



UNIVERSITÀ
DEGLI STUDI
DI BRESCIA

**LA MEDICINA
DELLA PERSONA ANZIANA
NELLE MIGRAZIONI**

21 MARZO 2025

I determinanti delle migrazioni

(Le migrazioni come determinante di salute)

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Direttore, Clinica di Malattie Infettive e Tropicali ASST Spedali Civili di Brescia



Santo, Argentina

Conflict of interest

Alfio, Argentina

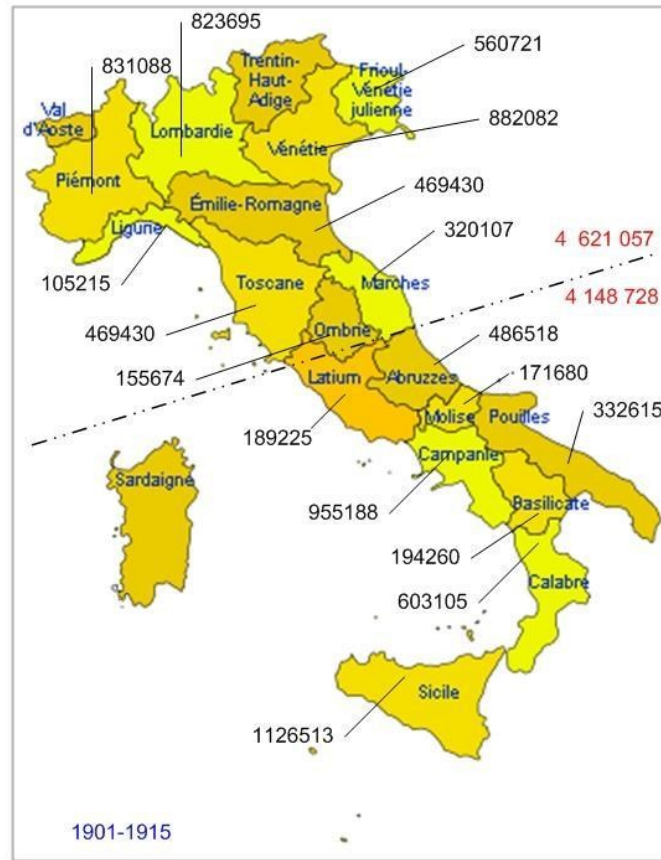
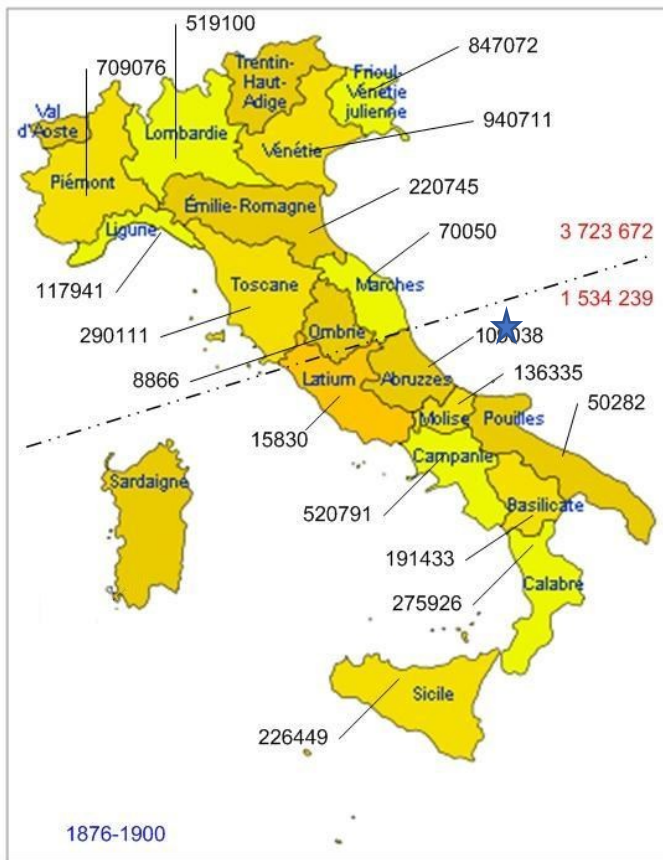
Angelo, France

Sebastiano, Argentina

Nicola, Milan

No one would leave his/her own homeland and beloved ones if life conditions were acceptable”

Acireale (CT), autumn 1924



Estimates of the number of emigrants from 1876-1900 and 1901-1915, according to their region of origin.



Italian emigrants leaving Italy in the 1890s



Italian guestworkers arrive in Switzerland in search of a better life (swissinfo.ch)



Lampedusa: entry door to Europe



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Presentation Outline



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- 1 • Who is a migrant?
- 2 • Numbers and statistics
- 3 • Why do people move?
- 4 • Migration and health
- 5 • Few final notes

Who is a migrant ?



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Generic term, not defined by international law,
reflecting the common understanding of a layperson of a person
moving away from their usual place of residence,
whether within a country or across an international border,
temporarily or permanently,
and for various reasons.

(IOM)

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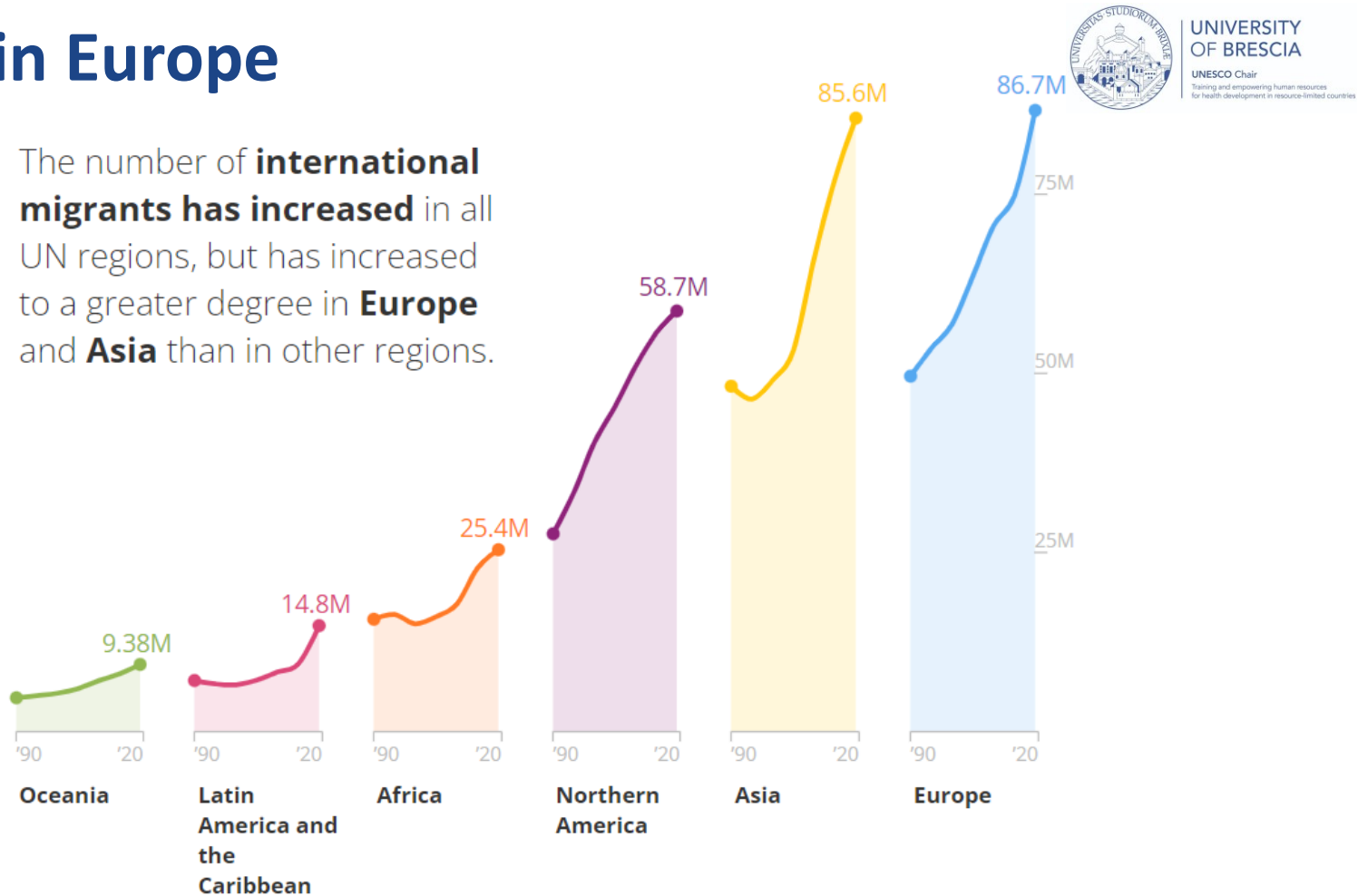
International migrants would make the fourth most populated country in the world

	Country	Population	Year
	1. China	1,394,016,000	2020
	2. India	1,326,093,184	2020
Migrants:	3. USA	332,639,104	2020
281 million	4. Indonesia	267,026,368	2020
	5. Pakistan	233,500,640	2020
	6. Nigeria	214,028,304	2020
	7. Brazil	211,715,968	2020
	8. Bangladesh	162,650,848	2020
	9. Russia	141,722,208	2020
	10. Mexico	128,649,568	2020

[Popolazione per paese - Mappa del Mondo - Mondo \(indexmundi.com\)](#)

Migration in Europe

The number of **international migrants has increased** in all UN regions, but has increased to a greater degree in **Europe** and **Asia** than in other regions.



UN DESA 2021.

