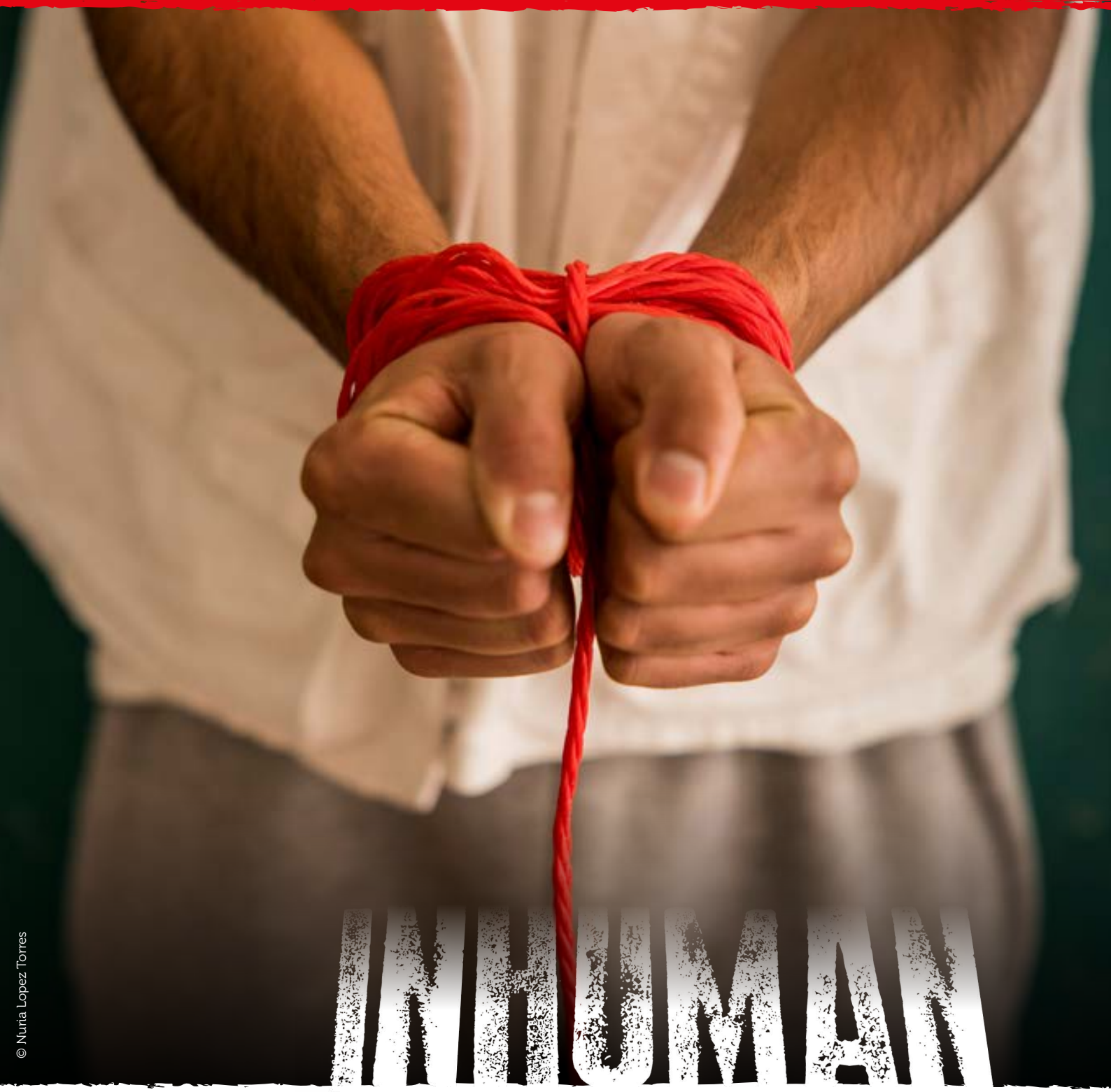

Torture along the Mediterranean migration route, and the support of survivors in a fragile system

MEDECINS SANS FRONTIERES
MEDICI SENZA FRONTIERE

We would like to thank all those who contributed to the realization of this work and who made it possible.

Our heartfelt thanks go to the teams of Médecins Sans Frontières, Policlinico and University of Palermo, and CLEDU for their tireless dedication to the people we assist, and to Seb Casalotti and Marco De Lorenzo Buratta for their invaluable contributions.

Above all, we thank the survivors of torture for their strength and courage in pursuing their paths to self-determination.

CONTENTS

INTRODUCTION

1

According to United Nations estimates, 117.3 million people[1] worldwide have been forced to flee their homes to escape persecution, violence and torture, systematic human rights violations, extreme poverty, and the impacts of the climate crisis. As wars, conflicts, and extreme weather events intensify, the number of forcibly displaced people continues to rise. In response, governments around the world increasingly adopt policies aimed at deterrence and the criminalization of people on the move.

The lack of safe and legal pathways to seek protection—compounded by ever more repressive migration policies—has turned migratory routes into deadly journeys where the dignity, safety, and lives of migrants are continually at risk. Hundreds of thousands of people are exposed to escalating uncertainty and violence during their forced displacement. Deliberate violence, degrading treatment, and torture are widespread risks. They are also tragically common experiences for those compelled to travel through dangerous migration routes in search of safety.

A study[2] cited in the 2018 report by the United Nations Special Rapporteur on Torture found that the prevalence of torture survivors among undocumented migrants can reach as high as 76% depending on the context, with an average prevalence of 27%.

Among these routes, the Central Mediterranean migration route—connecting regions of sub-Saharan Africa to the southern shores of Europe—is notorious as one of the deadliest in the world due to its high mortality rate at sea, and one of the most dangerous due to the extreme levels of abuse and violence faced by migrants and asylum seekers. These violations often occur in countries of origin and transit, most notably in Libya.

The scale, systematic nature, and brutality of torture, abuse, and violent practices reported by thousands of migrants and asylum seekers along the Central Mediterranean route raise a grave challenge to the governments and institutions of destination countries. These accounts underscore the urgent need to end agreements with states where the human rights of migrants are routinely violated, and to implement effective rehabilitation programmes and comprehensive support policies that enable survivors of torture to rebuild their lives with dignity and safety.

In this report, Médecins Sans Frontières (MSF) presents a snapshot of the devastating consequences of torture and the pressing need for integrated care pathways for survivors. Drawing on data and testimonies collected from patients in the MSF programme launched in Palermo in 2020—currently run in collaboration with the University Hospital "Paolo Giaccone," the Pro.Mi.Se. Department, CLEDU, and the University of Palermo—this report sheds light on the rehabilitation journeys of torture survivors with a migratory background.

[1] UNHCR, 2023, Global Trends, https://www.unhcr.org/global-trends-report-2023

[2] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 2018, https://docs.un.org/en/A/HRC/37/50

TORTURE 2

DEFINING TORTURE TODAY

The World Medical Association (WMA) defines torture as "*the deliberate, systematic or indiscriminate infliction of physical or mental suffering by one or more persons acting alone or on the orders of an authority, in order to force another person to yield information, to make a confession, or for any other reason*[3]."

Four elements are legally required to qualify an act of ill-treatment as torture: severe pain or suffering, intentionality, a specific purpose, and the official capacity of the perpetrator[4].

There is no exhaustive list of acts that constitute torture per se. However, both legal and medical literature recognize certain violent practices that, due to their intensity, severity, duration, purpose, or other factors, are understood as acts of torture. These include unlawful detention, deprivation of basic human needs such as water, food, or sleep, sexual violence and humiliation, beatings, whipping, burning, and water immersion, among others.

Despite being absolutely prohibited under international law—and universally recognized as a non-derogable right—the practice of torture is not a tragic relic of the past. Cases of torture continue to be documented today in many parts of the world.

Forty years after the United Nations Convention Against Torture (UNCAT) was adopted by the UN General Assembly in 1984 and ratified by 173 states, torture remains widespread globally, in blatant violation of international law. According to the 2023 report[5] by the UN Special Rapporteur on Torture, only 108 countries have explicitly and separately criminalised torture in their domestic legal systems. Torture continues to be practised in over 140 countries[6], with documented cases in at least 31 African states, 11 Arab states, 11 Asia-Pacific states, 36 member states of the Council of Europe, the Russian Federation, and 18 countries in the Americas.

Thousands of testimonies reveal how torture has become a structural component of contexts marked by insecurity and political instability, as well as of the experience of forced migration itself. In these settings, conditions of legal, social, and economic vulnerability and insecurity greatly increase the exposure of people on the move to abuse, violence, and torture. According to estimates by the Office of the United Nations High Commissioner for Human Rights (OHCHR), between 5% and 35[7] of the refugee population alone are believed to have experienced torture.

[3] World Medical Association (2022). WMA Declaration of Tokyo – Guidelines for physicians concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment https://shorturl.at/qM137

[4] Danish Institute Against Torture, *DIGNITY Fact Sheet Collection Legal No 1 – Defining Torture.* https://dignity.dk/en/fact-sheets-legal/

[5] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Dr Alice Edwards, 52nd session of the Human Rights Council, 14 March 2023.

[6] Amnesty International 2015, https://www.amnesty.org/en/latest/news/2015/06/torture-around-the-world/

[7] OHCHR (2017). *Two-thirds of torture victims supported by UN Fund are migrants and refugees,* https://www.ohchr.org/en/press-releases/2017/04/two-thirds-torture-victims-supported-un-fund-are-migrants-and-refugees

INTERNATIONAL LAW AND STATE OBLIGATIONS TOWARD SURVIVORS OF TORTURE

The right not to be subjected to torture is firmly enshrined in international law, including international humanitarian law, international criminal law, and customary international law.

