



OCB ARO 2023

ITALY: CONTEXT AND STRATEGY

CONTEXT
key trends and data

MEDITERRANEAN REGION



Total arrivals in 2022

[JSON](#)

111,755

Last updated 09 Oct 2022

Sea arrivals in 2022

[JSON](#)

Includes refugees and migrants arriving by sea to Italy, Greece, Spain, Cyprus and Malta

105,325

Last updated 09 Oct 2022

Land arrivals in 2022

[JSON](#)

Includes refugees and migrants arriving by land to Greece and Spain.

6,430

Last updated 09 Oct 2022

Dead and missing in 2022 (estimate)

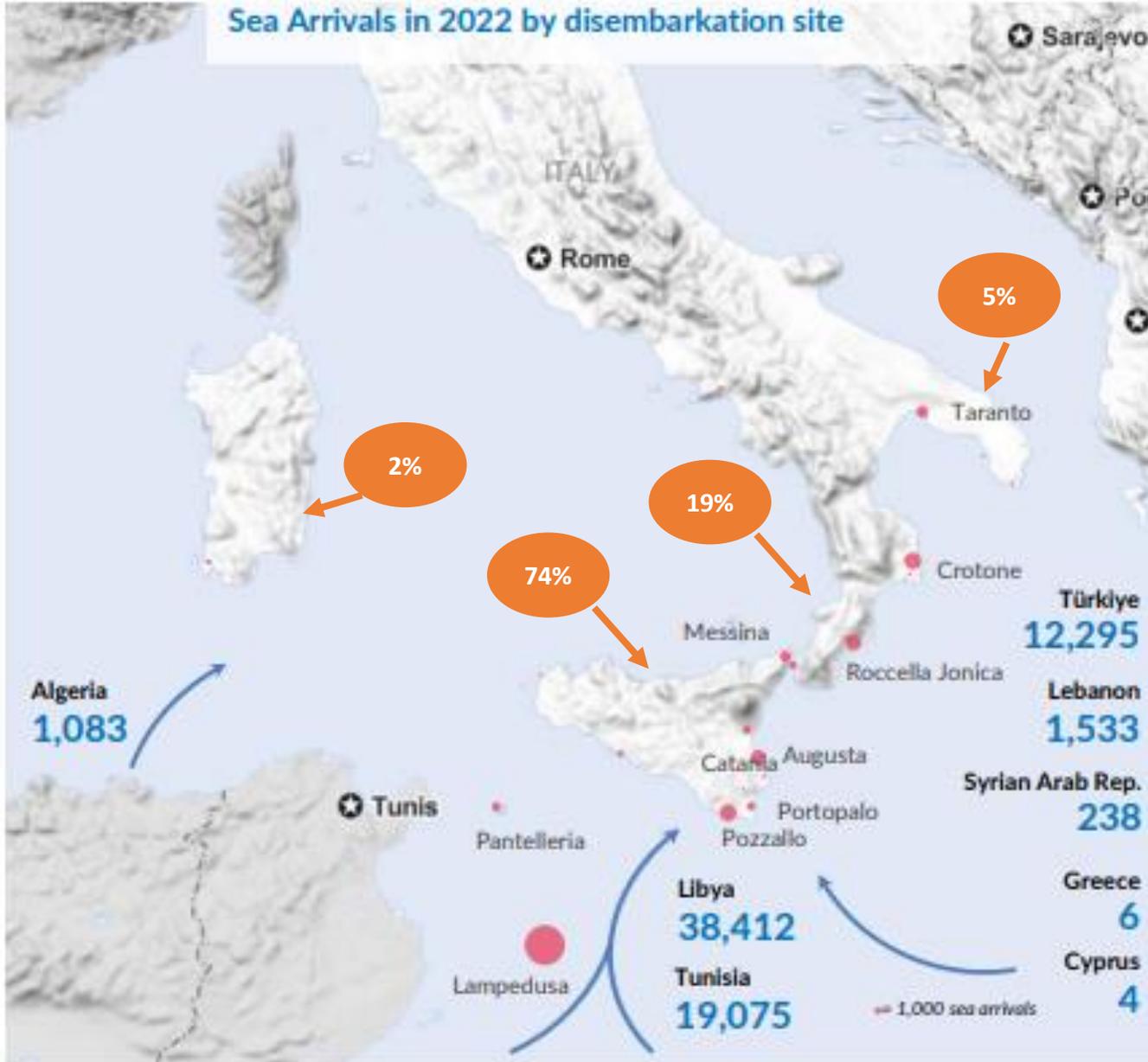
[JSON](#)

