



***MINISTRY OF FOREIGN AFFAIRS AND INTERNATIONAL
COOPERATION***

Inter-ministerial Committee for Human Rights

***Contribution following the request of the
Special Rapporteur on the right of everyone to
the enjoyment of the highest attainable standard
of physical and mental health pursuant to HRC
resolution 42/16 - “Racism and the right to
health”***

June 2022



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Following the request from the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Italian authorities are pleased to provide the following contribution.

Contact Details

Type of Stakeholder

X Member State

0 Observer State

0 Other (please specify)

Name of State Italy

Name of Survey Respondent

Inter-ministerial Committee for Human Rights – Ministry of Foreign Affairs and International Cooperation

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Can we attribute responses to this questionnaire to your Institution publicly*?

*On OHCHR website, under the section of SR health Yes X No

Comments (if any):

1. What are the main ongoing manifestations of racism, and related forms of discrimination enabled by racism that may be prevalent in your country in the area of the right to health broadly including in underlying determinants of health, health outcomes and access to health care?

In relation to the issue under consideration, it should be stressed that the national system provides for the widest possible access to health care. The Italian Constitution, in Article 32, enshrine the right to health ‘as a fundamental right of the individual and in the interest of the community’ including the public commitment to guarantee ‘free care to those indigent’; moreover Article 34 of the Consolidated Act on Immigration specifies

that foreign citizens “have equal treatment and full equality of rights and duties with respect to Italian citizens as for to the assistance provided by the National Health Service”. In addition to the equal treatment provided for all legally residing foreigners, the abovementioned Consolidated Act, pursuant to Article 35, provides that urgent or, in any case, essential and continuous surgery and hospital care for illness and injury is guaranteed in public and accredited facilities, and preventive medicine programmes to safeguard individual and collective health are extended to foreigners who are not legally residing in the country (with regard specifically to access to healthcare services, it should be noted that the law also guarantees the possibility of access to care for foreign or EU citizens who are not registered in the National Health Service by means of an STP code and, in many regions, an ENI code).

2. Who are the most affected people and why? Please describe existing disparities in the provision of and access to health services that affect people of different racial and ethnic origin, descent as well as other groups, such as migrants. The lack of data, analysis or health indicators in this regard may also be reflected.

3. Under the right to health, States have a special obligation to refrain from denying or limiting equal access for all persons, comprising minorities, asylum seekers and migrants including undocumented migrants, to preventive, curative and palliative health services; abstain from enforcing discriminatory practices as a State policy as well as to ensure equal access to health care and health-related services provided by third parties. Please explain how the above point is implemented in your country, what works well and not so well and illustrate with disaggregated data if possible.

In replying to both Questions 2 and 3, some problems emerge as per the *de facto* lack of access to services, i.e. lack of knowledge about how to access services from people of different racial and ethnic origins, descent and other groups (such as migrants) who are sometimes faced with specific and persistent barriers to accessing health services, including administrative ones, fears related to uncertain length of stay, lack of information and familiarity with the health system, language and intercultural barriers, concentration in reception centres and/or Roma settlements in some disadvantaged areas with scarce access to health services as well as discriminatory attitudes.

About these issues relevant data have been collected from the UNAR-Office for the Promotion of Equal Treatment and the Elimination of Discrimination based on Racial and Ethnic Origin.

The Office, set up at the Presidency of the Council of Ministers - Department for Equal Opportunities, pursuant to EU Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin (transposed into Italian law by Legislative Decree No. 215 of 9 July 2003) performs “functions of monitoring and guaranteeing equal treatment and the operationalization of protection, with the task of carrying out, in an autonomous and impartial manner, activities to promote equality and to remove any form of discrimination based on race or ethnic origin, also with a view to taking into account the

different impact that same discrimination may have on women and men, as well as the existence of forms of racism of a cultural and religious nature”.

These data refer to relevant reports received through different channels (toll-free number 800 901010, e-mail, unar.it website, press monitoring and research carried out by experts). Significant cases related to the health issue based on the ground of discrimination in the last five years were as follows:

GROUND	2017	2018	2019	2020	2021
Ethnic / Racial	32	31	15	16	154
Disability	1	6	7	3	4
Sexual orientation and gender identity	1	5	2	2	9
Religion or personal beliefs	1	-	-	2	2
Multiple discrimination	-	-	2	-	3
Other	-	-	-	-	3
Age	-	1	-	-	-
Total	35	43	26	23	175

SOURCE: UNAR CONTACT CENTRE

On the other hand, with regard to cases relevant by context (i.e. relating to ethnic-racial ground and health ground), most cases were recorded as follows:

CONTEXT	2017	2018	2019	2020	2021
Health local units	9	11	3	7	130
Hospital	14	9	8	5	5
First aid/emergency	4	5	2	-	3
Health specialists	1	1	1	-	1
Other	4	5	1	4	15
Total	32	31	15	16	154

SOURCE: UNAR CONTACT CENTRE

In relation to effective access to health services, the condition of Roma and Sinti peoples is particularly delicate.

