

# GHCon2024

IX International GNU Health Conference  
December 15th  
University of Palermo, Italy  
#GHCon2024



## GNU Health Conference 2024

FREE SOFTWARE & SOCIAL MEDICINE

Vincenzo Virgilio  
Pres. Ass. Sputnix



www.

**Sputnix.it**

Palermo 15 Dicembre 2024

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TIME UTC+1	SPEAKER	PRESENTATION
9:30		Registration
10:00	<b>Vincenzo Virgilio</b> Sputnix - Univ. Palermo	Opening
10:30	<b>Daniele Mondello</b> Rotary Club Palermo Tds	Opening
11:00	<b>Richard Fitton</b> UK	Can, will, - or do - patients own their life-long records?
11:30	<b>Axel Braun</b> GNU Health	GNUHealth on openSUSE - the new roadmap
12:00		Break

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12:00		Break
12:30	<b>Florian Dold</b> Taler	GNU Taler: An Introduction for the GNU Health community
13:00	<b>Gerald Wiese</b> GNU Health / Leibniz University Hannover	Retrospective & outlook for technical developments
13:30	<b>Doug demaio</b> openSUSE	Moving Forward with Leap 16
14:00	<b>Luis Falcon</b> GNU Solidario	Quo vadis, Free Software (quo vadis, society)?
14:30		Break
16:00	<b>Wei Zhao</b>	The GNU Health radiology architecture and Orthanc integration

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16:00	<b>Wei Zhao</b> Orthanc	<b>The GNU Health radiology architecture and Orthanc integration</b> <i>(Remote Presentation)</i>
16:30	<b>Pierre Michel</b> GNU Health	<b>MyGNUHealth sur Android</b> <i>(Remote Presentation)</i>
17:00	<b>Armand Mpassy</b> GNU Health	<b>GNU Health implementation in Congo</b> <i>(Remote Presentation)</i>
17:30	<b>Fernando Sassetti</b> UNER	<b>GNU Health in the context of Mental Health and community support in Argentina</b> <i>(Remote Presentation)</i>
18:00	<b>Diana Rangel</b> GH Venezuela	<b>GNU Health Venezuela: un espacio para la gestión integral de la salud pública</b> <i>(Remote Presentation)</i>
18:30	<b>Round table</b>	<b>Spanish meeting in February/March // GH in a box // further development for 5.2 // MyGNUHealth // Federation</b>
19:00	<b>Ricardo Morte</b> Alemania	<b>End of event Qigong Session</b> <i>(Remote Presentation)</i>
20:00		<b>Social Medicine Awards</b>
20:30		<b>Closing</b>

## How many regular migrants in Italy?

- About 1.500.000
- At least 3.700.000
- Almost 5.200.000
- REGULAR 5.013.215 (**Vatican**)
- NON-EU 3.373.876
- Over 7.000.000
- Really WE DON'T KNOW



## How many non regular ones Italy?

- About 250.000
- At least 600.000
- Almost 2.000.000
- Over 4.000.000
- More or less then regular ones?

## Incoming migrations

- In the world 190 million people are migrants
- They are about 3% of whole population
- 1 people out of 33 it's migrating
- 15-20% of them are irregulars
- 49.6% are Women
- In the European Union 28 million people, 5.2% over residents

## **Outgoing italian migrations**

- **Last century 27 million italians have gone**
- **Till first world war, 600.000 italians for year have gone abroad**
- **The maximum was 1913, with 900.000 people going out.**



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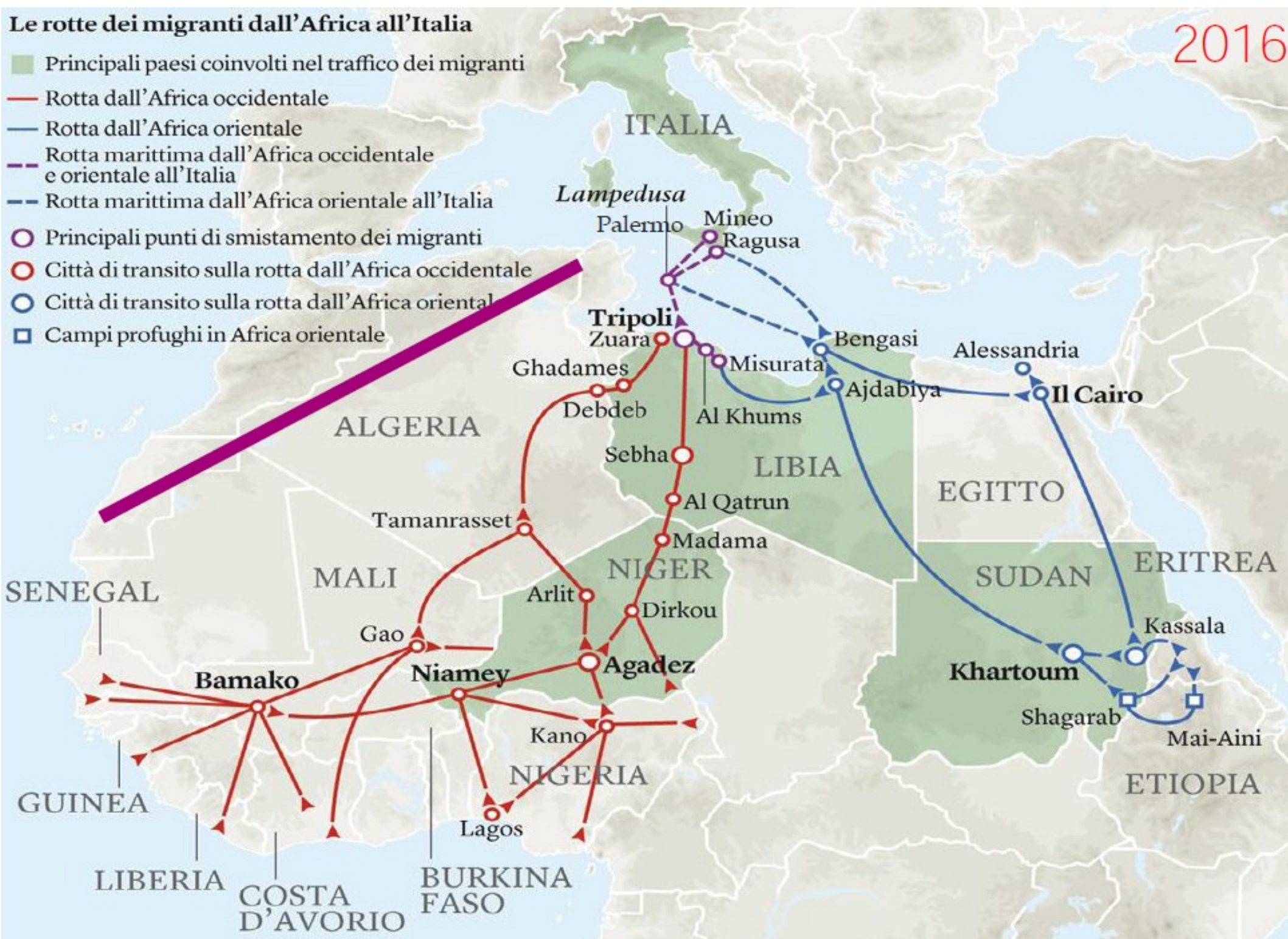
## **80 million italians all over the world**

- **Migration has a balance, incoming/outgoing**
- **We can understand them...**  
**It's spreading of life**

2016

# Le rotte dei migranti dall'Africa all'Italia

- Principali paesi coinvolti nel traffico dei migranti
- Rotta dall'Africa occidentale
- Rotta dall'Africa orientale
- Rotta marittima dall'Africa occidentale e orientale all'Italia
- Rotta marittima dall'Africa orientale all'Italia
- Principali punti di smistamento dei migranti
- Città di transito sulla rotta dall'Africa occidentale
- Città di transito sulla rotta dall'Africa orientale
- Campi profughi in Africa orientale