1,227

Last updated 09 Oct 2022

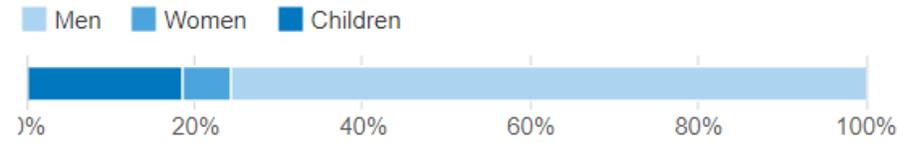
ITALY

Sea Arrivals in 2022 by disembarkation site



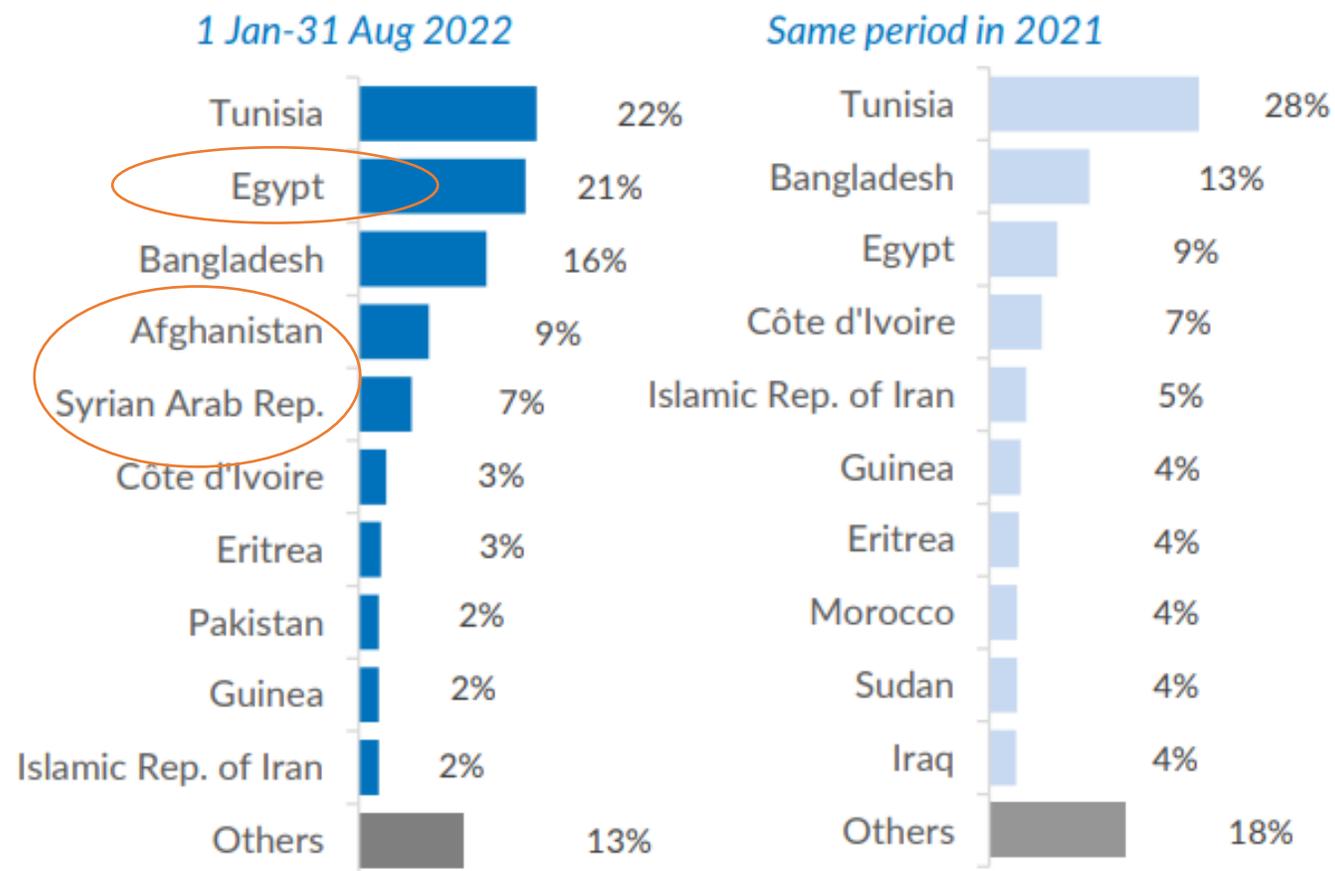
72,646 year-to-date arrivals	47,835 year-to-date arrivals in 2021	+52%
1,726 month-to-date arrivals	1,506 month-to-date arrivals in 2021	+15%