During the implementation of the 2012-2020 RSC Strategy, a number of significant critical issues emerged with respect to the health care of Roma and Sinti people and access to services.

In particular, local health authorities have recorded:

- poor knowledge of the location, characteristics and health needs of Roma and Sinti communities at the local level;
- need to build and increase a network with the municipalities and private local social organisations;

- difficulty in entering into relations with RSC communities.

However, the projects activities results (training, interviews with health workers, testimonies collected with trained facilitators) also revealed forms of prejudice (anti-Gypsyism) and lack of knowledge of the complexity of *romanés* realities.

In this context, therefore, attitudes of mutual distrust between Roma and Sinti remain widespread and unaltered in some health contexts: these require training and information for directly involving Roma and Sinti professionals and users - also through specific professional figures - to ensure mutual understanding and to disseminate relevant legislation. This scarce interrelation is determined in the health sector by:

- few checks during pregnancy and, more generally, poor attention to sexual and reproductive health of women;
- poor adherence to prevention programmes and activities;
- poor adherence to proposed pathways, especially those in the psychological sector;
- inappropriate use of facilities and recourse to emergency-only services;
- poor continuity, dispersion and loss of care pathways, especially with regard to chronic pathologies;
- mistrust of services and difficulties in dealing with bureaucratic procedures;
- mistrust of vaccinations against Covid-19.

In addition, a number of areas of intervention affecting the health of Roma and Sinti emerge. In particular, there is a need to pay special attention to the following areas:

- alcohol addiction and gambling;
- cardiovascular diseases related to lifestyles;
- mental health issues.

5. Please share examples of good legal and policy frameworks that address past or ongoing racism and racial and related forms of discrimination, specifically in relation to access to underlying determinants as well as quality health care, goods, services and facilities, including sexual and reproductive health.

Since 2015 Italy has adopted a specific document aimed at offering indications on interventions to be implemented to foster the promotion and protection of the health of RSC communities. The Health Action Plan for and with Roma, Sinti and Caminanti communities (from now on Health Action Plan - https://www.salute.gov.it/portale/documentazione/p6_2_2_1.jsp?lingua=italiano&id=2451) was compiled by a working group established at the Ministry of Health, according to the line of action over health issues provided in the RSC Strategy 2012-2020.

In the two-year period 2018-2019 the Health Project “Promotion of strategies and tools for equity in access to health care for Roma, Sinti and Caminanti” was elaborated (<https://www.progettosalutesc.it/>) and coordinated by UNAR and NIHMP (the latter one - National Institute for Health Promotion of Migrant

Populations and the Fight against Poverty-related Diseases - is a public body working as a reference centre for the national network for health and social care issues related to migrant populations and poverty, as well as a national centre for transcultural mediation in the health field, and since 2019 as WHO Collaborating Centre for scientific evidence and capacity building on migrant health).

The project , which envisaged the involvement of 7 local health authorities (Asl Napoli 2 Nord, Asl Napoli 3 Sud, ASL Roma 1, ASL Roma 2, ATS Milano, ATS Cagliari, ASL Salerno) was financed under the PON Inclusion 2014-2020, with the aim of fostering knowledge and skills by the local health authorities to support the implementation of the Health Action Plan for and with Roma, Sinti and Caminanti communities, with a view to equity in access to prevention and treatment opportunities offered by the National Health Service, within the framework of Proximity Public Health (PPS).

7. Please share good practices and examples of public health interventions resulting in adequate access (inside and outside the health sector), support knowledge production or implementation of programs that successfully address inequalities in particular the impact of racism and related racial discrimination, as well as other factors such as poverty, or discrimination based on sex, gender identity, expression, sexual orientation, disability and migration status.

Actions provided in the Health Action Plan for and with Roma and Sinti communities have been taken up to meet the health needs of Roma and Sinti in the new RSC Strategy (2020-2027). With reference to the measures that can be implemented in order to address the abovementioned critical issues highlighted, the following ones are key:

- promotion of survey, study and research activities on the state of health and access to services for Roma and Sinti peoples and for groups at risk of poverty, in order to have objective data to design interventions and measure their effectiveness;
- promotion of exchange and transfer of best practices in the field of public health for Roma and Sinti peoples;
- implementation of analysis aimed at understanding needs of groups, also in order to effectively plan interventions;
- implementation of socio-healthcare staff training activities and mediation (socio-healthcare integration);
- promotion of dialogue and information exchange actions among public health services, municipalities, third sector organisations and Roma and Sinti communities (e.g. through the creation of permanent working groups in business companies);
- promotion of outreach and health education interventions, aimed, *inter alia*, at helping to overcome mutual distrust between health professionals and Roma and Sinti peoples;
- promotion of health education activities;
- production of up-to-date information materials in different languages, especially on pregnancy check-ups, to be used in surgeries with the aim of improving women's health literacy and health education.