## Foreign citizens in Italy

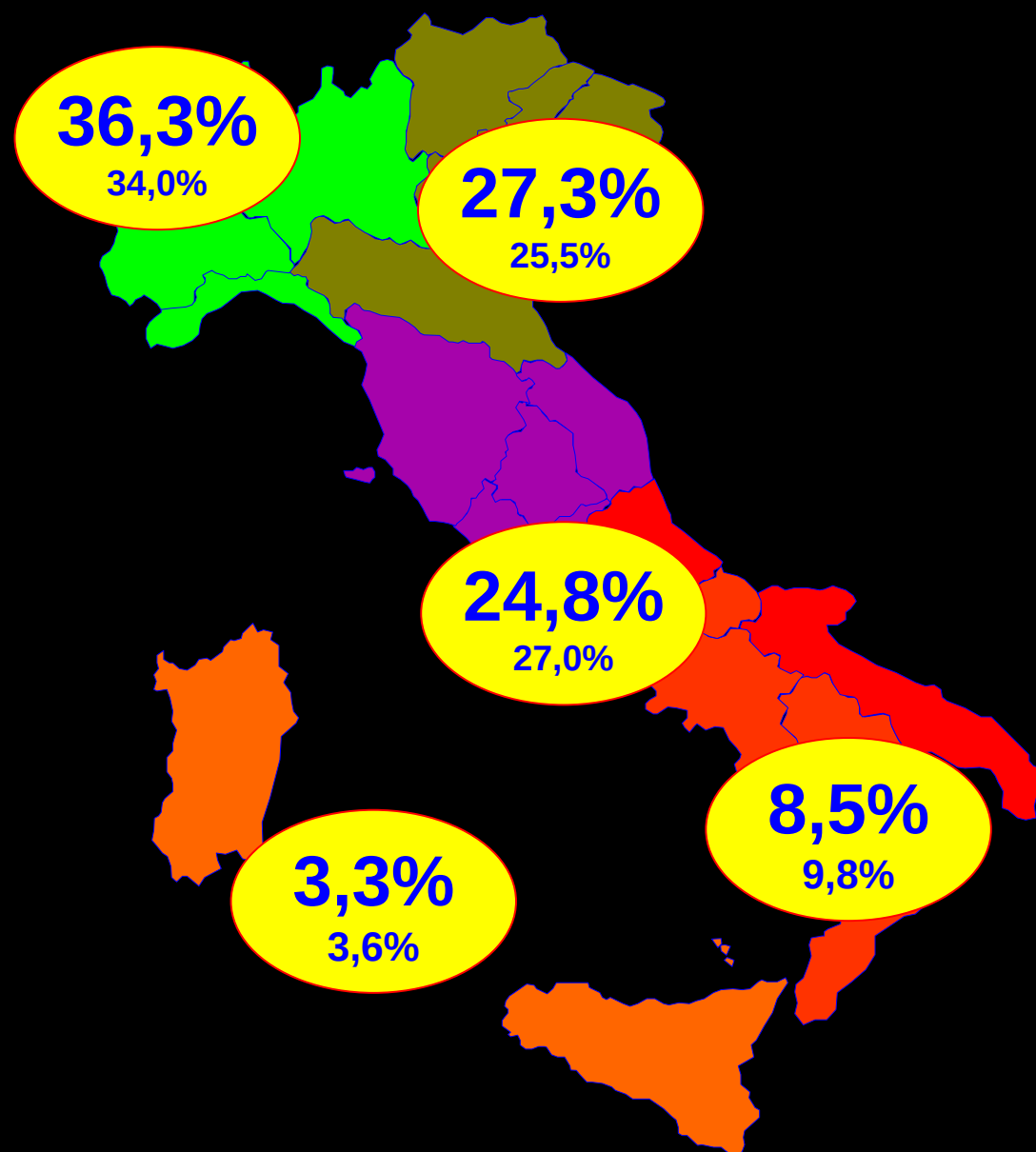
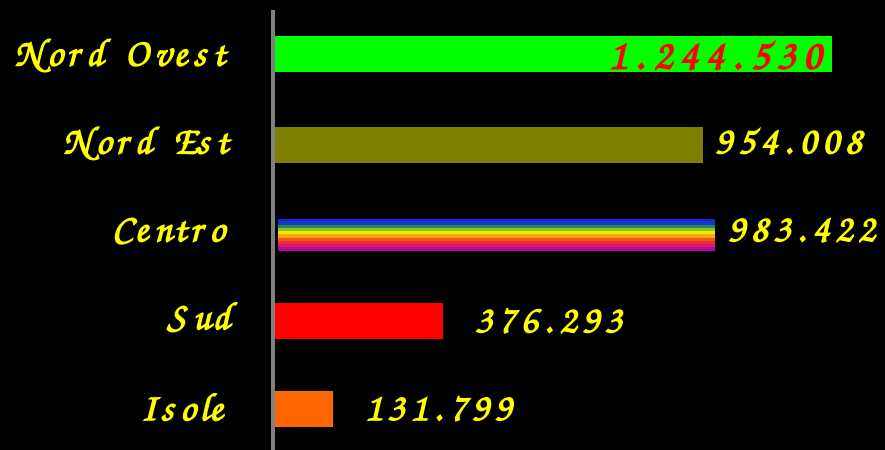
**3.690.144 in 2007**

About 6,2% over residents

50,0% female

19,0% minors

At least 190 countirs



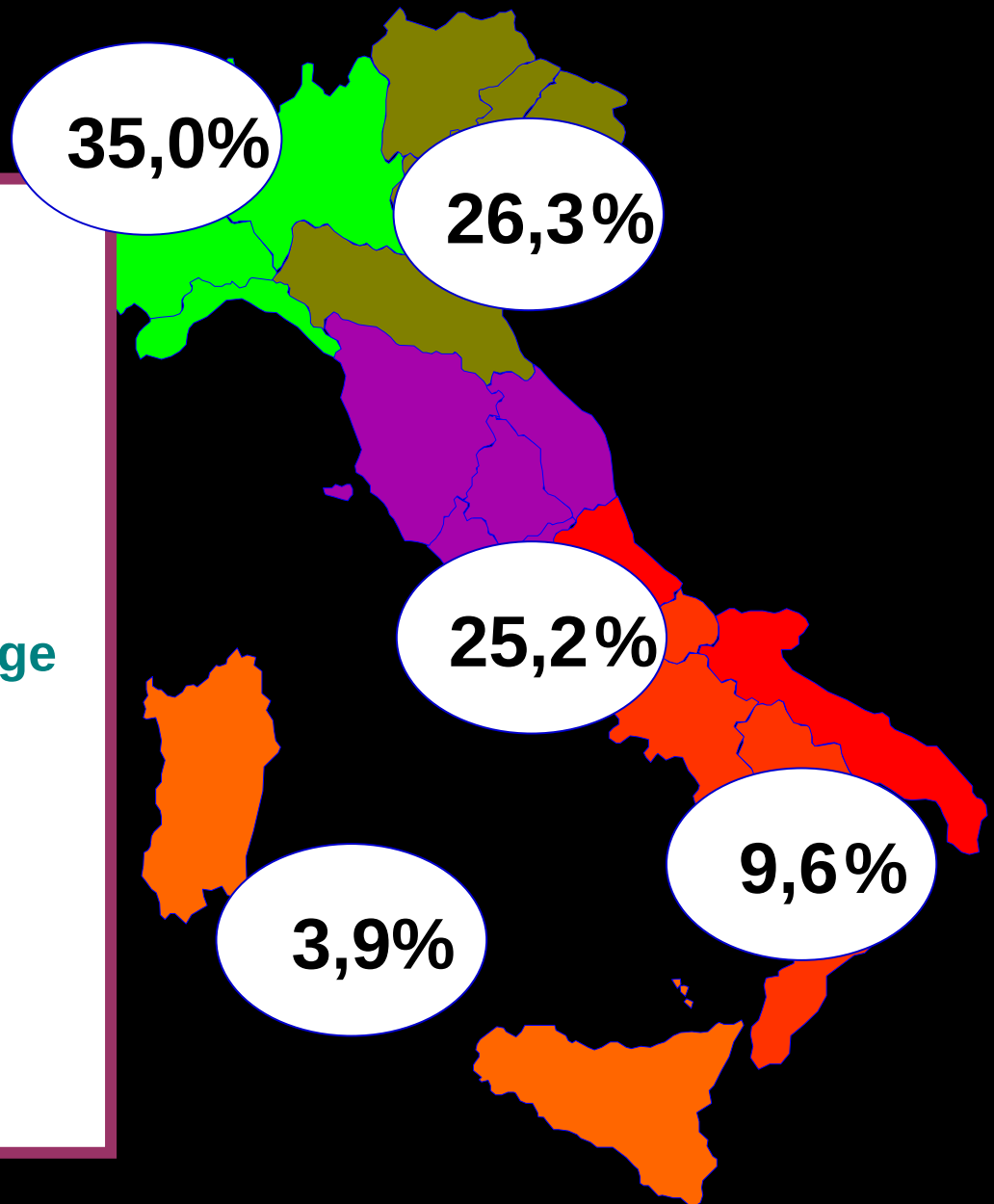
# Foreigners residents in Italy on the 1<sup>st</sup> January 2011

**5 millions in 2011**  
**regularly present**  
**almost the 7.5%**  
**of the resident population**

**51.8% females**  
**22.0% < 18 yrs.**  
**almost 933,238 residents under age**  
**709,826 registered at school**  
**78,082 born in Italy in 2010**

