EU Partnership Project on HIV, TB and Mobility

Italy Country Report

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International Organization for Migration
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1. Background and Introduction

In the framework of the EU Portuguese Presidency and following the Portuguese Ministry of Health Migration and Health programme, HIV&AIDS and Tuberculosis (TB) are identified as areas of main concern. To this respect the Portuguese EU Presidency is preparing a meeting gathering the AIDS Coordinators of the EU, of the World Health Organisation, its EURO Region and Neighbouring Countries offices, to take place in Lisbon, Portugal, on the 12th and 13th of October, 2007 to discuss and agree on European priority policy and programme recommendations.

In this context, and as a background document of the above-mentioned meeting, to be entitled "Translating principles into action", the International Organization for Migration (IOM) was commissioned a six-country-study on EU partnership on HIV/TB and mobility. The study is a collection of HIV&AIDS and TB national policy, epidemiological data, legal framework, and in depth analyses related to migrants. The data was gathered in Bulgaria, Germania, Italy, Malta, Portugal and Hungary. The countries were selected according to their adhesion to the European Union (founding Member State, and later and recent adhesion) as well as countries having relevant migration profiles.

As for Italy, on one side, it has a long experience in the field of HIV and TB, and on the other side it is implementing, and experimenting, since 1998 a law which guarantees access to its public health service to both documented and undocumented migrants.

Prompt actions of government since the early days of the epidemic, the important contributions of Italian NGOs, and relevant steps in prevention, care and rights of people living with HIV/AIDS (PLWA) have contributed in Italy to guarantee nowadays standard of care and rights of PLWA. Nevertheless these achievements, the Italian government is aware that more still needs to be done to face social implications and reduced factors leading to health vulnerability, and in particular for migrants.

Taking into consideration the above, Italy is now in the face to promote a different approach to its health and migration policy, and so it intends to fight against the so called "disease of poverty". As a first commitment towards this direction, in January 2007, the Italian Minister of Health Livia Turco has established the Health National Centre for the Promotion of Health of Migrant Populations and the Fight against the Diseases of Poverty, within the Struttura Complessa di Medicina Preventiva delle Migrazioni, del Turismo e di Dermatologia Tropicale dell'Istituto San Gallicano – IRCCS (Compressive Structure of Migration Preventive Medicine, Tourism and Tropical Dermatology of the Institute of San Gallicano), Rome. This Centre's purpose, in collaboration with networks of public researchers and the private social sector, is to implement initiatives addressing the promotion of health accordingly to identified needs. It will try out new models of sanitary assistance, in order to guarantee quick access to medical services, while taking into consideration the compatibility of the socio-cultural identity of the migrant populations together with the autochthon citizen. And, it will train socio-sanitary operators and linguistic-cultural mediators, proposing a multidisciplinary and intercultural training approach. Moreover, it will promote the collaboration among international networks of institutes of scientific research, treatment and assistance for the improvement of the human mobile populations' health, in particular involving the World Health Organization.

2. Methodology of the Study

The present report is the outcome of joint work between four Italian institutions and the International Organisation for Migration (IOM). The Italian institutions involved were the following ones:

- the Ministry of Health (MoH), its Department of Prevention and Communication, headed by Dr. Donato Greco, and its Direction General Health Prevention, headed by Dr. Francesca Fratello. In addition relevant contributions were made by Dr. Maria Grazia Pompa, Dr. Stefania D'Amato as well as dr Fausto Paganetti and Corrado Cenci.
- the Italian National Health Institute (NHI), its AIDS centre directed by Dr. Barbara Ensoli, and its Epidemiology Unit headed by Dr. Giovanni Rezza. In addition relevant contributions were made by Dr. Fabrizio Ensoli, Dr Benedetta Longo.
- the Società Italiana Medicina delle Migrazioni - SIMM (Italian Society Migration Medicine) headed by Dr. Salvatore Geraci.
- the Azienda Sanitaria Locale (ASL) of Brescia (District Health Department of Brescia), headed by Dr. Carmela Scarcella; the Centro di Salute Internazionale e di Medicina Transculturale (Centre of International Health and Trans-cultural Medicine), coordinated by Dr. Issa El-Hamad and Dr. Maria Chiara Pezzoli
- the Istituto San Gallicano (IRCCS), its Struttura Complessa di Medicina Preventiva delle Migrazioni, del Turismo e di Dermatologia Tropicale (Compressive Structure of Migration Preventive Medicine, Tourism and Tropical Dermatology), its Department of Preventive Medicine for Migration headed by Dr. Aldo Morrone. In addition relevant contribution was made by Dr. Luigi Toma.