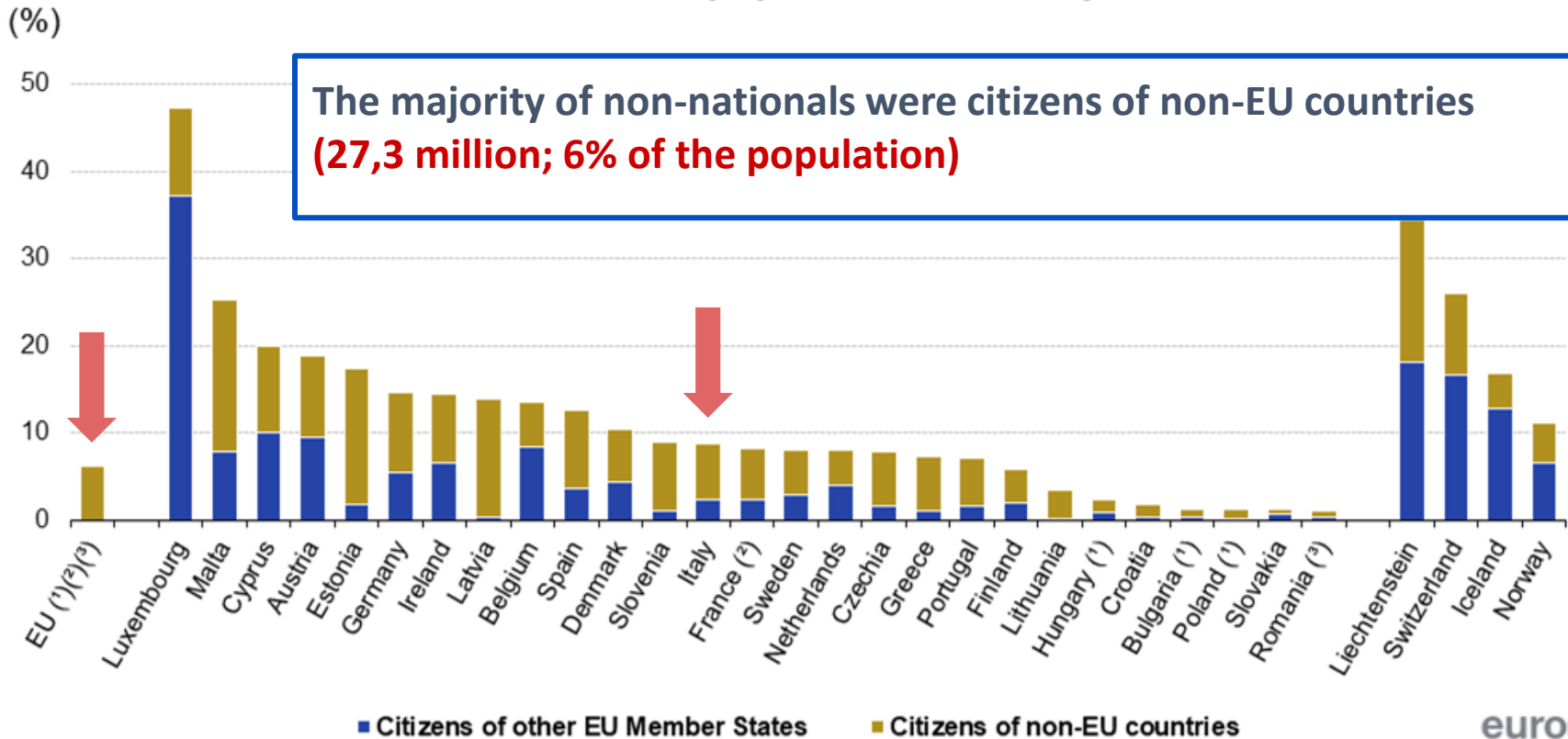


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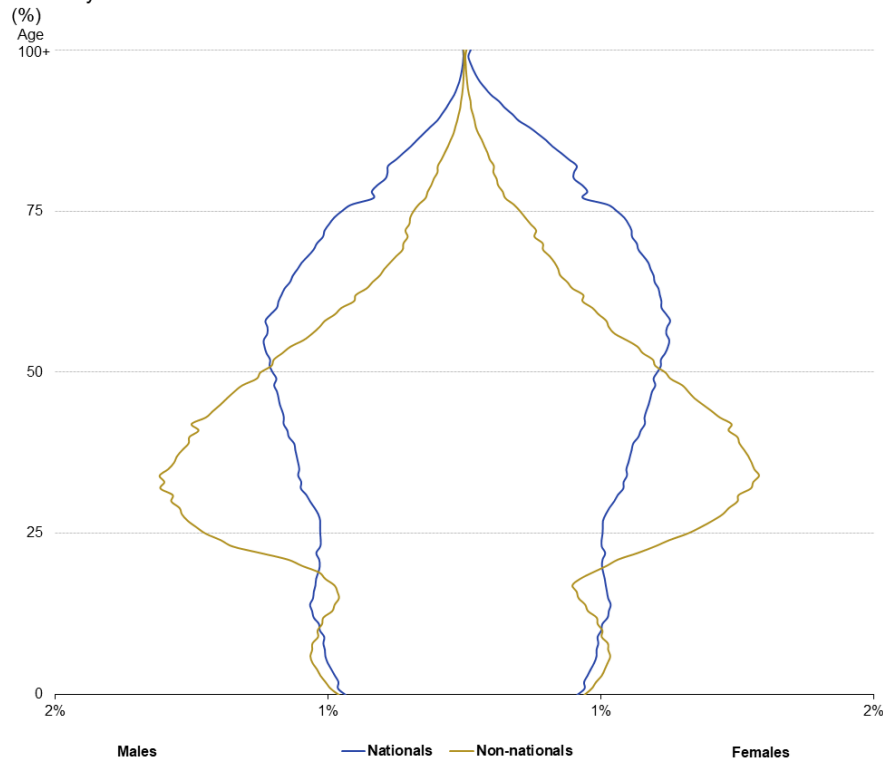
Migration in Europe

Share of non-nationals in the resident population, 1 January 2023



Migration in Europe

Age structure of the national and non-national populations, EU,
1 January 2023



Foreign citizens are younger than nationals.

In 2023, the median age of the **EU national population was 45.7 years**, while the median age of **non-nationals living in the EU was 36.5 years**.

Note: Bulgaria, Poland, Portugal, Slovakia, Finland, Sweden and Liechtenstein did not include refugees from Ukraine who benefit from temporary protection in their population and migration statistics.

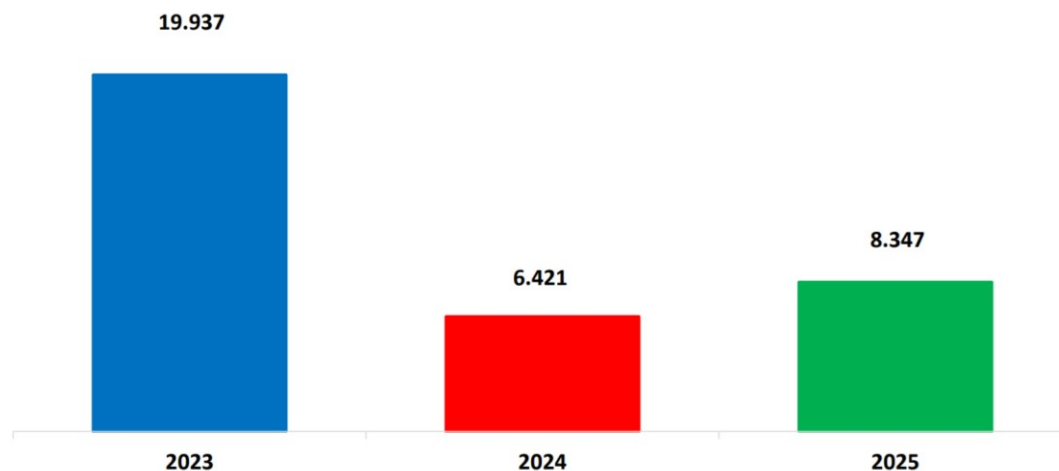
Source: Eurostat (online data code: migr_pop2ctz)

Nazionalità dichiarate al momento dello sbarco anno 2025 (aggiornato al 14 marzo 2025)	
Bangladesh	3.257
Pakistan	1.247
Siria	787
Egitto	737
Eritrea	419
Sudan	285
Etiopia	271
Tunisia	204
Algeria	166
Mali	115
altre*	859
Totale**	8.347



Sbarchi e accoglienza dei migranti: tutti i dati

Il grafico illustra la situazione relativa al numero dei migranti sbarcati a decorrere dal 1 gennaio 2025 al 14 marzo 2025* comparati con i dati riferiti allo stesso periodo degli anni 2023 e 2024



*il dato potrebbe ricomprendere immigrati per i quali sono ancora in corso le attività di identificazione.

**I dati si riferiscono agli eventi di sbarco rilevati entro le ore 8:00 del giorno di riferimento.

Fonte: Dipartimento della Pubblica sicurezza. I dati sono suscettibili di successivo consolidamento.



*I dati si riferiscono agli eventi di sbarco rilevati entro le ore 8:00 del giorno di riferimento.

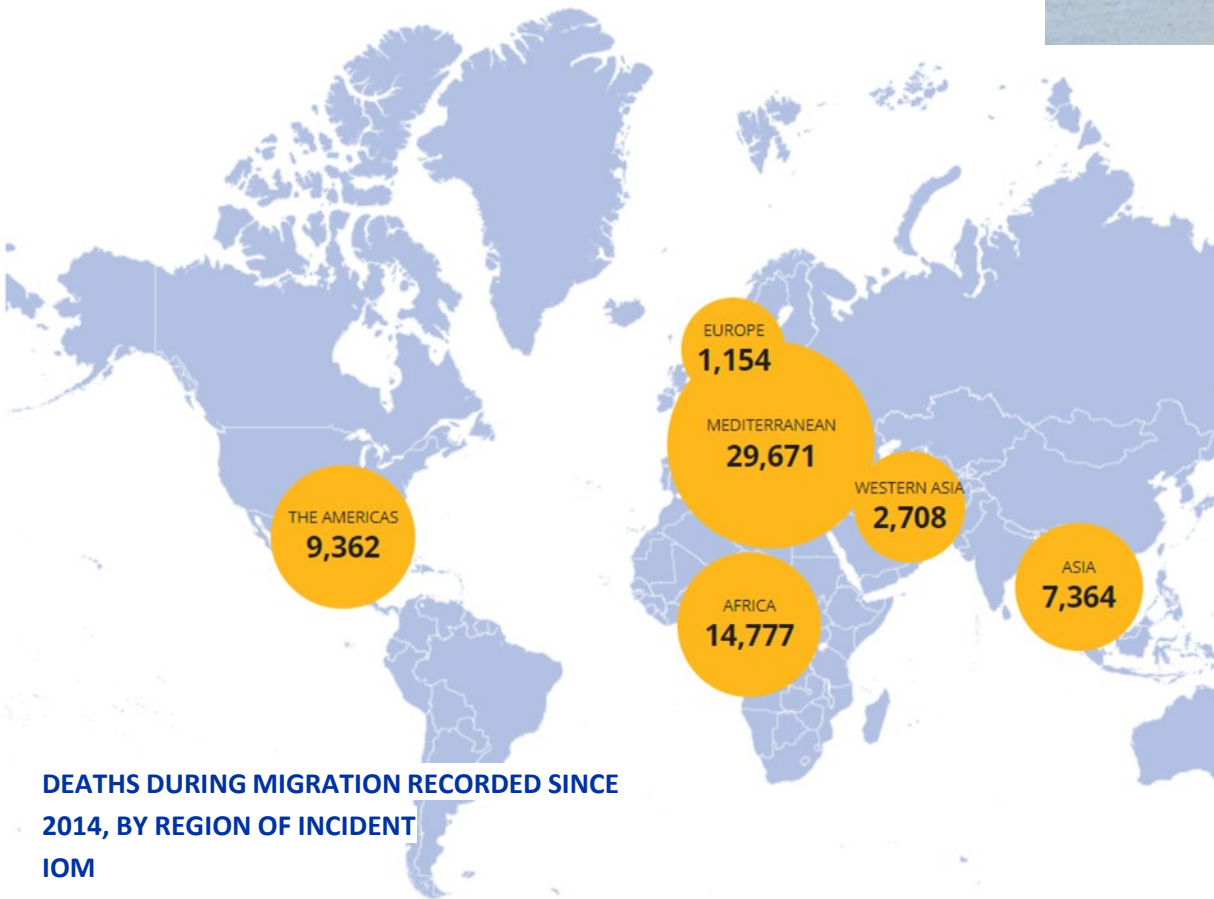
Fonte: Dipartimento della Pubblica sicurezza. I dati sono suscettibili di successivo consolidamento.

Dangerous migratory routes



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DEATHS DURING MIGRATION RECORDED SINCE
2014, BY REGION OF INCIDENT
IOM

The number of recorded **deaths in 2023 (over 8,500)** was the highest since 2016 and a significant increase compared to the previous three years.

Between 2014, there were more than 63,000 deaths and disappearances on migratory routes.

The hate of internet



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@user-jn7pl3ofu 2 mesi fa

Deport deport deport! Wasting taxpayers money!