**more than 65,000 granted the**  
**citizenship**

**193 countries of origin !**








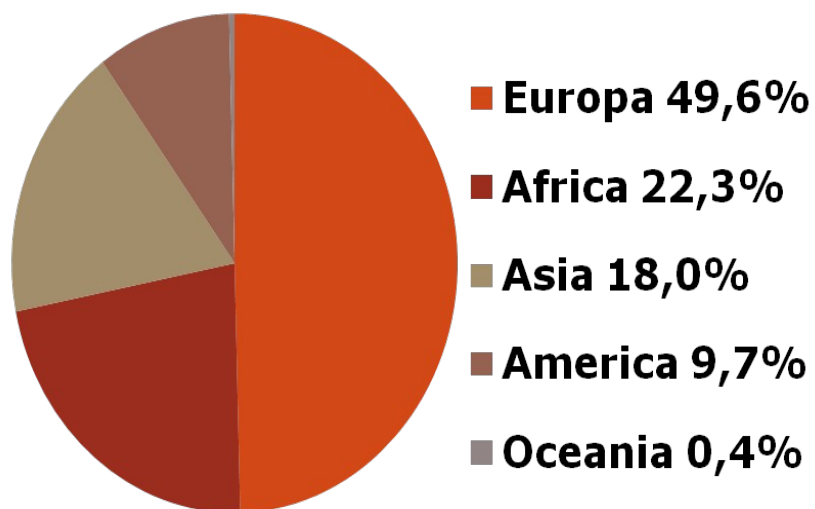
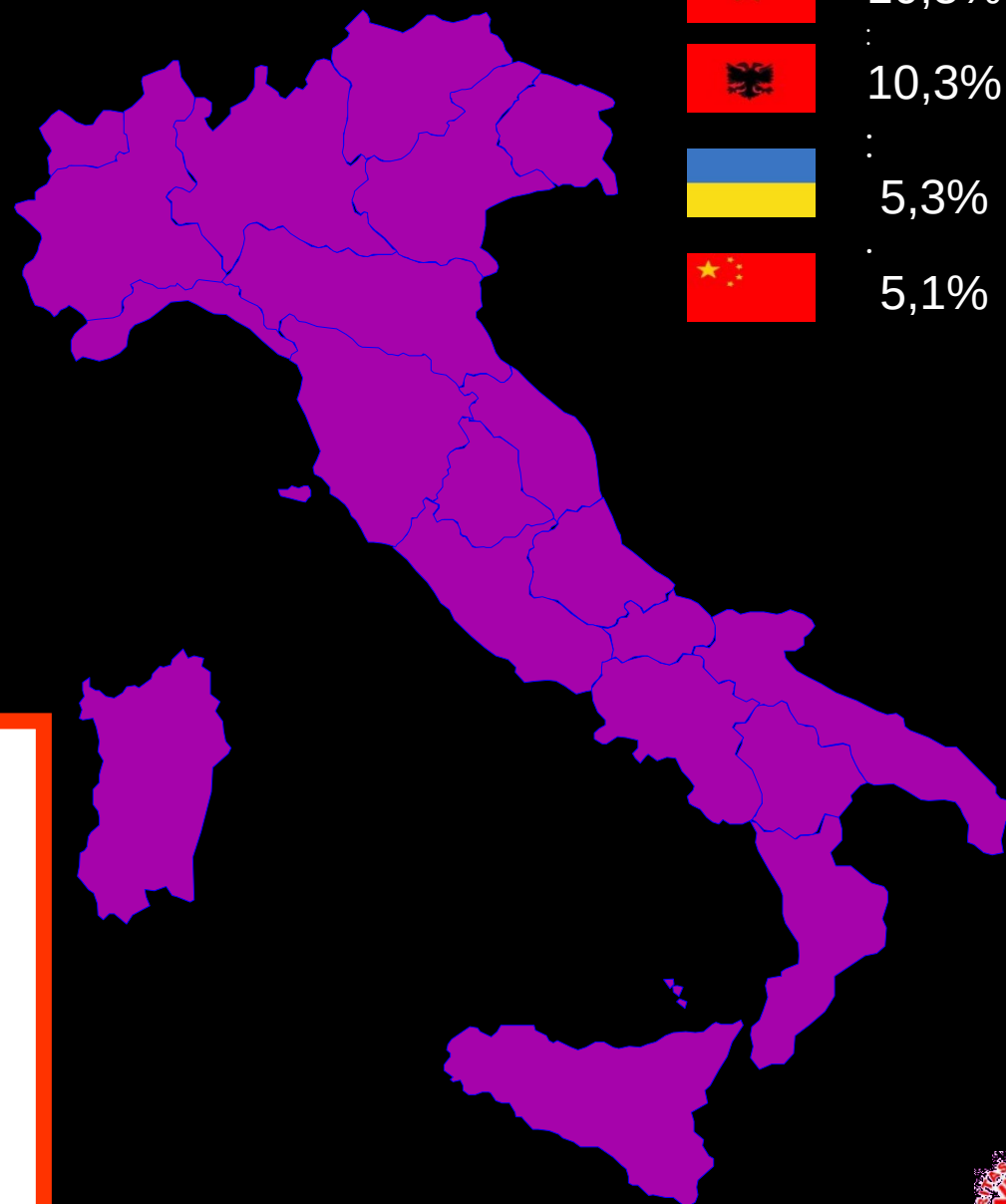


Romania	555.907
Marocco	387.031
Albania	381.011
Ucraina	295.412
Cina	186.522
Filippine	113.907
Moldova	98.149
Tunisia	94.861
India	91.781
Polonia	90.776
Serbia-Mon.	79.468
Bangladesh	77.229
Perù	76.406
Egitto	73.747
Sri Lanka	69.919

italians all over the world

## Foreign citizens in Italy 2023

	15,1%
	10,5%
	10,3%
	5,3%
	5,1%



Dossier statistico immigrazione Caritas, Roma 2007- S.G.



## **Status of migrants according law**

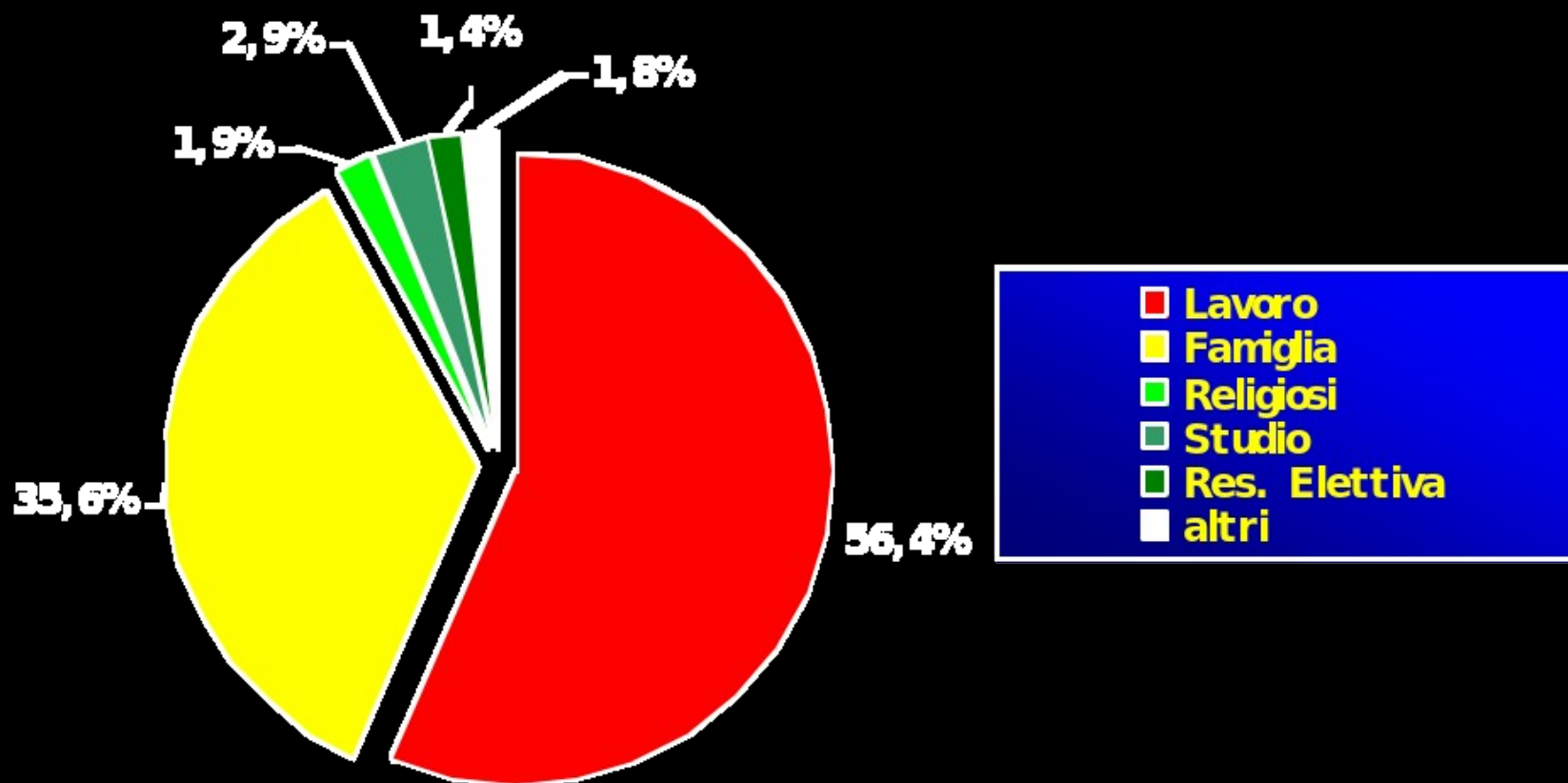
- **Inner migration (Italians from south to north)**
- **Returning people (e.g. Argentine Italians)**
- **EU Citizens**
- **Regular**
- **Irregular**
- **Clandestine**