As for the International Organisation for Migration, its HQs and the Regional Office for the Mediterranean (IOM Rome) were involved as follows:

- Migration Policy, Research and Communication Department (MPRC, HQ), directed by Michele Klein Solomon in cooperation with the HIV/AIDS and Migration Unit directed by LeeNah Hsu, within the Migration Health Department (MHD, HQ). In addition, relevant contribution was made by Dr. Claudia Natali.
- Migration and HIV/AIDS department headed by Dr. Michela Martini (IOM Rome, directed by Dr. Peter Schatzer). In addition, relevant contribution was made by Dr. Yolanda Jimenez.

The core of the report, (except its introduction and methodology) is divided into two main sections. The first section (chapter 4) is a comprehensive overview of migration and health policies and related legal frameworks in Italy, along with a snapshot of the country epidemiological and migration profile. Mainly experts have been involved in the production of this part according to their area of expertise. The Ministry of Health prepared the HIV/TB Policy and Legal Framework, the SIMM contributed to the Migration Policy and Legal Framework, the NHI provided the Epidemiological Context, and the International Organization for Migration was in charge of the Country Migration Profile. The second section is a rapid assessment study which gathers some primary data collection. It has been carried out by the IOM consultant, Dr. Emanuela Forcella, with the collaboration of the Istituto San Gallicano (IRCCS).

The collecting and merging of all the contributions into the final document was carried out by the International Organization for Migration.

3. HIV, TB and Migration: Country Context Review

3.1 HIV/TB Country Policy and Legal Frameworks[1]

Introduction
Access to the treatment and care for TB and HIV infections, as well as the reimbursement of both antiretroviral and anti-TB drugs, is guaranteed by the National Health Care System "Servizio Sanitario Nazionale (SSN)" to all citizens according to the article n° 32, title II of the Italian Constitution.

The National Health Care System (SSN)
Established in 1978 (law n.833 of the 23rd of December, 1978), the SSN is a Public System that guarantees the sanitary assistance to all the citizens without distinctions of sex, residence, age, income and job. It is founded upon the two principles of universality (all the citizens are equal and they have the same rights) and accessibility.

Since the beginning of the 90s the Italian National Health Care System has undergone a process of decentralization, with a larger autonomy conferred to the Regions. As a consequence, nowadays the SSN operates both at a central and regional level with different responsibilities. At the central level the State has the responsibility of assuring the right to the health to all citizens through a strong system of Constitutional Guarantees and through the Assistance Essential Levels (LEA). At the regional level, regions have the direct responsibility on their own territory of putting in place the Health's Objectives of the Country. The Regions have exclusive competence in the application, regulation and organization of services and activities, planned to the safeguard of the public health.

Legal framework: National Health Care System (SSN)
The Access to Italian Health Care System for foreigners is regulated by the Legislative Decree of the 25th of July 1998 n°286 which was published in the Official Gazette of the 18th of August 1998 n°191 – S.O. called in Italy as "Testo Unico sull'Immigrazione" (standard supplement) n°139 and contained "the full text for the dispositions concerning the regulations and rules of law about the condition of the foreigner" as well as related modifications such as the DPR.394/88 and DPR.334/04.

Presidential Decree 394/1999[2] and Health Care Ministry circular 5[3] complete the reform and updating of the regulations allowing regular access to National Health Care System preventive, curative and rehabilitative services by foreign citizens, regularly or illegally present in Italy. The Decree 334/04 modified art. 42 of the "Testo Unico sull'immigrazione" specifying that the SSN coverage is not ended if the permit of stay is expired but under renew, before this modification during this period migrants were not entitled of health care assistance.

