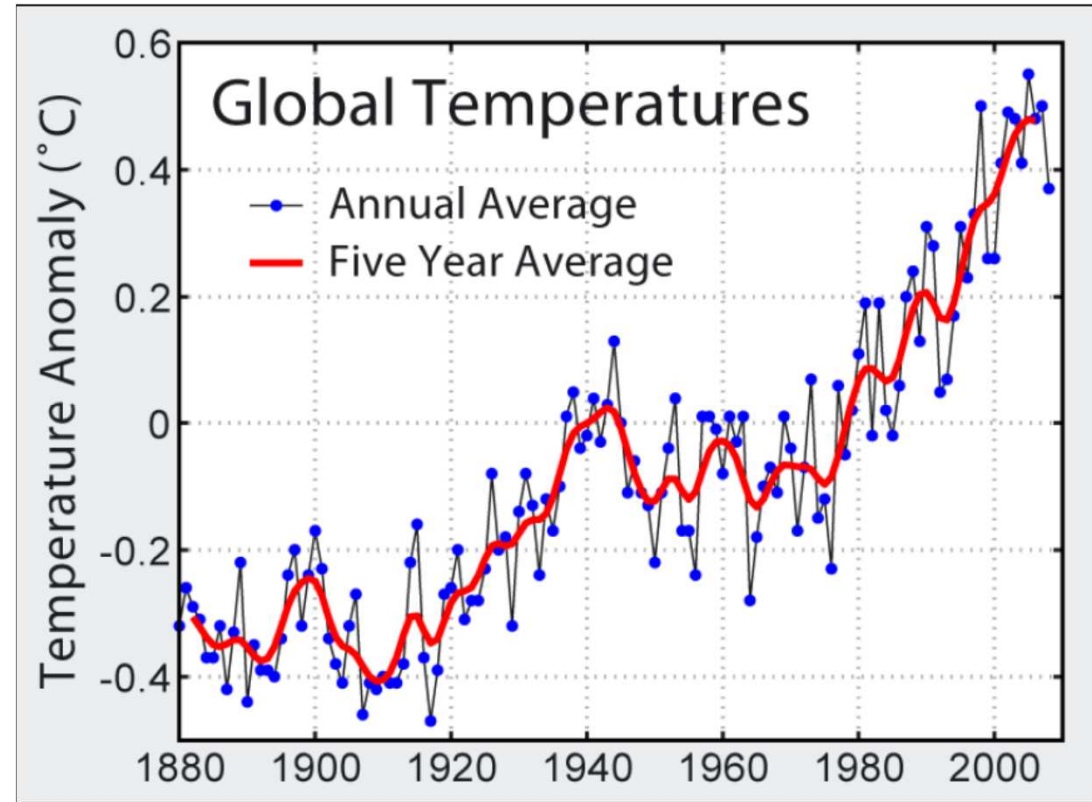
# Are we experiencing climate changes?

## Holocene:

The present geological era, started 11.700 years ago:

- stable climate
- 2-3° C variations

However.....



5° C temperature increase in the last 12.000 years

Possible (?) 5° C increase in the next 150 years if greenhouse gases emission will not be reduced



# Why?

- Vector distribution
- Agricultural land shrinking
- Oil exploitation
- Demographic increase





1.

**Carbon dioxide** concentration is 40% higher than in pre-industrial times.



2.

**Human activity** caused most of the warming between 1951 and 2010.



3.

Earth's surface **warmed 0.85°C** over the period 1880 to 2012.



4.

**Heatwaves and heavy rains** have become more frequent since the 1950s.



5.

Arctic sea **ice has declined** on average 3.8% per decade since 1979.



6.

Global **sea level is expected to rise** between 26 and 82 cm by 2100.



7.

Only an **aggressive mitigation scenario** can keep temperature rise below 2°C.





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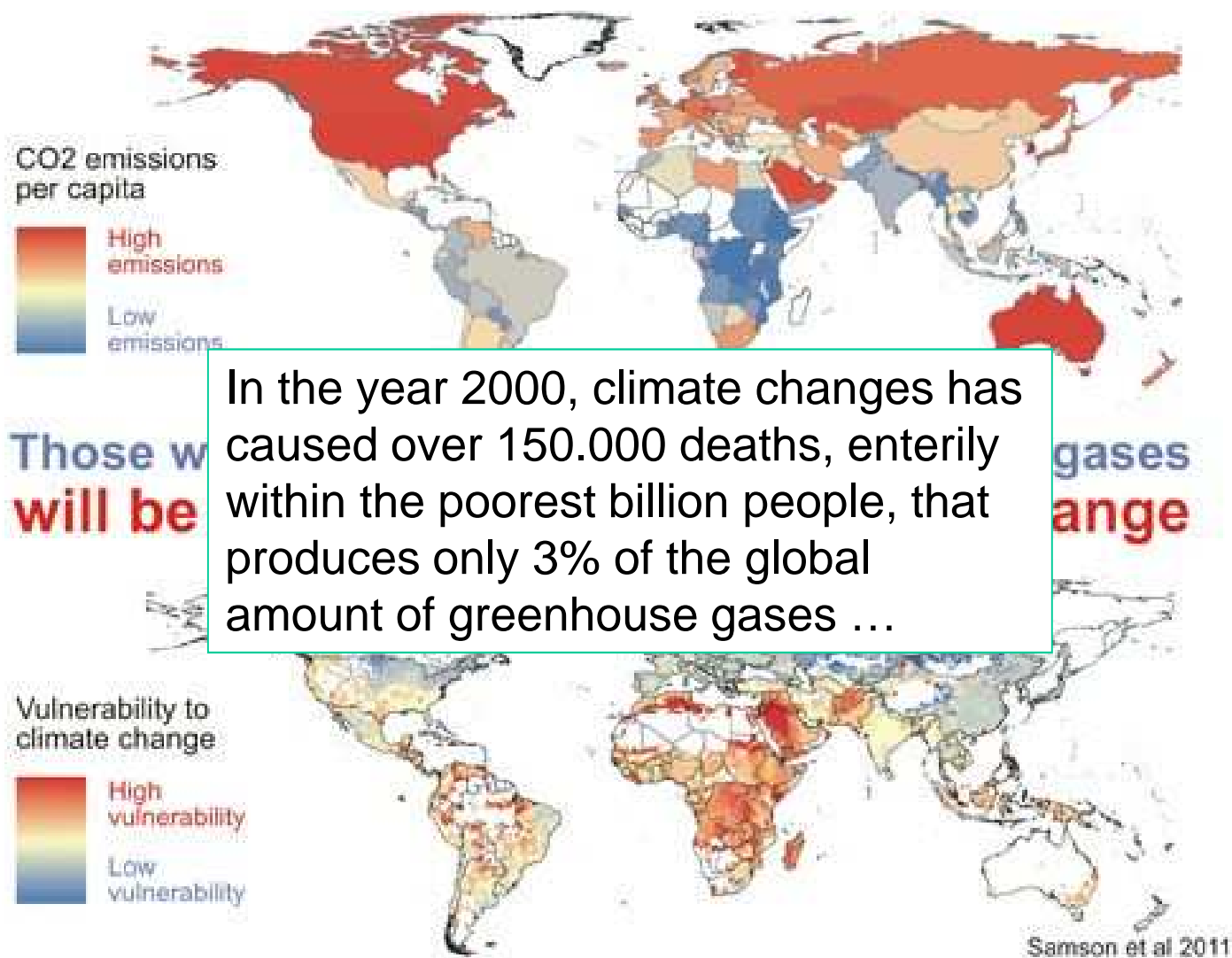
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Only an **aggressive mitigation scenario** can keep temperature rise below 2°C.





[https://www.google.it/search?q=climate+change&source=lnms&tbn=isch&sa=X&ved=0ahUKEwiog8ay66TMAhWCBiwKHe8NC98Q\\_AUIBygB&biw=1440&bih=849#tbn=isch&q=dengue+climate+changes&imgrc=hljN2ESID0kBbM%3A](https://www.google.it/search?q=climate+change&source=lnms&tbn=isch&sa=X&ved=0ahUKEwiog8ay66TMAhWCBiwKHe8NC98Q_AUIBygB&biw=1440&bih=849#tbn=isch&q=dengue+climate+changes&imgrc=hljN2ESID0kBbM%3A)



# Global health equity and climate stabilisation: a common agenda

Sharon Friel, Michael Marmot, Anthony J McMichael, Tord Kjellstrom, Denny Vågerö

Although health has improved for many people, the extent of health inequities between and within countries is growing. Meanwhile, humankind is disrupting the global climate and other life-supporting environmental systems, thereby creating serious risks for health and wellbeing, especially in vulnerable populations but ultimately for everybody. Underlying determinants of health inequity and environmental change overlap substantially; they are signs of an economic system predicated on asymmetric growth and competition, shaped by market forces that mostly disregard health and environmental consequences rather than by values of fairness and support. A shift is needed in priorities in economic development towards healthy forms of urbanisation, more efficient and renewable energy sources, and a sustainable and fairer food system. Global interconnectedness and interdependence enable the social and environmental determinants of health to be addressed in ways that will increase health equity, reduce poverty, and build societies that live within environmental limits.

*Lancet* 2008; 372: 1677–83

See *Perspectives* page 1625

Commission on Social

Determinants of Health,

International Institute for

Society and Health,

Department of Epidemiology

and Public Health, University

College London, London, UK

(S Friel PhD, M Marmot PhD);