## Migrations are:

- **Etherogeneous**
- **Dynamic**
- **Evolutive**
- **Structural**
- **Necessary...**

## Reasons to migrate:



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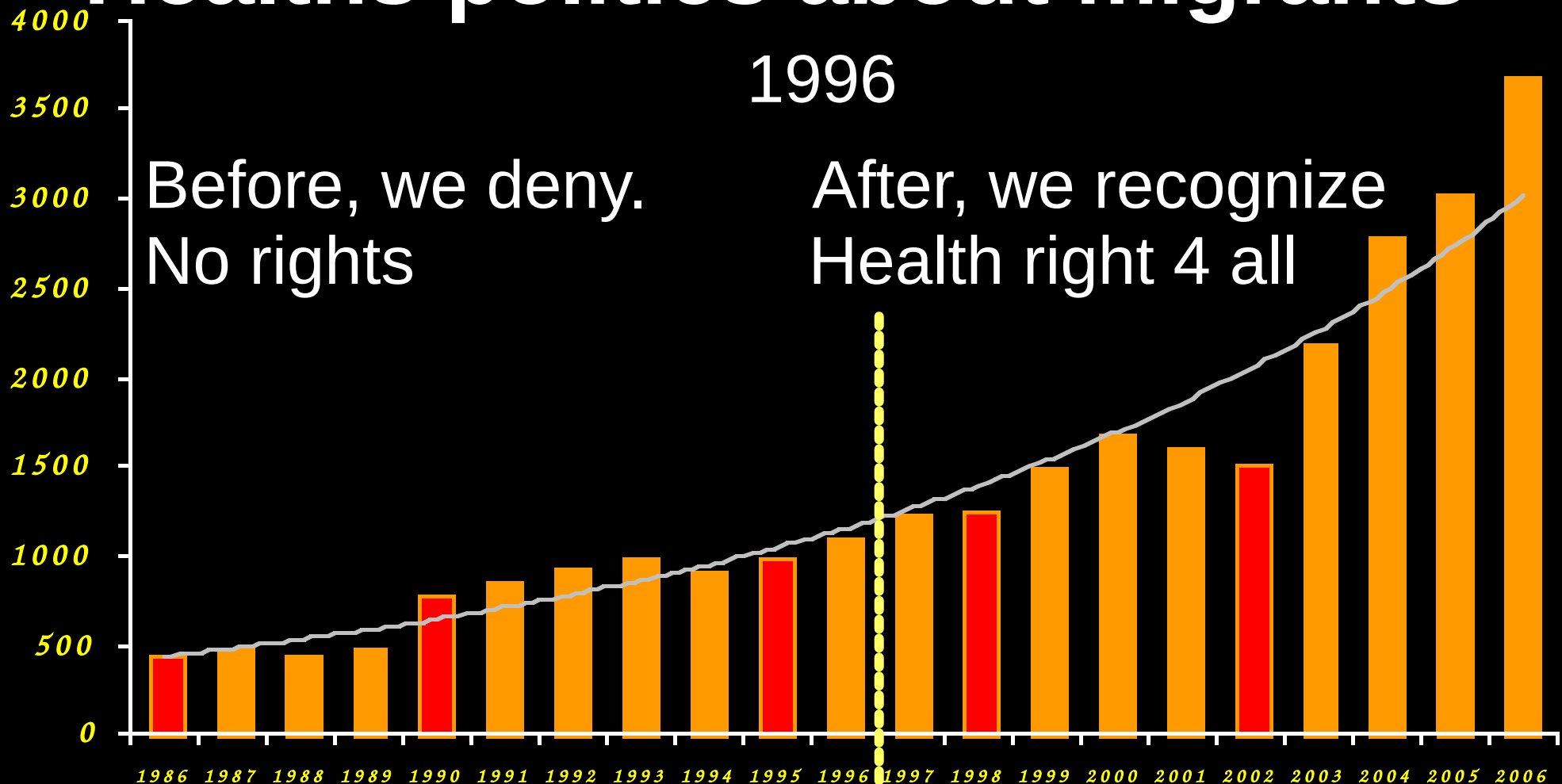


## Healths politics about migrants

1996

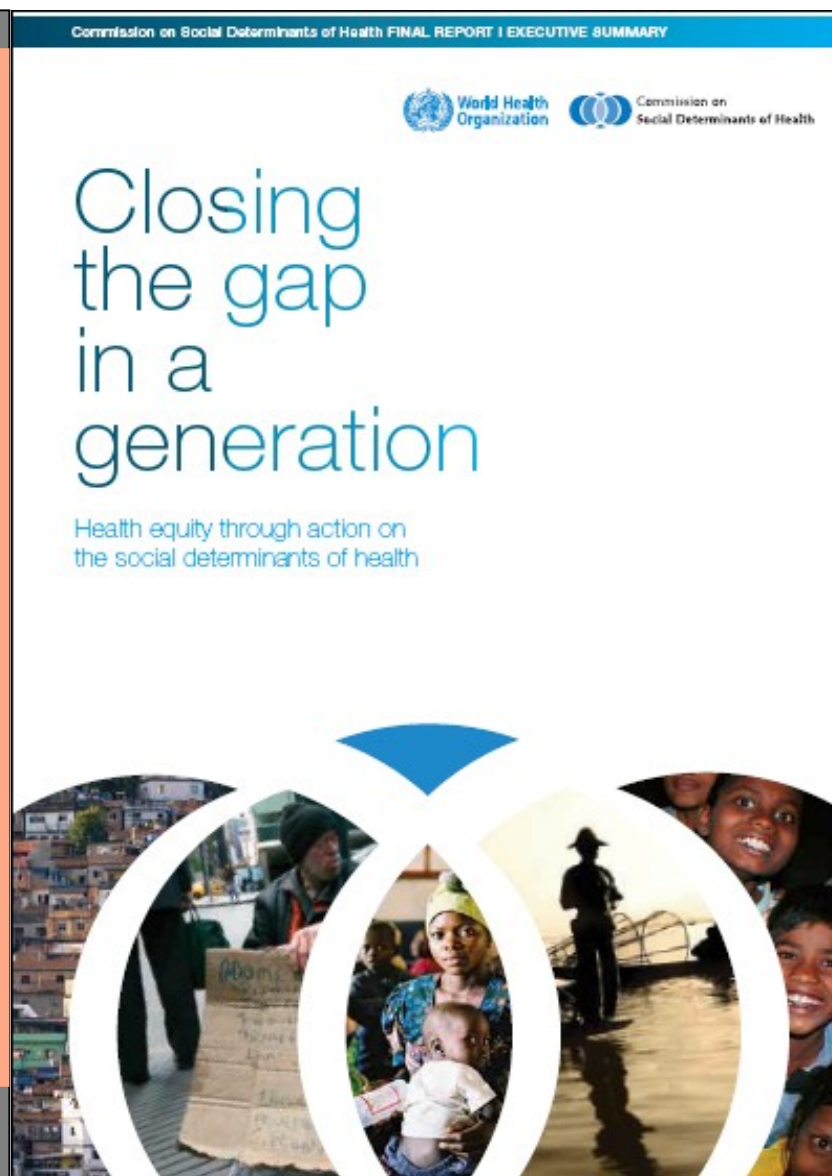
Before, we deny.  
No rights

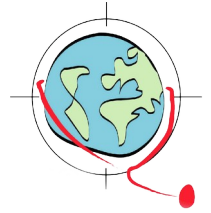
After, we recognize  
Health right 4 all



# The importance of daily living conditions

The Commission takes a holistic view of social determinants of health. The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.





## The groups who have experienced (or have a previous experience of) migration

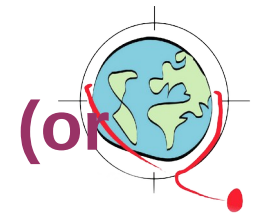
have in average:

- ✓ a life expectancy lower than the general population
- ✓ an increased infant / child mortality
- ✓ more often reports of a status of poor health
- ✓ more frequent mal-treated access to the health services (either over- or under-used, or both)
- ✓ a higher risk to be treated insufficiently by the health services

*Banks J, Marmot M, Oldfield Z, Smith JP. Disease and Disadvantage in the United States and in England JAMA 2006; 295: 2037-2045.*

*WHO. International Migration, Health & Human Rights. 2003.*

## The groups who have experienced have a previous experience of) migration

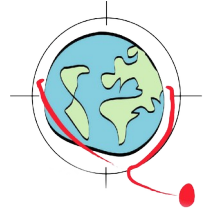


Regarding the exposure to risk factors:

they tend to be forced to reside/ to dwell in settings of low quality (poor conditions), overcrowded, often emarginated in degrading urban areas, where there is limited access to services and high level of criminality.

they have in average higher incidence of poverty, higher incidence of unemployment, receive lower salaries, and usually are depending on public financial support (whenever this is available), compared to the rest of population.