Demographics (based on data from January 2022) [JSON](#)



Previous years	Sea arrivals	Dead and missing
2021	67,477	1,545
2020	34,154	955
2019	11,471	754
2018	23,370	1,311
2017	119,369	2,873
2016	181,436	4,578

Top 10 most common countries of origin



The reception system

→ Recent slight increase of reception capacity:

- + 8.000 places for Ukrainian emergency (3,000 on SAI and 5.000 in CAS)
- + 2.000 for Afghanistan

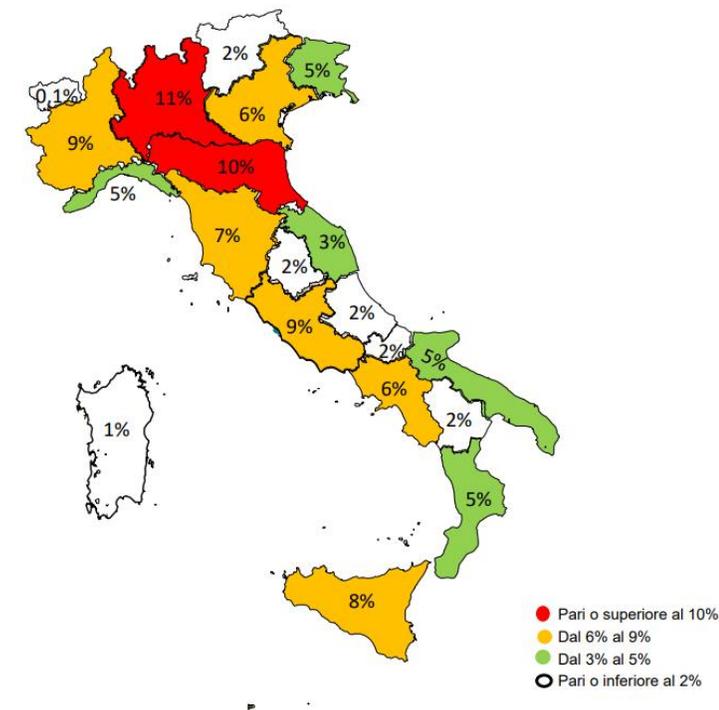
→ 4 Hotspots - Lampedusa, Pozzallo, Messina and Taranto for first assistance and identification procedures.

→ 2018 -2021 → asylum seekers and refugees in reception decreased by 40%. Still chronic scarcity of places, weak organization of the system, emergency approach...

2022 → number again on the rise.

→ Tender specification schemes introduced in 2018 have drastically lowered the costs of reception, with reduction of crucial services and staff.

→ Parallel system put in place to host people fleeing Ukraine (double standard)



99.596 *asylum seekers in reception*

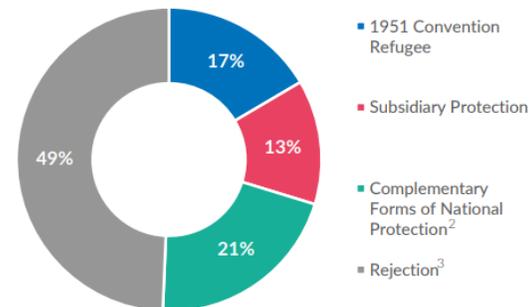
67% in temporary facilities | 32% in the ordinary system | 0,4% in hotpost

Asylum applications



- Relevant **increase in the number of asylum applications** lodged in Italy in the first 7 months of 2022.
- The number of **minor** asylum seekers is also more than **doubled compared to the previous year**.
- **Main countries of origin of asylum seekers** were Pakistan, Bangladesh, Tunisia, Afghanistan and Nigeria.