- UNCAT, 1984
  In December 1984, the United Nations adopted the *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (UNCAT). Italy is among the 173 states that have ratified the Convention.
  A fundamental provision of UNCAT, established in Article 14, affirms the right of torture survivors to obtain redress, including fair and adequate compensation. Crucially, this article also establishes the right to full rehabilitation—defined as the restoration of the victim's dignity through their active participation. States are thus required to ensure the availability of rehabilitation services aimed at restoring, to the fullest extent possible, the physical, mental, social, and professional capacities of survivors, as well as their full inclusion and participation in society.
  Despite this legal obligation, implementation remains critically inadequate in many contexts.
- 1951 Refugee Convention
  The right to international protection for torture survivors is also enshrined in the 1951 *Convention Relating to the Status of Refugees*, which defines a refugee as someone who has a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" and who is outside their country of nationality. Torture is internationally recognized as a form of persecution.
  UNCAT also codifies the principle of *non-refoulement*, which prohibits states from expelling or returning any refugee or asylum seeker to a territory where their life or freedom would be at risk. This principle applies to all forms of forced transfer—including expulsion, deportation, repatriation, or extradition—where there are substantial grounds to believe that the individual would face a foreseeable, real, and personal risk of being subjected to torture or ill-treatment.
  States therefore have a legal duty to ensure that protection mechanisms are effectively implemented and that every case of forced transfer is assessed individually. Such assessments must take into account the person's specific circumstances and the general human rights situation in the country of origin or in any third country to which they may be transferred.

ITALY: ASSISTANCE AND REHABILITATION FOR SURVIVORS OF TORTURE

In Italy, the crime of torture was only introduced into the Penal Code in 2017—nearly 30 years after the country ratified the United Nations Convention Against Torture. That same year, the Ministry of Health adopted *Guidelines for the planning of assistance and rehabilitation interventions, as well as for the treatment of mental disorders in individuals granted refugee status or subsidiary protection who have been subjected to torture, rape, or other serious forms of psychological, physical, or sexual violence*.
These guidelines were designed as a tool to support institutions and health services by providing guidance for the multidisciplinary and integrated care of torture survivors and others who have suffered cruel, inhuman, or degrading treatment—particularly among the migrant population. The document highlights the importance of cultural mediation, the certification of violence suffered, and the early identification of cases.

The need for effective tools to assist individuals with specific vulnerabilities—such as torture survivors—has become increasingly evident in Italy over the past decade, in conjunction with the intensification of migration flows along the Central Mediterranean route and the subsequent rise in the number of forcibly displaced people and asylum seekers arriving in the country.
However, despite the existence of these guidelines, their implementation remains uneven across Italian regions. This is due to a range of factors, including limited understanding of the phenomenon, a lack of standardized protocols, insufficient intercultural mediation services, inadequate dedicated resources and expertise, and chronic underfunding of the reception system, which continues to prioritize emergency responses over structural and long-term interventions.

THE ROUTE OF VIOLENCE

Along the Central Mediterranean migration route, thousands of migrants and asylum seekers continue to report being subjected to brutal forms of violence, including forced labor, burns caused by boiling oil, molten plastic or heated metal objects, electrocution, and repeated sexual violence. These abuses frequently occur in captivity, often in the context of extortion demands made to the victims' families. As documented in a 2020 report[8] by the United Nations High Commissioner for Refugees (UNHCR), such violence is a systematic feature along the major migratory routes toward Europe.

In the Central Mediterranean, Libya remains the main country of transit and is widely recognized as the epicenter of a system of widespread subjugation, exploitation, and violence—including torture—targeting migrants and asylum seekers. In 2021, the United Nations Office of the High Commissioner for Human Rights (OHCHR) classified these violations as crimes against humanity[9].

A 2022 report[10] by Médecins Sans Frontières (MSF) denounced the dire conditions faced by migrants and asylum seekers in Libya, who remain trapped in a system of exploitation and arbitrary detention at the hands of private employers, human traffickers, and armed forces. Torture for the purpose of extortion is frequently reported in both official and unofficial detention centers. Similarly, a 2024 report[11] by Amnesty International documents harrowing testimonies of migrants who have been subjected to—or witnessed—a litany of abuses in Libya, including killings, enforced disappearances, torture, rape and other forms of sexual violence, arbitrary detention, forced labor, and exploitation by both state and non-state actors, all occurring in a climate of near-total impunity.

In Tunisia, the second major country of transit along the Central Mediterranean route, violence against migrants has also become systematic. Fueled by structural racism, such violence includes forced abandonment in desert areas near the borders with Libya and Algeria, as well as physical, sexual, and psychological abuse perpetrated by military and police forces[12].

Italy is the main European country of arrival for migrants crossing the Mediterranean by sea, primarily from Libya and Tunisia. In 2024, for example, Italy received 33% of the 199,400 arrivals recorded along the Mediterranean migration routes. In 2023, it accounted for approximately 58% of the more than 270,700 arrivals in Europe[13].

Although there are no comprehensive estimates of the number of survivors of torture and other cruel, inhuman, or degrading treatment among those arriving in Italy via this route, the systematic and widespread nature of violence against migrants in transit countries such as Libya and Tunisia strongly suggests that the actual number of torture survivors in Italy is high and that an adequate and structured response is urgently needed. In a 2024 report[14], the organisation *Medici per i Diritti Umani* (MEDU) indicated that, among more than 1,500 migrants, asylum seekers, and refugees assisted in Italy over the past nine years, over 80% reported having experienced torture or inhuman and degrading treatment in their countries of origin and/or transit.

8 UNHCR (2020), *'On this journey, no one cares if you live or die'*, https://www.unhcr.org/us/media/journey-no-one-cares-if-you-live-or-die-abuse-protection-and-justice-along-routes-between-0

9 OHCHR (2020), https://www.ohchr.org/sites/default/files/2021-11/A-HRC-48-83-AEV-EN.docx

10 Médecins Sans Frontières (2022), *Out of Libya-Opening Safe Pathways for Vulnerable Migrants Stuck in Libya.*

11 Amnesty International, (2024), *'Between life and death': Refugees and migrants trapped in Libya's cycle of abuse*

12 Ricercatrici/Ricercatori X, ASGI, Border Forensic, On Borders (2025), State *Trafficking,* https://www.borderforensics.org/news/statetrafficingreport/

13 Fonte UNICEF (2025), https://www.unicef.it/emergenze/rifugiati-migranti-europa/#:~:text=Nel%202024%2C%20gli%20arrivi%20in,oltre%20270.700%20arrivi%20in%20Europa.

14 MEDU, (2024), *Migrazione, trauma e salute mentale: una risposta possibile*, https://mediciperidirittiumani.org/frammenti-webreport/

SURVIVING TORTURE: DOCTORS WITHOUT BORDERS' PROJECT IN PALERMO

3

THE PROJECT

At the core of all recognised forms of torture and cruel, inhuman, or degrading treatment lies a common thread: the deliberate intent to inflict pain on another human being. This intentional harm, rooted in the systematic dehumanisation of the victim by the perpetrator, extends beyond physical violence. It targets the very essence of the individual, aiming to dismantle their identity.

Torture seeks to break a person's will by stripping them of control over their body and mind, inducing a pervasive state of fear, helplessness, and uncertainty. In doing so, it erodes the victim's sense of self and their fundamental recognition as a human being.

Any rehabilitation process for torture survivors must begin with the understanding that healing is required not only for physical wounds but also for the deep psychological trauma and shattered identity. Early identification and the provision of specialised services are essential.

Building on this premise and informed by previous experience assisting torture survivors in Italy and other contexts, Médecins Sans Frontières launched a dedicated project in 2020 in Palermo to provide interdisciplinary care for survivors of torture and other forms of extreme violence. From the outset, the intervention aimed to strengthen an already active local network in Palermo by partnering with institutions such as the Provincial Health Authority of Palermo (ASP), Centro Astalli, the Pro.Mi.Se.[15] Department, and the Human Rights Legal Clinic at the University of Palermo.

In October 2023, MSF formalised a collaboration with the "Paolo Giaccone" University Hospital in Palermo, with the objective of integrating the project into hospital structures.

This partnership has enhanced the multidisciplinary approach across all levels of care—from general medicine, via the Migration Medicine Clinic, to specialised services through dedicated referral channels. Outreach activities were also strengthened. These included promotional meetings with third-sector organizations and various migrant and refugee communities in Palermo to improve the identification of torture survivors and ensure appropriate access to care.

A parallel agreement with the University of Palermo has enabled the activation of educational pathways involving trainees and medical residents, as well as the integration of themes related to torture and survivor care into university curricula and scientific research programs.

[15] Department of Health Promotion, Maternal and Child Health, Internal Medicine, and Specialized Excellence Care.

THE OUTPATIENT CLINIC FOR MIGRANT POPULATIONS AT THE PALERMO UNIVERSITY HOSPITAL

Since 2022, the Migration Medicine Outpatient Clinic at the "Paolo Giaccone" University Hospital in Palermo has recorded approximately 3,500 visits, providing care to over 700 patients through regular operations on three days a week. Among those accessing the service, 68% are men, and more than half are under the age of 40. Patients come from a range of geographical and cultural backgrounds, with the majority originating from Bangladesh, Ghana, and Tunisia.