Commission on Social

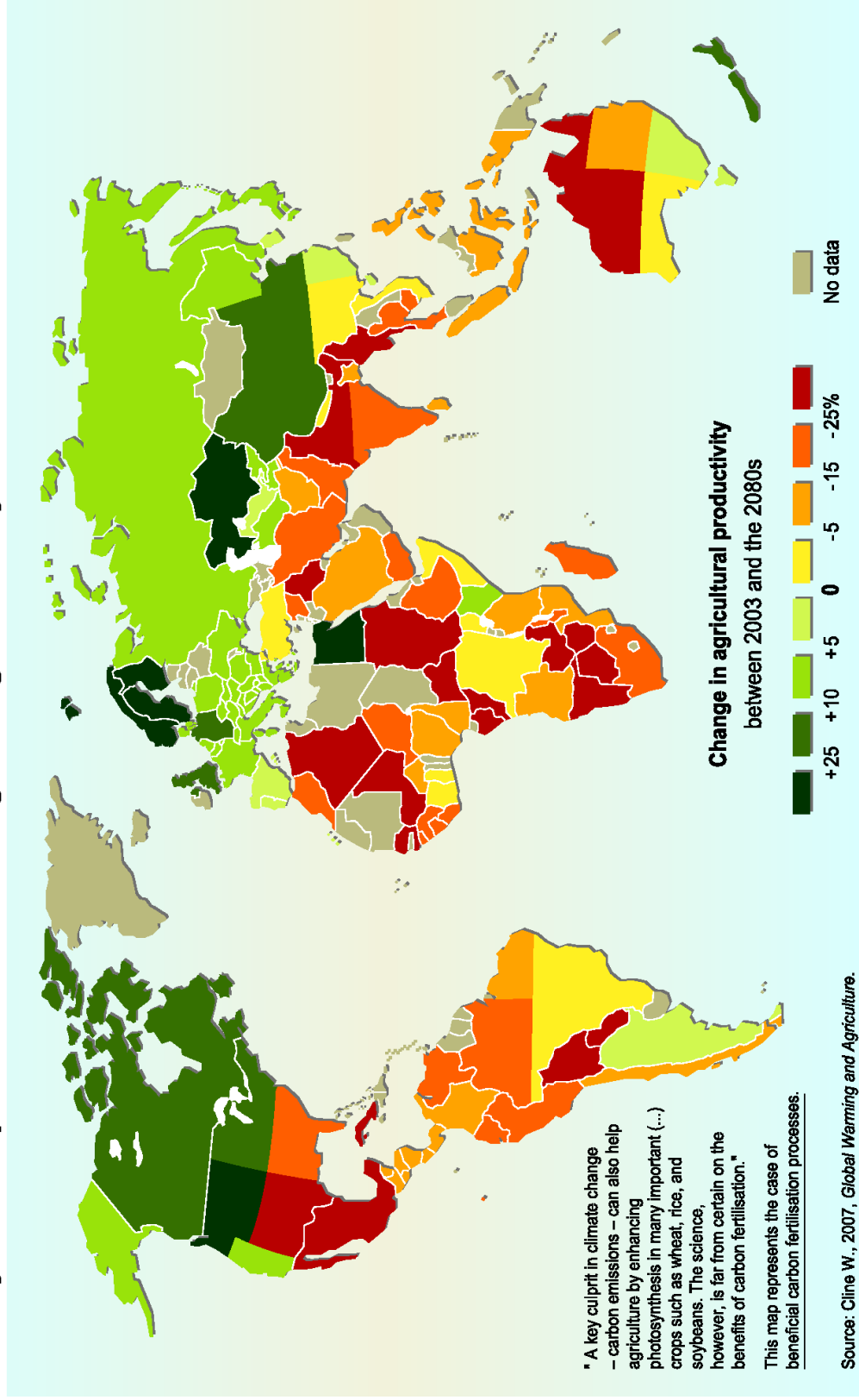
Determinants of Health and



Figure 1: Deaths attributable to anthropogenic climate change between 1970 and 2000, density-equalising cartogram<sup>6</sup>

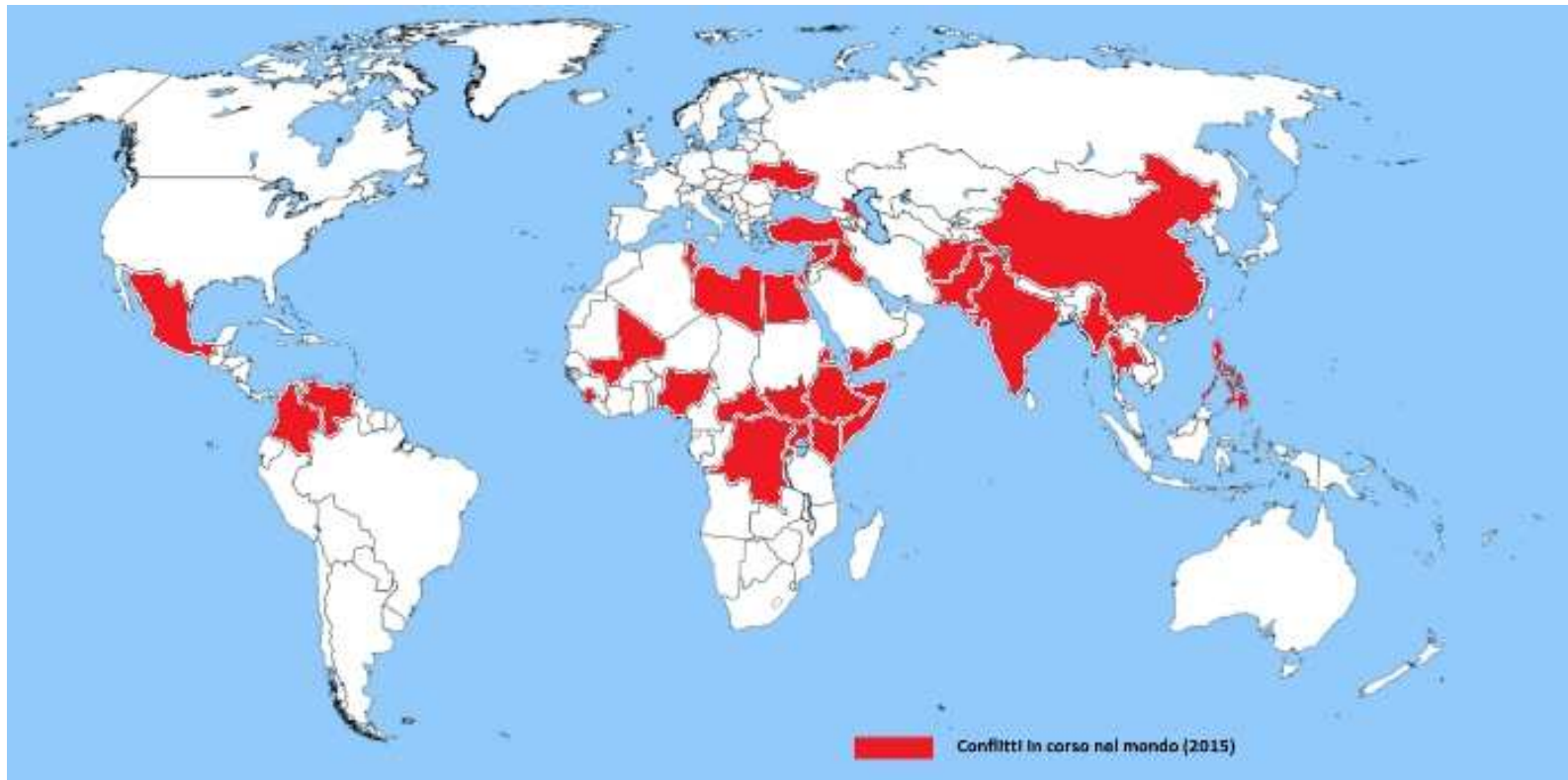


## Projected impact of climate change on agricultural yields



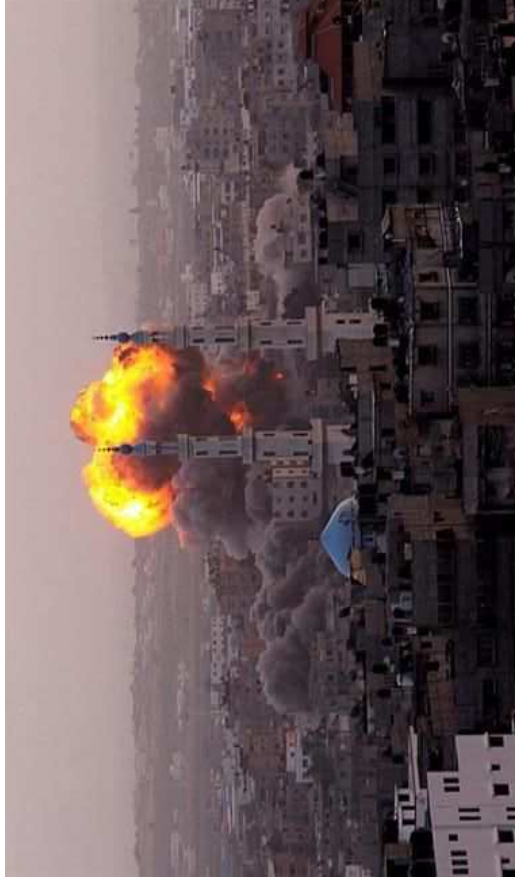


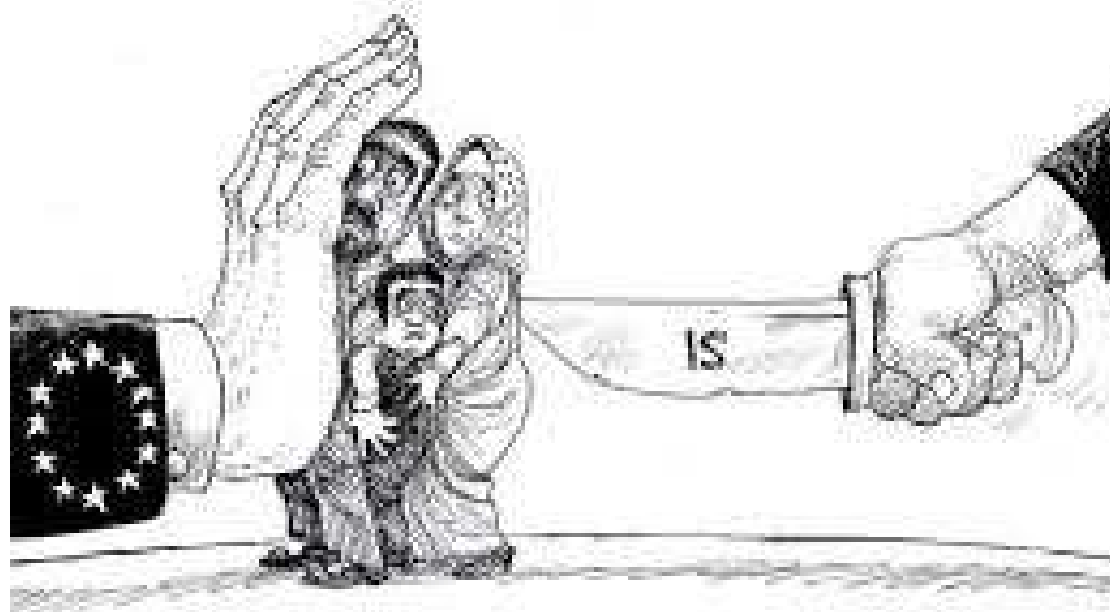
# Political crisis, war, dictatorship



[https://www.google.it/search?q=conflitti+attualmente+in+corso+nel+mundo&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbn=isch&sa=X&ved=0ahUKEwi2jIDLvo3KAhWCXBoKHexgBdoQ\\_AUIBygC&dpr=1.5#imgrc=kVycDI365Fxi9M%3A](https://www.google.it/search?q=conflitti+attualmente+in+corso+nel+mundo&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbn=isch&sa=X&ved=0ahUKEwi2jIDLvo3KAhWCXBoKHexgBdoQ_AUIBygC&dpr=1.5#imgrc=kVycDI365Fxi9M%3A)