First-Instance RSD Decisions, Jan-Jun 2022



Total first-instance decisions (Jan-Jun 2022) **26,161**
 Total pending cases (as of Jul 2022) ⁴ **57,159**

Rejection rate in 2019 and 2020 climbed at 80% (Security decrees) → in the future?

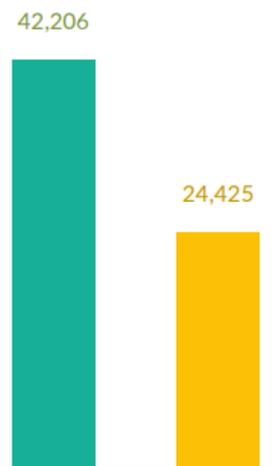
RELEVANT DELAYS IN THE REGISTRATION OF ASYLUM APPLICATIONS AND RECEPTION.



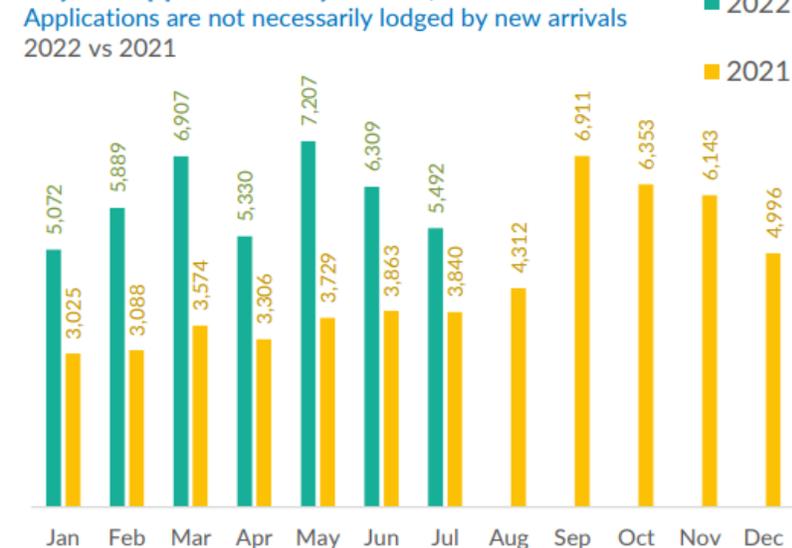
170,646

refugees from Ukraine recorded in Italy

Asylum applications, Jan-Jul 2022 vs Jan-Jul 2021



Asylum applications by month, Applications are not necessarily lodged by new arrivals





ITALY OUTLOOK

snapshot on migration

Outlook for the future

Right wing political programs and visions on migration: a misleading narrative that plays on fears

More externalization

Deals and support to third countries to prevent departures | maritime blockades | Offshore RSD/Processing | non-assistance at sea | obstruction of NGOs SAR activity.

Tighter border management

fences and push-backs, resort to administrative detention; accelerated readmission procedures.

Less access and protection

hindered access to the procedure, few legal pathways in exchange of border closure, shrinkage of special protection regime.

Poorer reception

further deterioration of the 'emergency' approach | less services for less people (the 'real' refugees) | criminalization of assistance

Impact of the new political scenario



1 'Easier said than done' → probability-impact assessment

2 Not the first time: so different from the past?

3 Substantial policy changes require time: adaptation
(complementarity/substitution)

4 How much a government can be relevant for us? Shrinking space for
our work, seeking a critical mass...



**MEDICAL GAPS
& health priorities**

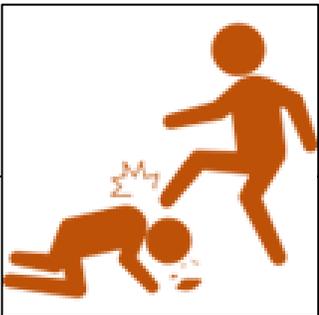
Medical priorities, based on the analysis of the current situation regarding migrants' health and Italian context