The most common health conditions observed include cardio-metabolic, musculoskeletal, and gastrointestinal disorders, as well as chronic diseases requiring ongoing follow-up. Many individuals who present to the Migration Medicine service face complex challenges of an administrative and social nature, often compounded by significant language and cultural barriers, along with limited access to clear and understandable information.

In this context, intercultural mediation proves to be an essential tool for ensuring equitable, informed, and continuous access to healthcare. Thanks to the presence of trained intercultural mediators, the clinic can welcome patients in all their complexity, actively listen to their needs, and develop personalised and effective care pathways.

Access to the clinic and the integration of intercultural mediation are thus confirmed as key components of a truly inclusive healthcare system—one that respects diversity and is responsive to the evolving needs of a constantly changing migrant population.

CLINIC SERVICE FOR TORTURE SURVIVORS OF THE UNIVERSITY OF PALERMO

"In 2018, the University of Palermo established a multidisciplinary assessment clinic for migrants who survived intentional violence and torture, within the School of Legal Medicine, in line with the Istanbul Protocol. This initiative was prompted by requests from asylum and refugee reception centre managers and the University's Human Rights Legal Clinic.

The clinic was created to meet the growing need for medico-legal evaluations of torture survivors seeking asylum. In subsequent years, it has provided multidisciplinary assessments and issued certificates required to access protection, also supporting women and unaccompanied minors who arrived in Palermo through humanitarian corridors activated by the Italian authorities to bring vulnerable individuals from Libya to Italy.

Between January 2023 and April 2025, the clinic assisted 104 asylum seekers, 24% of whom were women, with an average age of 29.

Seventy-four percent of those assisted were referred by MSF staff involved in the torture survivor support project. The remaining 26% were referred by the Provincial Health Authority of Palermo, staff from reception centres, and legal personnel."

Antonina Argo, *Professor of Legal Medicine, Department of Pro.Mi.Se., University of Palermo.*

AN INTEGRATED AND MULTIDISCIPLINARY APPROACH TO CARE

The rehabilitation programme for survivors of torture, jointly implemented by Médecins Sans Frontières (MSF) and the "Paolo Giaccone" University Hospital in Palermo, is grounded in an interdisciplinary, evidence-based approach. It integrates principles of ethnopsychiatry to ensure culturally sensitive and context-appropriate therapeutic support.

Access to the programme is granted either through formal referrals by institutional actors, reception centres, and civil society organisations working with people with a migratory background, or via self-referral by individuals who have experienced torture, who can directly approach the project team in Palermo.

Priority is given to particularly vulnerable individuals, including unaccompanied minors, pregnant women, those with urgent medical needs, and individuals exhibiting signs of acute psychological distress. Each patient undergoes an initial assessment conducted by a multidisciplinary team comprising a physician, psychologist or psychotherapist, social worker, and intercultural mediator. Through non-invasive interviews, the team explores potential physical or psychological trauma linked to violence experienced in the country of origin, during transit, or along the migration route. At the same time, exclusion criteria—such as the absence of torture-related trauma or therapeutic need—are assessed.

A personalised therapeutic plan is then developed by the multidisciplinary team, which includes a dedicated case manager. This plan outlines specific goals, activities, and timelines across the programme's three core components: medical, psychological, and socio-legal. The plan is co-designed with the patient and reviewed regularly to reflect their progress and evolving needs.

Ongoing follow-up is ensured through individual and multidisciplinary consultations, always involving the case manager and intercultural mediator. Legal assistance—particularly relevant for preparation ahead of hearings with the Territorial Commission or in the context of appeals—is provided by lawyers from the Human Rights Legal Clinic (CLEDU), under a formal partnership with the University of Palermo's Faculty of Law.

For patients with valid residence permits and enrolled in the Regional Health System, coordination is ensured with their assigned general practitioner or the healthcare focal point in the reception facility. For undocumented individuals, primary care is provided through STP/ENI outpatient services, in particular the Migration Medicine Clinic at the "Giaccone" University Hospital.

When necessary, and following a joint evaluation with hospital staff, patients are accompanied by project intercultural mediators to diagnostic or specialist consultations, preferably within the public healthcare system. In coordination with legal counsel and with the informed consent of the patient, the multidisciplinary team may also refer the case to the hospital's Forensic Medicine Unit for specialised assessment and the issuance of a medical-legal certificate in support of international protection claims.

The average duration of care is around nine months, though it may be extended based on the specific needs of each patient. In 2024, the team worked on developing more structured discharge criteria with the aim of optimising care timelines and expanding the programme's capacity to take on new patients.

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BARRIERS TO HEALTHCARE ACCESS FOR MIGRANT POPULATIONS

As the Italian National Health System continues to face growing challenges—both nationally and locally—marked by increasingly long waiting times for specialist appointments, reduced availability of hospital beds, and a general decline in the quality of healthcare services, migrants, refugees, and asylum-seekers face even greater obstacles in accessing free medical care. These challenges are further exacerbated by bureaucratic hurdles and language barriers.

One of the most critical gaps is the systemic absence of intercultural mediation services, a structural shortcoming that affects the entire healthcare system, and is particularly evident in mental health services.

The lack of intercultural mediators and social workers within hospital settings significantly hinders the care and management of patients with a migratory background. Healthcare professionals who lack specific training are often unable to identify individuals with particular vulnerabilities—such as survivors of torture—thus preventing timely and appropriate care.

These systemic shortcomings and access barriers have severe consequences for patients, including heightened risks of retraumatisation and transcultural stress. The latter refers to the psychological distress arising from the need to adapt not only to a new language but also to an unfamiliar cultural framework and social environment.

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TORTURE AND VIOLENCE EXPERIENCED ALONG THE MIGRATION ROUTE

4

METHODOLOGY

This report is based on the analysis of routine data collected through medical assistance activities carried out by Médecins Sans Frontières (MSF) in Palermo between January 2023 and February 2025[16] for people who have survived torture. The patients included in this analysis meet the following case definition: a person who has survived torture or other severe forms of intentional violence in their country of origin, during the migration journey, and/or in the country of destination, resulting in physical and/or psychological health consequences. Cases of previous domestic violence are also included when these are classified as torture or serious intentional violence occurring within the aforementioned contexts, provided that the health impacts can be documented.

Access to the Service for Survivors of Torture (SoT) is contingent on the presence of these criteria. Individuals experiencing social vulnerability alone, those with only legal needs unrelated to health issues, ongoing domestic violence (requiring immediate referral to specialized services), or severe psychiatric conditions or addictions that compromise autonomy are excluded from the programme, at least until stabilisation and re-eligibility.

The information presented in this report draws on both quantitative and qualitative components. Quantitative data were collected, entered into a standardized medical database, and subsequently analysed using Power BI software. Descriptive statistics (frequencies, proportions, interquartile ranges) were used to present the results.

To complement this data, the qualitative component—essential for a more comprehensive evaluation of individual patients and for a deeper analytical understanding of the cohort as a whole—included personal narratives and testimonies shared by survivors of torture during their care, as well as testimonies regarding the specific acts of torture they experienced.

The analysis also included documentation compiled during the initial multidisciplinary assessments for each patient and follow-up documentation throughout the course of the therapeutic process.

This integrated approach enabled the collection of key insights and a deeper understanding of the main issues affecting this population, characterized by high clinical, psychological, and social complexity closely linked to the violence experienced during migration. These challenges are often compounded by inadequate reception conditions in the host country.

Participants were fully informed of the purpose and objectives of the data collection process prior to providing any testimony, and verbal informed consent was duly obtained. All participants were assured of their right to discontinue participation at any point should they feel uncomfortable.

Interviews were conducted in protected, private settings, with full respect for participants' privacy, confidentiality, and anonymity throughout the process. All data were collected and managed in accordance with applicable laws and medical ethics standards.

Given the extremely traumatic nature of the violence experienced and the difficulty some patients have in recounting or recalling the torture they were subjected to, certain types of torture may be underreported. Furthermore, beatings and physical violence were often perceived by patients as such common occurrences that they were not explicitly mentioned as forms of torture, despite having been subjected to them. This, too, may have contributed to underestimation in the data.

[16] The data concerning project activities carried out between 2021 and 2022 were analysed and included in the MSF report 'Surviving Torture', published in 2023, https://www.medicisenzafrontiere.it/wp-content/uploads/2023/12/Tortura_Impa_Finale.pdf

RESULTS

5

SOCIODEMOGRAPHIC CHARACTERISTICS OF PATIENTS

Between January 2023 and February 2025, a total of 160 survivors of torture received support from the Service for Survivors of Torture team in Palermo. Patients originated from 20 different countries, with the largest national groups being from Bangladesh (15.6%), Gambia (13.7%), Ivory Coast, (11%), Cameroon (9%), and Nigeria (9%).

A comparison with the previous cohort—comprising patients assisted between January 2021 and September 2023—shows that the proportion of Bangladeshi and Gambian nationals remained consistent. However, there was a notable increase in the number of patients from Ivory Coast and Nigeria, indicating evolving trends in the nationalities of survivors seeking care.