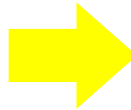




[https://www.google.it/search?q=migration+europe&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwj1362mLf\\_LAhUsEJoKHTZaBWwQ\\_AUIBygC&dpr=1.5#tbm=isch&tbs=rimg%3ACYFI52OEMSzZljguMJ59M0jCvzIwYdKf0yy7BBuZ\\_1BRJhIOTUnM0RQ-KEcl4H-3V5Wgkly17apgkCSEjh7Kp5R3ayoSCS4wnn0zSMK9Eb8qGN-u3UqoKhIJ\\_1OVZh0p\\_1TLIRM2GjE6zInrsqEgnsEG5n8FEmGRF26uwQ8LY7eyoSCU5NSczRFD4oEZUUcJ0HTAbaKhIJRwjgf7dXlaAR798-po5LLJYqEgmSXLXtqmCQJBHlh8m4kRfwQyoSCYSOHsqnlHdrEdMW5Eb0F4pf&q=migration%20europe&imgc=S0Z2Qecugw9YJM%3A](https://www.google.it/search?q=migration+europe&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwj1362mLf_LAhUsEJoKHTZaBWwQ_AUIBygC&dpr=1.5#tbm=isch&tbs=rimg%3ACYFI52OEMSzZljguMJ59M0jCvzIwYdKf0yy7BBuZ_1BRJhIOTUnM0RQ-KEcl4H-3V5Wgkly17apgkCSEjh7Kp5R3ayoSCS4wnn0zSMK9Eb8qGN-u3UqoKhIJ_1OVZh0p_1TLIRM2GjE6zInrsqEgnsEG5n8FEmGRF26uwQ8LY7eyoSCU5NSczRFD4oEZUUcJ0HTAbaKhIJRwjgf7dXlaAR798-po5LLJYqEgmSXLXtqmCQJBHlh8m4kRfwQyoSCYSOHsqnlHdrEdMW5Eb0F4pf&q=migration%20europe&imgc=S0Z2Qecugw9YJM%3A)

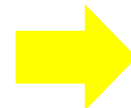
# Attraction factors

1. Cultural expectations



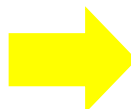
Western life-style, well-being, freedom, happiness ...

2. Economic expectations



Graduate salary in Developing Country = 1  
Home help salary in Italy = 6-8

3. Job opportunities



“Black” job  
Low cost  
Precarious  
Seasonal

4. Family re-unification

➤ Expulsion factors

➤ **Attraction factors**



Determinants

Numbers

Health problems

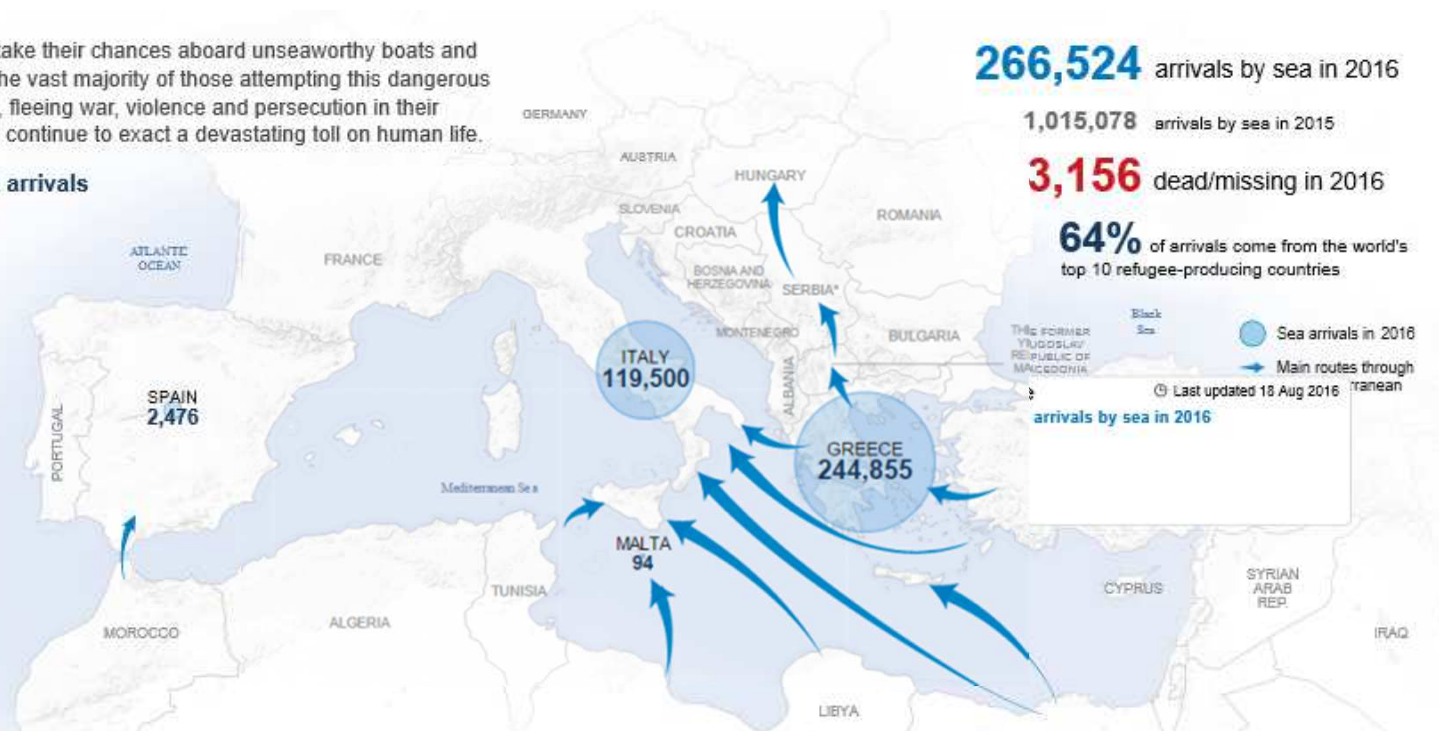
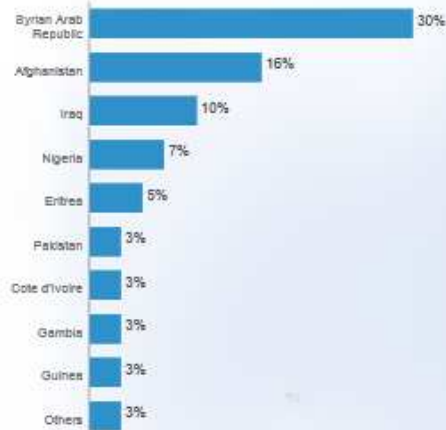
Impact

Transcultural

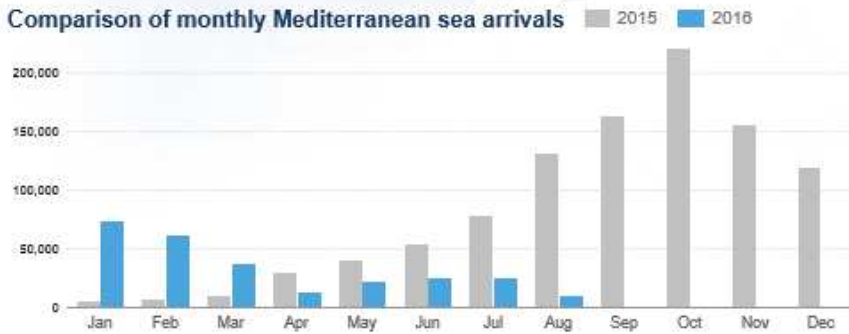
Increasing numbers of refugees and migrants take their chances aboard unseaworthy boats and dinghies in a desperate bid to reach Europe. The vast majority of those attempting this dangerous crossing are in need of international protection, fleeing war, violence and persecution in their country of origin. Every year these movements continue to exact a devastating toll on human life.

### Top-10 nationalities of Mediterranean sea arrivals

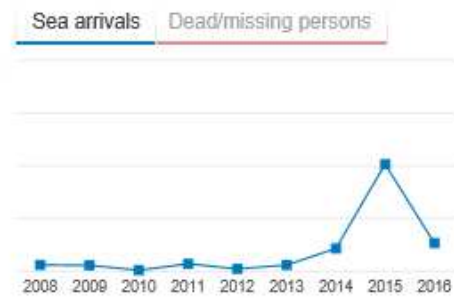
Top-10 nationalities represent **81%** of the sea arrivals based on arrivals since 1 Jan 2016



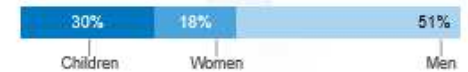
### Comparison of monthly Mediterranean sea arrivals



### Evolution - Mediterranean Sea



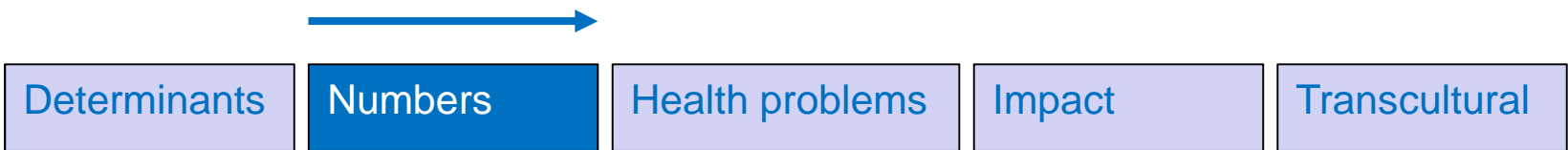
### Demographics based on arrivals since 1 Jan 2016



\*Series (AND KOSOVSKI) SIRS1244 (1999) Download excel data

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

[Click here to view sources and disclaimer](#)





# Routes variations over time

Country	Total 2014	Total 2015	1 Jan – 13 Apr 2016
Greece	34,442	853,650	153,362
Italy	170,100	153,842	23,170

Source: IOM, at <https://www.iom.int/news/mediterranean-migrant-arrivals-2016-177-207-deaths-732>



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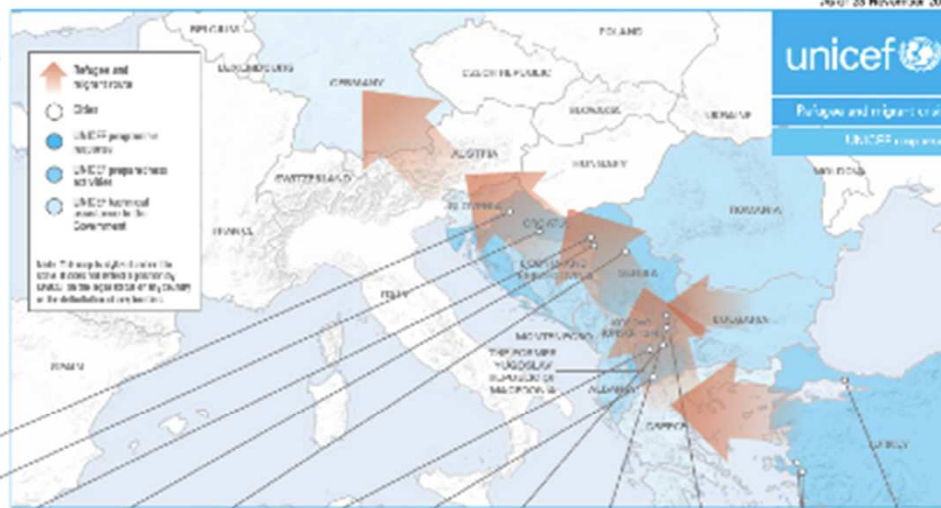
# Una ampia proporzione di rifugiati sono bambini

