

INMP

*National Institute for Health,
Migration and Poverty*

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FOREWORD

The National Institute for Health, Migration and Poverty (INMP) is a public institution within the Italian National Health Service. It has organisational, administrative and budgetary autonomy, is supervised by the Ministry of Health and has a specific mandate: to promote health care, research and training for improving migrants' health and combating poverty-related diseases.

INMP's constant commitment is to make health, intended as bio-psycho-social wellbeing, accessible by everyone. From 2007, in fact, INMP carries out – in its outpatient clinic as well as in outreaching activities – an innovative social and health care model integrating medical professionals, anthropologists, ethnopsychiatry-oriented psychologists and health care transcultural mediators. The objective of this model is to face health challenges for the most vulnerable and disadvantaged population groups through a transcultural approach centred on the person. Multidisciplinary and transcultural health care is also provided to migrants in emergency situations, as it happened at the Hotspots of Lampedusa and Trapani Milo. At the same time, the Institute carries out training, clinical and public health research, it monitors and coordinates actions against health inequalities at regional and local levels and intervenes with institutional and non-institutional activities as necessary.

The combination of direct healthcare provision and research makes this Institute a unique open laboratory, capable of collecting real evidences, testing and evaluating new strategies, analysing results and offering to policy makers and relevant stakeholders at different levels validated instruments for practical application.

Our experience has proved to be successful in overcoming difficulties in communication, stigma and commonplaces and is centred on the wellbeing of the most vulnerable people, on their social and health needs and on the provision high-quality services. Health is a right for everybody: it is guaranteed by the Italian Constitution and it is supported by our National Health Service through its universal coverage. We have proved that equity in health care provision is not simple but it is possible. We are committed to it!

Concetta Mirisola
INMP Director General



INMP entrance



The cloister

INMP

Mission and objectives

The mission of the INMP is to face, within the National Health Service, the health challenges posed by migrant and other neglected populations through a transcultural and person-centred approach.

Its strategic objective is to cooperate with the Italian Regions for supporting national public health policies that meet the health and social needs of fragile population groups, including migrants. In order to achieve its mandate, the Institute is committed to:

- **facilitate the access of disadvantaged people** to health and social care and improving, consequently, service quality for everyone;
- **develop research activities** through clinical projects and experimental models for the management of health services, specifically targeting diseases related to poverty and social exclusion;
- **design and carry out appropriate training**, health education and communication programmes;
- **systematize and give national significance** to monitoring and evaluation activities carried out in a number of Italian Regions, through the **INMP National Epidemiological Observatory**;
- **develop and maintain a national network of Italian and international stakeholders** as an “organized system” of regional and local networks based on the necessity of managing complex social and health problems through an integrated, multidisciplinary and flexible approach.

Holistic approach to health care

The INMP was established by Decree of the Ministry of Health on 6 August 2007. In 2012, with Law N. 189, the Institute was identified as the **National Reference Centre for the National Network for social and health care issues related to migrant populations and poverty** and **for Transcultural Mediation in health care**. The Institute's team is composed of doctors, nurses, psychologists, anthropologists, transcultural mediators and administrative staff.

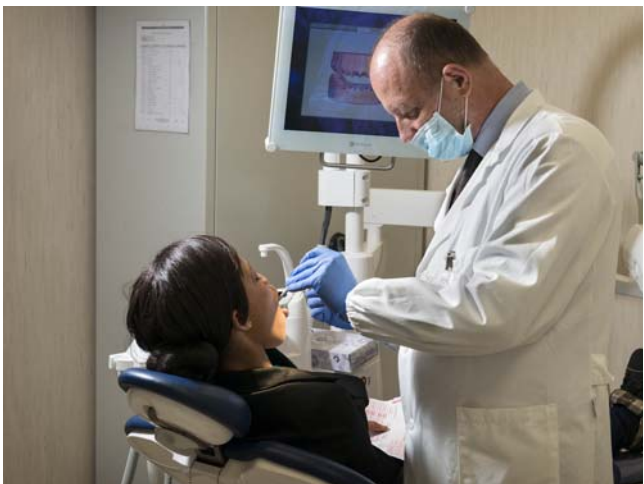
INMP takes care of migrants in three different settings:

- in emergency situations, where primary assistance is provided in arrival areas, in close collaboration with other social and health care actors and under the supervision of the local Prefectures;
- in the initial process of social inclusion of newly-arrived migrants;

- in the so-called “metropolitan migration”, when migrants often face housing and social exclusion.