## The immigrant workers

are more often subjected to a role of “not trained”, to a situation of irregularity/illegality and under-payment, frequently undertake jobs of a high risk of accident, because of exposure to toxic or to unhealthy work environment, with inadequate measurements of protection and inadequate or absent equipment, with more working hours than normal and insufficient insurance.

The situation is becoming worse by the addition of problems of linguistic and cultural nature, which are likely to increase the risk factors at work .

In fact, the incidence of work accidents among the immigrants in Europe is nearly double as much as the incidence of work accidents among “natives”.



## **Health of migrants**

**1. CALLS UPON Member States:**

- (1) to promote migrant-sensitive health policies;
- (2) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;
- (3) to establish health information systems in order to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;
- (4) to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;
- (5) to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination;



## Health of migrants

FIGURE 1. WHA RESOLUTION ON MIGRANT HEALTH, SELECTED ACTION POINTS

### Monitoring migrant health

- Develop health information systems, collect and disseminate data
- Assess, analyse migrants' health
- Disaggregate information by relevant categories

### Policy-legal frameworks

- Promote migrant sensitive health policies
- Include migrant health in regional/national strategies
- Consider impact of policies of other sectors

### Migrant sensitive health systems

- Strengthen health systems; fill gaps in health service delivery
- Train health workforce on migrant health issues; raise cultural and gender sensitivities

### Partnerships, networks and multi-country frameworks

- Promote dialogue and cooperation among Member States, agencies and regions
- Encourage a multi-sectoral technical network



## Think globally, act locally

- When we think about health systems we think about hospital and nation wide systems
- People moves across bondaries with or without rules, it's the history of mankind
- We can call them migrating people, but they are people at all, and their health is a value for humanity and a risk for all
- There is not a worldwide system for them, but GnuHealth could become.

## Think globally, act locally

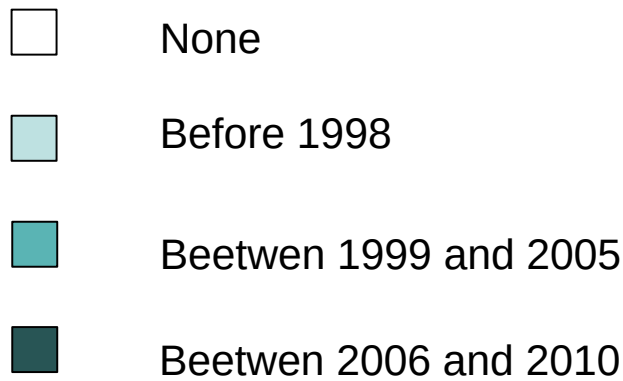
- There are few economic resources for migrating people caring
- There are many actors that are not hospital and need an health information system at all
  - Red Cross
  - Police
  - Human rights association
  - Rescue team
  - First place for migrating people (CIE in Italy)

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## *Italian regional laws about migration*



*3 years plan or year plan*

*Over 700 different rules*



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- ☐ None
- ☒ Some
- ☒ Observatory

*Tools analysis  
about monitoring*

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- ☐ None
- ☒ Some
- ☒ Good

*Health operators education  
and training  
About migrants' health*

## Italian Constitution Article 32



***“La Repubblica tutela la salute come fondamentale diritto dell’individuo e interesse della collettività, e garantisce cure gratuite agli indigenti.***



***Nessuno può essere obbligato a un determinato trattamento sanitario se non per disposizione di legge. La legge non può in nessun caso violare i limiti imposti dal rispetto della persona umana”.***

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*The Lancet* 2006; **368**:1039

DOI:10.1016/S0140-6736(06)69423-3

Editorial **Migration and health: a complex relation**

“And although immigrants are often initially in better health than their peers - good health is an advantage for getting past host countries’ medical screening tests or completing hazardous journeys - once settled abroad, they become vulnerable to illness and disease.

This means that even second-generation families of immigrants can have significantly worse health than their native peers and increased rates of chronic illness. There are many reasons for this difference: hazardous working conditions, poor housing, and labour exploitation are all contributory factors”.



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**Migrant populations are at risk of developing infectious diseases in the same way as other EU populations**

**In some cases may be more vulnerable**

**These populations may be subject to specific risks of infectious diseases in relation to:**

- 1.their country of origin*
- 2.the countries visited during the migration path*
- 3.the conditions they experienced after migration**

**The risk of infectious diseases for EU people as a consequence of the current influx of migrants is extremely low**



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## Infectious Diseases to consider according to Country of origin

ECDC data (2015):

Country Disease Indicator

evaluation

**SYRIA**      **HBV**      prevalence  
                 **HCV**      prevalence  
                 **HIV**      prevalence  
                 **TBC**      incidence

high: 5,6%  
high: 3,1%  
low: <1%  
low: 17/100.000





## Infectious Diseases to consider according to Country of origin

ECDC data (2015):

Country	Disease	Indicator	evaluation
AFGHANISTAN	HBV	prevalence	high: 10,5%
	HCV	prevalence	high: 1,1%
	HIV	prevalence	???
	TBC	incidence	high: 189/100.000

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## Infectious Diseases to consider according to Country of origin

ECDC data (2015):

Country	Disease	Indicator	evaluation
ERITREA	HBV	prevalence	high: 15,5%
	HCV	prevalence	high: 1,1%
	HIV	prevalence	low: < 1%
	TBC	incidence	high: 40-499/100.000



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## Infectious Diseases to consider according to Country of origin

ECDC data (2015):

Country	Disease	Indicator	evaluation
SOMALIA	HBV	prevalence	high: 12,4%
	HCV	prevalence	???
	HIV	prevalence	low: < 1%
	TBC	incidence	high: 285/100.000



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## Nigeria (2015)

**3.5** million people living with HIV

**3.1%** adult HIV prevalence

**250,000** new HIV infections

**180,000** AIDS-related deaths

**24%** adults on antiretroviral treatment



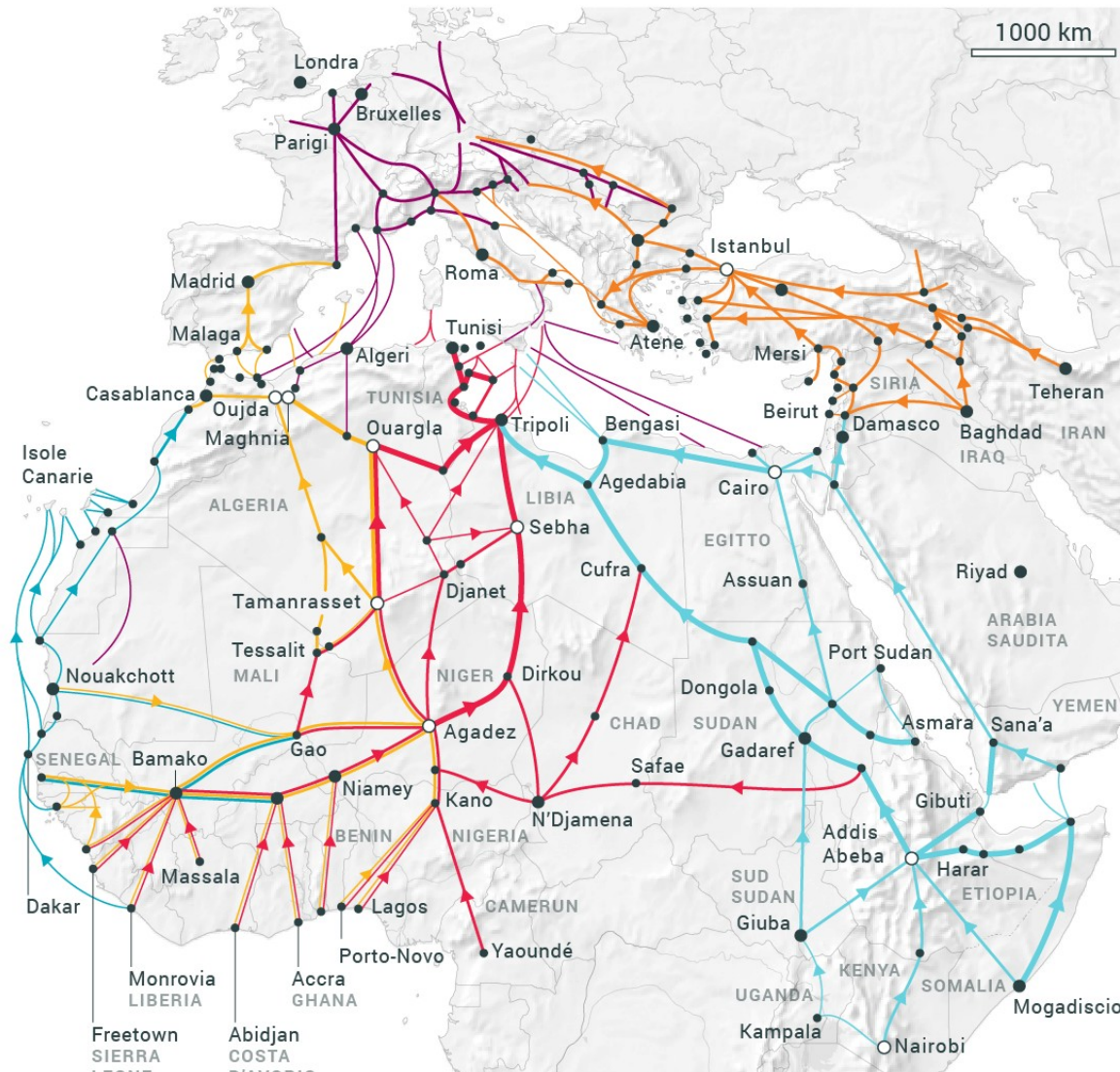


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— Mediterraneo orientale — Hub principale • Altre città — principale — secondarie