👍 15 🗨️ Rispondi

∨ 2 risposte



@Ali-nx8gh 2 mesi fa

They'll destroy Italy's beauty. 😞

👍 14 🗨️ Rispondi



@scopedapegaming8515 2 mesi fa

Fly them back

👍 20 🗨️ Rispondi

∨ 1 risposta



@freespeech7747 2 mesi fa

Deport now

👍 7 🗨️ Rispondi



@jackiejames526 2 mesi fa

Mainly young men again. Grr

👍 24 🗨️ Rispondi

∨ 9 risposte



@sandihepplewhite5257 2 mesi fa

It need to stop

👍 12 🗨️ Rispondi

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The “push and pull” theory

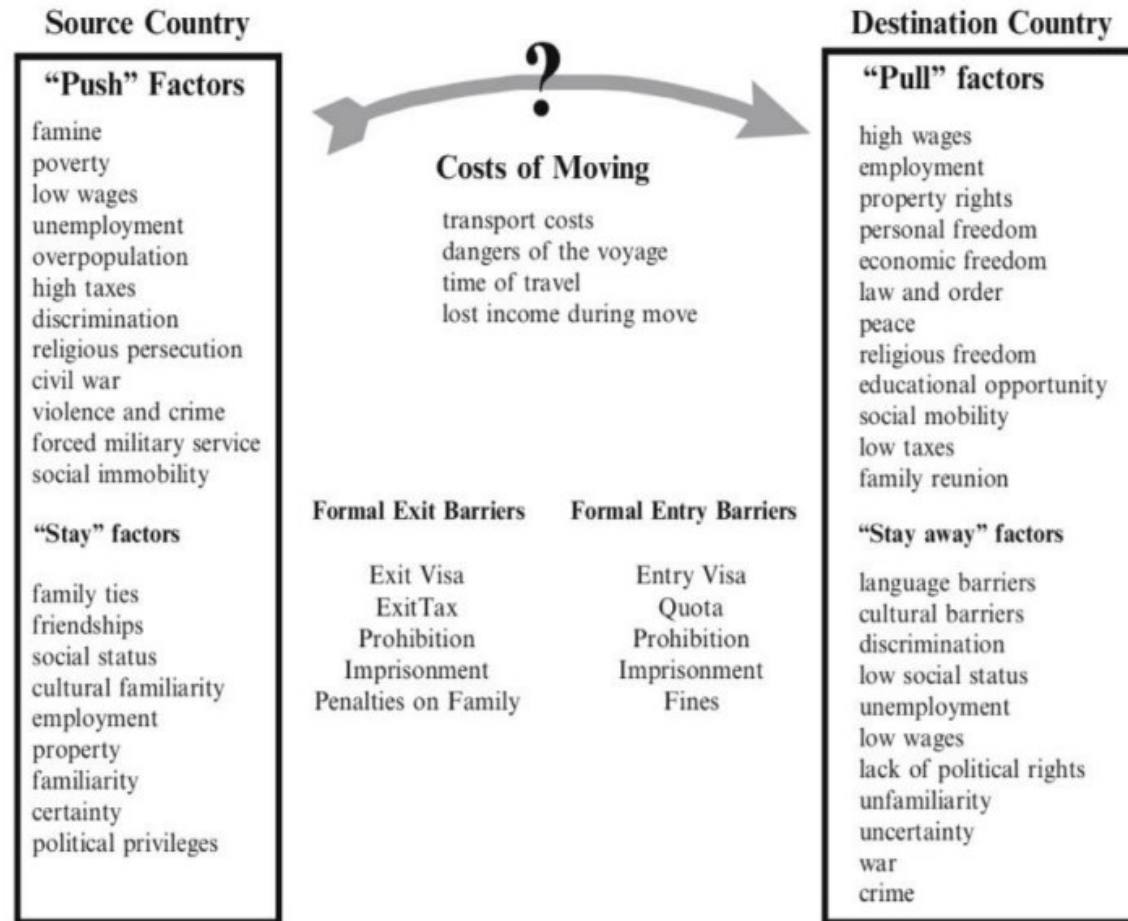


Figure 1 The immigration decision. (Bodvarsson and Van den Berg 2013: 6)

The “push and pull plus” theory

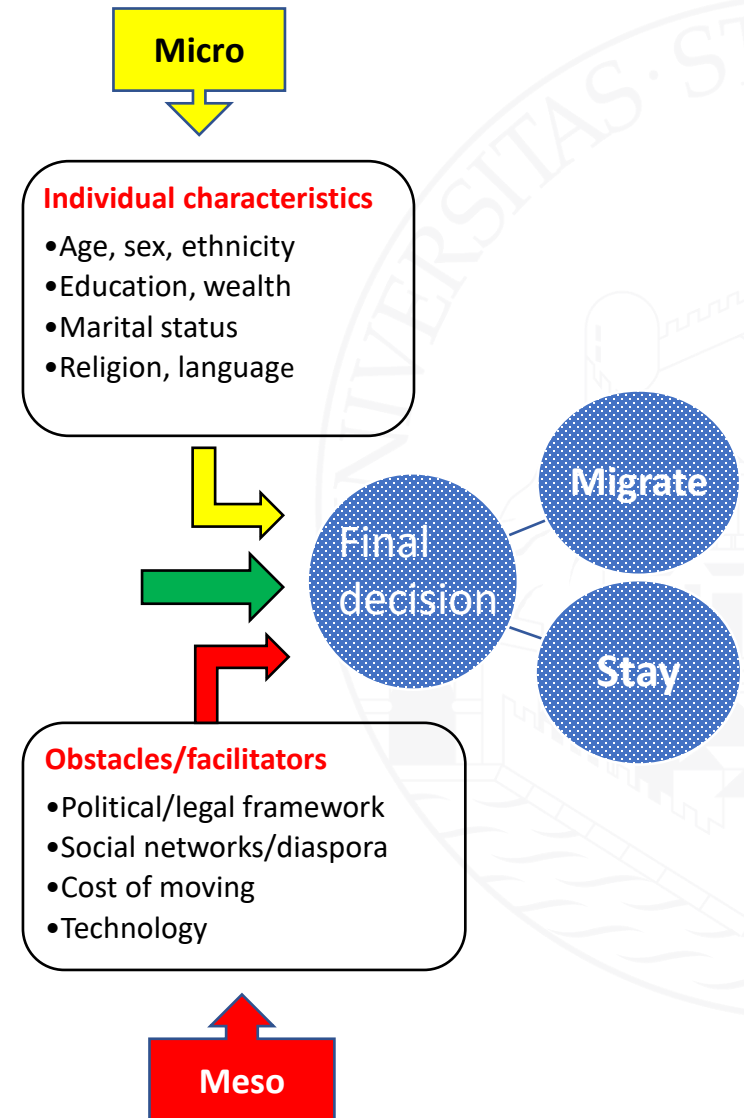
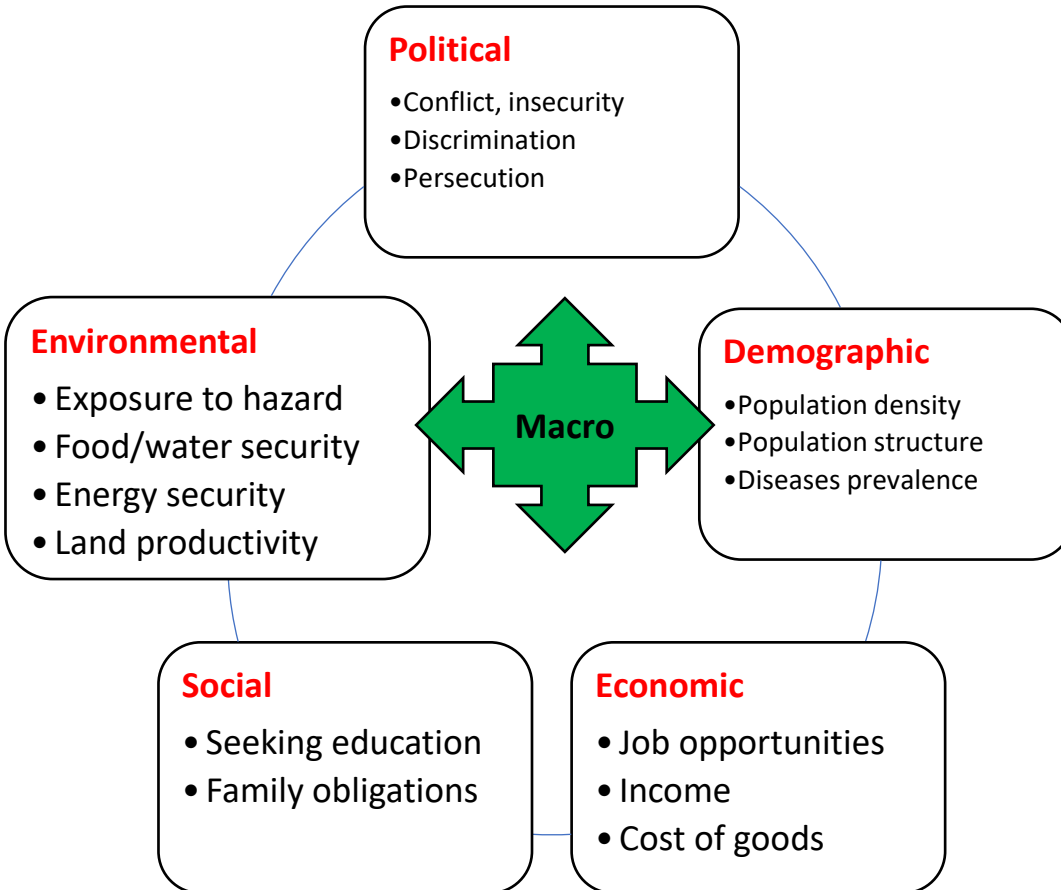
Why do people migrate?

Migration research has shown that people are “driven” by multiple factors that facilitate, enable, constrain, and trigger migration processes in complex ways.



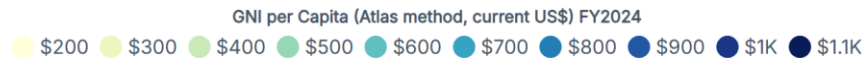
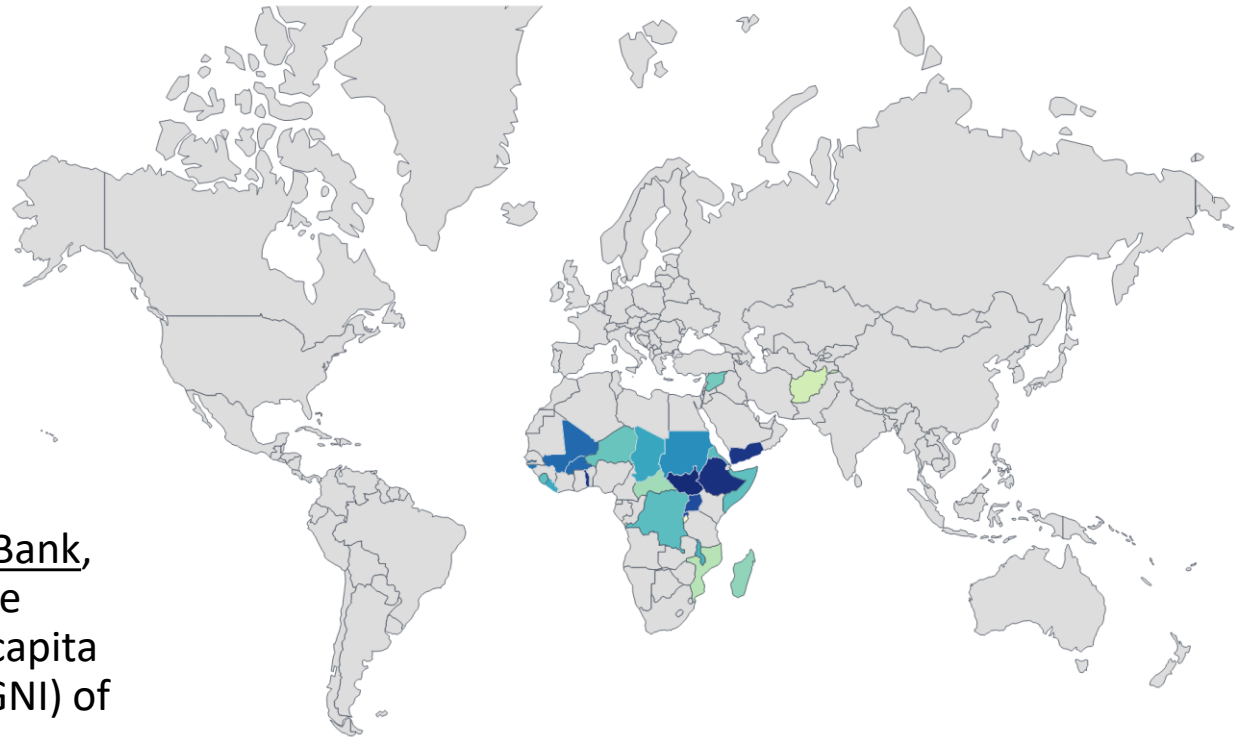
Drivers of migration: why do people move?