Figure 1. Nationalities of the population included in the analysis, Palermo, Sicily, 2023–2025

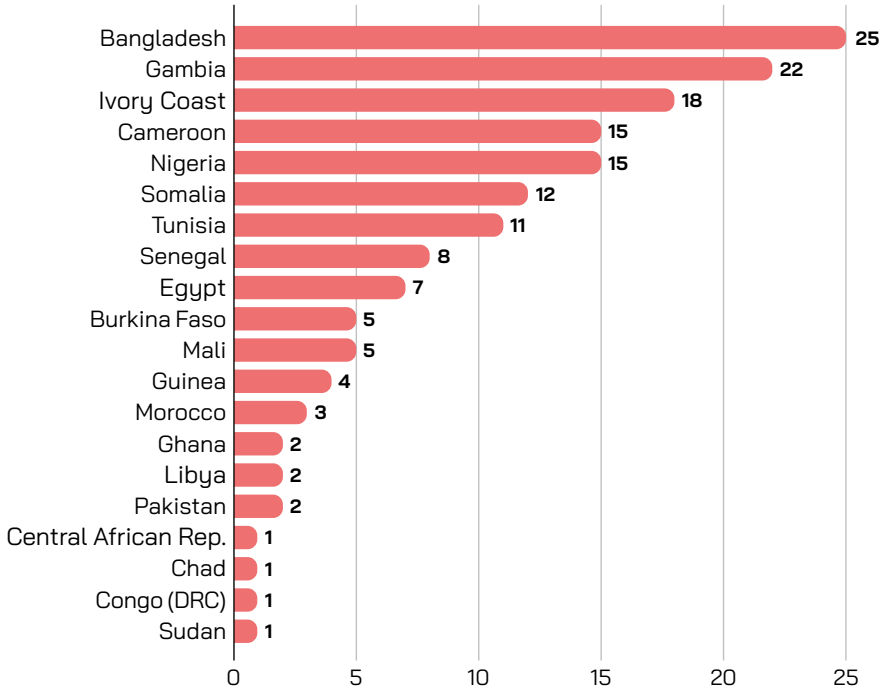
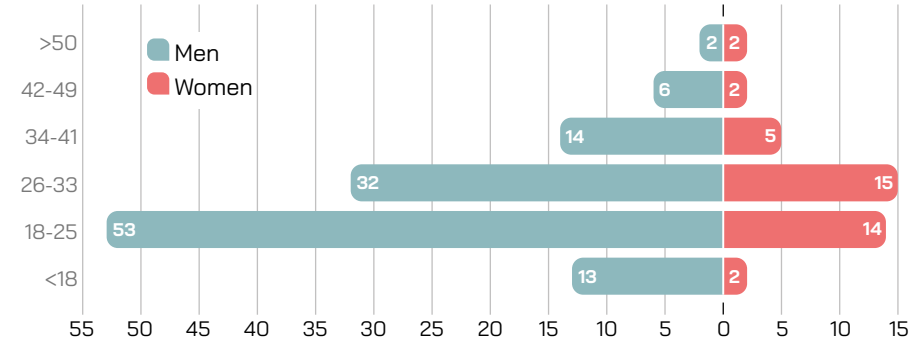


Figure 2. Demographic pyramid of the population included in the analysis, Palermo, Sicily, 2023–2025



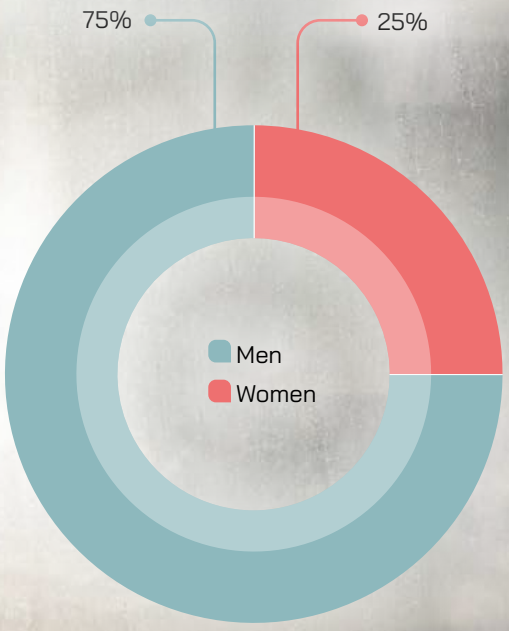
Seventy-one percent of patients are between the ages of 18 and 33, with a median age of 25 [IQR: 16–64].

The majority of individuals assisted between 2023 and 2025 are men, who accounted for 75% of the total. Women represented 25% of the patient cohort, with more than 70% of them originating from Cameroon, Ivory Coast, Nigeria, and Somalia.

This proportion of women is significantly higher than estimates from the United Nations High Commissioner for Refugees (UNHCR), which reported that women represented 10%[17] of all migrants arriving in Italy by sea in 2023, and only 6%[18] in 2024. This discrepancy highlights the heightened vulnerability faced by women during migration.
Although women constitute a numerical minority along the Central Mediterranean route, they are disproportionately exposed to violence, abuse, and torture—factors that increase their likelihood of coming into contact with care and protection services.

Sixty-tree percent of the patients assisted reside in reception centres, including 38% in Extraordinary Reception Centres (CAS) and 25% in facilities for holders of international protection.
This data underscores the urgent need for specialised professionals within the reception system who are adequately trained to identify and support individuals with specific vulnerabilities, such as survivors of torture. However, the availability of such specialised profiles is steadily declining—both in terms of staffing levels and working hours—due to the continued erosion of the reception system's capacity and resources.

Figure 3. Gender distribution of the population included in the analysis, Palermo, Sicily, 2023–2025



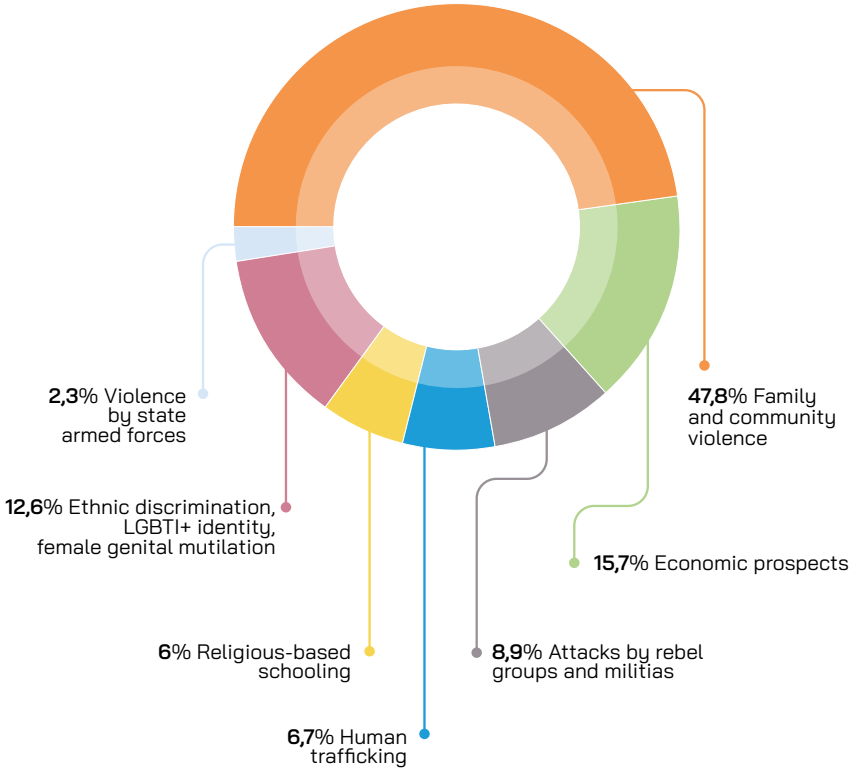
[17] UNCHR, March 2024, https://www.unhcr.org/it/notizie/comunicati-stampa/8-marzo-unhcr-donne-e-ragazze-oltre-il-51-delle-114-milioni-di-persone
[18] UNHCR Italy Factsheet, December 2024, https://reliefweb.int/report/italy/unhcr-italy-factsheet-december-2024

A MAP OF TORTURE

The forms of torture and cruel, inhuman, and degrading treatment reported by patients are multiple and show common recurring patterns. Notably, these experiences were endured both in countries of origin and transit countries.
Out of the 160 people assisted, 123 (76.9%) shared the reasons that compelled them to leave their countries of origin. Among the primary causes, 64 (47.8%) recounted fleeing domestic violence or violence perpetrated by members of their communities, including repeated sexual violence, sometimes inflicted by family members.