In the title V, item I, the Legislative Decree above mentioned contains dispositions of health care issues guaranteed by law. In particular, articles 34 and 35 declare that all foreigners that can be registered and not-registered with the National Health Service have the right to health care.

[1] The author of this chapter is the DG Health Prevention of the Italian Ministry of Health

[2] Presidential Decree 394/1999, Implementation rules of the Consolidation Act Regulations concerning immigration discipline and rules on foreigners' conditions.

[3] Ministry of Health circular 5, Regulations on health care assistance

Legal Framework for Health care in Italy – Legislative Decree of the 25th of July 1998 n°286

Article 34: "Health Care Assistance for the foreigners registered to the National Health Care Service".
Foreigners have the obligation to register to National Health Care Service (SSN) consequentially they are granted equal treatment and have the same rights and duties as any other Italian citizen. The health assistance is also granted to minor dependents living in Italy regardless to legal status. Children of foreigners registered with the National Health Care Service are entitled since birth to the same treatment conferred to any other Italian minor (under-18).

Article 35:"Health Care Assistance for the foreigners not registered with the National Health Care Service"
Foreigners living on the National Territory but not complying with the laws related to legal entry and residence, are entitled to urgent out-patient and hospital treatment or any other basic urgent treatments, even including long hospitalizations health cares, for disease and accidental injuries as well as protocol of preventive medicine to safeguard the individual and collective health.

According to the present legislation, all Italian citizens and regular immigrants may have free access to the services provided by the National Health Service (NHS), whatever their economic situation. A contribution towards expenses may be asked for certain services and drugs. Illegal or clandestine immigrants may obtain medical assistance from an NHS centre, provided they are identified and certified as STP ("Straniero Temporaneamente Presente" - "Temporarily Present Foreigner"). According to the regulation, a foreigner without an identification card has only to provide his or her name, date of birth and nationality to receive an STP number. The STP document allows free access to services and essential drugs when applying to a public hospital for assistance. The STP document must be renewed every six months.

HIV/AIDS Legal Framework

The HIV epidemic in Italy posed a great challenge to the National Health System. The response of the Italian Government was mainly in the curative field. Infectious diseases departments, identified as the Units in charge of assisting HIV patients, were empowered, properly staffed and equipped to fulfil their duty. New strategies including day care centres, hospice and home care programs were successfully implemented. The advent of HAART dramatically changed the outlook for HIV affected patients leading to new challenges include the management of the side effects of treatment and drug resistance. The health of HIV positive women is also an area of concern.

In this panorama several political documents have been produced throughout the years with regard to HIV/AIDS prevention. Among the most significant are:

- Law of the fifth of June 1990, n°135 – Program of urgent interventions for the prevention and fight against AIDS.
- The MoH circulars for the fight against HIV/ AIDS infection.
- The regional plans for the prevention and the fight against HIV/AIDS infection.
- The law guideline to define the assistance for the HIV/AIDS infected patients, the training of the health care operators, the fight against the social stigma by informative campaign.

HIV/AIDS: Relevant Institutional bodies

Different institutions work in the field of HIV/AIDS prevention in Italy:

The National AIDS Committee which is composed of: the president who is the Minister of Health, the deputy president who is nominated by the Minister, the experts (mostly infectious diseases specialists) and representatives of associations dealing with HIV/AIDS.

The "Istituto Superiore di Sanità" National Institute of Health in charge of research and surveillance activities (Database of reported cases of HIV/AIDS infection).

CCM- Centro Nazionale per la Prevenzione e il Controllo delle Malattie (CCM - Italy's National Centre for Disease Prevention and Control) has been established at the Ministry of Health With the passing of Law 138, 2004 ("Urgent interventions for confronting public-health hazards"),. The main objective of CCM is that of active prevention through both the promotion of healthy lifestyles and screening and of confronting a variety of health emergencies (from new infections such as SARS and avian influenza to bioterrorism).