Francesco Castelli*†

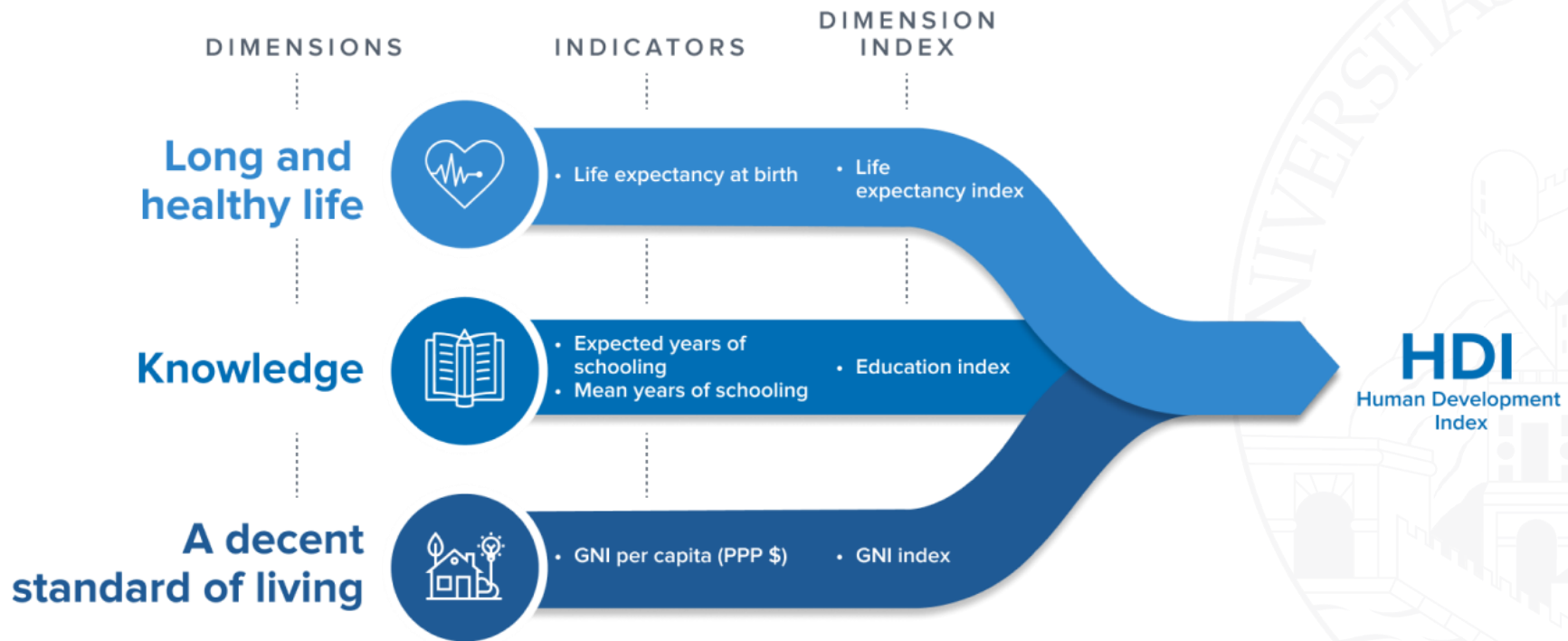


Low income countries

According to the World Bank, low-income countries are nations that have a per capita gross national income (GNI) of less than \$1,145



L'indice di sviluppo umano (HDI)



Human Development Index and its components

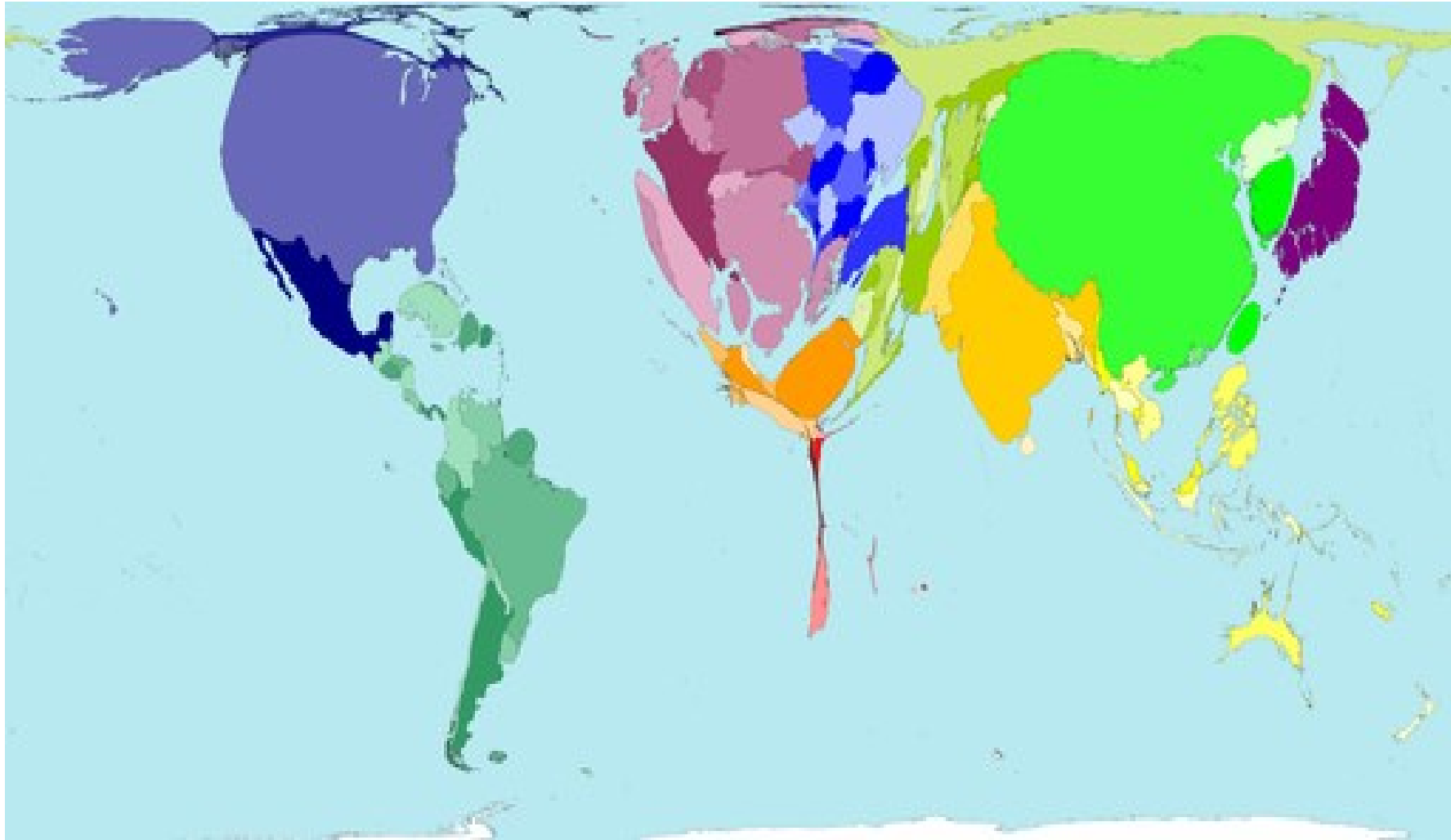
HDI RANK	Human Development Index (HDI)	SDG 3 Life expectancy at birth	SDG 4.3 Expected years of schooling	SDG 4.4 Mean years of schooling	SDG 8.5 Gross national income (GNI) per capita	GNI per capita rank minus HDI rank	HDI rank	
	Value	(years)	(years)	(years)	(2017 PPP \$)			
	2022	2022	2022 ^a	2022 ^a	2022	2022 ^a	2021	
Very high human development								
1	Switzerland	0.967	84.3	16.6	13.9 ^c	69,433	6	1
2	Norway	0.966	83.4	18.6 ^d	13.1 ^c	69,190	6	2
3	Iceland	0.959	82.8	19.1 ^d	13.8	54,688	16	4
4	Hong Kong, China (SAR)	0.956	84.3	17.8	12.3	62,486	6	3
5	Denmark	0.952	81.9	18.8 ^d	13.0	62,019	6	8
5	Sweden	0.952	83.5	19.0 ^d	12.7 ^c	56,996	10	5
7	Germany	0.950	81.0	17.3	14.3	55,340	11	7
7	Ireland	0.950	82.7	19.1 ^d	11.7 ^c	87,468 ^e	-3	9
9	Singapore	0.949	84.1	16.9	11.9	88,761 ^e	-6	10
10	Australia	0.946	83.6	21.1 ^d	12.7	49,257	14	5
10	Netherlands	0.946	82.5	18.6 ^d	12.6	57,278	4	11

8 Europa

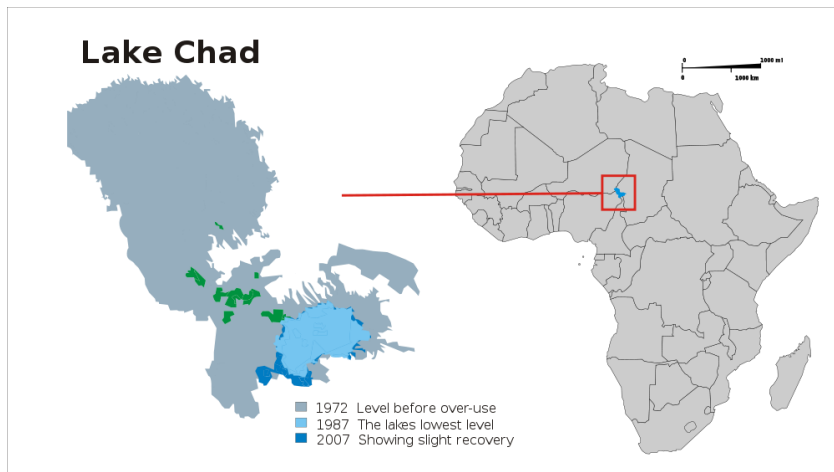
184	Sierra Leone	0.458	60.4	9.0 ^o	3.5 ^c	1,613	-4	184
185	Burkina Faso	0.438	59.8	8.1	2.3 ^c	2,037	-9	185
186	Yemen	0.424	63.7	7.9 ^k	2.8 ^r	1,106 ^l	2	186
187	Burundi	0.420	62.0	10.0 ^c	3.3 ^c	712	5	187
188	Mali	0.410	59.4	7.0 ^c	1.6	2,044	-13	188
189	Chad	0.394	53.0	8.2 ^c	2.3 ^c	1,389	-6	189
189	Niger	0.394	62.1	7.2 ^c	1.3 ^p	1,283	-3	190
191	Central African Republic	0.387	54.5	7.3 ^c	4.0 ^p	869	0	191
192	South Sudan	0.381	55.6	5.6 ^c	5.7 ^{aa}	691 ^l	1	192
193	Somalia	0.380	56.1	7.6 ^j	1.9	1,072	-3	...