UNICEF response to the refugee and migrant crisis in Europe

as of 25 November 2015

214,355 child asylum applications were registered in the EU between 1st Oct 2015 and 22nd Nov 2015

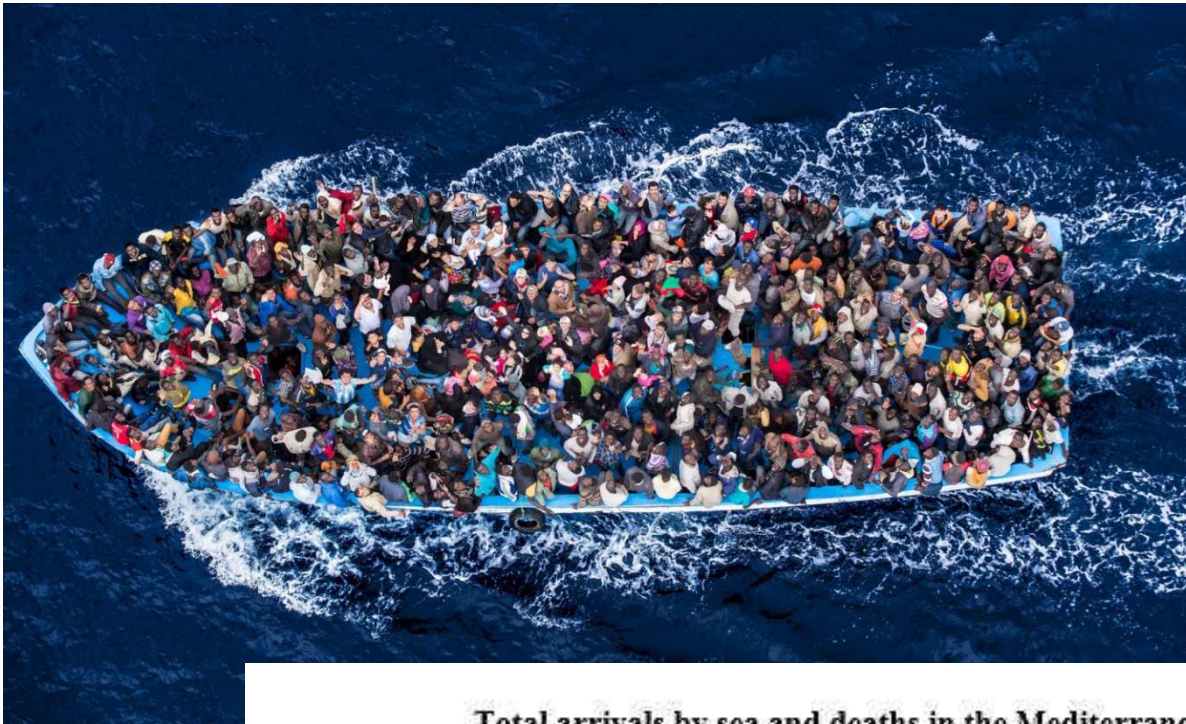
30% of refugees and migrants registered in Serbia are children



SAFETY	SUBSISTENCE	AD	ATTITUDE	BEHAVIOUR	IDENTITY	HEALTH	EDUCATION	TECHNOLOGY	REFUGEE	DISPLACED	TRANSIT	STAYING

Legend of UNICEF response activities: ADVOCACY, AWARENESS Raising, CHILD PROTECTION, COMMUNICATION, DATA COLLECTION AND ANALYSIS ON CHILDREN, HEALTH, INFORMATION AND COMMUNICATION TECHNOLOGIES, NUTRITION, POLICY AND LEGISLATION, PSYCHOLOGICAL SUPPORT, WATER, WASH AND FOOD ITEMS

Almeno 243.000 delle 972.551 persone giunte quest'anno in Europa sono bambini. Più della metà di loro sono entrati in Europa tra ottobre e dicembre 2015



[https://www.google.it/search?q=migration+europe&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbn=isch&sa=X&ved=0ahUKEwj362mfl\\_LAhUsEJoKHTZaBWwQ\\_AUIBygC&dpr=1.5#imgc=PLgi5rEOT4zh3M%3A](https://www.google.it/search?q=migration+europe&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbn=isch&sa=X&ved=0ahUKEwj362mfl_LAhUsEJoKHTZaBWwQ_AUIBygC&dpr=1.5#imgc=PLgi5rEOT4zh3M%3A)

### Total arrivals by sea and deaths in the Mediterranean 2015 and 2016

Country	1 Jan – 29 May 2016		1 Jan – 31 May 2015	
	Arrivals	Deaths	Arrivals	Deaths
Greece	156,364	376 (Eastern Med route)	40,297	31 (Eastern Med Route)
Cyprus	28		269**	
Italy	46,856	2,061 (Central Med route)	47,449	1,782 (Central Med route)
Spain	1,063*	6 (Western Med and Western African routes)	3,845**	15 (Western Med and Western African routes)
Estimated Total	<b>204,311</b>	<b>2,443</b>	<b>91,860</b>	<b>1,828</b>

\*As of 31 March 2016

\*\*Jan-Dec 2015

[https://www.google.it/search?q=migration+into+europe+2016&biw=1440&bih=775&tbn=isch&tbo=u&source=univ&sa=X&ved=0ahUKEwiH\\_9S738\\_OAhVB7xQKHAP9BNMQsAQIXw&dpr=1#imgc=iNZ9WeBgJAO3M%3A](https://www.google.it/search?q=migration+into+europe+2016&biw=1440&bih=775&tbn=isch&tbo=u&source=univ&sa=X&ved=0ahUKEwiH_9S738_OAhVB7xQKHAP9BNMQsAQIXw&dpr=1#imgc=iNZ9WeBgJAO3M%3A)



Determinants

Numbers

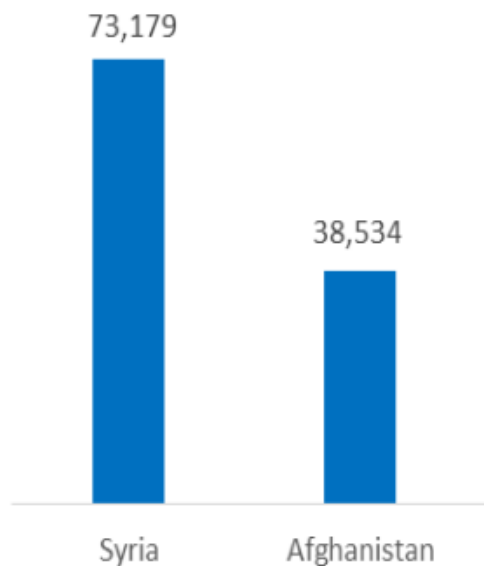
Health problems

Impact

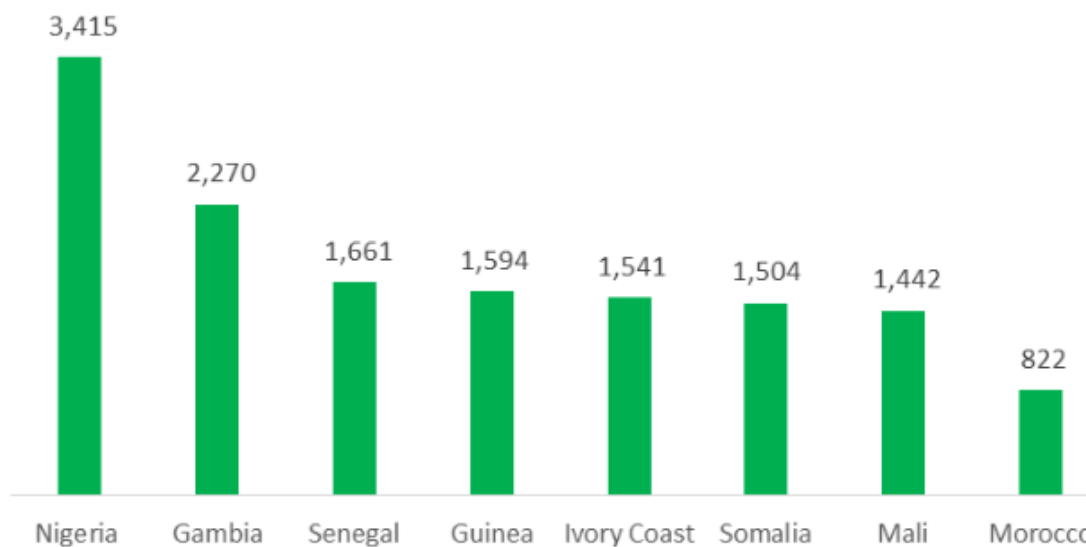
Transcultural

# Nationality changes according to the route

Arrivals by sea to Greece - Top 5 Nationalities  
Jan - Mar 2016



Arrivals by sea to Italy - Top 8 Nationalities  
Jan - Mar 2016



Source: IOM, at <https://www.iom.int/news/mediterranean-migrant-arrivals-2016-177-207-deaths-732>



