

MULTI-ETHNIC PATIENTS: RIGHT to BE CURED and ACCESS to THERAPY

Rome (Italy), June 20, 2017
Highlights

Introduction and course objectives



Prof. Morrone, chairman of the symposium, opened the congress, by highlighting the high scientific level of this meeting, dedicated to the human mobile population, composed by more than 6 billion people, the sixth continent, the speaker pointed out. Prof. Morrone briefly explained the structure of this symposium finalized to a wide discussion and consensus on the multi-ethnic global access to the Italian health-system. The congress has been attended by many of the top researchers of this field coming from Italy, other European and extra-European countries.

To follow the presentations of this congress, click on the link below:

<http://www.fondazione-menarini.it/Home/Eventi/Congresso-su-Diritto-alla-cura-ed-accesso-alla-terapia-del-paziente-multi-etnico/Video-Slide> ... and, after having logged in, enter in the multimedia area.

General overview of the multi-ethnic problem, whose is the health and pandemic risk?

Who is a migrant?

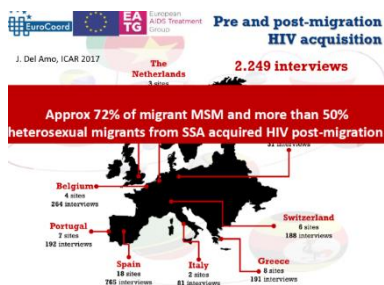


“General overview of the multi-ethnic problem, whose is the health and pandemic risk?”, was the topic discussed by Prof. Cauda in his lecture. The speaker, coming from Rome (IT), went deeper in his talk and presented very interesting data on the globalization and its consequences. In the main part of his lecture, Prof. Cauda talked about migrants, their origins and the main migratory pathways.

More in particular the speaker presented very interesting and impressive data on the relationship between population and animal mobility and the global health. Prof. Cauda talked also about the main pandemics like measles, HIV, TB, hepatitis B and the way they spread out and about the relationship between health and mobility, where the access to culturally health services for migrants, leads to improved chances for a successful integration of migrants in host communities. In the second part of his lecture, Prof.

Type of infection	Role of Migrants	Public Health Policy Role	Role of Clinicians
Highly infectious disease with high local transmission (measles, rubella, varicella, pertussis, Hepatitis A)	May serve as or facilitate infection (measles, Hepatitis A) May be more susceptible than local population (pertussis)	Immunization policy (especially vaccine before arrival for rubella, varicella, pertussis) Screening of and access to immunizations for immigrants	Recognition of infectious uncommon in the local population Identification of need for and provision of immunization to immigrants
Infectious disease with limited or asymptomatic status with some link for local transmission	May serve as or facilitate disease entry into host (HIV) (asymptomatic carriers may need immunization)	Culturally appropriate TB screening and provision of access to immunizations	Identification of at-risk subgroups and family members and provision of appropriate preventive measures (Diagnosis of infection in asymptomatic individual (TB), Hepatitis B screening)
Infectious disease with low potential for local transmission	Bear a disproportionate burden of disease in some communities (HIV)	Culturally appropriate treatment programs and prevention (HIV, Hepatitis B, Hepatitis C) Blood screening policies (HIV, Hepatitis B)	Recognition of disease care in local population (Hepatitis B)
Infectious disease with zoonotic potential	Bear an increased burden of disease (Hepatitis E, C, HPC) of zoonotic origin (e.g. in the acquisition of screening procedures (HPC))	Educational initiatives about disease Prevention and financing of screening and immunizations Routine cancer screening (Pap smears, colonoscopy, etc) or fecal	Screening for infectious diseases Regular monitoring of those affected for development of chronic infection disease surveillance, reduction of risk for disease and regular Routine cancer screening (Pap smears, colonoscopy, etc) or fecal
Vector borne disease	May serve as vectors, may be more likely to seek transnational travel with their relatives when visiting relatives (malaria) home	Monitoring/eradication of vector populations Surveillance	Recognition of disease care in the local population

Cauda presented very interesting data on a successful european collaborative experience: the international infectious diseases teaching to undergraduate medical student project and spoke about the relationship between war and the onset of the infectious diseases. In conclusion, Prof. Cauda pointed out that in many cases migrants are healthy people at the beginning of their voyages, becoming sick during the migration root or even in the countries of destination.