9 Africa + Yemen

The healthforce



Impact of climate changes on water sources in Africa



Lake Chad was about 25,000 square kilometers in surface area back in 1963. Now the lake is about one-twentieth the size it was in the mid 1960s

Impact of climate changes on costal lands in Bangladesh

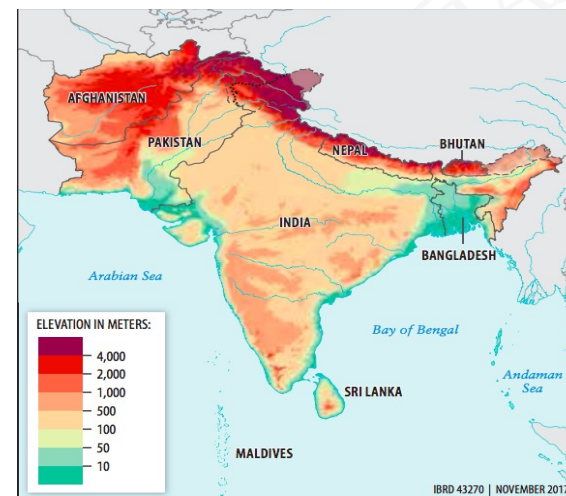


Table 5.4: Projected number and share of internal climate migrants in Bangladesh under three scenarios, 2050

Result	Scenario					
	Pessimistic/Reference		More inclusive development		More climate-friendly	
Number of internal climate migrants by 2050 (million)	13.3		6.7		3.6	
Minimum (left) and maximum (right) (million)	6.8	19.9	3.7	9.7	1.8	5.3
Internal climate migrants as percent of population	7.53%		3.43%		2.02%	
Minimum (left) and maximum (right)	3.82%	11.25%	1.89%	4.98%	1.04%	2.99%

HEALTH THREATS

Climate Change and Health

"Climate Change is the biggest global health threat of the 21st century."

Nutrition and Food Systems

Scientists expect droughts to become longer and more intense.

an increase of **8–11%** in the risk of diarrhoea

The risk of diarrhoea is projected to increase in the tropics and subtropics by 2039 due to climate change.

Heat Stress

In Australia, the current number of "dangerously hot" days is expected to rise from around 8 days per year, up to 45 days per year by 2070.

The European heat led a summer wave leading to 70,000 deaths in a normal year.

Population Displacement

200M migrants by 2050

Climate change is expected to cause approximately another 200,000,000 people to migrate by mid-century, as estimated by the UN International Organisation for Migration.⁶

Population Displacement

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Extreme Weather and Rising Sea Levels

100 million people risk coastal flooding

Each year, more and more people risk being exposed to coastal flooding by predicted sea level rises until 2100, placing small island states and coastal populations at risk.

6/10 of the biggest natural disasters in 2010 were floods.

The health of some 132 million people were affected through infectious disease, hypohyponatraemia, long-term mental health impacts, drowning, and loss of livelihoods.

HEALTH SOLUTIONS

Co-Benefits

Many of the causes of climate change are also causes of ill health; tackling them together can lead to massive health benefits and cost-savings.

increase

an increase of **8–11%** in the risk of diarrhoea

The risk of diarrhoea is projected to increase in the tropics and subtropics by 2039 due to climate change.

1,000,000 deaths avoided

from pneumonia in under fives by the use of cleaner cookstoves. It can also help reduce climate change from cleaner emissions.⁷

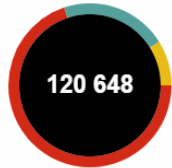
processed meat, this would reduce emissions and that risk of heart disease, diabetes and some cancers would decrease by between up to 12%.⁷

29

Land grabbing



Number of Deaths



- Total Number of Deaths
120 648
- State-Based Violence
84 329
- Non-State Violence
26 689
- One-Sided Violence
10 730



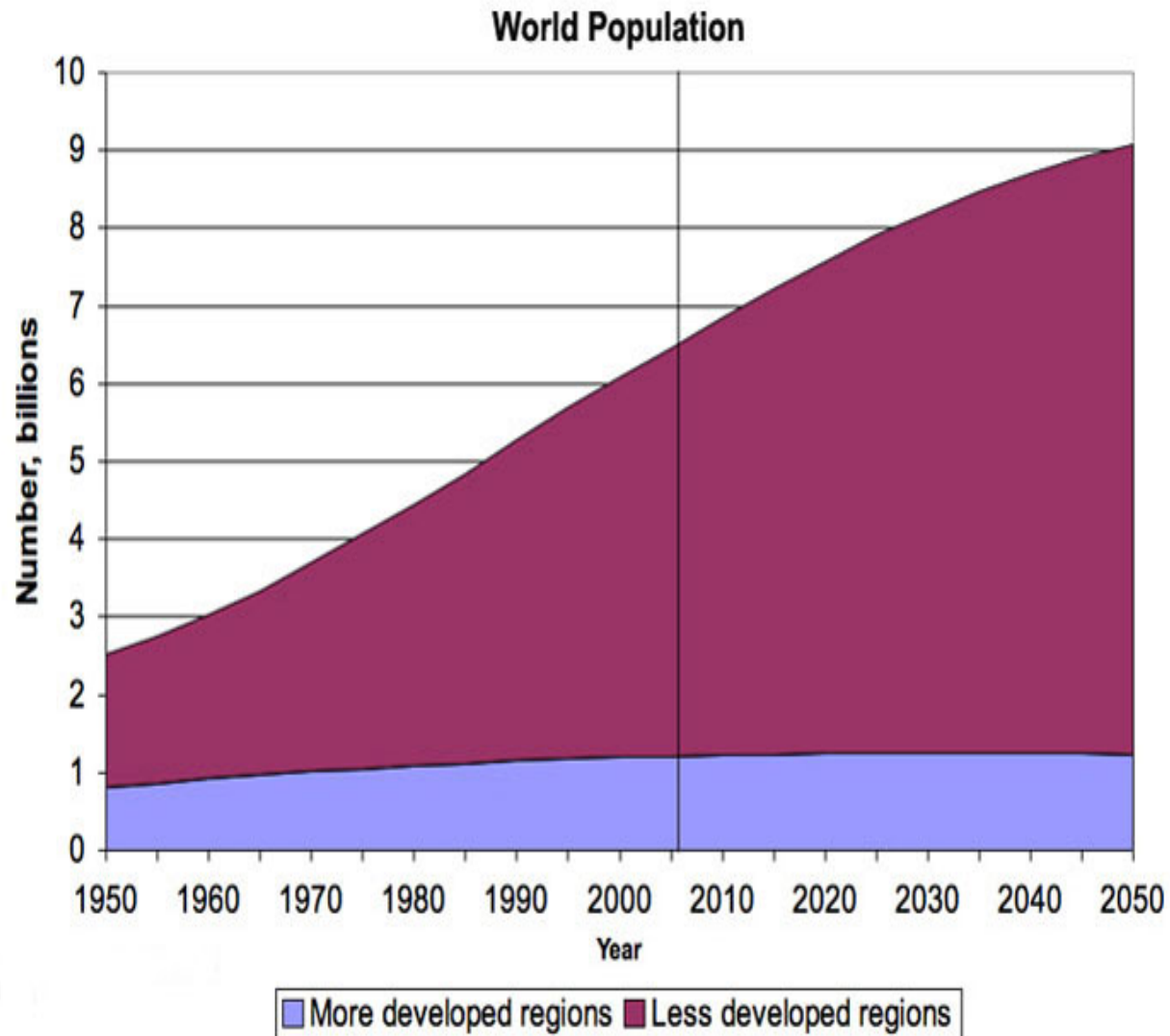


Albanian refugees flooding into the port of Bari, 1991 as the government of Albania breaks down



[Ucraina, 1,8 milioni di rifugiati in una settimana. Unhcr: "Crisi cresce velocemente" - Redattore Sociale](#)

Incremento demografico



The jobless generation

Informal

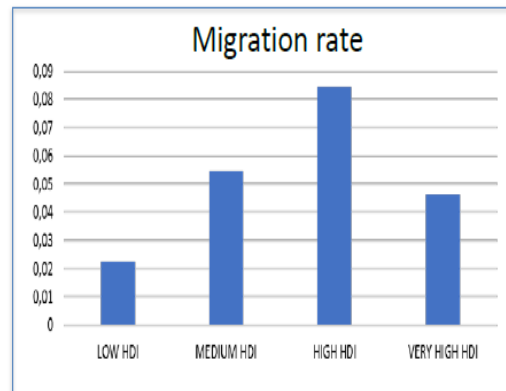


Sector



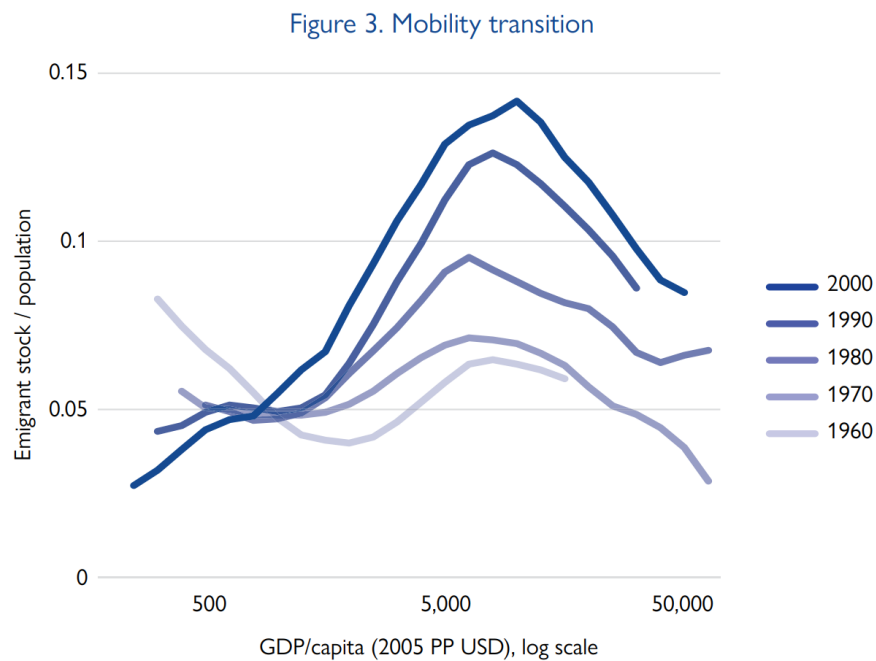
Education and migration

- The same variables remain in all the regressions → robustness
- Distance and border: geographical structures (negative and positive coefficients)
- Expected GDP destination at destination: economic pull (positive coefficient)
- **Expected degree of education in the area of origin** (migrant selectivity) (highly positive)