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Stranieri residenti

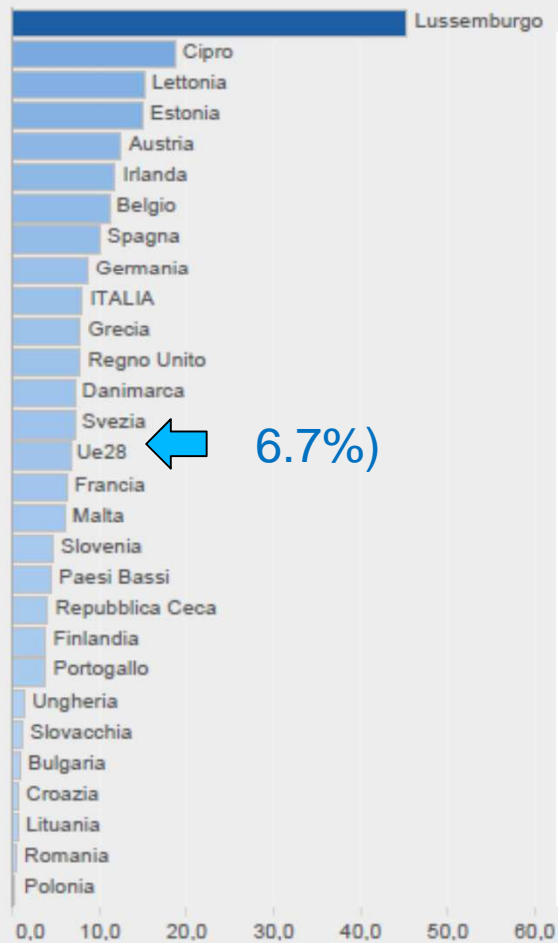
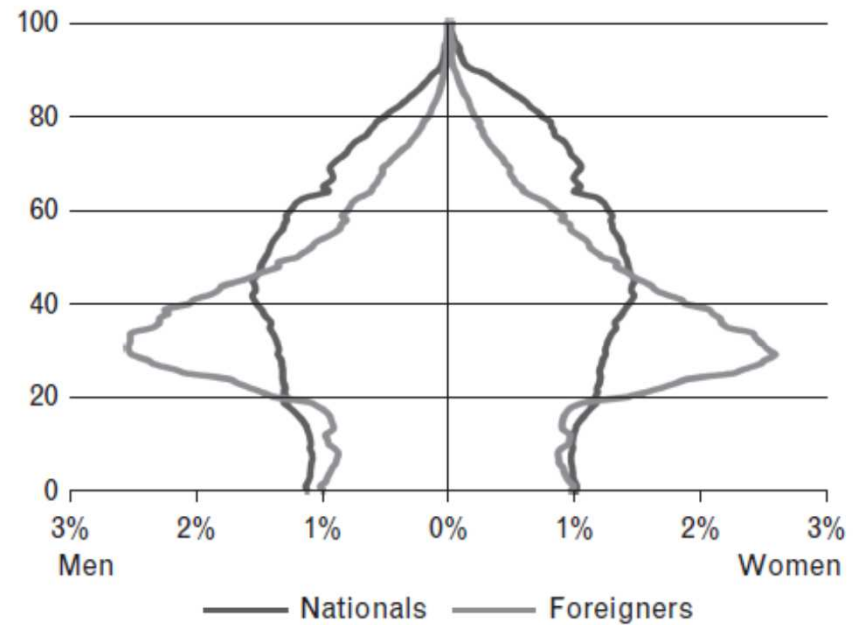


Fig. 1



Population age structure by citizenship in Europe (EU-27, 2010).<sup>2</sup>

Fonte

Note

Definizione



[http://noi-italia.istat.it/index.php?id=1&no\\_cache=1&tx\\_usercento\\_centofe%5Bcategoria%5D=4&tx\\_usercento\\_centofe%5Bdove%5D=EUROPA&tx\\_usercento\\_centofe%5Baction%5D=show&tx\\_usercento\\_centofe%5Bcontroller%5D=Categoria&cHash=3d0a87e7b7a788874e96cde539b06f11](http://noi-italia.istat.it/index.php?id=1&no_cache=1&tx_usercento_centofe%5Bcategoria%5D=4&tx_usercento_centofe%5Bdove%5D=EUROPA&tx_usercento_centofe%5Baction%5D=show&tx_usercento_centofe%5Bcontroller%5D=Categoria&cHash=3d0a87e7b7a788874e96cde539b06f11)

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**Table 1: Perceived and actual percentage of the population made up of migrants, in four transatlantic countries, 2010**

Country	Perceived	Actual
Italy	25	7
Spain	21	14
United States of America	39	14
Canada	39	20

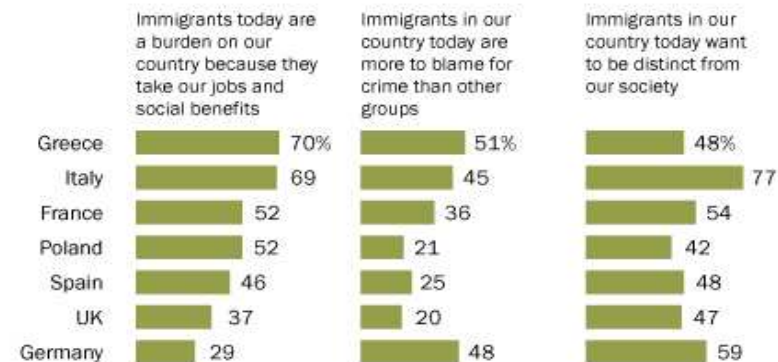
Source: Transatlantic Trends, 2010: 6.



International Organization for Migration (IOM)

### Many in EU Want Less Immigration

*Percent saying their country should allow fewer immigrants*



Source: Spring 2014 Global Attitudes survey.

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# Dimensioni del fenomeno migratorio in ITALIA

Stranieri residenti al 1° gennaio 2105:  
5.014.437 = 8,1% della popolazione tot

Donne: 53,7%

Immigrati irregolari: 15-20% del tot.

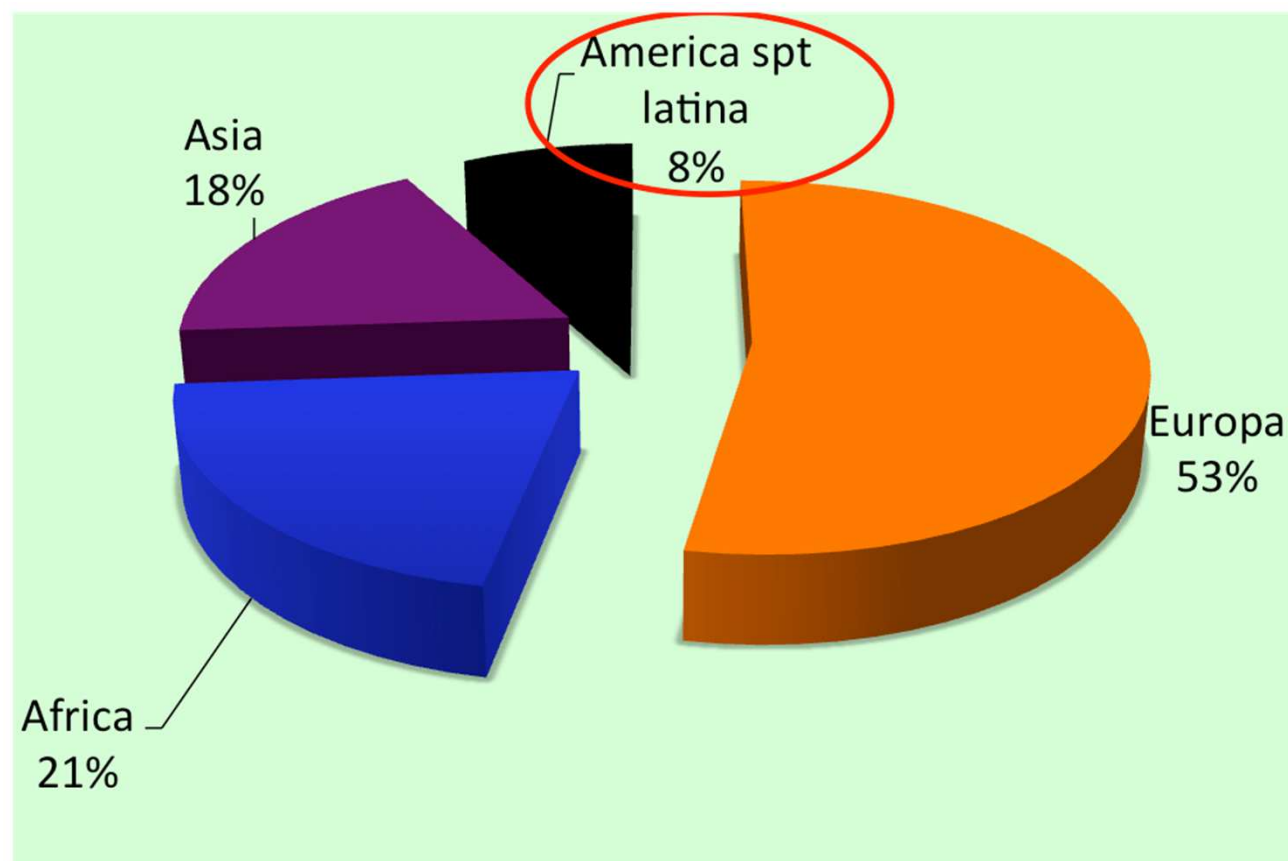


Le prime 5 regioni per numero di cittadini stranieri sono: Lombardia 22,9%, Lazio 12,5%, Emilia Romagna e Veneto



# Stranieri in Italia per aree di provenienza

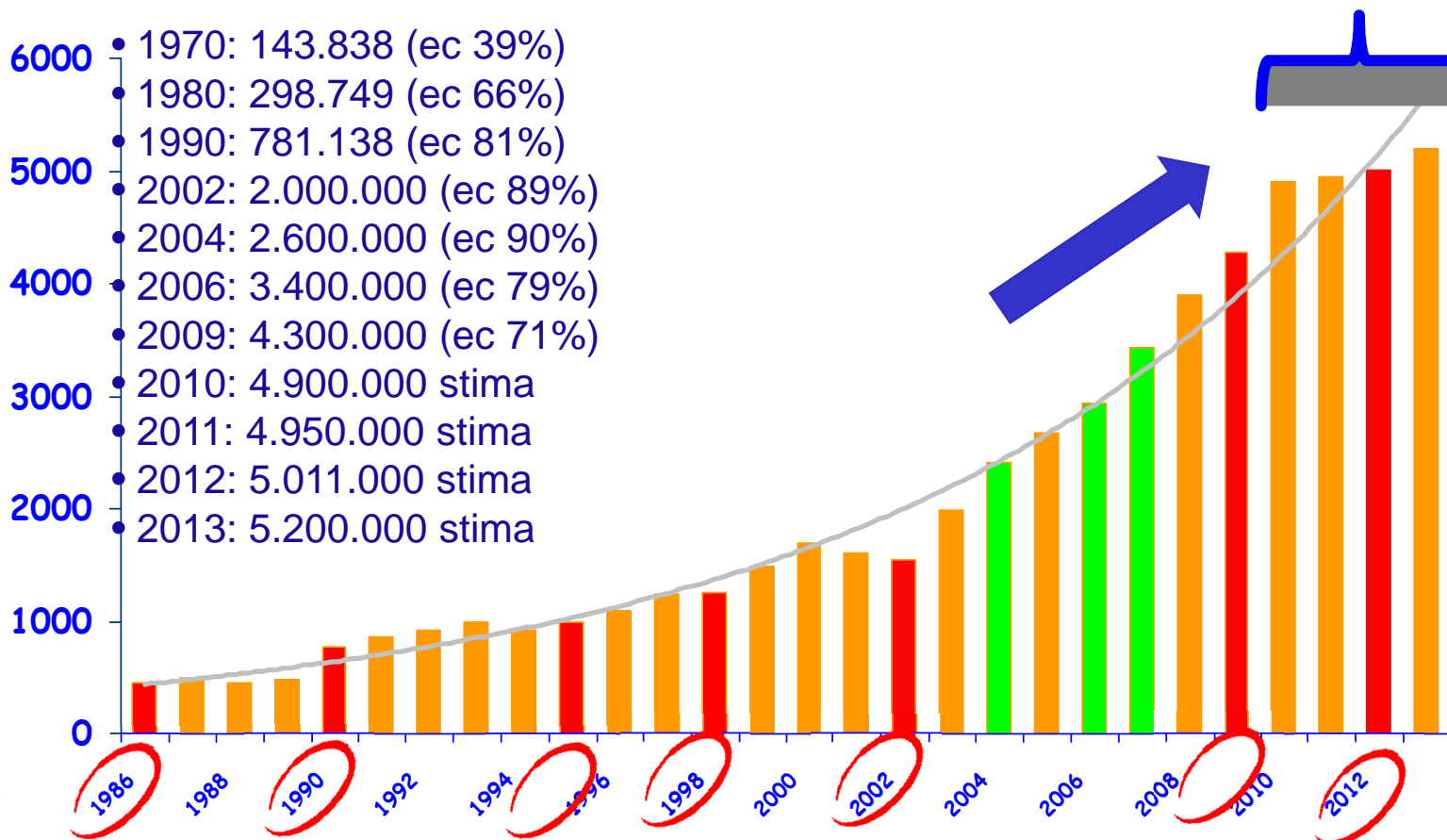
Stranieri residenti in Italia: 5.014.437