In the course of the years, INMP has experimented a social and health care model including medical anthropologists, psychologists with ethnopsychiatry background, and transcultural mediators. Over time, INMP has become a referral point for Italian and migrant disadvantaged people, refugees, international protection seekers, homeless people, victims of prostitution trade, unaccompanied minors, women with female genital mutilations and victims of torture. The INMP promotes specialist services and organisational models based on a holistic model, which tends to treat individuals not as mere “patients”, but as people with complex needs that require transdisciplinary answers.

Increasingly, the INMP outpatient clinic have been utilized by migrants and



disadvantaged population groups, including Italian citizens, for its characteristic multicultural approach and for its organization that guarantees services without prior reservation and, in some cases, without a doctor's prescription. This is an example of openness and equity in the access to care. At its outpatient facility, first level health services are offered as well as key medical specialties of interest to migrants' health and to diseases of poverty. The range of clinical specialties has evolved in time. It started with dermatology and infectious diseases, and has continuously expanded in order to meet the current and emerging social and health needs related to migration and social exclusion. Remarkable investments have been made for the purchase state-of-the-art electro-medical devices, health care and IT products.

Poverty and migration related diseases have often a common root and, beyond the real organic damage, they may sometime result in psychic conditions that make patients refractory to a formal and bureaucratic approach. The challenge is for INMP to guarantee to everyone, no one excluded, the effective fulfilment of their right to health facilitating their access to appropriate and effective care and to high-quality services supported by advanced biomedical technologies.

The INMP carries on a number of **international cooperation activities and projects** in close collaboration with international institutions, aimed at promoting the health of disadvantaged local population groups. From April 2019, the Institute is **WHO Collaborating Centre for migrant's health evidence and capacity building**.

SOCIAL and HEALTH CARE ACTIVITIES

Health and social care provide the basis for INMP's research and training activities. The outpatient clinic is open from Monday to Sunday and there are no waiting lists. Its services meet some of the most significant health needs of disadvantaged people, offering them also preventive care. The primary needs of vulnerable people are thoroughly identified thanks to the support of transcultural mediators, who interact with foreign patients in their native language, thus improving communication with the medical staff.

Medical services

Specialist health care services provided by INMP include: general examination, nursing services, laboratory tests, cardiology, skin surgery, dermatology, laser therapy, gastroenterology and hepatology, gynaecology, obstetrics, infectious and tropical diseases, paediatric infectious diseases, paediatrics, internal medicine, travel medicine and vaccinations, internal



medicine ultrasound scan, carotid and lower limb ultrasound examination, echocardiography, ophthalmology, social dentistry and gnathological rehabilitation, psychiatry and clinical psychology.

Particular attention is devoted to service appropriateness and cost-effectiveness and, therefore, unnecessary medical prescriptions are reduced.

One of the INMP's objective is to provide social and health care to hard-to-reach disadvantaged population groups. In order to reach them, since October 2013, the Institute has been using a **mobile health clinic**, donated by the BNL Foundation. The mobile clinic reaches many Roman neighbourhoods and offers health promotion activities and a specialist examinations to residents, refugees, as well as migrants transiting through Italy. The care model is therefore strengthened with a proactive offer of services, where the health system discovers in outreaching activities the key for guaranteeing possible protection pathways, also when people are marginalized and "distant" from services.

In the framework of an Agreement between the Department for Civil Liberties and Immigration of the Ministry of Interior and the INMP, from 2008, the multidisciplinary INMP task force provides specialist health services to the migrants who reach the **Lampedusa** and the **Trapani-Milo** reception centres for migrants (Hotspots).