- **Access to care:** persistent inequalities between migrants and non-migrants in accessing healthcare services
- **Intercultural mediation as integrant part of the medical action**
- The access to care is particularly poor for **MHPSS (mental health and psychosocial support)** and for **SRH (sexual and reproductive health)**.
- **Care of survivors of torture and intentional violence**

Medical priorities among our target populations

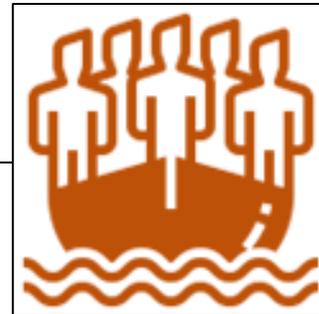
Medical consequences of violence

- **MHPSS and medical care** for survivors of torture, including **psychological and psychiatric care**, integrated with social and legal services, **orthopaedical care, surgical care, rehabilitation, and physio kinetic therapy.**
- **MHPSS and medical care** for victims of sexual violence, including psychological and psychiatric care, integrated with social and legal services



Medical care for people at arrival, during the transit and at the exit from Italy

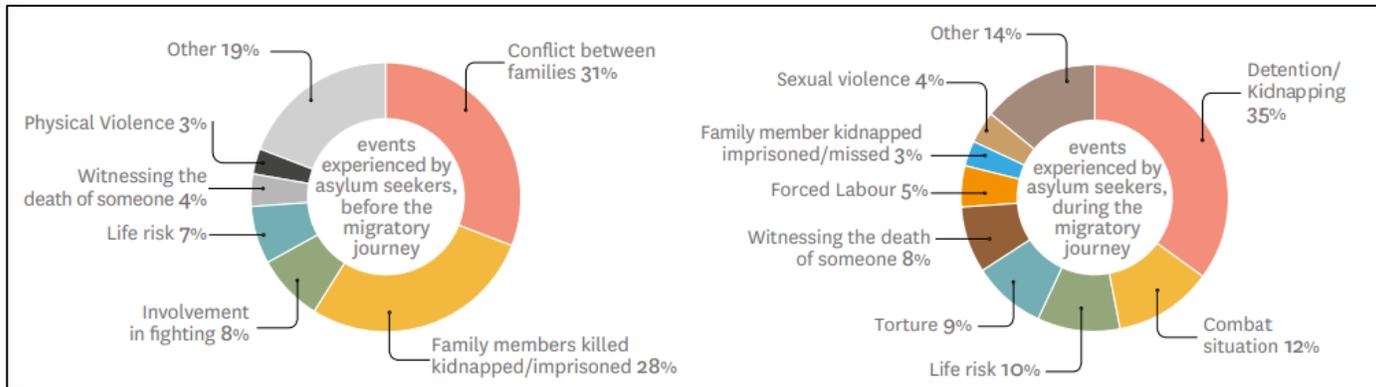
- **Psychological first aid**
- **Medical emergency care at arrival** (mainly after landing)
- **Identification of vulnerabilities**
- **Certification** of consequences of torture and intentional violence
- **Release of medical certification (health passport)** for people transiting and wishing to go out of Italy



Mental health and psychosocial support (MHPSS)

- MHPSS is recognized as a "neglected" gap at the national and local levels.
- MSF has documented MHPSS needs among migrants in several projects.

Type of traumatic events experienced by asylum seekers, before and during the migratory journey, Province of Ragusa, Sicily, October 2014 – December 2015.



https://www.msf.org/sites/default/files/neglected_trauma_report.pdf

...and we don't forget MH support for our staff!