# Immigrazione in Italia: numero totale e trend all'inizio 2013 (x 1.000)

1973: primo saldo migratorio positivo



Società Italiana di Medicina delle Migrazioni

In rosso anni delle "sanatorie-regularizzazioni"; in verde decreti flussi



# Nel 2014 in centomila hanno detto addio all'Italia

C'è una metropoli, nel mondo, che parla italiano: 5 milioni i connazionali che risiedono all'estero

## Emigranti

ROMA. C'è una metropoli, nel mondo, che parla italiano: al primo gennaio 2015 sono oltre 4,6 milioni i connazionali residenti all'estero iscritti all'Aire (Anagrafe degli italiani all'estero), il 3,3% in più rispetto all'anno precedente.

Gli espatri. Un aumento legato soprattutto agli espatri, che nel corso del 2014 hanno rito-

giunto quota 101.297, superando i 94.127 del 2013, per una crescita pari al 7,6%. A fare le valigie sono stati in prevalenza uomini (56,0%), non sposati (59,1%), tra i 18 e i 34 anni (35,8%).

**Destinazione Berlino.** Migranti «desideranti» e non «bisognosi», istruiti, partiti per lo più dal Nord Italia e con meta la Germania (14.270). A delineare il profilo dei connazionali all'estero è la Fondazione Mi-

to il suo decimo Rapporto «Italiani nel mondo». Nell'ultimo decennio, osserva la Fondazione, la migrazione italiana è cresciuta «notevolmente», passando da 3.106.251 cittadini iscritti all'Aire nel 2006 ai 4.636.647 del 2015, per un incremento pari al 49,3%. Attualmente il 51,4% degli italiani all'estero è di origine meridionale e il gruppo più numeroso proviene dalla Sicilia (713.483).

**Addio Milano.** Negli ultimi anni però si è registrata «una marcata dinamicità delle regioni settentrionali», tanto che tra i connazionali espatriati nel 2014 la maggior parte proviene dalla Lombardia (18.425). Seguono le partenze da Sicilia (8.765), Veneto (8.720), Lazio (7.981) e Piemonte (7.414). Tra le mete preferite, dopola Germania, c'è il Regno Unito (13.425) - primo Paese nella precedente rilevazione - la Svizzera (11.092), la Francia (9.020) e l'Argentina (7.225). I migranti «desideranti» sono rimasti in Europa o si sono trasferiti in America e Oceania. In proporzione il Paese che presenta la crescita più elevata tra la popolazione italiana nell'ultimo

dai 451 espatri del 2013 ai 573 nel 2014), seguito da Germania (+21,6%, da 11.731 a 14.270), Lussemburgo (+19,8%, da 731 a 876) ed Emirati Arabi (+19,3%, da 917 a 1.095). In calo, invece, i trasferimenti in Cina (-0,9%, da 1.000 a 991), Argentina (-3,6%, 7.496 a 7.114), Canada (-3,9%, da 1.610 a 1.548) e Venezuela (-19,8%, da 1.505 a 1.207).

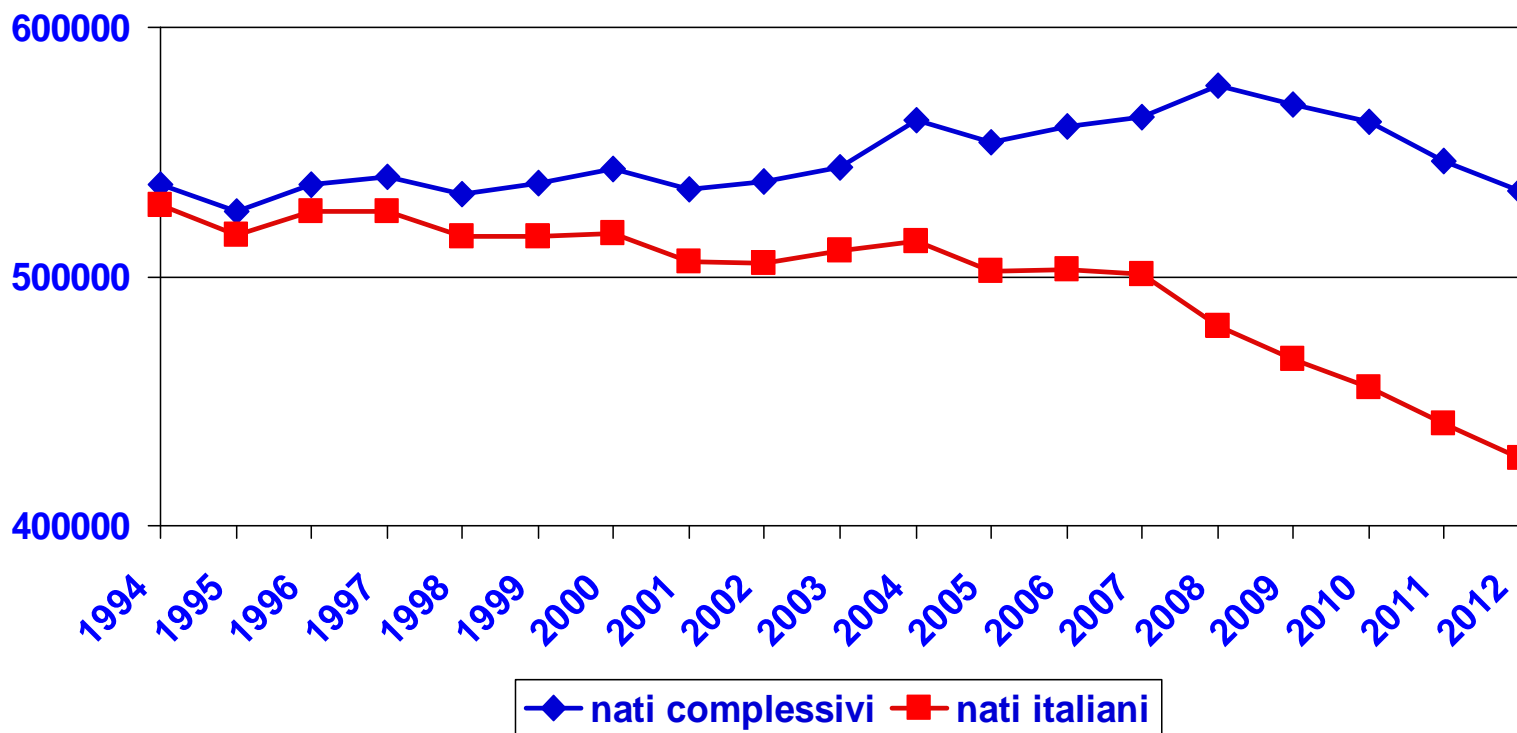
**I laureati.** Negli ultimi anni - si legge nel Rapporto - il fenomeno dell'emigrazione per ragioni lavorative, tra i laureati, è tendenzialmente in crescita e per questi giovani in movimento - gli «Expats» - «cresciuto il col paradigma dell'euro-mobilità», il titolo di studio posseduto risulta più efficace all'estero. Sono aumentati anche i liceali che trascorrono un anno di studio fuori dall'Italia. In generale, la maggior parte degli iscritti all'Aire risiede in Europa (53,9%) e in America (40,3%). Al primo gennaio 2015 le donne sono 2.227.964, il 48,1% (+75.158 rispetto 2014) del totale, i minori 706.683 (15,2%). Gli over 65 sono 922.545 (19,9%). Per quanto riguarda gli espatriati nel 2014, ben 62.797 sono in