From April 2016 to September 2017, the Institute has assisted 6,370 patients with 11,471 accesses at the two sites.

Furthermore, from December 2017, the INMP has always took part to humanitarian corridors coordinated by the Italian Ministry of the Interior. The transdisciplinary INMP team – composed of dermatologists, infectious disease and internal medicine specialists, nurses and transcultural mediators and supported by the INMP Medical Direction – provided medical care to vulnerable migrants identified by the UNHCR arriving with civil flights at the Pratica di Mare airport.

Social and health care pathways

The INMP has a cooperation agreement with the Ministry of Health (Directorate General for Medicines and Medical Devices of the Department for National Health System Planning and Regulation) for the implementation of projects aimed to clinical and social assessment of tailored medical devices in disadvantaged population groups. In this framework, the Institute offers specialist health care as well as effective technical and scientific support to the Ministry of Health by providing data on the changes of the health status of people after the provision of the medical device, otherwise often precluded.



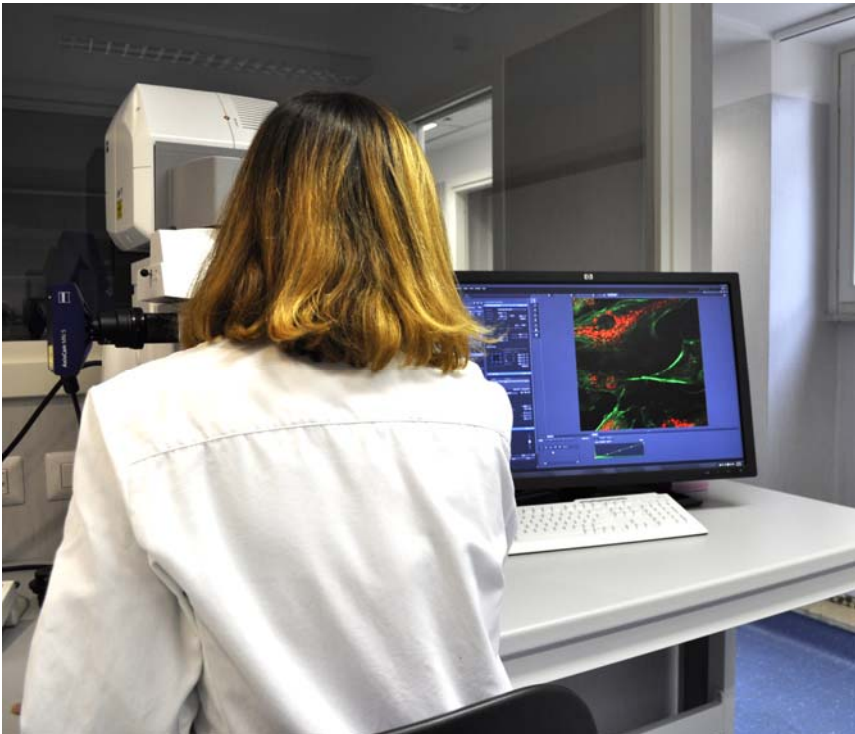


Patients can accede, after medical prescription, to the project services , and they are accompanied by trained transcultural mediators throughout the whole pathway. Therefore, not only diagnosis and treatment are offered, but a real spirit of cultural and social reception and listening is demonstrated to Italian and foreign people.

Projects have been implemented in the following medical specialties: audiology, cardiology, dermatology, gynaecology, ophthalmology, dentistry, internal medicine, infectious diseases, psychology.

SCIENTIFIC RESEARCH

The holistic, transcultural and multidisciplinary approach adopted at the INMP for its social and health services is also used to carry out its scientific research, that has two main objectives: to support clinical research for the promotion of disadvantaged people's health and to carry our translational research on relevant diseases in the target population. In this endeavour, the Institute research laboratory aims at becoming a reference point for national and international networks involved in the study of diseases of poverty and health conditions related to migrants. The **Laboratory** also



means to unveil the pathogenic mechanisms of the most common diseases found in migrants and in the most vulnerable population groups, as well as to identify and validate diagnostic pathways and innovative therapeutic targets.