HIV/AIDS National Policy

In reference to prevention, the European authorities have established the key points of the plan of action for the fight against the AIDS, as well as the recommendations for the management of communication campaigns and the specific targets to be reached (declarations of Dublin, Vilnius and Bremen).
Italy has agreed on the following:

1) To keep on implementing information campaigns on the prevention methods for the HIV sexual transmission.
2) To promote the HIV test and the suitable pre and post test counselling.
3) To strengthen effective information thorough the involvement of the Regions, of Civil Society Associations for the fight against the AIDS, another relevant groups present on the National Territory.
4) To assure the training of the health care operators, looking carefully at the psycho-social problem of the HIV positive people.
5) To guarantee home care assistance for the chronic patients.

During the last five years the main activities for controlling the HIV/AIDS infection have been carried out in line with the following priority areas of intervention:

- Communication programmes on HIV/AIDS;
- Provision of anonymous and voluntary HIV testing supported by adequate counselling;
- HIV surveillance;
- HIV and STDs surveillance;
- Access to health care (through reimbursement of antiretroviral drugs);
- Research projects;
- International relations.

The main target groups of national HIV/AIDS prevention policy are:

- Young people.
- Pregnant women and newborn babies.
- Migrant populations,
- Heterosexuals at high HIV infection risk and sex workers.
- Men having sex with men.
- Injecting drug users.
- HIV infected persons.

Information programmes on HIV/AIDS

A wide range of interventions have been carried out on HIV/AIDS information and they include the following: preparation and diffusion of specific TV spots, information leaflets, dissemination of messages through the press and by posters, organization of events, communicative instruments addressed to different population target groups (particularly the youth, general population and foreigners).

With the interventions for HIV/AIDS prevention, the activities of integration among public, private and voluntary actors have been completed. Such activities have been carried out according to the methodology of "community programmes", proposed by the World Health Organization as the appropriate one for the development of projects on specific issues.
This programme has therefore been based on the realisation of activities of information and health education carried out through the active participation of workers of socio-health services as well as other actors (families, school, voluntary organizations, local authorities, parishes, armed forces, police, associations of different categories, sport associations etc.) that have played a fundamental role in disseminating messages, even if they had not previously taken part in preventive and training activities, due to the specificity of this issue.

Specific communication and prevention campaigns have been carried out recommending the HIV test, anonymous, voluntary and supported by adequate counselling.

A National AIDS help-line has been established in Italy to provide a national anonymous and free of charge telephone counselling service for the population. Such help-line carries out primary and secondary prevention activities for the citizens, through scientific and tailored information provided accordingly with the methods of telephone counselling.

HIV surveillance

In Italy, no national-level HIV surveillance system exists, and only 5 of the country's 20 regions and 5 of its provinces have created local systems. The Regions of Lazio and Friuli Venezia-Giulia from 1985, the Region of Veneto from 1988, the Region of Piemonte from 1999, and the Region of Liguria from 2001. The Provinces of Modena, Trento and Bolzano from 1985, and the Provinces of Sassari and Rimini from 1997 and 2002, respectively.

In April 2004 a descriptive investigation of these systems was conducted[4]. The results show extreme variability in their sensitivity and completeness and stress the need to extend systems to all of Italy's Regions and to standardise the methods for collecting and transmitting data.

Within this perspective, the Ministry of Health and the National Institute of Health have started a programme for "Surveillance of newly diagnosed HIV infections in Italy". This programme has the following objectives:

1. Evaluate the incidence and temporal and geographical trends on new diagnosed HIV-positive persons;
2. Estimate the prevalence of HIV infection
3. Monitor HIV trends prevalence's
4. Study the socio-demographic, epidemiological and clinical characteristics of recently infected subjects;
5. Analyse and monitor the characteristics of subjects undergoing HIV tests;
6. Gather information for planning public health interventions.

Within the overall preventive goal, the Ministry of Health has also started a programme of surveillance of HIV infection and Sexually Transmitted Diseases (STDs) aiming at realising an anonymous data based on national sentinel networks constituted by public clinic centres and high standard operative laboratories.