Comunicazione - Università di Brescia



# Nascite in Italia 1994 - 2012



Nel 2004 : 562.599 nati (546.628 decessi) SALDO NATURALE +: + 15.941

Nel 2007 : 563.933 nati (570.801 decessi) SALDO NATURALE -: - 6.868

Nel 2008° : 576.000 nati (584.500 decessi) SALDO NATURALE -: - 8.500

Nel 2009° : 570.000 nati (592.800 decessi) SALDO NATURALE -: - 22.800

Nel 2012 : 534.000 nati (612.800 decessi) SALDO NATURALE -: - 78.700

° dato arrotondato



# Remittances

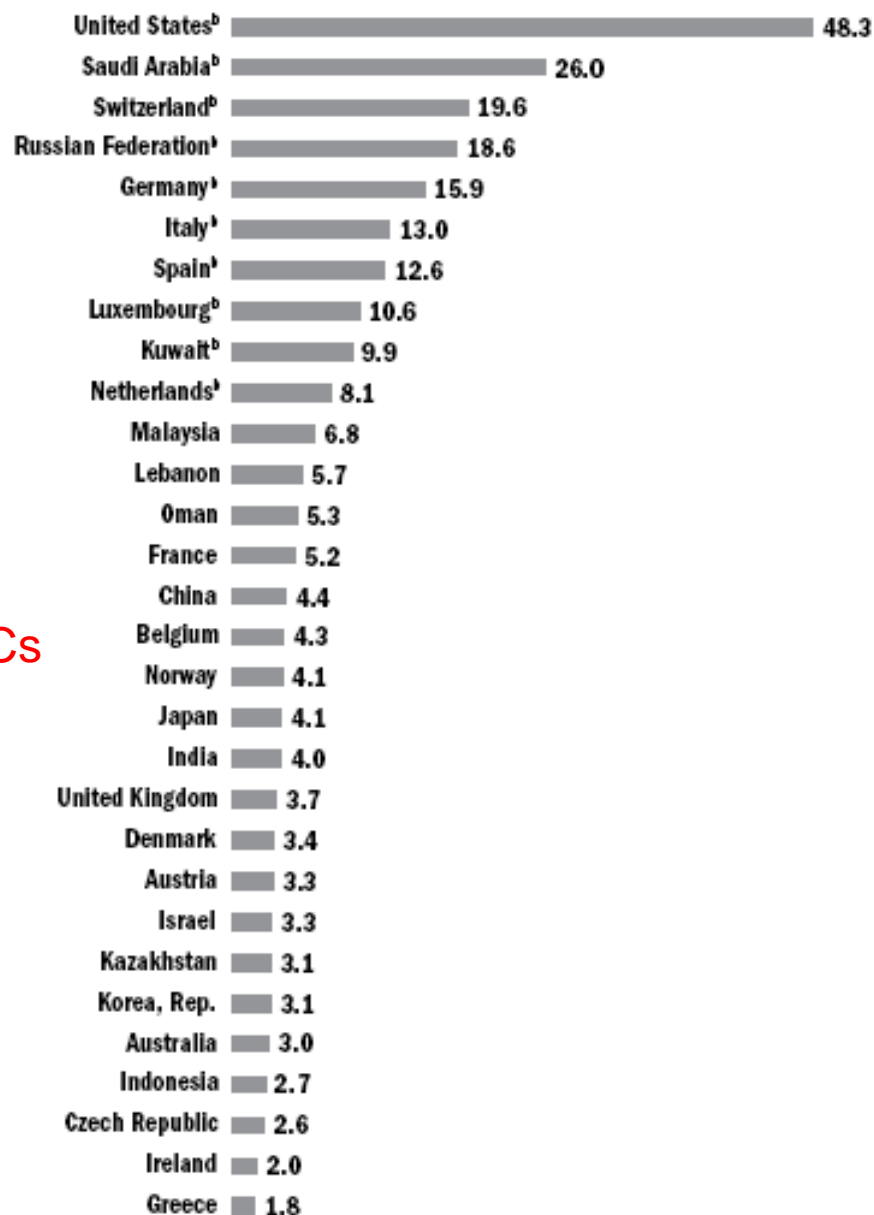
Estimated 414 billion USD in 2009

Estimated 307 billion to Developing Countries (DC)

More than twice the official aid to DCs

**Top Remittance-Sending Countries<sup>a</sup>, 2009**

*US\$ billions*



Source: Migration and remittances Facebook, 2011



# Infectious diseases and migration:

Francesco Castelli (SIMET), Salvatore Geraci (SIMM), Stella Egidi (MSF)

*Il messaggio che costantemente passa tra l'opinione pubblica è quello di una "pericolosità sanitaria" dell'immigrato, in particolare di chi sbarca, un "untore" da cui difenderci e da bonificare: è evidente che il tema infettivologico, pur riconoscendo alcune situazioni particolari, non è il principale problema del fenomeno migratorio, anzi ci può "distrarre" da una reale attenzione all'accoglienza, alla tutela della salute in senso globale: pensiamo ai traumi psicologici di persone che scappano da guerre e privazioni, che possono aver subito torture e stupri, che hanno visto annegare parenti e amici.*

.....

<http://www.saluteinternazionale.info/2015/09/malattie-infettive-e-immigrazione-facciamo-chiarzza/>



- 1 - Do migrants/refugees carry with them infectious diseases?
- 2 - Do migrants/refugees negatively impact on our health system?



# Migration and chronic noncommunicable diseases: is the paradigm shifting?

Francesco Castelli<sup>a,b</sup>, Lina R. Tomasoni<sup>c</sup> and Issa El Hamad<sup>d</sup>

J Cardiovasc Med 2014, 15:693–695

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<sup>b</sup>University Division of Infectious Diseases, University of Brescia and Brescia  
Spedali Civili General Hospital, <sup>c</sup>Unit for Imported and Tropical Diseases and  
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Received 22 January 2014 Accepted 22 February 2014

*Genetics?*  
*Environment?*  
*Psychological distress?*  
*Dietary habits?*  
*Poor medical control?*

exception and virtually all nationalities are represented among the 5 186 000 documented (and about 500 000 undocumented) migrants who were estimated to live in Italy at the end of 2012, even if more than one-third (35%) of migrants come from three countries: Romania, Albania and Morocco.<sup>5</sup>

The Global Burden of Disease Study<sup>6</sup> offers some interesting information on the evolving pattern of disabilities and deaths [disability adjusted life years (DALYs)] worldwide, showing a general shift towards noncommunicable



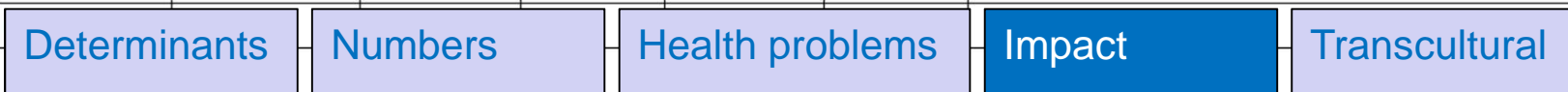
Numbers and routes

Health at arrival,  
camps, resettlement

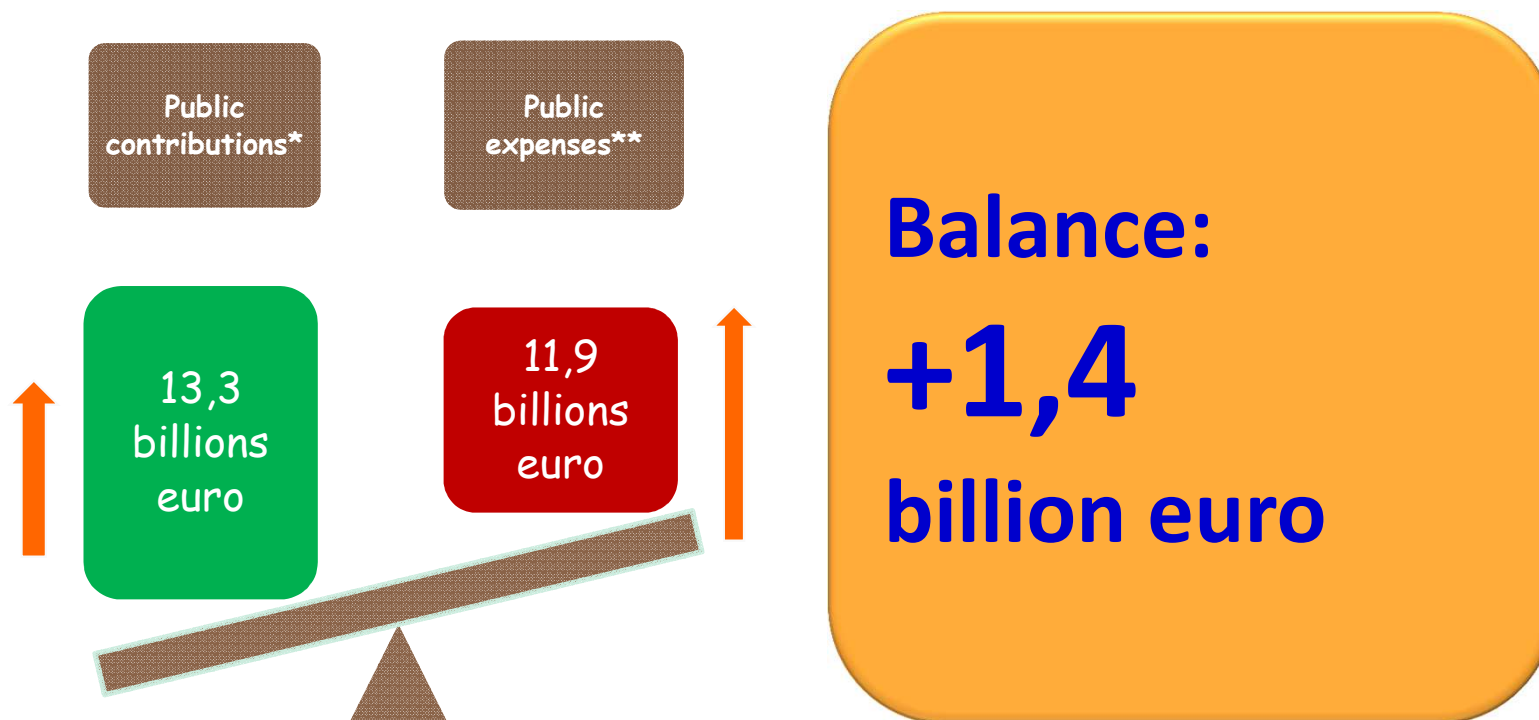
Impact

Table 2: Specific health services accessible to irregular migrants in the EU28

Country	Maternity care	HIV		Other infectious diseases		Law
		Screening	Treatment	Screening	Treatment	
Austria	Birth only			TB	TB	Basic Care Agreement, BGBl.I Nr. 80/2004.
Belgium	✓	✓	✓	✓	✓	Loi organique des centres public d'aide social, 8 July 1976, Article 57.
Bulgaria						Health Act (2004).
Croatia	✓ <sup>55</sup>	✓		✓	✓	Regulation on Accommodation in Detention Center, Official Gazette Nr. 66/13; Law on Obligatory Health Insurance and Health care of Foreigners 2014; Law on the Protection of the Population of Infectious Diseases (Official Gazette Nr. 79/07, 113/08, 43/09).
Cyprus						Administrative Circulars and 2000 Refugee Law. <sup>56</sup>
Czech republic	✓					Act No. 372/2011 Collection of Laws on health services and the conditions of their provision.
Denmark	✓					Health Act (2008).
Estonia	✓ <sup>57</sup>					Health Services Organisation Act (2001).
Finland						Health Care Act (2010).
France	✓	✓	✓	✓	✓	Loi n°98-657, 29 July 1998.
Germany <sup>58</sup>	✓	✓		✓	✓	Asylbewerberleistungsgesetz, BGBl.I S. 2022 (1997), Section 4(2).
Greece	Birth only	✓	✓ <sup>59</sup>	✓		Law no. 2910/2001. Directive 2 May 2012 amending law 3386/2005, S84.
Hungary	✓ <sup>60</sup>	✓		✓		Regulation 52/2006.
Ireland	✓ <sup>61</sup>	✓		✓		Health Act 1970 (as amended 1991).
Italy	✓	✓	✓	✓	✓	Legislative Decree 1998/286 Legislativo 25 luglio 1998, n. Article 35(3).
Latvia	✓			TB	TB	Medical Treatment Act (1994)
Lithuania						Law on Health Insurance (2004)



## Costs and benefits of migration in Italy (2011)



Immigrazione Dossier Statistico UNAR/IDOS, 2013



\* Pension contribution, individual taxes, goods' taxes, permits of stay.

\*\* Health, education, social services, housing, justice, social security, etc.