> *All my life, I suffered violence at the hands of my brother. He even forced me to marry one of his friends. When I refused, he beat me so severely that I was left near death. I lost the baby I was expecting. That was when I decided to flee Tunisia and boarded a boat hoping to reach Italy.*
> M., a patient from Tunisia assisted in Palermo

Figure 4. Reasons for leaving the country of origin among the population included in the analysis, Palermo, Sicily, 2023–2025



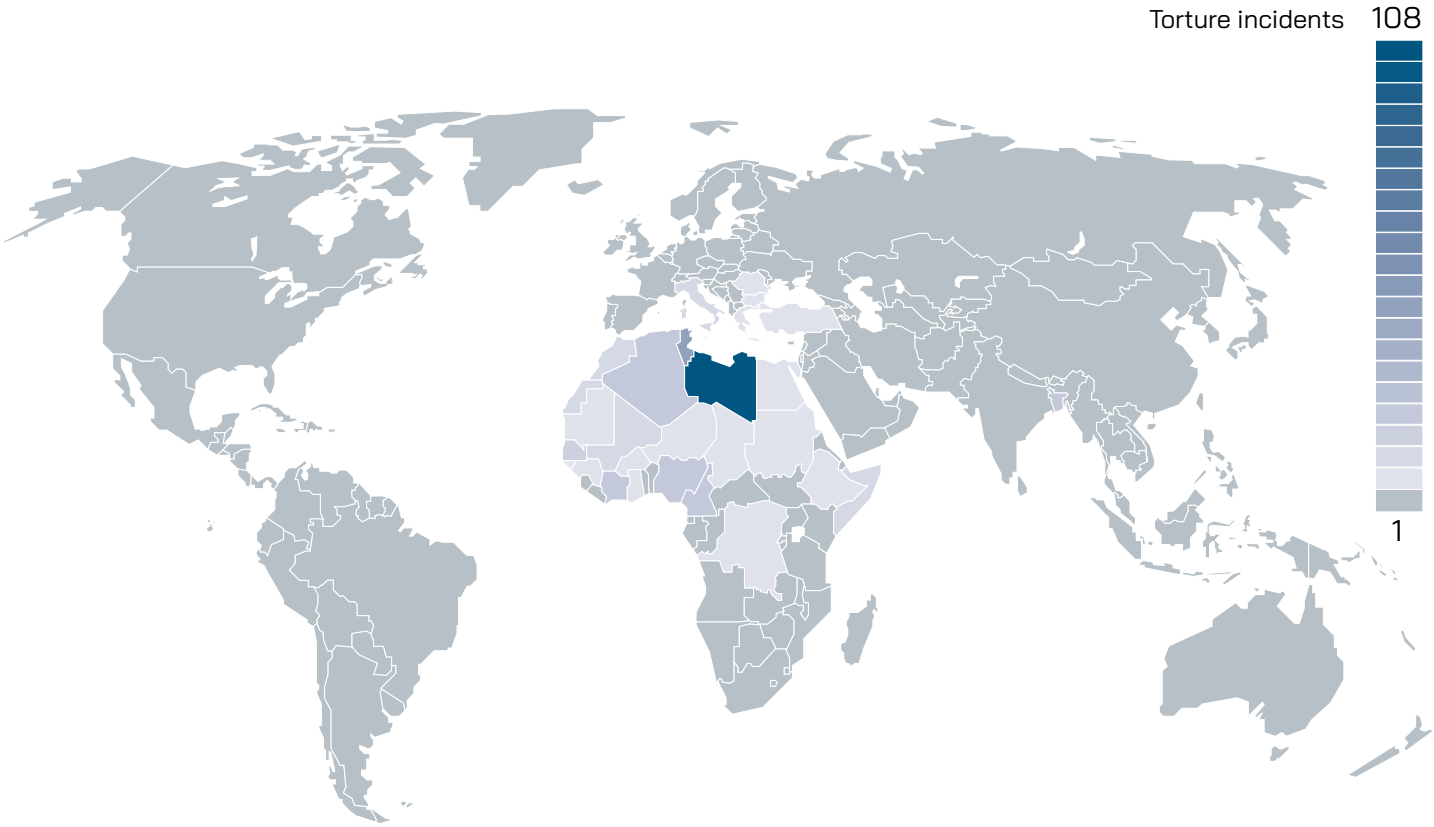
Seventeen people (12.6%) left their country due to ethnic discrimination, gender identity, or sexual orientation issues, as well as the risk of female genital mutilation. Twelve people (8.9%) reported fleeing attacks by militias and armed groups where they lived, while nine people (6.7%) were victims of trafficking.

Many of the people assisted reported having been victims of multiple episodes of torture and severe violence occurring in at least 30 countries along the migration route.
36.5% of these episodes took place in nine countries designated as safe[19] by the Italian Government and the European Commission for repatriation purposes: Algeria, Bangladesh, Ivory Coast, Egypt, Gambia, Ghana, Morocco, Tunisia, and Senegal.

The majority of reported episodes of torture and degrading treatment occurred in Libya (108 cases), Tunisia (41 cases), Algeria (16 cases), Bangladesh (17 cases), Nigeria (17 cases), Cameroon (15 cases), Ivory Coast (15 cases), and Senegal (12 cases).

Among the assisted patients, 29 reported having been tortured repeatedly in two different countries along their migration route, while 11 patients experienced torture in three different countries. In 82% of cases, torture took place in transit countries, with the highest incidence in Libya, followed by Tunisia; 2% of episodes of torture occurred in the destination country, Italy.

Figure 5. Countries where torture incidents were reported among the population included in the analysis, Palermo, Sicily, 2023–2025



[19] List of countries considered safe by the Italian Government according to DL 158/2024: Albania; Algeria; Bangladesh; Bosnia and Herzegovina; Cape Verde; Ivory Coast; Egypt; Gambia; Georgia; Ghana; Kosovo; North Macedonia; Morocco; Montenegro; Peru; Senegal; Serbia; Sri Lanka; Tunisia.

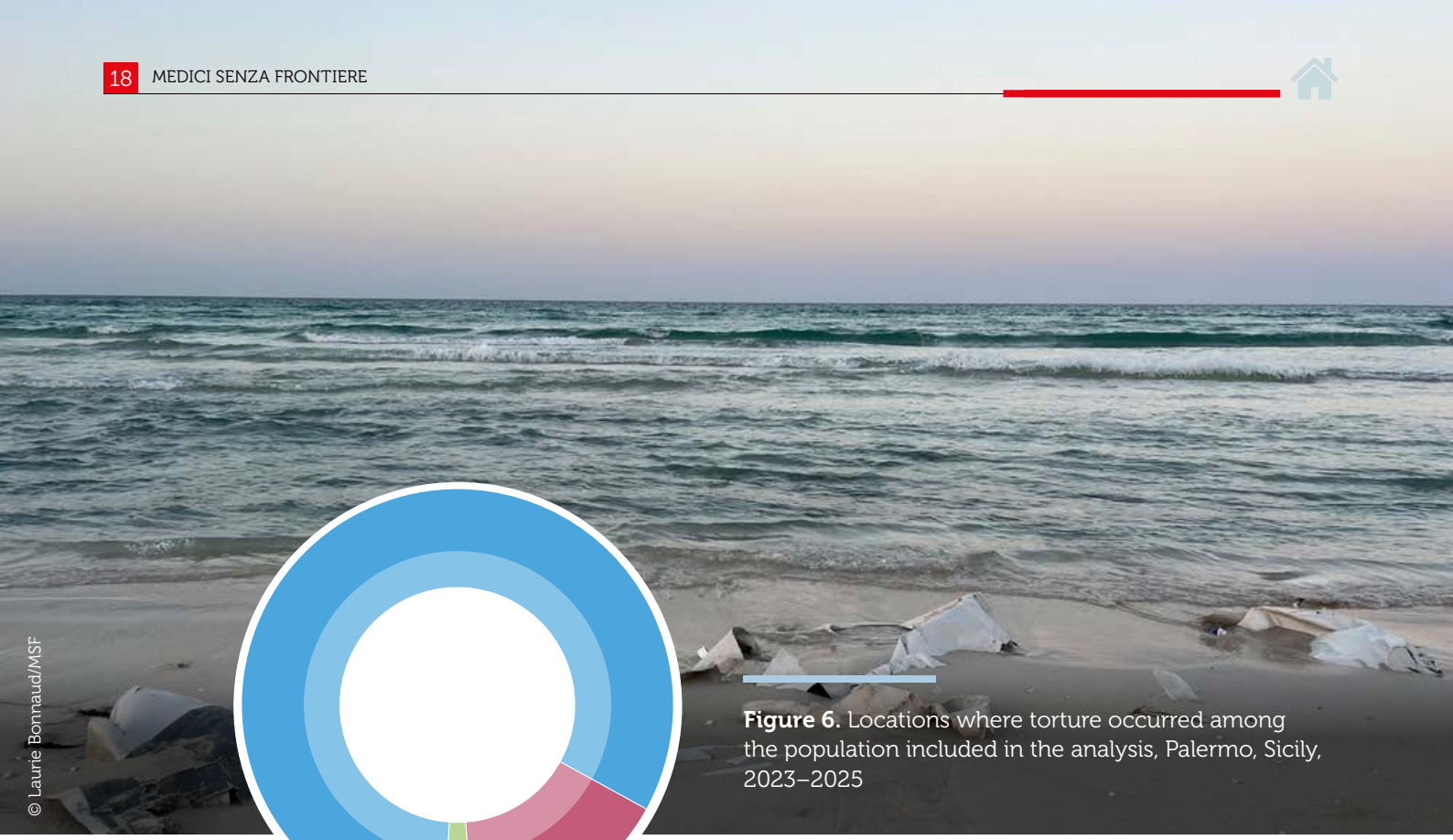


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Figure 6. Locations where torture occurred among the population included in the analysis, Palermo, Sicily, 2023–2025

I am from Gambia, but I moved to Senegal after my parents passed away. Throughout my life, I have endured many acts of torture. The first time was in Senegal, when I was arrested and tortured by the police to force a confession. I then moved to Burkina Faso, but was arrested again: for two months, the police tortured me to make me pay a ransom. When I managed to leave the country, I went to Libya. It was even worse there. Three armed men captured and abused me, then I ended up in a detention centre for three months, where traffickers continuously beat me, locked me up in cramped spaces with many others, who were tortured right in front of my eyes.

L., patient from Gambia assisted in Palermo

Sixty percent of the reported torture incidents occurred in Libya, confirming the systematic spread of violence and degrading treatment against migrants in the country.