- What are the main topics linked with the globalization process, based on the data presented by the speaker?
- Who is a migrant?
- What is the relationship between people and animal mobility and the new infective diseases?
- What are the main infective diseases presented by the speaker?
- What was the cause of the Disneyland outbreak?
- How does war lead to infectious diseases?

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Infectious and tropical diseases, parasitic disease

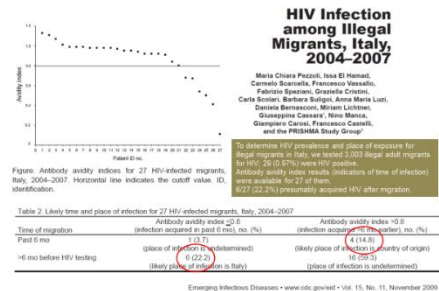


MEDITERRANEAN UPDATE
MIGRATION FLOWS EUROPE, ARRIVALS AND FATALITIES



Infectious and tropical diseases, parasitic disease, was the topic Prof. Ippolito spoke about in his lecture. The speaker coming from Rome (IT), started his talk, by presenting very interesting data on wars and migration. Going deeper in his presentation, Prof. Ippolito spoke about the main neglected tropical diseases like filariasis and onchocerciasis. In the main part of his lecture, the speaker presented very interesting and impressive data on migrants and their chronic and acute infections. More in particular Prof. Ippolito, spoke about the meningococcus X infection present in the migration camps in Tuscany and about the Louseborne Relapsing Fever among East African Refugees in the city of Turin. In the second part of his lecture, Prof. Ippolito presented very interesting data on the relationship between HIV infection and migrants in Italy, by highlighting that many of them becomes infective in the first six months after migration. More in particular the speaker

presented very interesting data on new diagnoses and outcomes, by highlighting that Italy is one of the best countries for free of charge access to treatment for the irregular migrants. Finally, Prof. Ippolito spoke about the relationship between TB and migrants in Italy, by highlighting that the TB burden in high-income countries is primarily amongst the foreign-born, migrant population, that means the migrants are the victims not the killer ones. In conclusion, the speaker pointed out that migrants represent a very low risk of TB outbreak.



health in the migrant people: experience from Lampedusa 2011

- No health problems: 75%
- Health conditions related to trypan: 23%
- Pregnancy/delivery: <1%
- IDs 0.26%
- Not IDs <1%

Prestileo T et al. Infez Med 2013, 2, 21-28

- How does war lead to infectious diseases?
- How many are the migrant arrivals in Italy in these last years, based on the data presented by the speaker?
- What are the main chronic and acute infections in immigrants, based on the data presented by the speaker?
- What's about the relationship between HIV infection and migrants in Italy?
- What's about the relationship between HIV and the irregular migrants in Italy?
- What is the difference in the free of charge access to treatment between Italy and the other European countries?
- How many people are unaware of the available health services in Italy, based on the data presented by the speaker?
- What's about the Lampedusa experience presented by the speaker?

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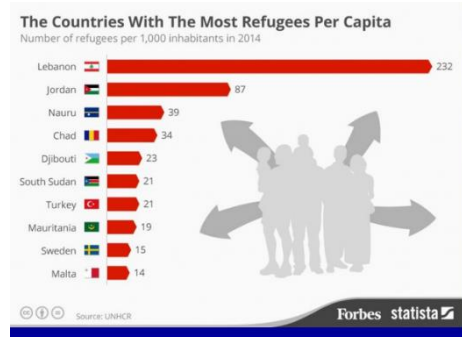
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Tropical and endemic skin diseases