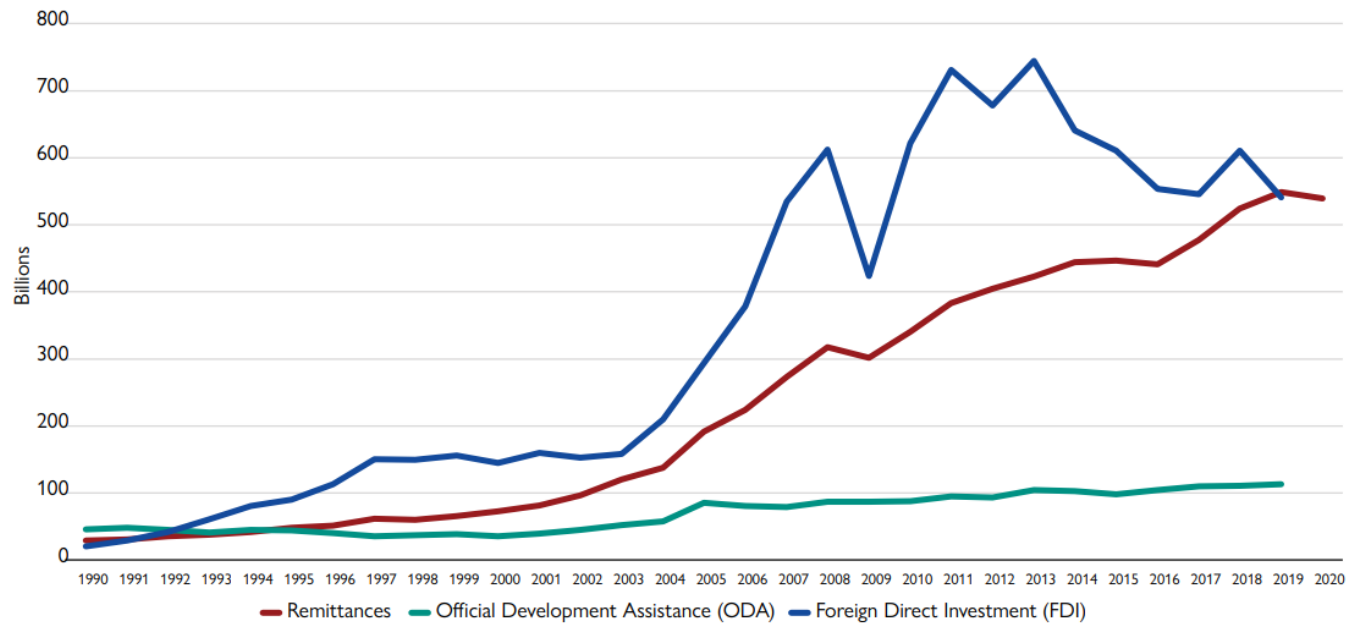
There is a known **NONLINEAR** relation between some of the considered variables (e.g. education, GDP origin) and migration rates that calls for different modelling approaches.

Education and migration



Le rimesse dei migranti

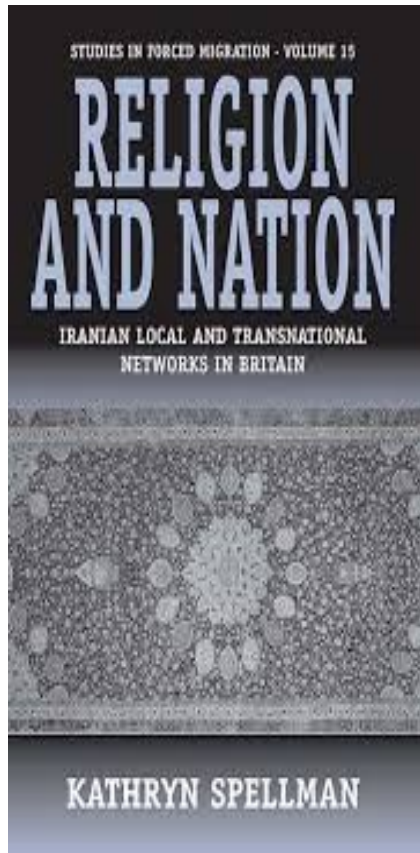
Figure 12. International remittance flows to low- and middle-income countries (1990–2020)



Source: World Bank, n.d. (accessed June 2021).

Note: All numbers are in current (nominal) USD billion.

Religione e migrazione

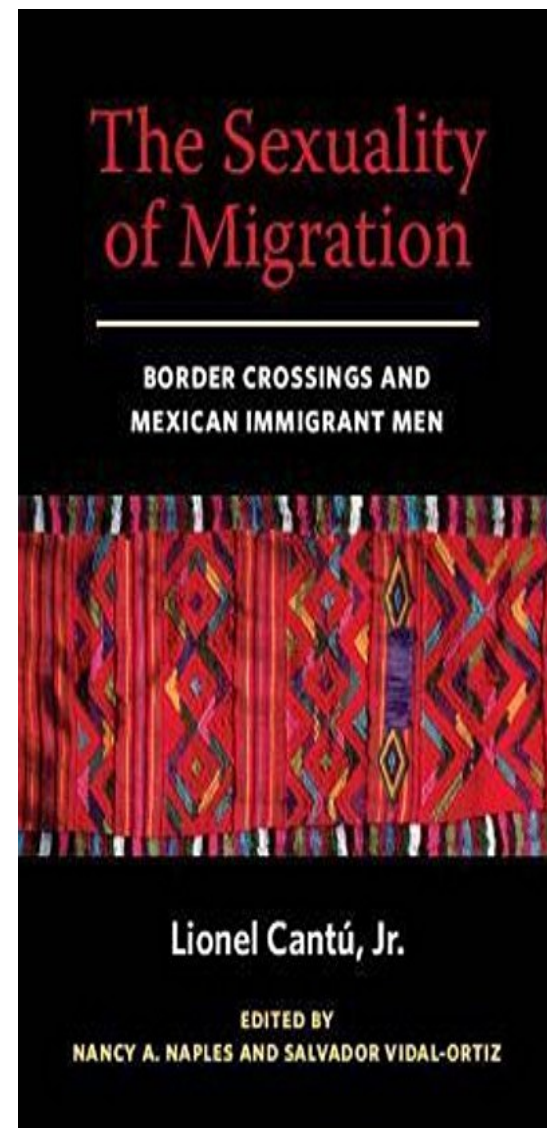
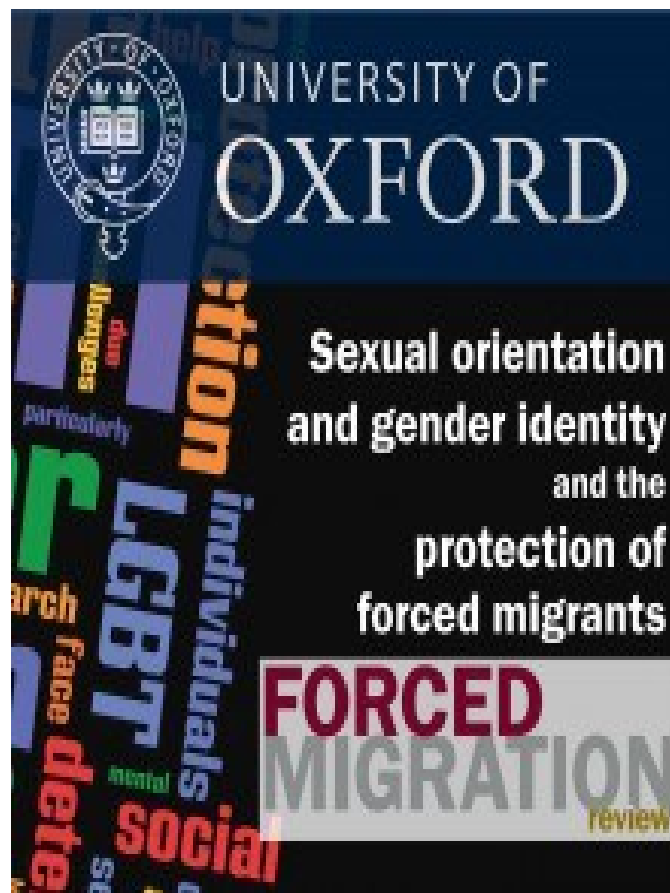


Migration: Peeping through the past...

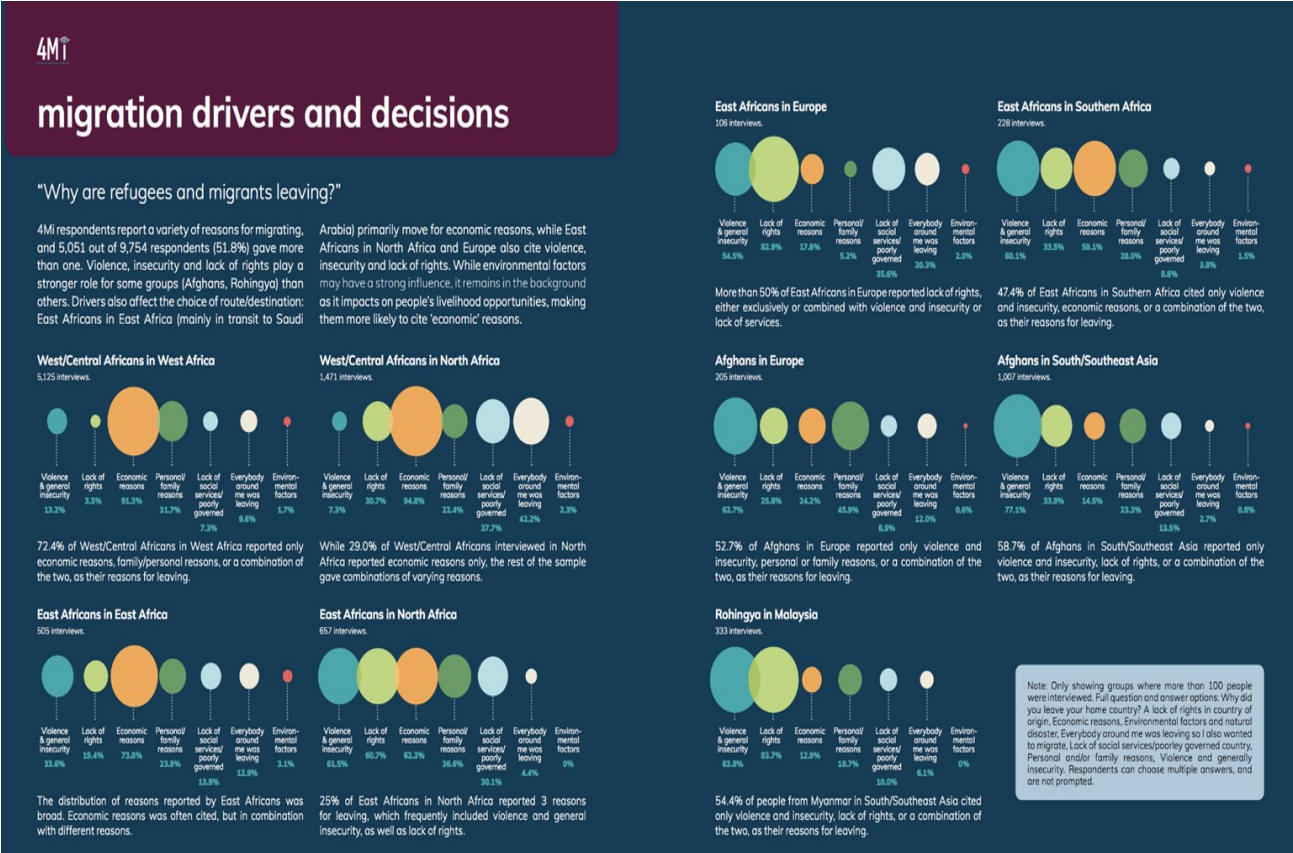
□ The near past

1. Jewish migrations from Germany or Post Soviet Jewish migrations to Israel.
 2. Muslim migrations from India
 3. Hindus and Sikhs being forced to migrate
-