Among the patients followed, 23 (14.4%) reported having experienced pushbacks at borders: more than half of these occurred in Libya, both at sea and at land borders. Some patients recounted being intercepted and pushed back at sea by the Libyan Coast Guard and then taken to detention centres where they were subjected to repeated violence and torture.

Another significant finding is the increase, between 2023 and 2024, in cases of torture and severe violence occurring in two other countries: Algeria and Tunisia. Another significant finding is the increase, between 2023 and 2024, in cases of torture and severe violence occurring in two other countries: Algeria and Tunisia[20].

3% and 11% of patients assisted by MSF in 2023 reported torture in Algeria and Tunisia respectively. In 2024, these rose to 15% and 24% respectively. This highlights the growing and alarming incidence of brutal and oppressive practices against people on the move crossing these countries.

[20] In Tunisia, the data on severe violence and torture experienced by patients during 2023 and 2024 mirror the country's shifting political and social climate. The criminalization of migrants and the sharp rise in violent and intimidating actions against them—as well as against civil society organizations and activists—coincided with the anti-migration campaign launched by President Kais Saied in February 2023. Media reports and international organizations have documented how the president's racist and xenophobic rhetoric has fueled a surge in forced evictions, arrests, attacks, and persecution targeting sub-Saharan migrants. These abuses have often involved the Tunisian security forces themselves, as Amnesty International has repeatedly highlighted, resulting in entrenched patterns of violence disproportionately affecting Black migrants in Tunisia.

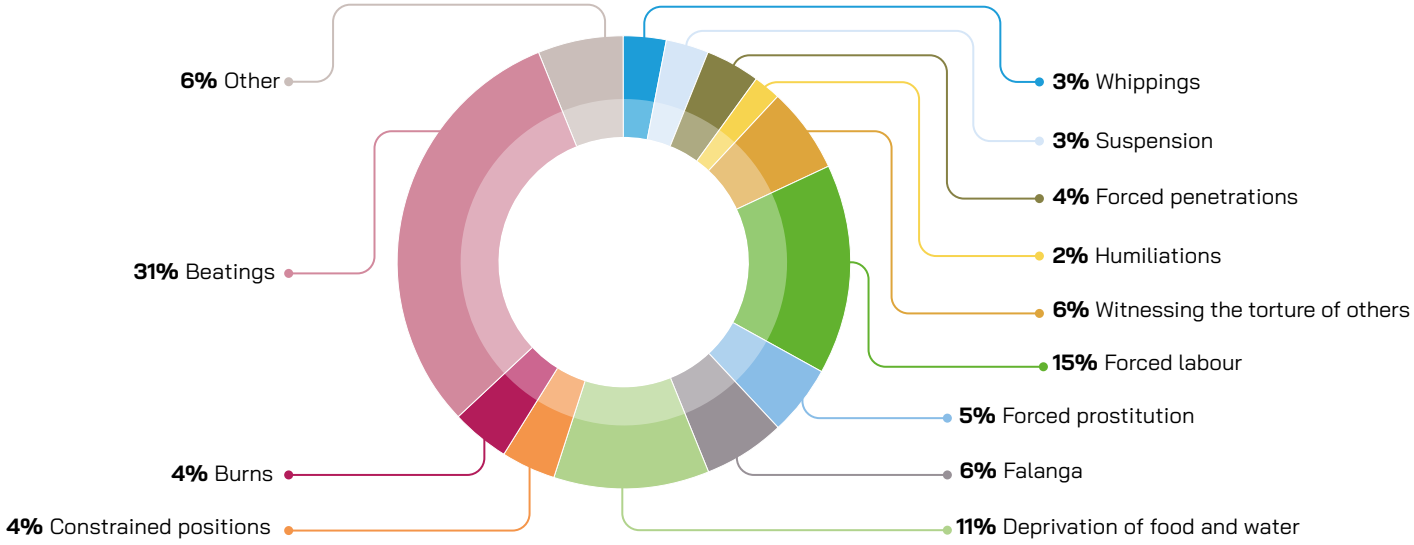
PERPETRATORS AND FORMS OF TORTURE

In 131 of the incidents of torture reported, victims were able to identify the perpetrator: traffickers were responsible in 60.3% of cases, and law enforcement officials in 29%. Many victims reported being treated as commodities, sold between trafficking groups, and then being detained and tortured in multiple centres, with the aim of extorting money from their families to pay for their release. Of the 90 reported cases of torture in Libya where the perpetrator was identified, over 70% were committed by traffickers.
Out of 181 total reported torture incidents, in 162 it was possible to determine 17 types of inflicted violence, including beatings, whippings, burns, nail removal, electric shocks, and suffocation, among others.

More than 31% of the patients experienced beatings, inflicted either by hand or with blunt objects or sticks. In 15% of torture cases, patients were subjected to forced labour[21] under conditions of coercion, captivity, and physical, mental, and sexual abuse. Forced prostitution was reported in 5% of the torture cases, with all victims being women. The data show that forced labour is particularly widespread in Algeria, where 75% of reported cases occurred, followed by Tunisia with 38%, and Libya with 31.5%. Additionally, 11% of survivors reported deprivation of food and water, while 6% were forced to witness violence against others, including instances where some men were compelled to watch the rape of their partners or sisters. Among the assisted patient cohort, 21 individuals (6%) reported experiencing a form of torture known as "falanga," which involves inflicting contusive trauma to the feet, often causing difficulty walking and potentially leading to chronic disability.

> *In Bangladesh, I went into debt to pay for medical treatment, but I couldn't repay it and was threatened with death. I went to Libya to find work and pay off that debt that was burdening my family. When I arrived in Libya, traffickers held me captive for a month and continuously tortured me. They beat me all over my body and repeatedly hit the soles of my feet [falanga] to extort ransom from my family. Unable to pay, the traffickers forced me to work for them.*
> A., patient from Bangladesh assisted in Palermo

Figure 7. Types of torture experienced by the population under analysis, Palermo, Sicily, 2023–2025



[21] In this analysis, the cases of forced labor reported by the assisted people were included among the types of torture, as they are associated with conditions of coercion, abuse, and physical and psychological violence and threats, as outlined in the 2016 United Nations Special Rapporteur.

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GENDER-BASED VIOLENCE AND TORTURE

Based on the testimonies collected from those assisted in Palermo, a common and deeply troubling aspect emerges that characterises the female migratory experience along the Mediterranean route. Of the 40 female patients assisted between 2023 and 2025, 80% reported having suffered one or more incidents of sexual and gender-based violence, some of which qualify as acts of torture.

> *I was born and raised in Mali; after losing my mother, I was entrusted to a family that constantly beat and mistreated me. I decided to leave to protect my daughter [from female genital mutilation]. I did not want the same to happen to her. I paid a trafficker to leave Mali and managed to reach Libya. There, I was sold to another man: I was forced to live and work for him. He repeatedly raped me. He only let me go when I became pregnant and was no longer useful to him. I managed to escape from Libya shortly after.*
> M., patient from Mali assisted in Palermo

Twenty-eight women (70%) reported having suffered gender-based violence in their countries of origin, including sexual intimidation and rape by family members, members of their community, or armed forces and groups in contexts of instability and insecurity. Among the women assisted, 12 (30%) disclosed having undergone female genital mutilation or facing the risk that their daughters would undergo it; for six women (15%), the concrete risk of experiencing or having their daughters subjected to genital mutilation was the reason they decided to leave their country of origin.

From the testimonies gathered, 33 episodes of torture involving sexual violence emerged, 22 experienced by women (66.7%) and 11 by men (33.3%). In the cases reported by men, in five episodes (15.2%), the torture involved being forced to witness the rape of their wife or sister.

> *My wife and I had to flee Cameroon. Her father raped and persecuted her from a young age; later, he tried to have her kidnapped because he did not accept our marriage. I was attacked by the kidnappers while trying to defend her. We fled to Nigeria, but we were deceived by men who took us to Libya to sell us to a group of traffickers.*
> *They made me work for them, and when I tried to rebel and escape, they tortured me: they deprived me of food and water, beat and whipped me. They forced me to hold broken glass shards in my hands. But the worst thing they did was rape my wife in front of me, then forced her into prostitution. They tortured me every time I tried to resist. They told me they would kill her if I did not obey.*
> C., patient assisted in Palermo with his wife

THE EFFECTS OF TORTURE

The effects of torture and ill-treatment on a person are multiple and profound, impacting physical, psychological, cultural, and social dimensions. They can leave visible physical scars and cause chronic conditions, or be invisible, resulting in permanent psychological harm.

According to the World Health Organization[22] and various studies conducted by the UCL–Lancet Commission[23], during the migration journey, exposure to insecurity, traumatic events, irregular status, lack of social networks and economic resources, combined with poor hygiene and sanitation conditions, nutritional deficiencies, and barriers to accessing healthcare services, produce deeply negative effects on the body, weakening and compromising the physical and mental well-being of migrant.