Migratory routes in the whole Mediterranean sea and other ground connections, year 2018

- Mediterraneo occidentale
- Mediterraneo centrale
- Mediterraneo orientale
- Africa occidentale
- Africa orientale
- Hub principali • Altre città
- Altre rotte
- ↑ Rotte principali ↑ Rotte secondarie



openmigration.org



## *Infections spreading*

### Infectious diseases to consider in overcrowded settings

- overcrowded settings
- poor living conditions
- crowded shelters
- detention centres
- refugee camps

may increase the risk infectious diseases related to the present of lice and/or fleas.

In rare cases these can carry diseases (e.g. **Borrelia**, **Bartonella**)

## *Lampedusa emergency project*

Presenza di un team multispecialistico sull'isola e pronta disponibilità per ricoveri tramite collegamento in elisoccorso

### **Alcuni dati**

Periodo attività: 11 aprile – 7 settembre 2011

**N° sbarchi**                      **106**

**N° Persone**                      **24.861**

Maschi:                      90%

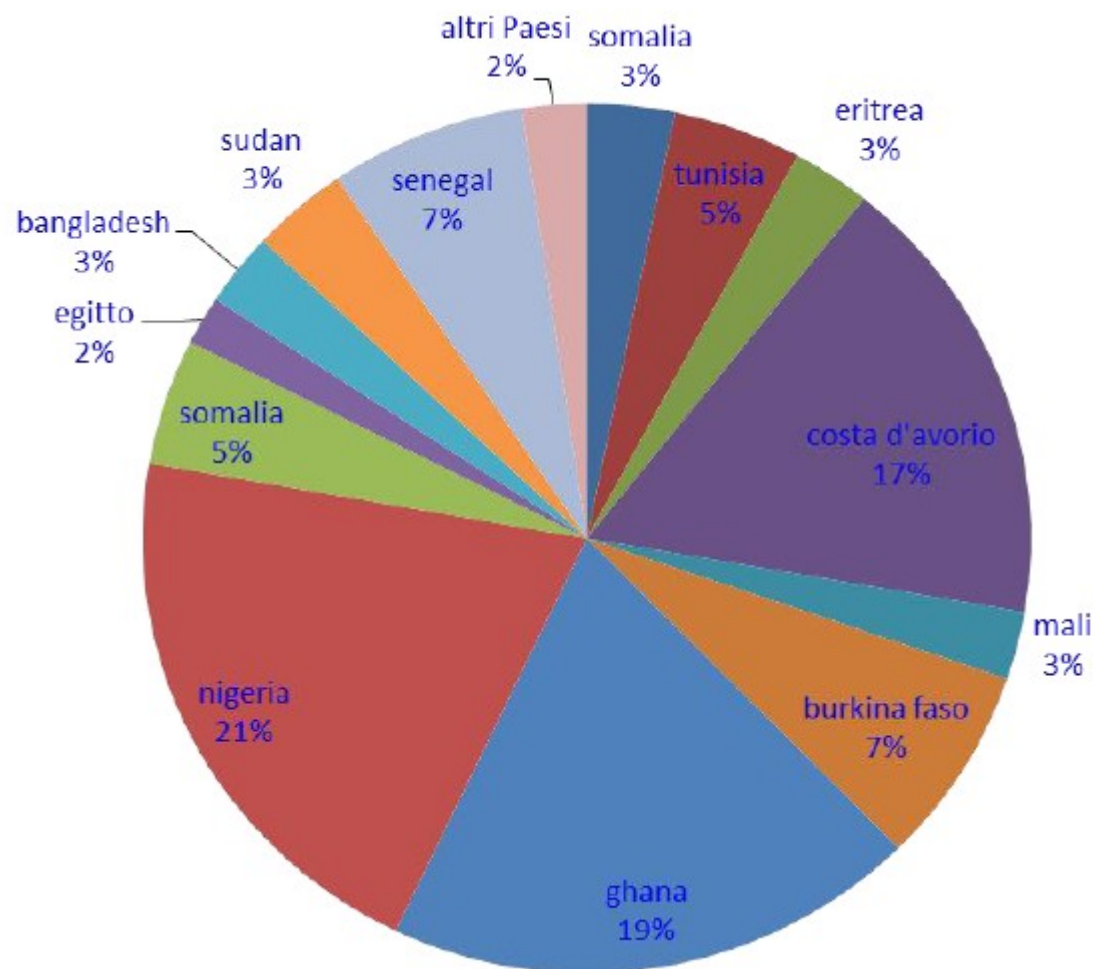
Minori:                      2.1%

**Età media**                      **24 anni**

range 18-30:              85%

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*Countries of origin*

## *Tubercolosi prevention 2016*

CIE	INGRESSI	QUESTIONARI (%)	QUESTIONARI POSITIVI (%)	VISITE SPECIALISTICHE (%)	TB POLMONARE (%)
MILANO	893	878 (98.3%)	28 (3.1%)	12 (42.9%)	<b>2 (0.2%)</b>
ROMA	1682	1666 (99.0%)	36 (2.1%)	20 (55.6%)	<b>1 (0.1%)</b>
TRAPANI	1102	887 (80.5%)	19 (2.1%)	7 (36.8%)	<b>2 (0.2%)</b>
CALTANISSETTA	322	321 (99.7%)	0	0	<b>0</b>
<b>TOTALE</b>	<b>3999</b>	<b>3752 (93.8%)</b>	<b>83 (2.2%)</b>	<b>39 (47.0%)</b>	<b>5 (0.1%)</b>