Orientamento sessuale e migrazione



Drivers of migration act differently in different settings



Presentation Outline

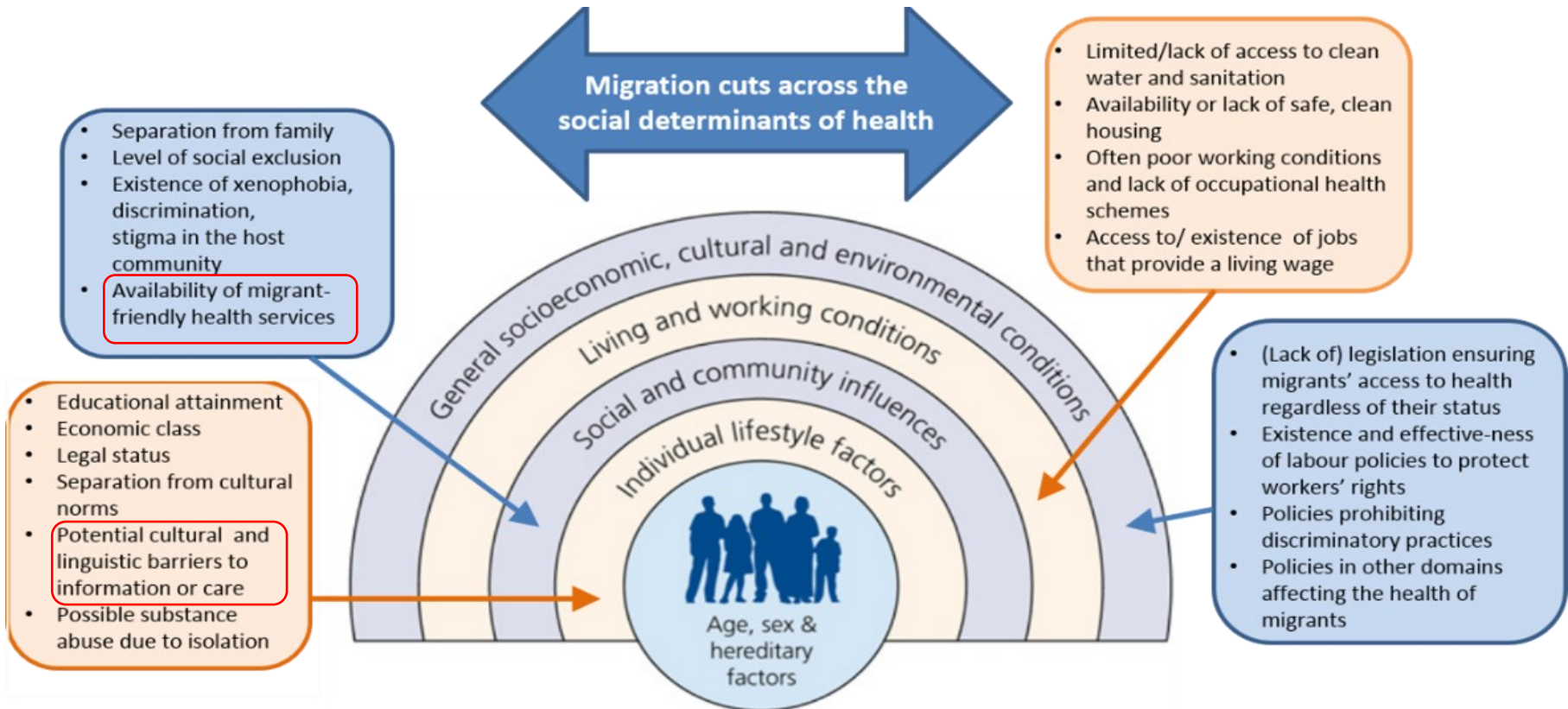


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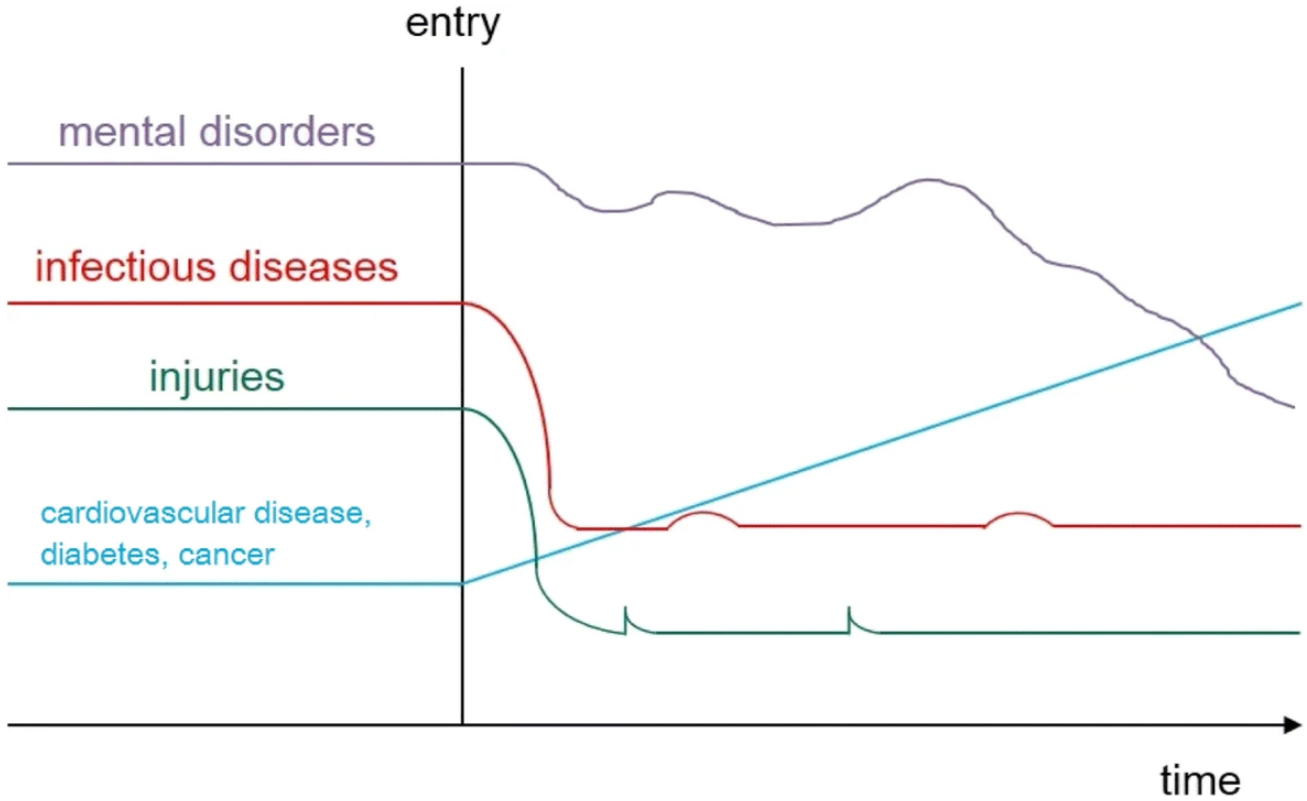
The impact of migration on health



Migrazione come determinante di salute

- *Prevalence of risk factors and disease in the country of origin*
- *Genetic factors*
- *Lifestyle and behavior*
- *Cultural factors*
- *Access to prevention and care*

The impact of migration on health



Matlin, S.A., Depoux, A., Schütte, S. et al. Migrants' and refugees' health: towards an agenda of solutions. Public Health Rev 39, 27 (2018). <https://doi.org/10.1186/s40985-018-0104-9>

Factors influencing the use of healthcare services



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Availability

- Availability of healthcare services
- (Inclusive) legislation that (does not) guarantee(s) access to healthcare
- Availability of data disaggregated by migratory status
- Availability of medical specialties and technologies

Accessibility

- Physical: Are healthcare services accessible?
- Financial: Ability to bear additional costs and expenses

Acceptability

- User's culture of origin (What is health and illness?)
- Cultural competence of healthcare providers/cultural mediators
- Discriminatory treatments - Fear of being reported



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**“ ... when you, doctors, consult us in your hospitals
.... do you see only our body or our souls too?”**

**“ ... you doctors hear us, but you do not listen to us. It
is different....”**

Birame, 25 yrs old, Senegal

Doctor and patient

Possible levels of misunderstanding



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Communication:

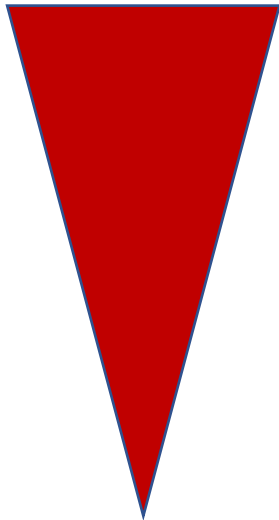
- **Pre-linguistic**
difficulties in reporting specific internal experiences (*disease vs illness*)
- **Linguistic**
language barriers but also semantics
(different meaning of the same word in different languages and cultures)
- **Meta-linguistic**
Linkage between word and symbolic meaning (terminal diseases such as cancer in western world or TB/malaria in the tropics)

Cultural :

- **Cultural ambiguities**
migrant lives in a «*middle territory*» between origin and destination country
- **Meta-cultural**
as a consequence of the above, it may lead to abandon the culture of the origin country (assimilation) or to refuse the culture of the destination country

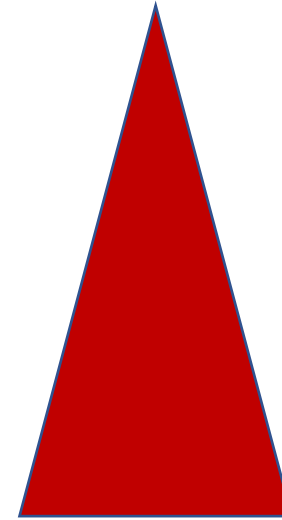


The “medical” perspective



- *Disease*
- *Illness*
- *Sickness*

The “patient’s” perspective



Disease then, is the pathological process, deviation from a biological norm. **Illness** is the patient's experience of ill health, sometimes when no disease can be found. **Sickness** is the role negotiated with society.



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Contents lists available at ScienceDirect

Clinical Microbiology and Infection

journal homepage: www.clinicalmicrobiologyandinfection.com



Review

Migration and infectious diseases

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²) *UNESCO Chair 'Training and empowering human resources for health development in resource-limited countries', University of Brescia, Brescia, Italy*

Determinants and Drivers of Infectious Disease Threat Events in Europe

Jan C. Semenza, Elisabet Lindgren, Laszlo Balkanyi, Laura Espinosa, My S. Almqvist, Pasi Penttinen, Joacim Rocklöv

Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 22, No. 4, April 2016

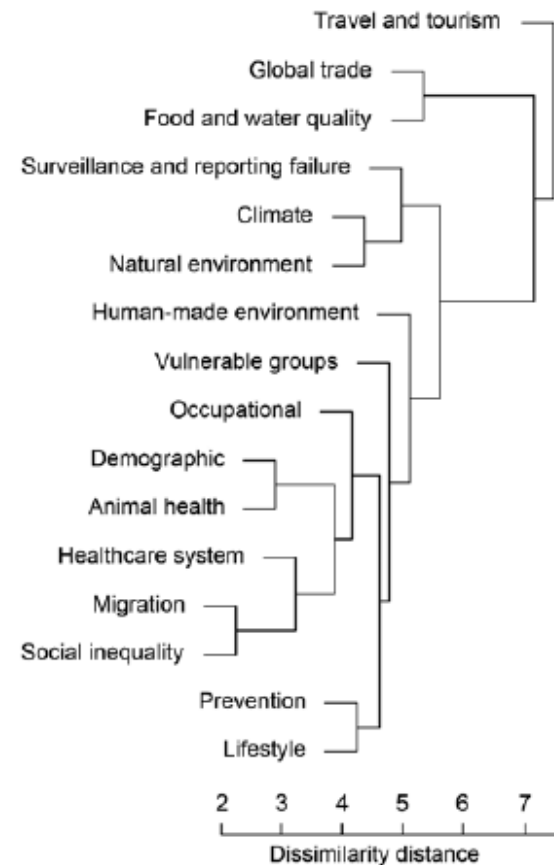


Figure 3. Cluster dendrogram from hierarchical cluster analysis of drivers contributing to observed infectious disease threat events (IDTEs), Europe, 2008–2013. Individual segments (leaves) on the lower part of the tree are more related to each other, as indicated by distances between the branches. Drivers below travel and tourism also occurred less often as underlying drivers of IDTEs and tended to be more contextual in nature. Scale bar indicates dissimilarity distance for drivers, as measured by frequency of pairwise co-occurrence in clusters. Similar drivers (e.g., that co-occurred in outbreaks) are at a close distance, and those that were more independent of other drivers show higher dissimilarity.