SYMPTOMATOLOGY

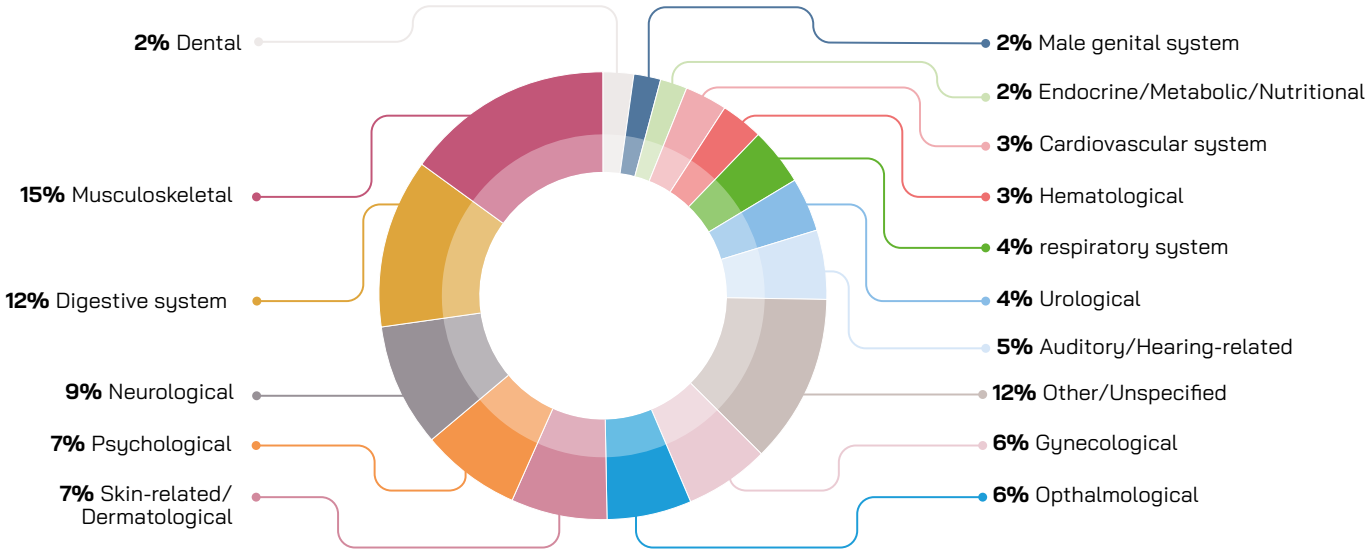
Among the survivors of torture assisted by the dedicated service in Palermo, many present with multiple health conditions and a variety of symptoms, many of which are connected to their traumatic experiences, precarious living conditions, and the violence they endured.

Given the physical brutality of many torture methods—often inflicted repeatedly—and the central role of physical suffering in these practices, chronic pain[24] is a common consequence among survivors.

Medical data analysis shows that 15% of patients exhibit musculoskeletal symptoms such as chronic myalgia, poorly healed or untreated fracture outcomes, paraesthesia, or peripheral nerve damage.

12% of the patients present symptoms related to the digestive system, and over 9% have neurological symptoms such as chronic headaches, cognitive impairments (short-term memory loss, difficulty concentrating, slowed thinking and speech), and sleep disorders. Among survivors of gender-based torture, including rape and sexual exploitation, data show that gynecological symptoms and conditions have a higher incidence compared to other medical issues, affecting 6% of female patients.

Figure 8. Symptoms among the population under analysis, Palermo, Sicily, 2023-2025



[22] World Health Organization, Refugee and migrant health. Fact sheet. Geneva: WHO; May 2022. https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health

[23] Abubakar I, Aldridge RW, Devakumar D, et al. The UCL–Lancet Commission on Migration and Health: the health of a world on the move. The Lancet. 2018 Dec 15;392(10164):2606–54. Online: https://www.thelancet.com/commissions/migration-health

[24] Williams A C de C, Peña CR and Rice ASC. *Persistent pain in survivors of torture: a cohort study*. J Pain Symptom Manage 2010; 40: 715–722

THE PSYCHOLOGICAL CONDITION OF TORTURE SURVIVORS

Beyond the physical scars, torture leaves deep, persistent, and debilitating psychological wounds that tend to affect every aspect of a person's life—from their ability to build interpersonal relationships, to pursuing professional goals, and even to continuing their personal development. Due to the trauma experienced, the identity of torture survivors often becomes fragmented, leading to a loss of self-awareness and recognition of their own value and lived experience. Extreme traumatic events can cause a rupture in the individual's personality, and in many cases, their memory of these events can trigger somatic symptoms[25].

The psychological issues displayed by survivors of torture are typically trauma-related disorders: post-traumatic stress symptoms, high rates of anxiety, depression, and difficulties adapting[26]. Data from psychological consultations conducted by the MSF team in Palermo confirm these trends: 67% of the assisted individuals present clinical profiles characterised by post-traumatic stress combined with anxiety and depressive traits, presumably linked to the trauma and violence they suffered. Among these, 21% reported symptoms compatible with depressive disorder, and 14% with anxiety disorders. Other significant conditions detected include psychotic disorders (5% of patients), behavioural disorders (5% of patients), and suicidal thoughts (3% of patients).

One patient reports constant flashbacks, reliving scenes of violence he endured. Even indistinct shouting can trigger memories of torture: he hears in his mind the screams of others being beaten in the adjacent cell. These intrusive thoughts can occur at any time of the day, making it impossible to focus on anything else. His body reacts as if he is actually reliving the violence, becoming tense with overwhelming fear and terror. The same patient tells me he hardly ever sleeps due to recurring nightmares about what happened to him. This condition is extremely disabling.

For many survivors, these symptoms are severely disabling, infiltrating daily life and disrupting it with intrusive thoughts and traumatic memories triggered even by common actions or situations. These deeply distress the individual, causing them to relive their trauma repeatedly.

Among the patients who experienced gender-based torture such as rape and sexual violence, manifestations of post-traumatic stress, anxiety, and depression are particularly frequent. For those who suffered sexual violence or had to witness violence inflicted on another person—such as men forced to watch their partner being raped—a recurring and profoundly painful aspect is the shame and guilt due to the humiliation endured and their inability to prevent the torture.

No diagnostic terminology can fully capture these feelings, nor the deep distrust of others that many torture survivors develop, nor the destruction of everything that once gave meaning to their lives[27]. These factors often discourage survivors from sharing their experiences and frequently lead them toward voluntary isolation or avoidance behaviors[28].

Adding to this is the uncertainty about the future and their legal status, including the possibility of detention and deportation to the country where they were tortured, along with the lack of social support networks. These factors further exacerbate their suffering and stress.

We work with patients to help transform flashbacks and intrusive thoughts into memories rather than retraumatizing experiences, through psychoeducation and trauma memory processing techniques. The therapeutic journey we undertake starts with building a relationship of trust—a safe space where the patient can once again feel like a human being free to choose and decide for themselves, breaking the power dynamics imposed by those responsible for the torture.
MSF Psychologist, Palermo

[25] Mazzetti, in Aragona et al., *"The Trauma of Migration: Factors of Resilience and Vulnerability"*, 2014, p.39

[26] Amanda C. de C. Williams and Jannie van der Merwe, *The psychological impact of torture*, The British Pain Society, 2013

[27] *Ibidem*

[28] In clinical psychology, avoidance refers to a persistent and disabling pattern of thinking that prevents an individual from confronting a feared situation. Avoidance is a defense mechanism aimed at distancing the individual from an anxiety-provoking stimulus by simply not facing the stimulus itself. The consequence for the person is an increased perception of danger associated with the avoided situation, creating a vicious cycle.

LEGAL VULNERABILITY

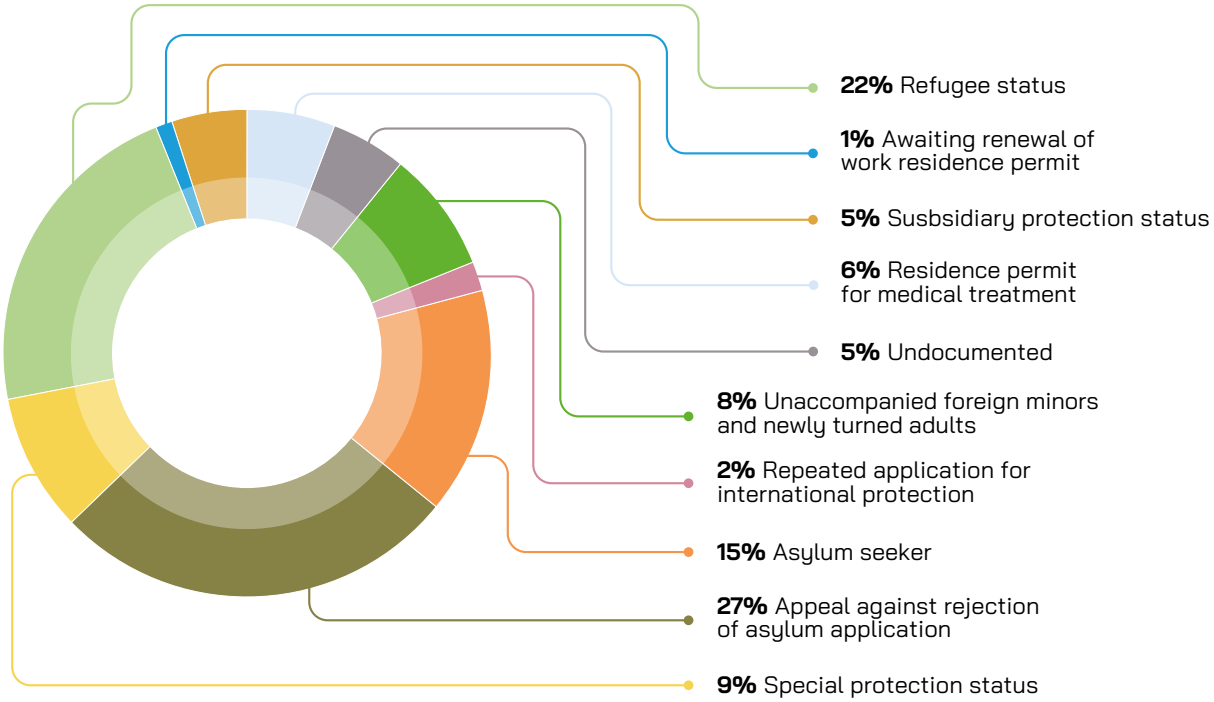
Beyond the medical and psychological conditions and needs, the team also assesses the socio-legal needs of patients to facilitate their access to local support services.