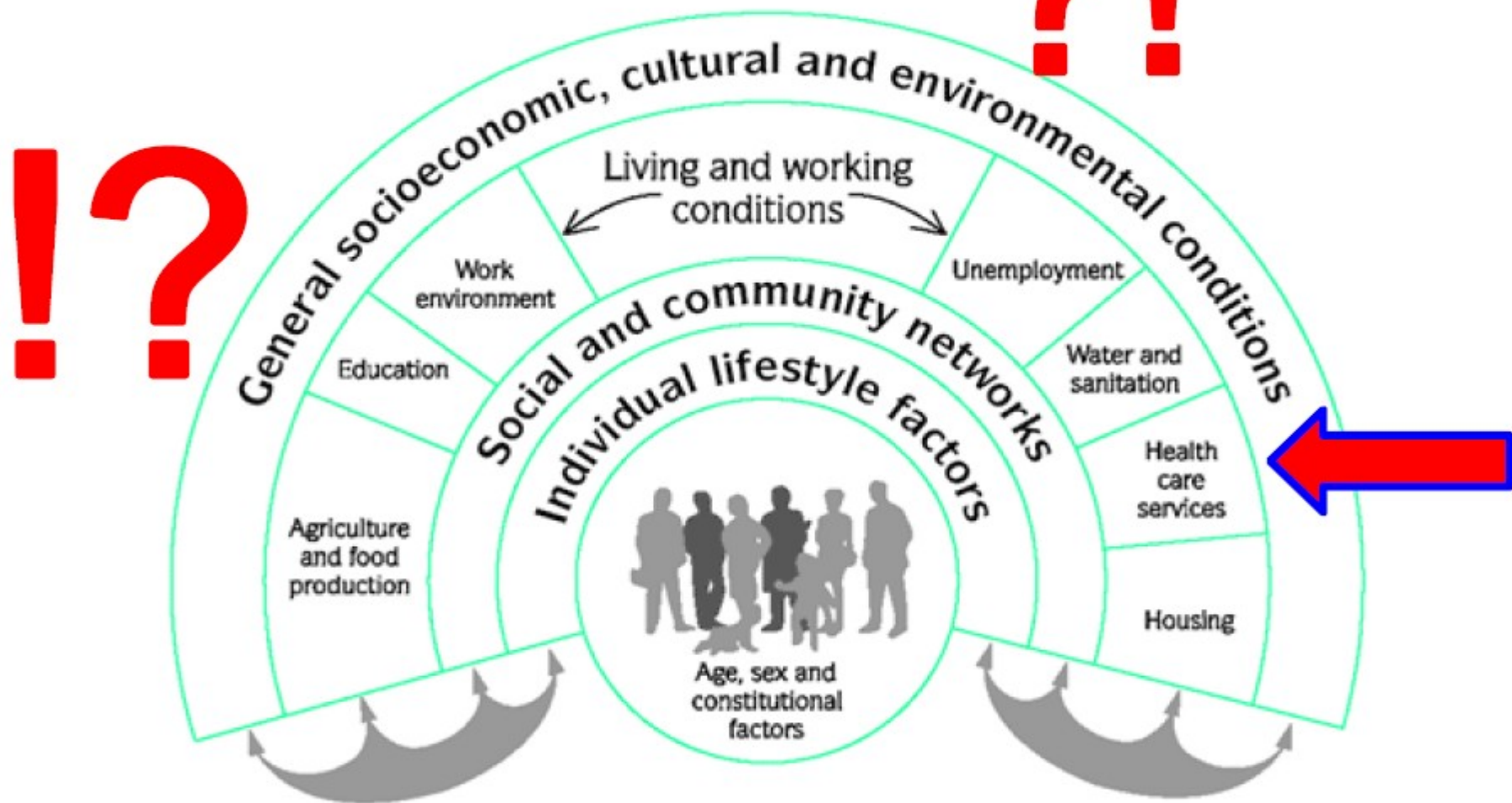


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## The Main Determinants of Health





## *Special Population:*

### *Foreign prisoners with infectious pathology in the prisons of Palermo*

Infection	n° patients	full diagnosis n° (%)	full therapy n° (%)	drop out n° (%)
HCV	54	25 (46.3%)	20 (37%)	34 (63%)
HIV	50	45 (90%)	41 (77%)	9 (23%)
HBV	13	11 (84%)	10 (77%)	3 (23%)
TBC	10	3 (30%)	3 (30%)	7 (70%)

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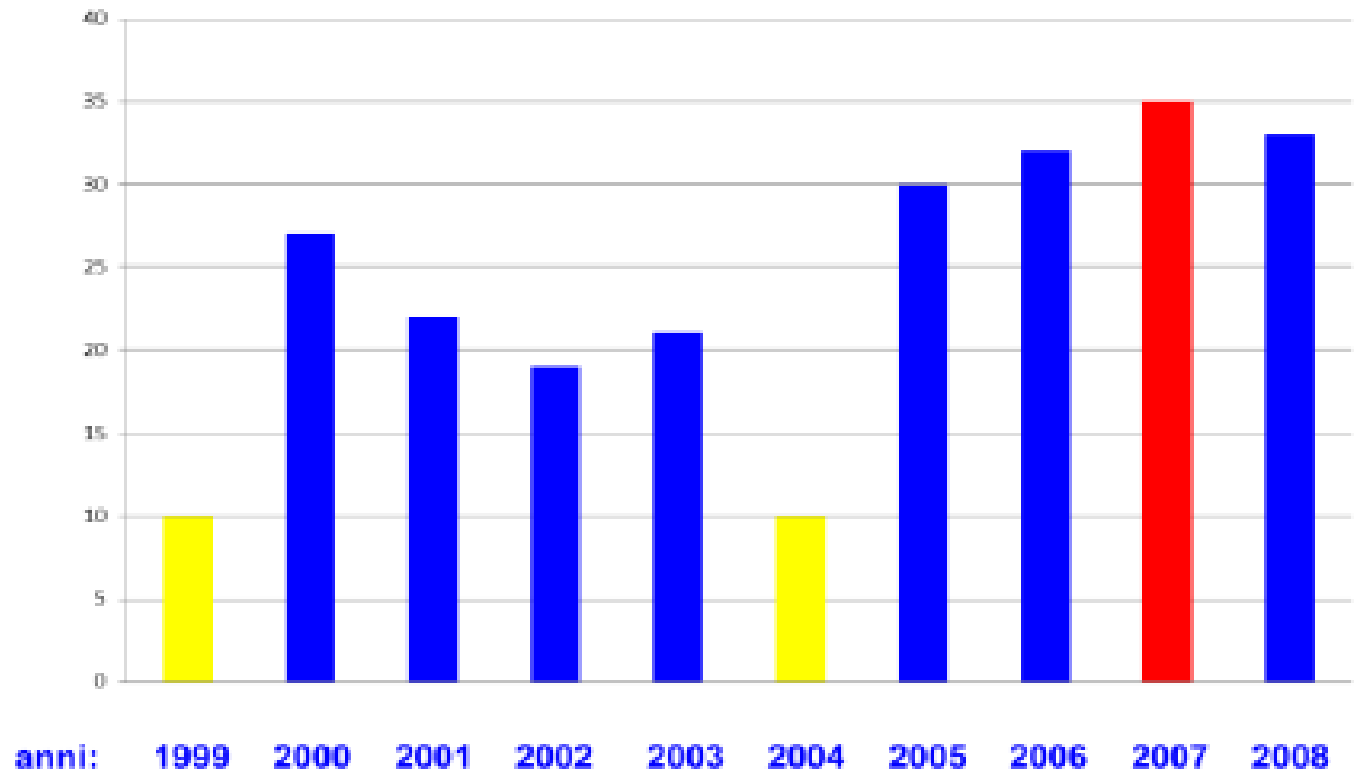
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## *Special Population:*

*Sex workers with infectious pathology in Palermo*

*(275 people  
case study,  
2008)*



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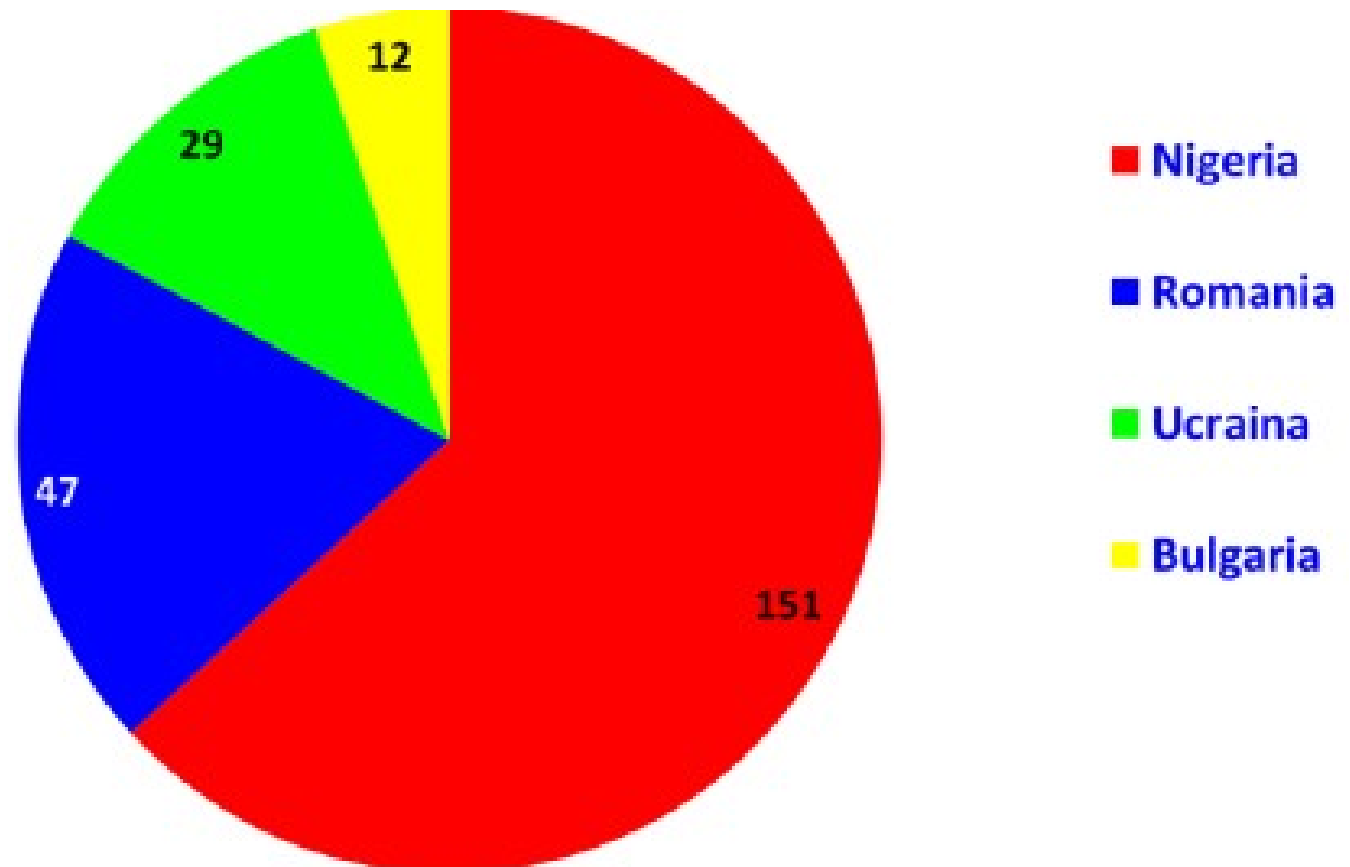
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## *Special Population:*

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*Thanks 4 your attention*



## Vincenzo Virgilio, BSc.

Vincenzo Virgilio is a Telecommunication engineer and a professor of IT in medicine at the Faculty of Palermo. 30 years of experience in IT field, president of many FreeSoftware related groups in Italy, his Sputnikx is one of the oldest in Europe and still very active. He is also CEO of the Reneware Company, based in Sicily. His group was called this year to organize the italian national conference about Free Software, [www.ConfSL.it](http://www.ConfSL.it) and Vincenzo was the chairman of the session named GnuHealth.it about medicine and Free Software in Italy.