Tropical and endemic skin diseases, was the topic discussed by Prof. Morrone. The speaker, chairman of this symposium, talked about Global health and human rights. Going deeper in his lecture, Prof. Morrone presented very interesting and impressive data on the wealth and the poverty distribution in the world, by highlighting the main differences between Europe, USA and Canada from one side and Africa and

south America from the other. In the main part of his lecture, the speaker presented very impressive data on people living in extreme poverty and talked about the main health, social and politic problems linked with migration. More in particular Prof. Morrone presented a huge number of pictures of seeking people and migrants



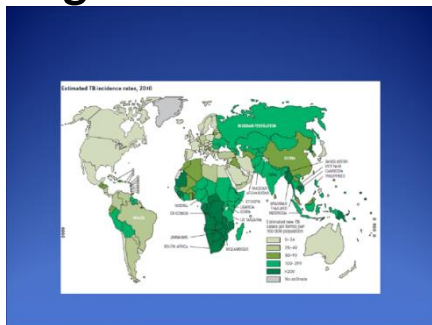
coming from countries like Syria, Libya and Eritrea affected by an incredible variety of endemic skin diseases. The main structure of his lecture was based on five issues: put an end to all types of poverty in the world, assure the access to drinkable water, assure health and well-being, put an end to famine in the world and finally assure a high-quality education. In conclusion, Prof. Morrone pointed out that in order to resolve these issues it is necessary to love the human being, that means loving any single person.

- What are the countries with the most refugees per capita, presented by the speaker?
- What is the number of refugees in the world based on the data presented by the speaker?
- How many are the migrants in the world, based on the data presented by the speaker?
- What is the main disease affecting the seek people based on the data presented by the speaker?

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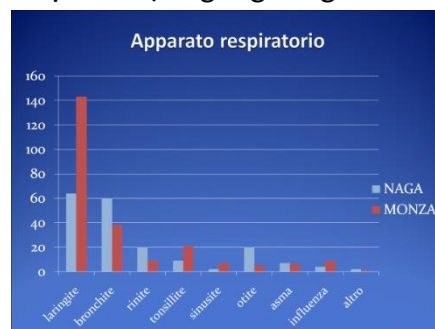
Neglected and re-emerging lung diseases



The neglected and re-emerging lung diseases, was the topic discussed by Dr. Meregalli. The speaker, coming from Milan (IT), talked about TB, COPD and asthma. Going deeper in his lecture, Dr. Merenghelli presented very interesting data on the 2016 WHO global tuberculosis report, by highlighting that the TB worldwide prevalence is decreased of about 42% from 1990 to 2015. In the main part of his lecture, the

speaker talked about a research performed in his clinical center on this main topic: the diseases of the irregular migrants and the danger for the Italian people and presented the data given

by this research on the osteomuscular, respiratory, gastrointestinal and cardiovascular systems. In conclusion, Dr. Merengalli highlighted that one of the main problems for irregular migrants in Italy is the lack of access to Gps due to the deficiency of any public health-system coverage. In conclusion, the speaker pointed out that in order to solve this problem is it necessary only to be compliant with the Italian law on migrants.



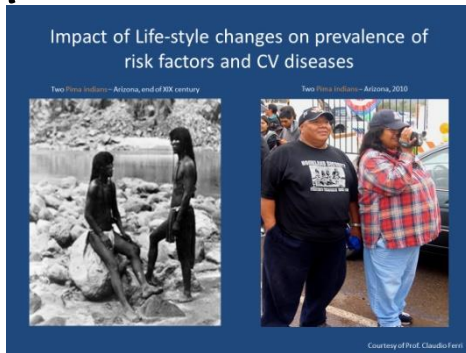
Malattie Gravi		
	NAGA	MONZA
Epilessia	4	2
Scoppio cardiaco	2	2
Cardiopatía ischemica	1	2
Insufficienza renale cronica	1	1
Fistola uretrale	1	0
Sclerosi multipla	0	3
Parkinson giovanile	0	2
Psicosi	0	5
Rettocolite ulcerosa	0	3
Morbo di Crohn	0	1
Fibrosi cistica	0	1
Embolia polmonare	0	1
Sclerodermia	0	1
Tumore mammella	0	2
Tumore encefalo	0	1
Tumore renale	0	1
Linfoma di Hodgkin	0	1
TOTALE	9	28

- What is the 2015 worldwide TB incidence based on the data presented by the speaker?
- What's about new TB cases in Italy, based on the data presented by the speaker?
- What's about COPD and asthma in irregular migrants from the speaker point of view?
- What's about the NAGA diseases compared to the Monza diseases based on the data presented by the speaker?