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

NEGLECTED TRAUMA

Asylum seekers in Italy:
an analysis of mental health distress
and access to healthcare

Survivors of torture and intentional violence - 1

In 2017, the Ministry of Health (MOH) published the "**Guidelines for the planning of care and rehabilitation and treatment of migrants and refugees who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence.**"

https://www.pnrr.salute.gov.it/imgs/C_17_pubblicazioni_2599_allegato.pdf



Ministero della Salute

Linee guida per la programmazione degli interventi di assistenza e riabilitazione nonché per il trattamento dei disturbi psichici dei titolari dello status di rifugiato e dello status di protezione sussidiaria che hanno subito torture, stupri o altre forme gravi di violenza psicologica, fisica o sessuale

Roma, 22 marzo 2017

Survivors of torture and intentional violence - 2

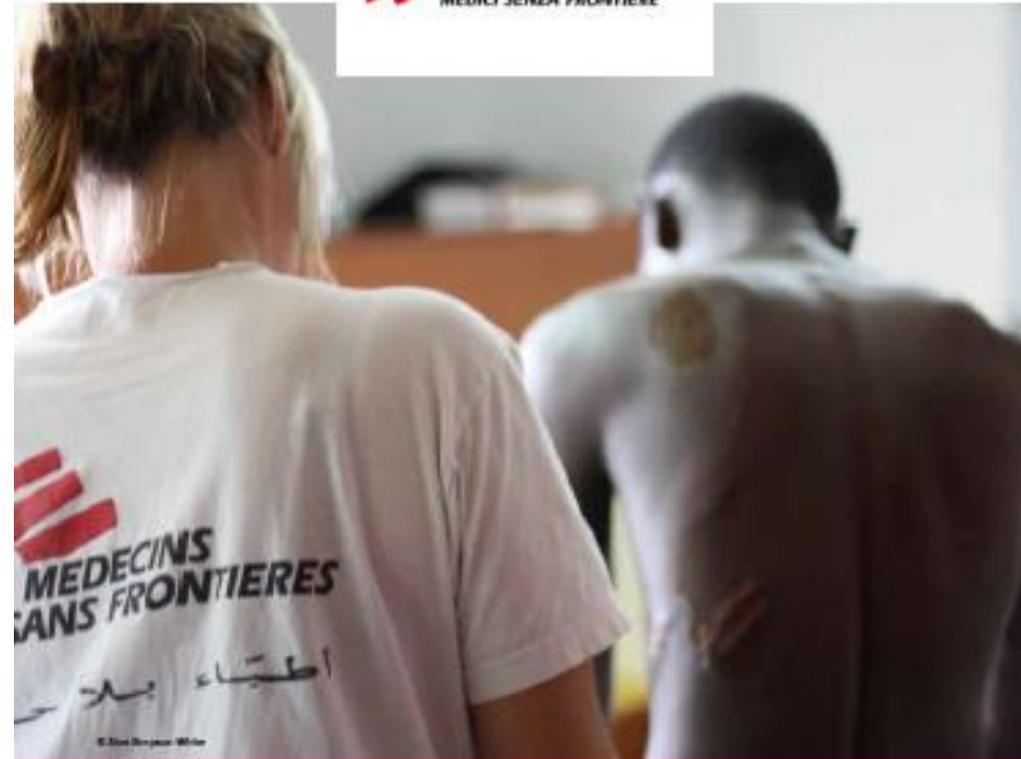
After 2 years, implementation of the guidelines remains limited and only a few experiences have been built nationwide



Legenda

- Non recepite
- Regioni con buone prassi rete con privato sociale
- Recepimento regionale con monitoraggio