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**OBI post sbarco** (permanenza max 72 ore) Valutazione dei casi sospetti o accertati di malattie infettive

## •Esiti

1. Ricovero
2. Stabilizzazione del quadro clinico e trasferimento nei CPA/SPRAR
3. Accoglienza & Front Office (transculturale)
4. Screening (dopo 3-4 settimane) per IST (HIV, HBV, LUE) e TB
5. Presa in carico e valutazione ginecologico-ostetrica e pediatrica
6. Follow-up ambulatoriale
7. Assistenza sociale, legale e orientamento scolastico (ANLAIDS)



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## Punto di partenza: Prima Accoglienza / Front Office costituito da 2 figure professionali:

- 1. tutor** con la funzione di accogliere ed introdurre la Persona all'interno della struttura e fornire tutte le informazioni necessarie su orari, organizzazione dei servizi dell'ospedale, percorsi assistenziali e diagnostici
- 2. mediatore culturale** con la funzione di modulare l'approccio e la relazione in funzione della diversità culturale della Persone e attraverso la mediazione linguistica, ove necessaria. Una specifica attività di counselling ha rappresentato un elemento di ulteriore facilitazione relazionale tra la Persona e gli operatori sanitari.

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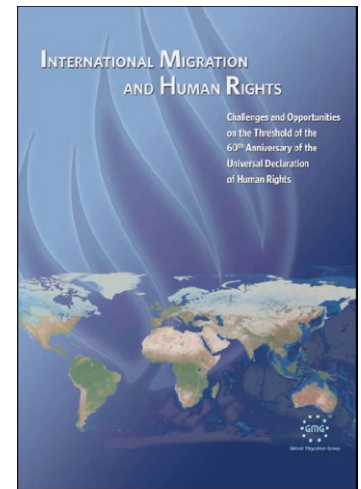
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## Modello comunicativo-relazionale per la diagnosi e la presa in carico della Persona immigrata con infezione da HIV e/o altre patologie infettive

### 4 fasi:

- Accoglienza
  - Accertamento diagnostico
  - Comunicazione della diagnosi e discussione della prognosi
  - Opzioni di trattamento e continuità delle cure
- Anna Luzi et Al.: National Focal Point, Istituto Superiore di Sanità, Roma 2013



## Definitions

There is a lack of universally accepted definitions in the area of international migration.

Definitions in this area are often vague, controversial or contradictory.

This stems to some extent from the fact that migration is a phenomenon which has traditionally been addressed at the national level. Therefore the usage of migration terms differs from country to country. Furthermore, within a country, terms can vary in meaning or implication.

Definitions may also vary according to a given perspective or approach.

<sup>21</sup> International Organization for Migration (IOM). (2004).  
International Migration Law. Glossary on Migration. Geneva

## Different types of immigrant

### International migrant

Migrant worker

Female migrant

Migrant child

Irregular migrant

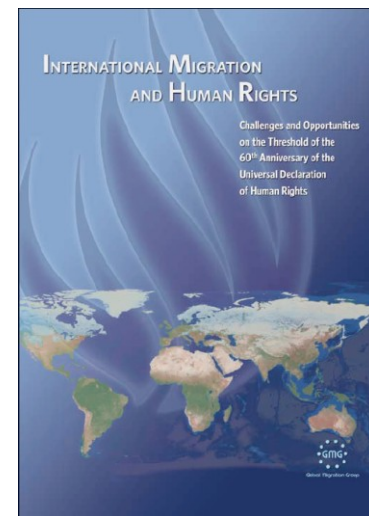
Environmental migrant

### Refugee and Asylum seeker

Asylum Seeker



Refugee



## Dimensions of the phenomenon

### Dimensions of the phenomenon

According to the United Nations Population Division esteems (2010), there are about **214** millions of migrants in the world.



10–15 % of them are irregulars

At a planet-wide scale almost half of them are females (49,0%), but (with the exception of Africa and Middle-east), they are the majority all over the world.



## Dimensions of the phenomenon (by continent)

In Europe there are nearly 70 millions of migrants

In Asia more than 61 millions

In North-America more than 50 millions

In Africa more than 19 millions

In South-America more than 7 millions

In Oceania about 6 millions



© www.123rf.com

United Nations  
Population Division

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Editorial **Migration and health: a complex relation**

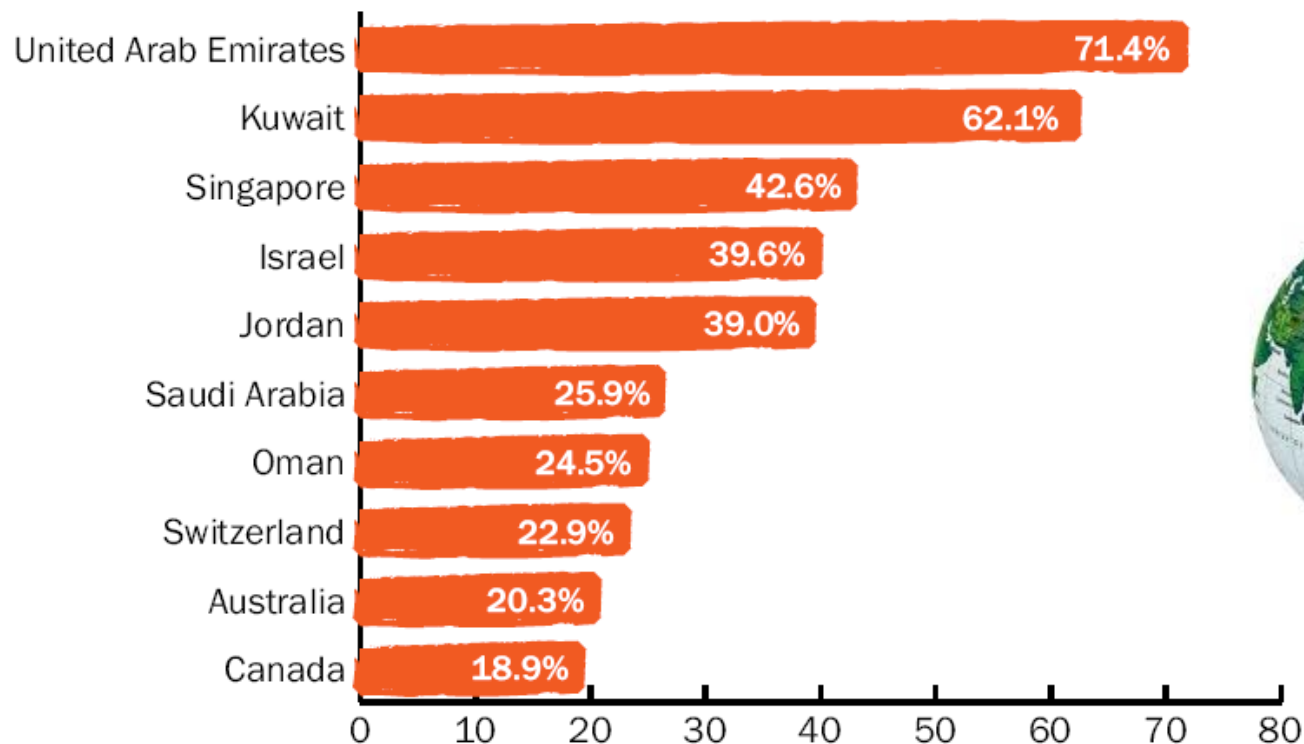


...extract...

“Immigration now counts for 75% of population growth in developed countries”.

## Dimensions of the phenomenon (by country in % of total population)

FIGURE 3. TOP TEN COUNTRIES WITH THE HIGHEST SHARE OF MIGRANTS IN THE TOTAL POPULATION  
(PERCENTAGE OF TOTAL POPULATION, 2005) (COUNTRIES WITH 1 MILLION OR MORE RESIDENTS)



(Source: Migration Policy Institute,<sup>4</sup> 2010)

## Dimensions of the phenomenon (by country in absolute numbers)

1<sup>st</sup> **U.S.A.**, with 42,8 millions of migrants

2<sup>nd</sup> **Russian Federation**, with 12,3 millions

3<sup>rd</sup> **Germany**, with 10,8 millions

...

12<sup>th</sup> **Italy**, with 4,5 millions

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