AIDS Surveillance

[4] Camoni, L. E Suligoi, B. E Sorvhiv Ann Ist SuperSanità 2005;41(4):515-521

In Italy AIDS cases have begun to be registered on a voluntary base in 1982, and in June 1984 the National Surveillance System was officially established, which collects notifications from all infectious disease units in Italy. The Ministerial Decree (DM) n.288 del 28/11/86, posed AIDS as infection with a mandatory notification by doctors. Nowadays, AIDS is included within infective pathologies Classe III (DM del 15/12/90), under a special notification. Since 1987, the AIDS Surveillance System is coordinated by the Centro Operativo AIDS (COA) within the National Health Institute (Istituto Superiore di Sanità).

In conjunction with the Regions, the COA collects data, analyses and finalises national publications under the series of "Notiziario dell'Istituto Superiore di Sanità" and "rapporti ISTISAN".

Inclusion criteria for AIDS diagnosis/notification since 1993 were those of the WHO/CDC definition. Since January the 1st 1993, the AIDS definition adopted in Italy follows the indications of WHO European Centre[5].

Data on AIDS cases registered up to now showed the efficiency of the system (more then 90% of notifications are submitted within 6 months from the data of the diagnosis). Data collected every 6 months are analysed and sent to the European centre of AIDS surveillance.

HIV/AIDS and Migrants

The actions to support the prevention of the spread of HIV infection among the migrant population in Italy are:

- To realize a qualitative and quantitative research to identify a profile for migrants with respect to information, risk perception, sexual and HIV/AIDS related behaviours, in accordance with WHO and UNAIDS recommendations.
- To identify HIV/AIDS prevention strategies able to reach the migrants, that could be integrated within the national prevention plan.
- To assess on migrants the HIV Information, Education, Communication material produced in Italy in order to develop effective tools which will benefit migrants and autochthons.

The first comprehensive campaign targeted at migrants has been carried out during the 2005/2007 AIDS national campaign. The growing complexity of the migratory phenomenon in our country has marked the necessity of facing the subject with innovative methodologies and trough the involvement and cooperation of the National Focal Point (NFP), a network of experts dealing with HIV/AIDS and migrants. From 1997, this network has been coordinated by the National Institute of Health within the context of the "AIDS & Mobility" European Project. The main goal of the cooperation between the MoH and NFP has been the elaboration of preventive strategies addressed to "hard to reach groups" and, of course, non-Italian people. During the aforementioned campaign, specific leaflets and brochure have been drafted with precious attention paid not only to scientific contents but also to different graphic versions provided for

[5] World Health Organization. 1993. AIDS Surveillance in the European Community and Cost Countries. WHO Geneva. Quarterly Report, 37 p. 23-28

the various nationalities. A simple and clear language has been chosen to describe: HIV transmission ways – prevention strategies – test for the search of antibodies – legislative indications to take advantage of free of charge health services.
Seven languages have been identified (English, French, Spanish, Russian, Romanian, Chinese and Arab) among those used by the more representative nationalities and ethnic groups on the Italian territory. The production of a leaflet in Italian language has also been conceived for all the foreign citizens who understand this language and may prefer it.

TUBERCULOSIS

TB Legal Framework
In reference to TB control, Italy follows the guidelines that were established with the Regulation of the 17th of December 1998 published in Official Gazette of the 18th of February 1999 n°35 – S.O. (standard supplement) n°139.

TB is still a remarkable public health's issue which needs to be controlled through systematic intervention to cut the TB spread down in the population.

TB National Policy
The main activities to realize the TB prevention and control are:

1) Surveillance of the TB cases, the National Compulsory Reporting System, the pharmacological treatment and the TB smear positive cases management. Prompt diagnoses and right treatments for all TB cases, and in particular for the pulmonary types smear positive for TB mycobacterium, are the essential cornerstones to control the TB. This is achieved through:
   - Therapeutic patterns
   - Hospital care
   - Outpatient care
   - Therapy management

2) Identification, surveillance and preventive treatment for the high risk groups. This activity implies the management of:
   - Contacts of a TB case
   - HIV positive people
   - Other high risk groups

3) Vaccination with BCG.