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Common cardiovascular disorders and strategies for prevention



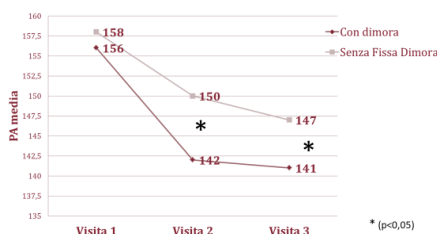
Common cardiovascular disorders and strategies for prevention, was the topic of Prof. Volpe presentation. The speaker, coming from Rome (IT), talked about the cardiovascular risk factors overlap, leading to the rising of the global burden of the morbidity constellation in the high-income countries. Going deeper in his lecture, Prof. Volpi talked about hypertension as

the main worldwide cause of death not only in the high-income but also in the low-income countries. In the main part of this lecture Dr. Schiavello a coll. of the speaker, presented very interesting data given by an observational



"L'ipertensione non è più una patologia legata all'abbondanza ma è diventato un importante problema legato alla povertà"

Controllo dell'ipertensione arteriosa nel campione distinto in base alla situazione abitativa



study on the health profile of migrants focusing on the hypertension onset, trend and control in a population attending the Caritas health center of Rome. More in particular the speaker talked about the effect of the social-economical and administrative factors on the BP trend, by highlighting that the differences in the BP profile due to the legal and the housing situations have a higher statistical burden than the differences due to ethnicity and the geographical provenience.

- What's about the impact of the life-style changes on the prevalence of risk factors and CV diseases, based on the data presented by the speaker?
- What's about the epidemiology of hypertension in Italy based on the data presented by the speaker?
- What is the effect of the housing state on the BP profile based on the data presented by the speaker?
- What is the legal status of the migrants attending the Caritas Health center of Rome, based on the data presented by the speaker?

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Pediatrics: analysis of the problem and pathologies closely related to young migrants

Categorie di minori

Nati nel paese d'origine ed immigrati con la famiglia

Nati in Italia figli di immigrati

Figli di nomadi, profughi o rifugiati politici

Bambini giunti in Italia con le adozioni internazionali

Minori stranieri non accompagnati (MSNA)

Pediatrics: analysis of the problem and pathologies closely related to young migrants, was the topic at the core of Dr. Giampaolo presentation. The speaker, coming from Rome (IT), presented very interesting data starting from the young migrant definition. Going deeper in her lecture Dr. Giampaolo talked about the main causes of migration, the changes in types and characteristics of migrants and the main problems due to the migration from

countries to other total different countries. In the main part of her lecture, the speaker presented very interesting data on the main critical times for children and parents like the birth, the school placement, the familial reunion, the adolescence and the unaccompanied minors. In the second part of her speech Dr. Giampaolo talked about the “ghost” children and the “nontiscordardimé” project,



characterized by the presence of a field hospital in many parishes of the suburbs of Rome, aimed to the health-care of these children that for economic and social problems do not have any access to the care services. The speaker presented the main data given by this project, more in particular on the visits performed on these children and those one performed at the Rom camp located in the suburbs of Rome. In conclusion, Dr. Giampaolo pointed out that she has a dream, to reach the consciousness that the other is bearer of values and dreams but even of invisible wounds.



- What are the main causes of migration, from the speaker point of view?
- What are the main problems linked with the school placement?
- What's about adolescence and the unaccompanied minors, based on the data presented by the speaker?
- What's about the care activities performed at the Rom camp in the suburbs of Rome, thanks to the “nontiscordardimé” project?