Furthermore, the INMP promotes **epidemiological research** through its national observatory which monitors the health status of migrants, systematizing and putting together the activities already undertaken in different Italian Regions. The observatory strategically decided to use data of the new national information system (NSIS) and other current information flows, also through the definition of shared indicators. On the other hand, cooperative projects with Italian Regions and scientific institutions on specific aspects are carried out for creating *ad hoc* studies and researches. One example is the epidemiological use of the observation system Work History Panel (Whip-salute), which allows, through a complex system of record linkages of administrative sources (INPS, INAIL, ISTAT, Ministry of Health), to describe the effects of work on the population.

Psychological and anthropological research is well established, not only to support the conditions related to the traumatic, sometimes violent, experiences of migrants, but also to understand how these experiences influence the onset and the progression of some physical diseases. The INMP current anthropological research means to target the socio-cultural, economic, geopolitical, legal and environmental factors that affect the health status of foreign populations with chronic infectious and inflammatory conditions.

In public health research, the INMP subscribed a cooperation agreement with the National Institute of Health (ISS) and the Italian Society of Migration Medicine (SIMM) for a national Programme on “Guidelines on health protection and social and health care of migrants”. The agreement aimed at providing evidence-based recommendations, mainly directed to the Regions and to the personnel of the NHS, for supporting health planning and spreading good practices. In this framework, the **Guidelines “Border checks - Kept in check”** were produced in July 2017. This work specifically focuses



on the health checks and on the protection pathways of migrants on arrival and while hosted in reception centres. On April 12, 2018 the guidelines on “[The control of tuberculosis among immigrants in Italy](#)” were presented. The objective of this work is to provide policy makers and social and medical workers with evidence-based recommendations on the control of tuberculosis among immigrants, considering that practices adopted at the regional and local levels are changeable and inhomogeneous.

Scientific articles and technical books in Italian and English have been produced for training health care professionals and for advancing health education and communication. Among these, two monographic publications on the journal *Epidemiology & Prevention*, of the Italian Association of Epidemiology, were entirely dedicated to epidemiological studies conducted by the INMP in collaboration with ISTAT: the first one focuses on the health status of the migrant population in Italy, the second one, published on February 2019, is the “[Italian Atlas of Mortality Inequalities related to Educational Level](#)”. The Atlas provides a complete picture of mortality inequalities related to educational level and geographical area in Italy, through original maps and indicators. The study was conducted by linking data from the ISTAT census 2011 and from the national archive of deaths (2012-2014) for 35 groups of death causes (representing about 90% of causes of all deaths)

TRAINING

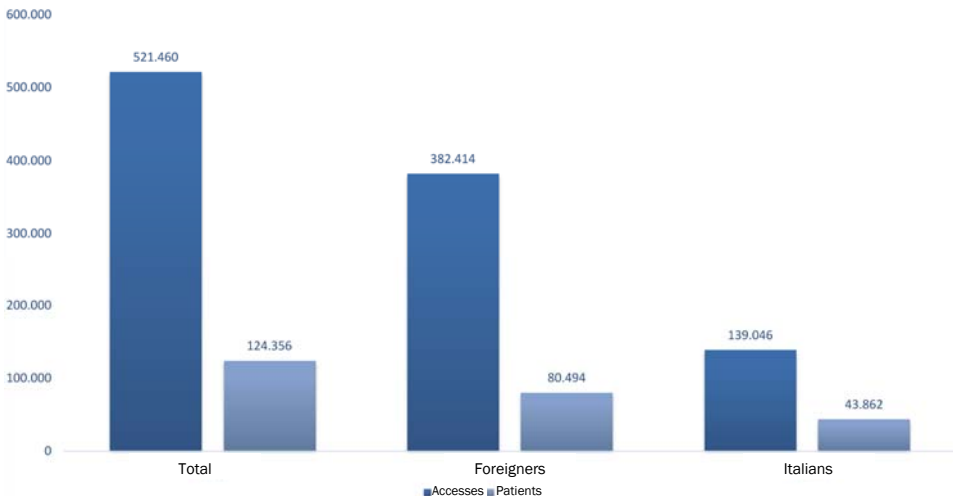
Following its mission and vision, the INMP is committed to plan and implement national and international multidisciplinary training programmes. The courses, designed to develop the appropriate competencies, mainly for social and health professionals, are in line with the Institute’s model of assistance to migrants and vulnerable groups. Transcultural mediation is crucial to the Institute’s training activities, and one of its main objectives is to raise awareness on the role, competencies and potentialities of transcultural mediators in the health care setting. At the same time, appropriate courses have been developed for training new transcultural mediators specifically qualified to work in the health field. Besides transcultural mediation, transcultural and migration medicine, access to social and health services, transdisciplinary care, maternal and child health, governance and health policies, international cooperation and global health are among the main subjects of training interest. Both face-to-face and distance learning are the used training methods, also CME-accredited, and the latter is provided through an institutional e-Learning platform.