Determinants

Numbers

Health problems

Impact

Transcultural



**Il dossier.** Rapporto del ministero dell'Economia: "Il saldo tra versamenti all'Inps e prestazioni ricevute è di 5 miliardi di euro un aiuto per il welfare"

# La risorsa immigrati 600mila italiani ricevono la pensione grazie ai loro contributi



**A VENEZIA**  
Matteo Renzi e François Hollande hanno incontrato i genitori di Valeria Sotgiu, vittima della strage del Botafan di Parigi.



LIANA MULLA

**ROMA.** «Seicostomila italiani ricevono la pensione ogni anno grazie ai contributi versati dagli extracomunitari». A scriverlo non è un fan degli immigrati, ma Roberto Garofoli, oggi capo di gabinetto del Ministero dell'Economia, protagonista delle battaglie sulla legge anti-corruzione e sulle misure antimafia. I dati relativi alle pensioni, agli stranieri in arrivo (153.842 a fine 2015), agli costi conseguenti per sostenere l'ingresso (ben 5,3 miliardi di euro nel 2015), ai benefici derivanti dalla loro presenza in Italia - come risulta dalle cifre del MeF - sono contenuti nella relazione che terrà domani all'Accademia dei Lincei dove sarà presentato il "Libro dell'anno del diritto" edito dalla Treccani e di cui Garofoli, con Tiziano Trou, dirige la sezione giuridica.

**GLI INGRESSI IN ITALIA.** Il regolamento sugli immigrati non può che partire da un dato-obiettivo, gli ingressi in Italia nel 2014 e nel 2015. Erano

La rice...  
Garofoli...  
Allam...

della sicu...  
paure e p...  
grazione...  
do in mod...  
i Paesi».

**LA COLL...**  
I nuovi...  
migranti...  
strutturare...  
zitutto e m...  
re tempo...  
delle pro...

Old age dependency ratio

Demographic projections in the EU



**2012**

4 people of working age to 1 person over 65

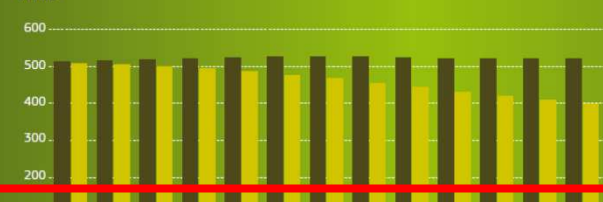


**2060**

2 people of working age to 1 person over 65

Population projections

in Mio



■ Population change with migration  
■ Population change without migration

600.000 Italian citizens receive their old-age pension thanks to migrants' contributions



Determinants

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Transcultural

# Forty Meals for a Drop of Blood ...

Issa El Hamad, MD,<sup>\*†</sup> Carmelo Scarcella, MD,<sup>\*†</sup> Maria Chiara Pezzoli, MD, PhD,<sup>\*†</sup>  
Viviana Bergamaschi, MD,<sup>\*</sup> and Francesco Castelli, MD<sup>‡</sup>; for the Migration Health Committee of the  
International Society of Travel Medicine

<sup>\*</sup>Department of Infectious Diseases, Spedali Civili General Hospital, Brescia, Italy; <sup>†</sup>Local Health Unit,  
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University of Brescia, Brescia, Italy

DOI: 10.1111/j.1708-8305.2008.00264.x

*J Trav Med, 2009; 16: 64-5*

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## BRIEF COMMUNICATIONS

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Increasing migration flow to Western countries  
points. A case of Dhat syndrome is presented in:  
cultural approach to be solved after a through di:

### Dead Blood under My Skin

Issa El-Hamad, MD,<sup>\*</sup> Carmelo Scarcella, MD,<sup>†</sup> Maria Chiara Pezzoli, MD, PhD,<sup>‡</sup> Antonella Ricci, MD,<sup>§</sup>  
and Francesco Castelli, MD,<sup>§</sup> for the Migration Health Committee of the ISTM

<sup>\*</sup>Department for Infectious Diseases, Spedali Civili General Hospital, Brescia, Italy; <sup>†</sup>General Directorate, Local Health Unit,  
Brescia, Italy; <sup>‡</sup>Center for International Health, Local Health Unit, Brescia, Italy; <sup>§</sup>Institute for Infectious and Tropical Diseases,  
University of Brescia, Brescia, Italy

DOI: 10.1111/j.1708-8305.2009.00312.x

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The diagnostic attitude of western physicians toward migrants' complaints is often an unstable balance between the obstinate search for exotic tropical diseases and the overappreciation of the cultural dimensions of symptoms. Such attitude may divert attention from organic diseases. The careful assessment of all levels of possible misunderstandings (*prelinguistic, linguistic, metalinguistic, cultural, and metacultural*) may help the physician to discriminate between *illness* and *disease*. The long and difficult itinerary leading to the correct diagnosis of congenital myopathy in a migrant from Senegal is described, together with the barriers encountered by the caring staff.

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*J Trav Med, 2009; 16: 284-5*



Determinants

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# Congresso Nazionale della Società Italiana di Medicina Tropicale e Salute Globale



Brescia, 21-22 ottobre 2016



Realizzato in parallelo con il

**Corso ECM - Oltre confine. La donazione consapevole: Africa sub-sahariana**

di AVIS Regione Lombardia



e con il patrocinio di



## Venerdì 21 ottobre 2016



### Congresso Nazionale SIMET

- 9.00 - Arrivo e registrazione dei partecipanti
- 9.30 - Saluto delle Autorità e Presentazione del Congresso
- 10.00 - **Strategie di cooperazione sanitaria internazionale**  
Moderatori: Z. Blouff (Nagraz), F. Castelli (Brescia)
- Da Alma Ata, ai MDGs, agli SDGs (M.L. Caldes, Firenze)
- I nuovi orizzonti della Cooperazione sanitaria Internazionale Italiana (MAECI)
- Rafforzamento dei servizi sanitari e accesso universale alle cure (G. Muscico, Firenze)

### 11.30 - **Medicina Tropicale e Salute Globale nel 2015-2016**

- Moderatori: P. Ollaro (Ginevra), P. Carameo (Torino)
- Il 2015-16 in Medicina Tropicale (A. Bertoloni, Firenze)
- Il 2015-16 in Medicina Venesivaria Tropicale (S. Proietti, Bologna)
- Il 2015-16 in Salute Globale nei Paesi svantaggiati (G. Pacifico, Milano)
- GE Orientamenti GISP-SIMET di Medicina Tropicale (G. Galera, Milano)

### 14.00 - **Clima, viaggi e tropicalizzazione delle aree temperate**

- Moderatore: G. Calleri (Torino), M.R. Capobianchi (Roma), P. Perodi (Roma)
- Climate changes and infectious diseases (P. Chiodini, Londra)
- Sorveglianza dei vettori di arbovirus in Italia (M. Dottori, ESLEP)
- West Nile, Dengue, Chikungunya (F. Gobbi, Nagraz)
- Zika virus aspetti epidemiologici e clinici (E. Nicastri, Roma)

### 15.45 - **Medicina delle Migrazioni**

- Moderatori: M. Affronti (SIMM, Palermo)
- I determinanti delle migrazioni (M. Affronti, SIMM)
- Gestione delle malattie infettive in un campo di accoglienza. L'esempio del CARA di Bari (T. Iacovazzi, Bari)
- Migrazioni e malattie infettive. Un vero pericolo? (A. Matarrelli, Brescia)

### 17.15 - **Comunicazioni con il volontariato**

- Moderatori: L. Tomassoni (Brescia), M. Gibbiba (Treviso)

Ore 18.30 **Assemblea del Soc e rinnovo cartella sociaria**

## Sabato 22 ottobre 2016



### Corso ECM - Oltre confine. La donazione consapevole: Africa sub-sahariana

- 9.30 - Arrivo e registrazione dei partecipanti
- 10.00 - Introduzione del Presidente e presentazione del corso (D. Giupponi, AVIS Regione Lombardia)

### 10.45 - **Armi, acciaio e malaria**

- Moderatori: G. Carrai (Brescia), F. Castelli (Brescia)
- Popoli in movimento: Africa (M. Affronti, Palermo)
- Africa ed emoglobinopatie (A. Montanelli, Brescia)
- African malaria (P. Chiodini, Londra)

### 11.45 - **Trasfusione e accertazioni sierologiche per il laboratorio**

- Moderatori: A. Montanelli (Brescia), G.P. Bricca (AVIS Regione Lombardia)
- Caratteristiche immunologiche delle popolazioni locali (C. Piccapalo, Milano)
- Implicazioni immunologiche e trasfusionali evidenziate dallo studio della popolazione dell'Africa sub-sahariana (F. Rocca, Brescia)
- Gestione e metodi di screening: ottimizzazione del risultato (D. Campioli, M. Oggioni, Milano)

### 14.00 - **Stress della mattina (G. Cambi, AVIS Regione Lombardia)**

### 14.15 - **Aspetti socio-culturali, sanitari e assistenziali dell'immigrazione**

- Moderatori: C. Pizzo (AIEU Lombardia), D. Giupponi (AVIS Lombardia)
- Salute e malaria nella cultura sub-sahariana (L. Kombe-Ezi, Eritrea)
- Sociologia dell'immigrazione (M. Capri, CIMAS, Univ. Cattolica, Brescia)
- Aspetti antropologici dell'immigrazione (M. Ismail, Milano)
- Le strategie di proposta e fidelizzazione del donatore (V. Setumi, Varese)
- Prevenzione e screening nei donatori immigrati (D. Rossi, AIEU Lombardia)

### 15.30 - **Patologia associata e disassessati**

- Moderatori: G. Cambi (AVIS Regione Lombardia), S. Caligaris (Brescia)
- Infettologia locale - Infezioni virali croniche: HIV e epatopatie virali (I. El Hamad, BS)
- Infettologia locale - Parasitosi tropicali africane di interesse trasfusionale (A. Anghileri, Nagraz)

### 16.30 - **Conclusioni (D. Giupponi, AVIS Lombardia)**

17.00 - Compilazione questionari e chiusura del corso

# Graduate European Course on Migration Medicine (2017)



United Nations  
Educational, Scientific and  
Cultural Organization



UNESCO Chair on Training and Empowering  
Human Resources for Health Development  
in Resource-Limited Countries  
University of Brescia



**ESCMID** MANAGING INFECTIONS  
PROMOTING SCIENCE



Italian Society of Tropical Medicine and  
Global Health (SIMET)



Italian Society of Infectious  
and Tropical Diseases (SIMIT)



**S.I.M.M**

Società Italiana di Medicina delle Migrazioni



**Session 1: Why and how do migrants move**

**Session 2: The European Union and migration. A fragmented universe**

**Session 3: Infectious diseases I - Air-borne infections**

**Session 4: Infectious Diseases II – STIs / dermatological infections**

**Session 5: Infectious Diseases III – Blood borne infections**

**Session 6: Infectious diseases IV - Vector-borne infections**

**Session 7: Migration and non-communicable diseases**

**Session 8 Transcultural approach**



The end