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Linguistic comprehension by cultural mediator; Doctor-to-foreign patients interrelation



MEDICI STRANIERI PRESENTI
DIRITTO ALLA CURA ED ACCESSO ALLA TERAPIA
DEL PAZIENTE MULTICULTURALE



Confederazioni Internazionali
Unione Medico Euro Mediterranea
Movimento



Opera all'interno delle Professioni Sanitarie, delle Associazioni, Aziende, Università, ONG, Comunità, Federazioni, Sindacati che si occupano di medicina in Italia e nell'area Euromediterranea

Difende il diritto "universale" alla salute attraverso una Sanità che lavori oltre i confini



subscribers. Going deeper in his lecture, Dr. Federici spoke

Dr. Federici from Rome (IT), spoke about Linguistic comprehension by cultural mediator; Doctor-to-foreign

patients interrelation and presented very interesting data on AMSI, that is a not for profit association aimed to the protection and the assistance of their

the International Confederation of the

Mediterranean Euro medical Union and about the key role of

the cultural mediator, as a typical Italian experience. In the main part of his talk, the speaker presented very interesting

data on the main fields of interest related to the cultural mediator activities and finally, Dr. Federici presented the

Manifest on Health and Multiculturalism stated by AMSI.



MEDICI STRANIERI PRESENTI
DIRITTO ALLA CURA ED ACCESSO ALLA TERAPIA
DEL PAZIENTE MULTICULTURALE



Incontri salute - mediatore



- Ginecologia
- Ostetricia
- Pediatria
- Oncologia
- Pronto soccorso
- Camera mortuaria
- Reperti di degenza



MEDICI STRANIERI PRESENTI
DIRITTO ALLA CURA ED ACCESSO ALLA TERAPIA
DEL PAZIENTE MULTICULTURALE

MANIFESTO

#SANITÀeMULTICULTURALISMO

LA DIFESA DEL MULTICULTURALISMO
ATTRAVERSO L'EROGAZIONE DEI
SERVIZI SOCIO-SANITARI

Promosso da:



- What are the main objectives of AMSI, based on the data presented by the speaker?
- What are the main problems of the cultural mediator duties, based on the data presented by the speaker?
- What are the main points of the meeting health-mediators from the speaker point of view?
- What are the key points of the Manifest on Health and Multiculturalism presented by the speaker?

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Legal and ethical considerations on domestic assistance by people from outside EU



Legal and ethical considerations on domestic assistance by people from outside EU, was the topic discussed by Dr. Trucco from Turin (IT), more in particular the speaker presented very interesting data on the human rights culture. Going deeper in his lecture, the speaker pointed out that this system is under attack, but there is a specific world that counteracts this trend. In the main part of his presentation, Dr. Trucco, talked about the health-care right as a pillar against the decadence of the social and economic system of our times. More in particular the

speaker highlighted that our health-care system presents some problems linked with the loss of care for people coming from other countries like migrants or refugees. From the speaker point of view, the main role for the best application of the health-care rights also in case of migrants, is played by doctors and all the professionals working in touch with seek people. In the main part of his lecture, Dr. Trucco spoke about the cultural mediator function and the absence of any legal form for this profession. Finally, the speaker talked about the victims of trafficking and the legislation designed for their protection, more in particular in case of minors. In conclusion, Dr. Trucco pointed out that the main difference between a democratic and an autocratic system is characterized by its inclusive or exclusive dimension.

- What's about the health-care right as a main pillar of the civil rights for all the Italian citizens, based on the data presented by the speaker?
- What are the main problems linked with our health-care system?
- What's about the WHO definition of well-being from the speaker point of view?
- What are the main topics of the legislation for the protection of the victims of trafficking, based on the data presented by the speaker?

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These are only some of the topics addressed in the congress's sections

For a deeper knowledge on these topics, please visit the International Menarini Foundation web site where You can find all the speeches in their full version.

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