The INMP outpatient activities in figures

From January 1st, 2008 until June 31th, 2019, **521,460** medical examinations have been conducted at the INMP outpatient clinic, for a total of **124,356** people (with an average of 4.1 accesses per patient). The aforementioned number includes both Italians and migrants with different nationalities. A considerable increase in the number of Italian patients was registered as their total number increased from **501** in 2008 to **7,364** at December 31st, 2019. The number of foreigners has more slightly increased, passing from **7,662** in 2008 to **9,505** on December 31st, 2019. In the following tables the most significant data are reported. They regard the number of accesses registered, the patients' age groups, their countries of origin, and the most frequent clinical conditions registered.



Number of Patients and accesses
January 1st, 2008 - June 30th, 2020



The INMP outpatient department in figures

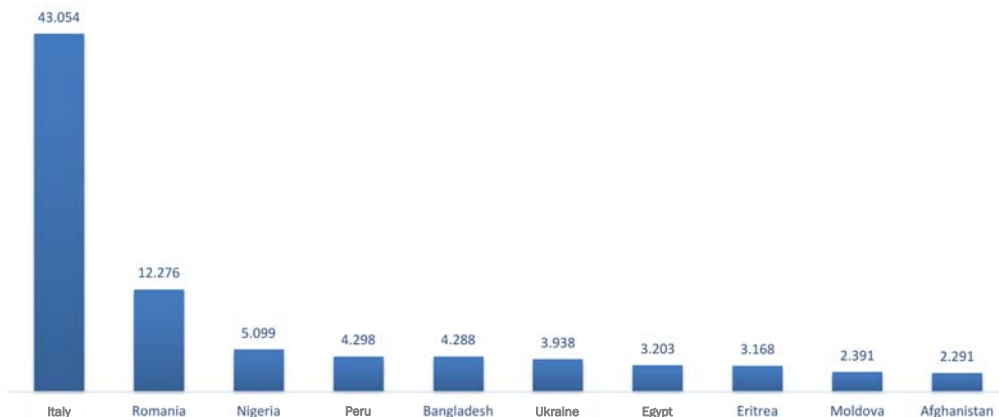
Italian citizen vs Foreign patients recorded at the INMP's OPD (1st access)

January 1st, 2008 - June 30th, 2020

Year	Total patients/year	Foreigners	% tot/year	Italian citizens	% tot/year
2008	8,163	7,662	93,9%	501	6,1%
2009	9,984	8,707	87,2%	1,277	12,8%
2010	14,224	11,100	78,0%	3,124	22,0%
2011	16,808	12,092	71,9%	4,716	28,1%
2012	17,363	11,120	64,0%	6,243	36,0%
2013	18,497	11,122	60,1%	7,375	39,9%
2014	18,085	10,686	59,1%	7,399	40,9%
2015	18,016	11,083	61,5%	6,933	38,5%
2016	18,376	10,353	56,3%	8,023	43,7%
2017	18,064	10,285	56,9%	7,779	43,1%
2018	16,136	9,340	57,9%	6,796	42,1%
2019	16,869	9,505	56,3%	7,364	43,7%
May 2020	7,504	4,833	64,4%	2,671	35,6%
Total Patients	198,089	127,888		70,201	

