

Migration and Health: International Policies, Programmes and Regional Experiences

Identification and collection of management solutions for improving migrants' access to health and social care designed and implemented by Regions

Collection Form

Contact Person

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| <i>Required information</i> | <i>Brief description</i> | <i>Additional information</i> |
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| Institution | ASL CAGLIARI | |
| Region | SARDINIA(ITALY) | |
| Good practice (GP) description | <p>The economic impoverishment processes in general, and natural ones that underlie the migrants and / or asylum seekers who arrive in Sardinia, observed in the social context of our country in recent years, have led us to the awareness of the progressive limitation of human rights that should be guaranteed to all individuals, with particular attention to vulnerable individuals.</p> <p>Moreover, where it is prohibited and sanctioned racial discrimination, the institutions that provide services have an obligation to remove barriers that prevent the universalism of performance.</p> <p>In our case, we are certain that migrants and / or asylum seekers, newly arrived are unable to access health services on an equal footing with residents. Action is therefore required to make services accessible to vulnerable people and implement a real taking charge of migrants in need of assistance.</p> <p>It was therefore thought to work through the following activities:</p> | <p>The health services to migrants who are in an irregular situation and / or still pending definition of the procedures required for registration to the Regional Health Service are managed by a single Complex Structure called "Health Promotion Service" within which It was identified an area called "Medicine of Migration", with its institutional duties and the delivery of health care to these people.</p> <p>The organization was set by focusing on the user and his person, in relation to the existing constitutional rules (Article 32) and the ordinary legislation on the matter (arts. 34, 35 Law 289/98 and s.m).</p> |

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| | <p>1) Organization of the ambulatory STP with multiprofessional involvement of doctors and nurses: are present medical specialists in various branches in such a way that in case of need can be an immediate approach to the disease and found that the treatment path is ensured by the immediate outlet in charge of the patient;</p> <p>2) Activation of the surgery Road, which is configured as the external ambulatory STP activities, where there are the same specialists the surgery STP. This activity ensures that the supply of services must meet (physically) to the needs of users who have difficulty in accessing services and which are then accompanied in the health path they need;</p> <p>3) Opening of the Center of Health guidance services for immigrants. In close operational links with the STP surgery (they will operate the same professionals), and with all the company's facilities. Through the identification of local contacts, implements taking charge and sending the patient to the health and / or administrative path;</p> <p>4) Line of activities for assistance to landings, through which it seeks to achieve, on the one hand health surveillance in order to ensure the protection of the health of the community through the 1st level visits (at the time of the landings) and those of 2nd level (once the refugees are housed in reception centers), while from another the groundwork is laid for the delivery of assistance through the STP surgery, pending definition of the procedures for enrollment in the SSN , if provided.</p> | |
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| | <p>The lines described above, moreover, managed by the same structure of ASL, allow you to provide adequate security to the migrant just arrived in Sardinia:</p> <ul style="list-style-type: none"> • to have an initial single service provider to turn to, with specialized personnel able to follow, from the point of view of health, (but also from the point of psycho-social) the evolution of the migrant health since the his arrival in Sardinia and, if necessary, to intervene during his stay. All this takes place with particular knowledge about the patient's health history; • While constantly monitoring the activity through the records kept by the health service, it allows early identification of risk factors to any disease, whether they are paid by the patient or the community. • This organizational dynamics allows the patient to avoid the usual paths that probably would be very complicated, especially for people who do not know our language, our organization and are not even aware of their rights. | |
| Involved actors | <p>The service is networked with all other health and administrative services of the local health authorities and with the other institutions of Sardinia that deal with migrants (prefecture, region, local authorities) with which various memoranda of understanding have been signed, such as the identification age registry of unaccompanied Minors, in order to define the age and find a suitable location in centers that ensure the protections provided by law or legal medical certifications for refugees victims of torture.</p> | |
| Date of establishment of the | The organization of health | |

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| <p>good practice</p> | <p>services to migrants has had a dynamic evolution in time began in 2005 with the opening of the surgery STP and continued in 2009 with the opening of the Guidance Centre of health services to migrants (COSSI), in 2012 with the activation of the surgery street and in 2015 with the task force activation for landings.</p> <p>This process is designed taking into account the needs of vulnerable people who are immigrants and / or refugees newly arrived in Sardinia and their difficulty of access to services and their lack of knowledge of the rights that are due.</p> <p>In some cases, for the activation of these interventions, we started from targeted projects, financed by third parties, then made institutional verified sustainability and compulsory nature of the services enabled.</p> | |
| <p>Impact to present</p> | <p>Although the huge flow of asylum seekers that has characterized the last year (more than 6,000 arrivals compared to around 3,000 irregular dwelling in the province), it makes it difficult to describe the impact of the activities described above, the organization described it is likely to evaluate positively, both quantitatively and qualitatively.</p> <p>For all migrants (arrived in Sardinia and / or intercepted on site) the above described benefits are guaranteed.</p> <p>Asylum seekers, if necessary, undergo treatment and at the time of possible relocation to other regions (for which is issued on the state of health certification) leave in good health.</p> <p>They are reduced appreciably the emergency room and hospital admissions due to health</p> | |

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| | <p>guaranteed by the filter multidisciplinary team that works in the area of medicine of migration.</p> <p>Any infectious and contagious diseases, thanks to the first and second level visits, are kept well under control</p> | |
| Foreseen durability | <p>It is believed that the functionality of the GP should persist which organizational model for all the time that the needs so require.</p> <p>Sustainability is guaranteed by the following criteria:</p> <p>institutional - the entity involved is a public institution and as such subjected to the constraints of the law, referring to the provision of health services.</p> <p>socio-cultural - relations within the company and with external parties are based on dynamic intended to boost mutual exchanges of knowledge on best practices in the field of assistance to immigrants and disadvantaged people.</p> | |
| Potential for replicability | <p>The replication can be supported by identifying, by replicating entities, an organizational model which envisages the involvement of institutional entities with responsibilities in the field of assistance to immigrants and disadvantaged people and therefore equipped with internal organizational structures that ensure the 'implementation.</p> <p>While, from a financial point of view, given that institutional responsibilities on matters concerning more than one ministry (Health, Interior, Labour) as well as the regions, it is essential to promote greater inter-institutional link that would better define the nature of the funding (even with the use of</p> | |

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| | <p>funds allocated by the European Union), taking into account that, at present, there is no specific guidance documents on the subject.</p> | |
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