<https://www.medicisenzafrontiere.it/wp-content/uploads/2022/04/Report-MSF.pdf>



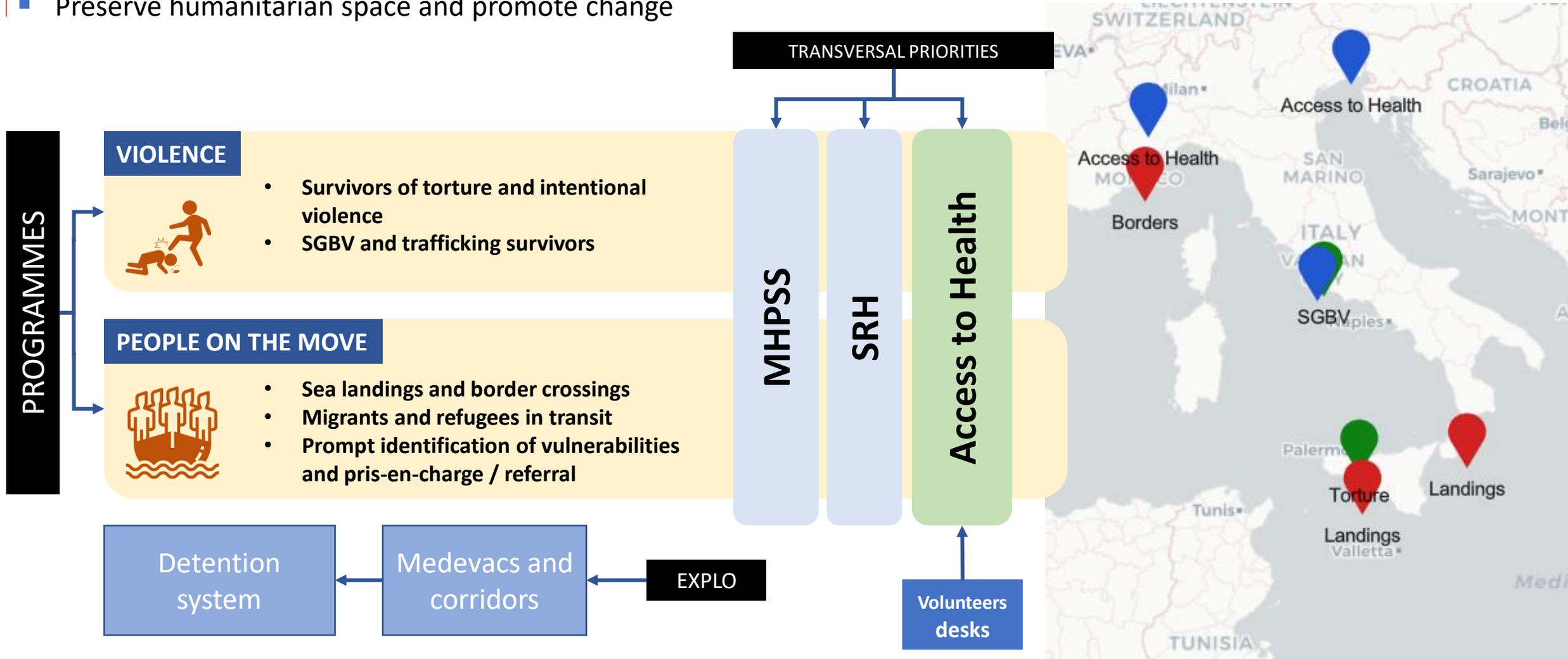
IMPLEMENTATION OF GUIDELINES FOR ASSISTANCE AND REHABILITATION OF VICTIMS OF TORTURE AND OTHER FORMS OF INTENTIONAL VIOLENCE: MAPPING AND ANALYSIS

COMPARING REGIONAL EXPERIENCES

COUNTRY STRATEGY

Operational priorities

- Shift from short-term projects-based architecture to programmes (thematic focus on a longer cycle)
- Direct medical intervention integrated with other activities (i.e. socio-legal assistance)
- Needs-based and replicable models of care, based on partnerships and networking
- Preserve humanitarian space and promote change