Editorial



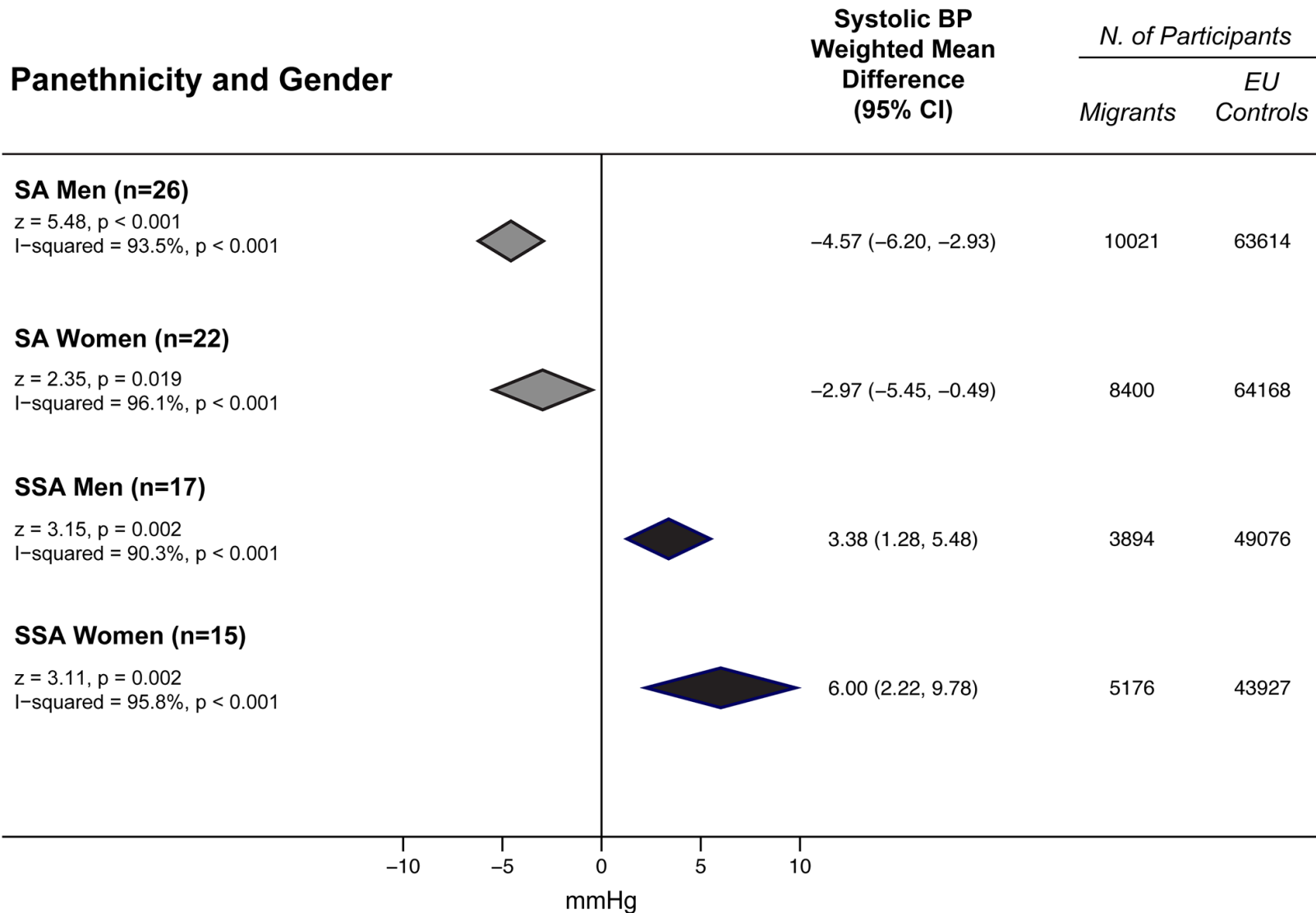
Migration and chronic noncommunicable diseases: is the paradigm shifting?

Francesco Castelli^{a,b}, Lina R. Tomasoni^c and Issa El Hamad^d

J Cardiovasc Med 2014, 15:693–695

exception and virtually all nationalities are represented

Ethnicity and Blood Pressure in Europe



South Asian

Subsaharan
Africa

RESEARCH ARTICLE

Open Access

Healthy migrants but unhealthy offspring? A retrospective cohort study among Italians in Switzerland

Silvan Tarnutzer, Matthias Bopp* for the SNC study group

Abstract

Background: In many countries, migrants from Italy form a substantial, well-defined group with distinct lifestyle and dietary habits. There is, however, hardly any information about all-cause mortality patterns among Italian migrants and their offspring. In this paper, we compare Italian migrants, their offspring and Swiss nationals.

Methods: We compared age-specific and age-standardized mortality rates and hazard ratios (adjusted for education, marital status, language region and period) for Swiss and Italian nationals registered in the Swiss National Cohort (SNC), living in the German- or French-speaking part of Switzerland and falling into the age range 40–89 during the observation period 1990–2008. Overall, 3,175,288 native Swiss (48% male) and 224,372 individuals with an Italian migration background (57% male) accumulated 698,779 deaths and 44,836,189 person-years. Individuals with Italian background were categorized by nationality, country of birth and language.

Results: First-generation Italians had lower mortality risks than native Swiss (reference group), but second-generation Italians demonstrated higher mortality risks. Among first-generation Italians, predominantly Italian-speaking men and women had hazard ratios (HRs) of 0.89 (95% CI: 0.88-0.91) and 0.90 (0.87-0.92), respectively, while men and women having adopted the regional language had HRs of 0.93 (0.88-0.98) and 0.96 (0.88-1.04), respectively. Among second-generation Italians, the respective HRs were 1.16 (1.03-1.31), 1.06 (0.89-1.26), 1.10 (1.05-1.16) and 0.97 (0.89-1.05). The mortality advantage of first-generation Italians decreased with age.

Conclusions: The mortality risks of first- and second-generation Italians vary substantially. The healthy migrant effect and health disadvantage among second-generation Italians show characteristic age/sex patterns. Future investigation of health behavior and cause-specific mortality is needed to better understand different mortality risks. Such insights will facilitate adequate prevention and health promotion efforts.

Presentation Outline



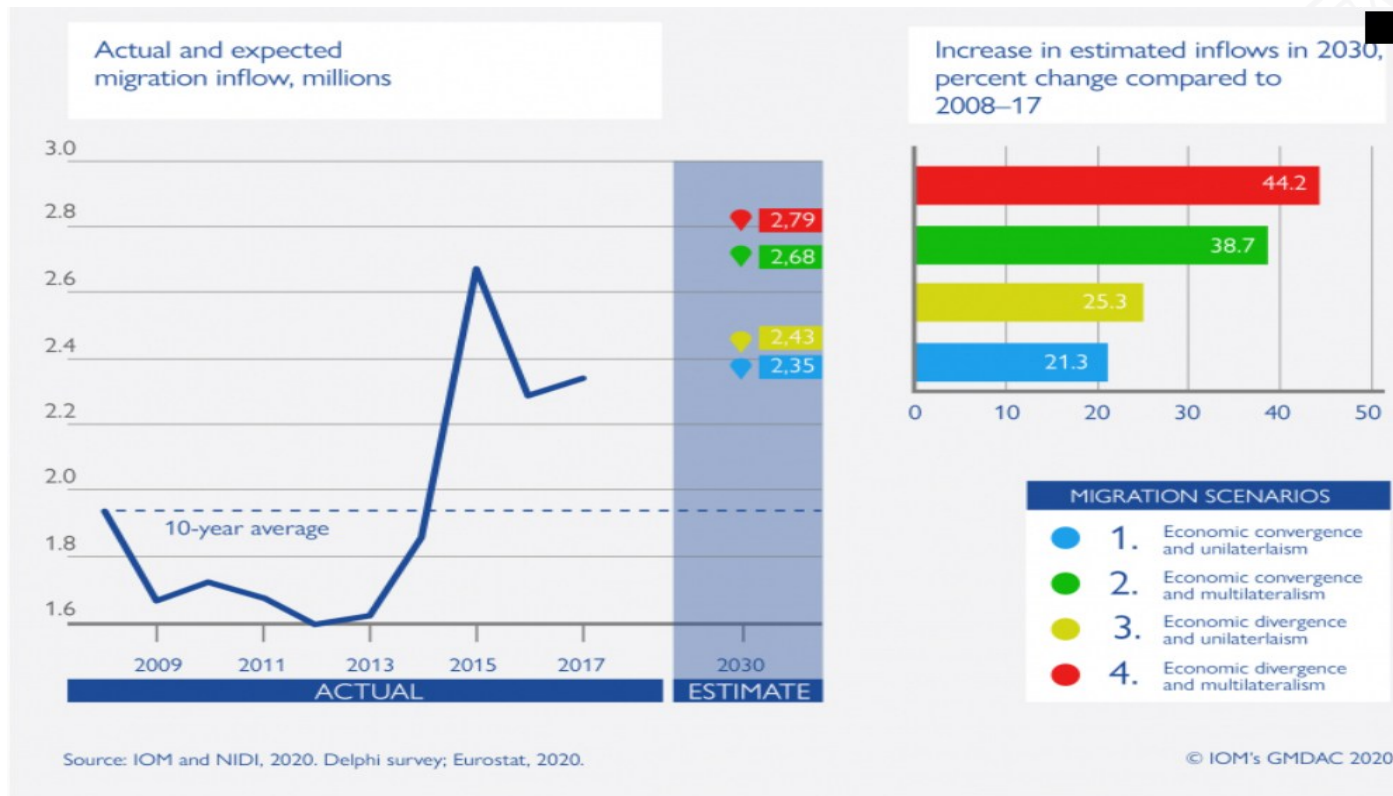
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- 1 • Who is a migrant?
- 2 • Numbers and statistics
- 3 • Why do people move?
- 4 • Migration and health
- 5 • Few final notes



• Le future des migrations dans la UE....



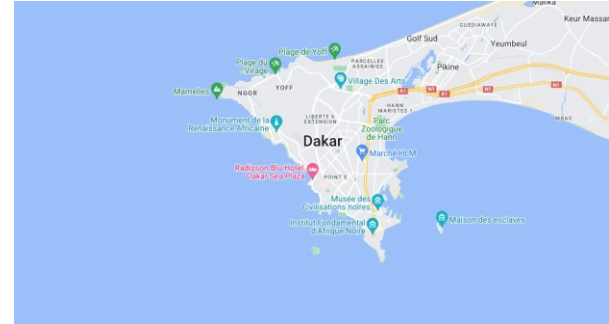
The four aggregate scenarios thus synthesized describe the world in 2030, but with a specific focus on the European Union. As mentioned, the two main dimensions of the scenario framework are: (a) international cooperation (including European Union integration) and (b) economic convergence between the European Union and migrant sending regions

Agenda 2030: "Leave No One Behind"

Access to person-centered health systems is essential to ensure adequate care for all, including migrants.

To provide effective care, it is necessary to overcome formal and informal barriers to healthcare, such as those related to language, culture, administrative hurdles, and lack of information about health rights.

Even the best medical care in the world remains limited if its delivery does not align with the perceived priorities and needs of those who require it.



Gorée: the door of non-return



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