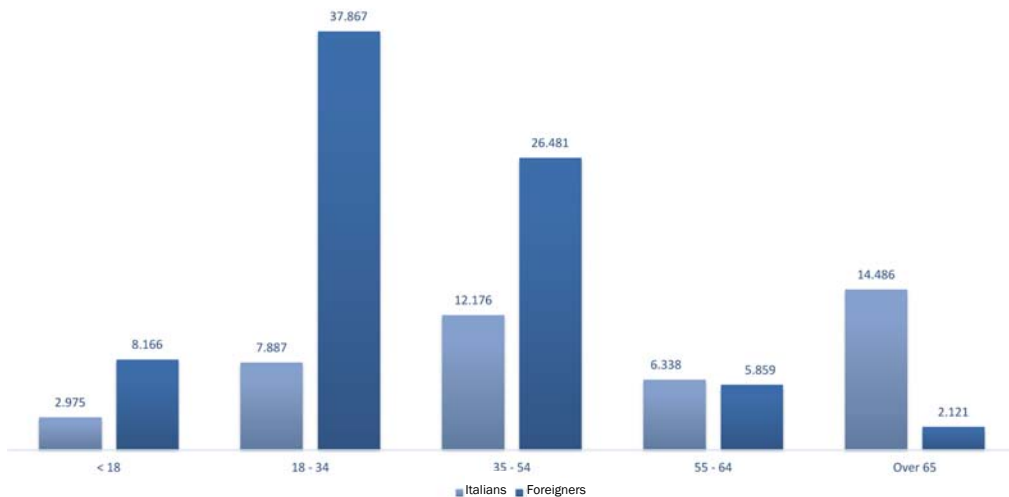
Patients by country of origin (%)

January 1st, 2008 - June 30th, 2020



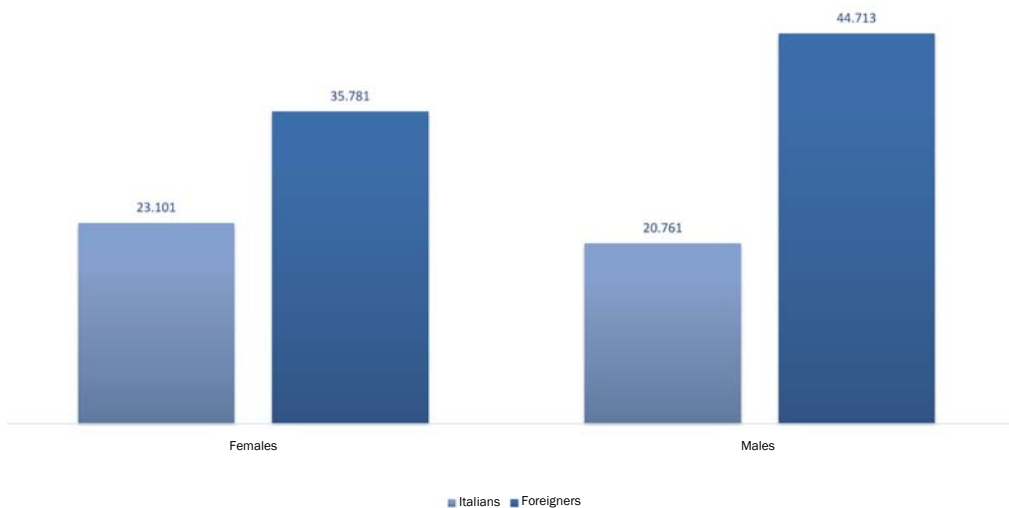
Age distribution

January 1st, 2008 - June 30th, 2020



Gender distribution

January 1st, 2008 - June 30th, 2020



Main diagnoses registered January 1st, 2008 - June 30th, 2020