Given the current TB epidemiological state in Italy, the vaccination could be an effective measure to protect individuals and it shall became compulsory for specific categories at risk. The vaccination can be surely useful to avoid the haematogenous babyhood TB typical forms. The BCG is recommended for the following cases:

- Newborns and children of age lower than 5 years, with negative tuberculin test, cohabitants or close contacts of people with TB in infectious phase, if the risk of contagion persists.
- Newborns and children of age lower than 5 years, with negative tuberculin test, belonging to high risk's groups and for which the normal overseeing and the programs of treatment that have not revealed a practical effectiveness, as, for example, the people coming from high endemic countries with difficulty of access to the health care facilities and poor health conditions.

Vaccination should also be considered for those uncommon situations where, for professional risk control, the follow up and preventive therapy cannot be used.

- Health care operators exposed to a documented multidrug resistant TB risk's
- Health care operators exposed that present contraindications to the use of the preventive therapy. In this last case, the opportunity to transfer to a lower risk ward must also be taken into consideration.

The vaccination is useful for the health care operators, medicine students, nurses, students, and people with negative tuberculin test, or people exclusively operating in:

- High multidrug resistant TB risk's exposure environments.
- High TB risk's for environmental exposure and in presence of contraindications to the use of the preventive therapy, for which it cannot be submitted to pharmacological treatment in case of positive cutireaction.
- The BCG vaccination can constitute a possible option to reduce the TB risk in contact cases of multidrug resistant TB.

4) Epidemiological surveillance and control programs' assessment.

5) Other measures.

- Free of charge TB control measures.
- Quarantine.
- Continuous update of the National Guidelines, standardised all over the national territory and shared by the single Regions, based on scientific data and connected to the new immunological and clinical researches.
- For TB surveillance and control in people with HIV infection there are the "Guidelines for the preventive TB treatment for HIV-positive people in Italy" formulated by The National Committee for the Fight against AIDS – Ministry of Health"

<u>TB Prevention Activities:</u>

The Italian MoH has set up a Scientific Subcommittee for the TB prevention's projects. This subcommittee has been constituted to update guidelines and priorities in order to reach the objectives to control the TB, in accordance with the national guidelines. The Regions are in charge to identify the most appropriate interventions for the application in relation to the planning's needs and the objectives of the National Centre for Disease Prevention and Control (Centro Nazionale per la Prevenzione e il Controllo delle Malattie - CCM) about the TB prevention and surveillance.

The subcommittee functions are:

- To define a system to extend the national surveillance of the treatment's results.
- To define a system in order to monitoring the TB multi-drug resistance
- To give information about the updating of laws in force about the TB disease
- To give instructions about the updating of the national guidelines.

As part of the Subcommittee's works, two projects for TB surveillance were launched which aimed to improve the epidemiological surveillance and the application of monitoring of the results on national territory and to the surveillance implementation to anti TB drugs resistance respectively.

Both projects involved the participation and the support of all Italian Regions and were supported by the scientific advice of the above-mentioned subcommittee.
The MoH has prepared, jointly with the Conference of the Councillors in Charge of the Municipal Health Service of the Italian Regions, a strategic document "Stop TB in Italy". The

document includes the strategic objectives and the actions for a TB control intervention considering the international advices addressed to the low incidence countries.

The actions for the future are addressed to plan the identification of high qualified and multidisciplinary projects, which give the opportunity to value and integrate the actual knowledge about the laboratory activities, TB early diagnosis screening, the concealed infections and the development of specific tests for the identification of the drug resistance.

TB/HIV Prevention activities

Promote high quality and evidence based Public Health activities for the TB prevention and control through the development of recommendations and documents in order to:
Develop guidelines on the managing of the TB active contacts and preventive treatment, particularly for HIV infected patients
Develop guidelines for TB active patients management in hospitals to prevent the infection
Develop documents about TB control actions for the immigrant people coming from high endemic countries.

The program Stop-TB in Italy elaborated by the Components of the Scientific Subcommitee of Project on the TB of the CCM. provides 10 actions:

STOP-TB Programme in Italy:

Action 1: A great perception of the problem.
Action 2: Strong orders and leadership.
Action 3: An elevated quality system of overseeing the TB.
Action 4: Excellence in the assistance to the TB patients.
Action 5: Well organized and coordinated Health Care Services.
Action 6: Elevated quality laboratories.
Action 7: Effective control programs in the population.
Action 8: "Experienced" health care operators.
Action 9: Searching for Best Practice.
Action 10: Collaboration to international level

3.2 MIGRATION Policy and Legal Context[6]

Introduction

The complex phenomenon of migration has always been dealt with very weakly and only in the last few years has Italy begun to provide adequate legislative and operative instruments to regulate immigration.