Considering the central role and impact that each individual's legal status has on the therapeutic journey of torture survivors, the project involves close collaboration with the Legal Clinic for Human Rights (CLEDU) in Palermo, to which patients are referred in order to guarantee them free legal assistance. Many of the people undergoing or having completed the therapeutic process are also supported by CLEDU's legal staff, who are an integral part of the multidisciplinary care and assistance pathway for torture survivors.

The CLEDU lawyers assist patients throughout the various legal and bureaucratic procedures necessary for the recognition of international protection. These include providing legal information, preparing for and supporting during hearings before the Territorial Commission, assisting in appeal procedures in the case of protection denial, and supporting family reunification processes. They also prepare medico-legal reports which are essential for the recognition of international protection.

The legal status recognised by the Italian authorities is indeed an extremely important and influential aspect of the condition and therapeutic path of torture survivors. The legal status affects every aspect of a person's life, determines access to basic services and protection mechanisms, and influences social self-determination.

Figure 9. Legal status of the population analysed, Palermo, Sicily, 2023-2025



Although the people assisted by the project are survivors of torture and inhuman or degrading treatment, only 22% of patients for whom legal status was recorded at admission and discharge hold refugee status, and 5% hold subsidiary protection. The remaining patients not only face the physical and psychological consequences of torture but also find themselves in a condition of legal vulnerability and precariousness, which exacerbates their uncertainty and social and economic instability.

Six percent of the patients hold a residence permit for medical treatment, a form of temporary protection whose validity is tied to the duration of the therapeutic treatment, lasting up to one year. Introduced in 2018 with Law No. 132/2018, this type of protection prevents the expulsion from Italian territory of foreign nationals suffering from particularly serious health conditions, for whom returning to their country of origin or transit would pose a risk to their life and health. However, starting in 2023, the residence permit for medical treatment, as well as the permit for special protection, can no longer be converted into a work permit, effectively denying holders any possibility of economic independence, stability, and social integration.

Legal conditions that guarantee short-term protection, such as special protection and the residence permit for medical treatment, contribute to a state of precariousness and instability, hindering, for example, the possibility of obtaining stable employment contracts and negatively impacting the mental health of people forced to live with uncertainty[29].

This condition of precariousness among torture survivors fits into the extremely worrying context of the emergency-driven and dehumanising management of the Italian reception system[30]. This situation is further exacerbated by the repeated, and increasingly restrictive, legislative changes regarding migration and international protection recognition in recent years, whose application is inconsistent at both local and national levels.

As reported by a 2024 study[31] by ASGI, discriminatory and illegitimate practices characterised by delays and long waiting times are systematically adopted in the police headquarters (Questure) throughout Italy. Many individuals assisted by the Palermo project also report that the implementation of procedures related to international protection and asylum rights is highly uneven and varies depending on location. In many cases, the issuance and renewal of documents such as residence permits suffer systemic delays, with serious repercussions on people's lives. This results in the inability to access welfare services and enter into regular employment or rental contracts thus forcing migrants to live in conditions of social precariousness.

[29] World Health Organization, *Mental health of refugees and migrants: risk and protective factors and access to care*, 2023 https://www.who.int/publications/i/item/9789240081840

[30] Actionaid, 2025, "Accoglienza al collasso. Centri d'Italia 2024", https://www.actionaid.it/collasso-sistema-accoglienza-migranti/

[31] ASGI, March 2024, "Asylum: The Obstacles for Those Seeking Refuge", https://www.asgi.it/asilo-e-protezione-internazionale/asilo-gli-ostacoli-per-chi-chiede-rifugio-lo-studio-pilota-dellasgi-in-55-questure-italiane

CONCLUSIONS AND RECOMMENDATIONS

The data and testimonies contained in this report, as well as the reports and extensive documentation from media, agencies, and international organizations, indicate that extreme forms of violence, including torture, are a structural and widespread element along the Mediterranean migration route. The devastating consequences of such violence, which scars the lives of thousands of people, demand greater attention, responsibility, and appropriate responses from host countries, starting with Italy.

The aim of this report is to provide a (partial) overview of the debilitating effects of torture on migrants, and to draw attention to the lethal consequences of the lack of legal and safe pathways to seek protection. The report also calls for institutional responses that adequately address the care and assistance needs of survivors of torture, in compliance with Italy's obligations toward them.

In 2017, the Ministry of Health adopted Guidelines for the care, treatment of mental disorders, and rehabilitation of survivors of torture, to guarantee access to specialized medical and psychological care. Although this represents a significant step forward, the implementation of these Guidelines remains rather limited, discontinuous, and uneven at the regional level, as already highlighted by MSF in a 2022 report[32]. Better experiences of the system are often a result of individual initiatives and informal networks rather than structured collaborations between public services and the third sector.

These shortcomings result in missed opportunities for vulnerable people, such as survivors of torture, to benefit from specific and dedicated services. This denial of assistance frequently creates or worsens conditions of marginalization, isolation, and psychological and physical suffering in people who have experienced traumatic and disabling events and who must also face legal, economic, and social precariousness. The reception system and medical services cannot ignore a multidisciplinary, structured, holistic, and culturally sensitive approach that ensures early identification of vulnerabilities.

For these reasons, MSF recommends that at the regional level the following measures be adopted:

- **Ensure adequate investments in services, human resources, and specific training for medical, paramedical, and social operators** involved in reception, with the goal of developing skills necessary for the early identification of vulnerabilities and effective support throughout the therapeutic pathway. Early identification of vulnerabilities caused by torture is essential to allow access to dedicated services and to prevent the development or worsening of psychopathological and other health conditions.
- **Ensure that health services caring for foreign populations include the structured presence of intercultural mediation services.** This will promote mutual understanding between doctor and patient, facilitating correct history-taking, aiding diagnosis and encouraging adherence to treatment, resulting in a truly patient-centred therapeutic pathway.
- **Ensure, through the Ministry of Health in collaboration with the Regions, the rigorous, consistent, and effective implementation of the Guidelines** nationwide to allow survivors of torture to truly access support tailored to their needs, in compliance with Italy's international obligations.

At the national level, it is essential that:

- **Italy fully complies with the obligations established by the Convention Against Torture (1984), particularly Article 14**, which recognizes the victims' right to the fullest possible rehabilitation. This implies the adoption of concrete measures to overcome

[32] Doctors Without Borders, 2022, "Attuazione delle Linee Guida per assistenza e riabilitazione delle vittime di tortura e altre forme di violenza: mappatura e analisi", https://www.medicisenzafrontiere.it/wp-content/uploads/2022/04/Report-MSF.pdf

current service deficiencies and territorial disparities.

- **Institutional barriers and restrictive migration policies be repealed.** Indeed, deficiencies in the application of the Guidelines and unequal availability and quality of services at the local level add to the barriers imposed by increasingly restrictive and exclusionary migration policies. These have led to the dismantling of the reception system, increasingly depleted of the resources necessary to provide adequate responses to the specific needs of the most vulnerable people, particularly survivors of torture. It is therefore essential the faithful application of the Guidelines with the creation and use of a suitable system for ensuring their equal implementation.

- **The commitment to ensuring survivors of torture full enjoyment of their right to rehabilitation is strengthened,** through an effective adjustment of the reception system and dedicated socio-health services.

- **Safe access routes be supported and guaranteed,** so that people are not forced to transit through countries or territories where they are known to be at risk of torture and violence.

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MEDECINS SANS FRONTIERES IN ITALY

MSF has been operating in Italy since 1998, assisting vulnerable and marginalized migrants and refugees with the aim of providing medical, humanitarian, psychological, and social-health care, filling gaps in the healthcare system.

Palermo

In Palermo, Sicily, MSF manages a project for the assistance and rehabilitation of migrants who have survived torture and intentional violence. In collaboration with the University Hospital "P. Giaccone" Policlinic, the Pro.Mi.Se. Department, CLEDU, and the University of Palermo, the team runs an interdisciplinary service for migrants and refugees who have survived torture, offering medical, psychological, social, and legal assistance to patients, supported by intercultural mediation at every appointment.

People on the Move – Mobile Assistance Project for Migrants

In recent years, MSF teams in Italy have been present at both northern and southern borders, providing medical and psychological assistance in arrival and transit areas for migrants facing extreme precariousness. Since July 2024, an MSF team has been offering medical consultations, referrals for specialist care, and psychological support to migrants in Agrigento, Sicily.

Humanitarian Corridors

Since 2023, MSF has collaborated with ARCI to provide psychological support and facilitate specialist medical visits for vulnerable people arriving in Italy through the humanitarian corridor from Libya, promoted by the Italian Government, UNHCR, and several Italian civil society organizations.

HOPE Project (Health Orientation, Promotion and Education)

The HOPE project is a network of help desks active since 2021 in several Italian cities (Palermo, Turin, Udine, Rome, Naples, and Milan). Its objective is to facilitate access to healthcare and the national health system for the most vulnerable segments of both the foreign and Italian population, thanks to the involvement of nearly one hundred volunteers.

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