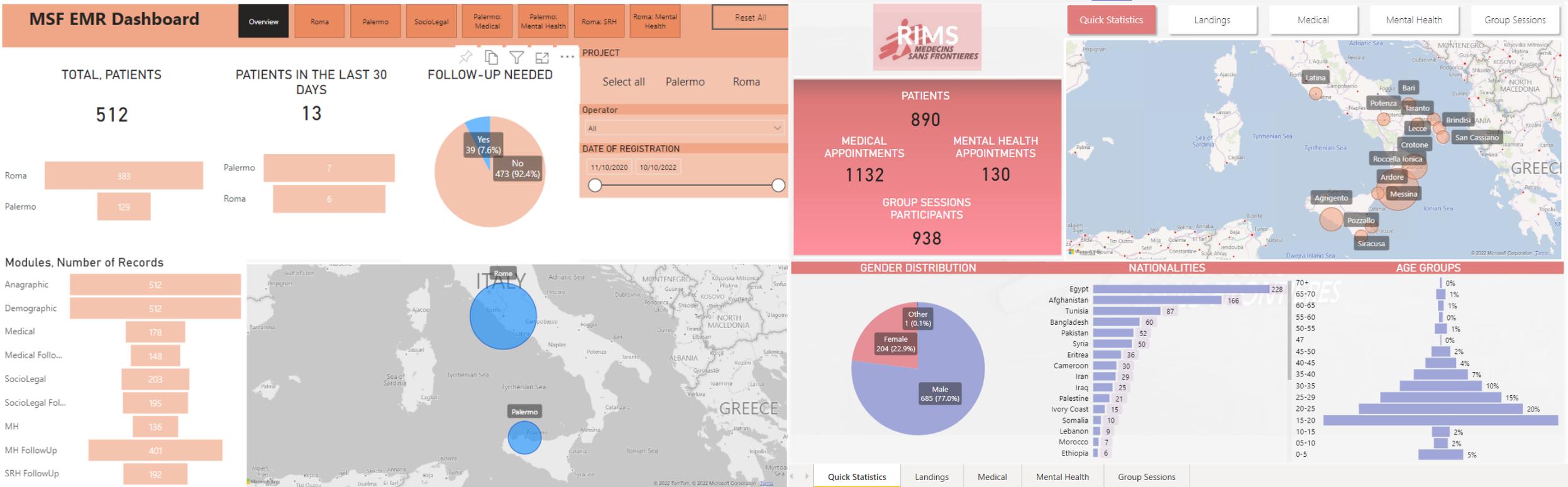


PECULIARITIES of OUR PROGRAMS

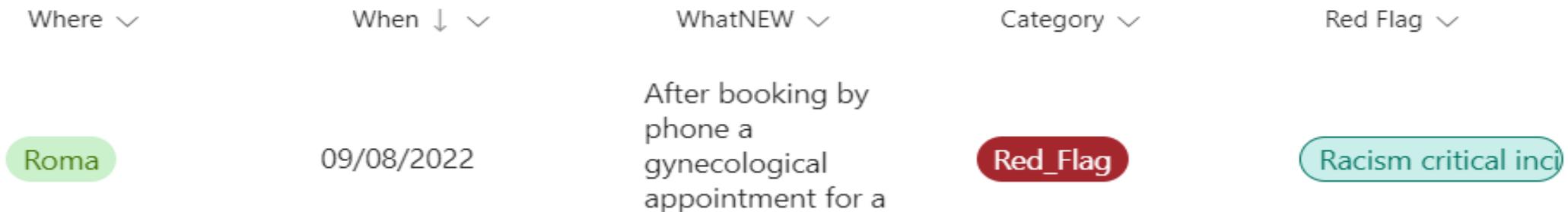
- Collaboration with **civil society organisations and activists**
- Inclusive and **multi stakeholders' approach** (MSF Italy, MSF OCB, Italian CSOs, institutions, etc.)
- Building up and reinforcing collaboration with the **scientific community**
- Reinforcing *témoignage*

DATA COLLECTION

>> Quantitative data



>> Qualitative data



Operational research

1. **Migrants' own views on their health and barriers to access to healthcare.**
2. **Role of intercultural mediation within the medical care**
3. **Digital HP**
4. **Pilot study to validate a tool for the early identification of survivors of torture, intentional violence or other forms of severe psychological and physical violence**
(in collaboration with University of Milano, University of Palermo and National Institute for Health Migration and Poverty)
5. **Participation to a scientific study carried out by Italian Institute of Health on improving data quality, prevention, access, appropriateness of procedures and dissemination of information on voluntary termination of pregnancy.**

Short summary of advocacy priorities

FULL ACCESS TO HEALTHCARE FOR MIGRANT, REGARDLESS OF THEIR LEGAL STATUS

Barriers hindering access | Lack of MHPSS, cultural mediation and information | early identification of vulnerabilities and appropriate follow up | access to protection | dignified living conditions

ACCESS TO PROTECTION AND ASSISTANCE

Border procedures and obstacles to protection | Dignified living conditions (in reception facilities, as well in informal settlements) | Pushbacks and arbitrary detention

VIOLENCE, AND ITS MEDICAL AND HUMANITARIAN CONSEQUENCES

Prompt identification and referral | Adapted care package | right to rehabilitation and medical care