The first important provision, specifically relevant for migrants issued in the country, was contained in Law n.943[7]. The former laid down for the first time that labour migrants complying with Italian laws and owing a residency certificate were granted the same social rights, as well the right of association in trade unions, as any other Italian citizen.

The second relevant Law impacting on migrants was n.39[8]. Otherwise known as Martelli Law, it was supposed to be an instrument to manage migrants and refugees but many of the proposals referred to another legislative measure which has never been written.

In 1995, the Legislative Decree n.489[9], also known as Dini Decree after the prime Minister who signed it, was issued mainly to limit the impact of migration on the national territory and did not touch on issues of social integration. However, this was an important decree with reference to health care for foreigners as it laid out the right to health for all illegal or clandestine people, not only in terms of special access but also in terms of regular treatment.

The current legislation is based on the Act. 40 (Turco-Napolitano) of 6.3.1998 and then incorporated into the Consolidation Act[10]. The latter aimed specifically at fighting irregular migration and at limiting the exploitation of migratory flows in Italy. The Consolidation Act has been an innovative law for its contents since, for the first time in Italy, migrants were not treated as a transient phenomenon but rather as a structural reality; it improved their social protection, and it finally tried to identify effective ways of managing flows for dependent labour, as well as for study and self-employment.

Four years afterwards, on 27.7.2002, the parliament approved the Law 189/2002 known as the Bossi-Fini law which, contrary to what had been the policy line of the previous governments on migration management, hindered hardly the entry possibilities for migrants and gave rise to public debate.

Currently, discussions are ongoing about a law, proposed by the ministers Amato (Ministry of Interior) and Ferrero (Ministry of Social Affairs), which shall impact on the reception policies as well as inclusion and integration.

As it has already been underlined in section 4.1 above, the Consolidation Act of 1998 that it was confirmed that no one can be excluded from access to health care services and in particular the focus was on the health care system and services for migrant patients. With the Consolidation Act, remarkable advances in the efforts to overcome discrepancies and discrimination were made in relations between immigrants and the NHS.

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[6] Salvatore Geraci, Societa' Italiana di Medicina delle Migrazioni, has provided the information for this section.

[7] Act 943 of 30.12.1986 'Norme in materia di collocamento e di trattamento dei lavoratori extracomunitari immigrati e contro le immigrazioni clandestine

[8] Act.39 of 28.2.1990, 'Urgent regulations on asylum, entry and residency of Third Country Nationals and on regularization of citizens of a country not member to the UE'

[9] Legislative Decree of 18.11.1995, Urgent regulations about immigration, access and stay in the national territory of non-EU citizens

[10] Legislative Decree 286/1998, Regulations concerning immigration discipline and rules on foreigners' conditions

Both Presidential Decree 394/1999[11] and Health Care Ministry circular 5[12] completed the reform and updated of the regulations allowing regular access to National Health care System preventive, curative and rehabilitative services by foreign citizens, regularly or illegally present in Italy.

Asylum seeker

The Protection System for asylum seekers and refugees was established by immigration Law n. 189/2002. In particular, article 32 1-sexies of the abovementioned Law set up the National Fund for asylum policies and services which can be accessed by Local Authorities running protection and reception services for asylum seekers, refugees and foreigners holding a residence permit Established by article 32 of Law n. 189/02 and assigned to ANCI by the Ministry of the Interior.

The Central Service for information, promotion, advice, monitoring and technical support to Local Authorities offering reception measures has been set up in order to optimise the Protection System for asylum seekers, refugees and persons under humanitarian protection and simplify central coordination of local reception services. The Central Service, established by the Ministry of the Interior, has been assigned to ANCI (National Association of Italian Municipalities). This system consisted of 78 province, 55 municipalities and 15 regions hosted in 2005 up to 4654 asylum seekers. Under the Law, the Central Service is in charge of:

- Monitoring the presence of asylum seekers, refugees and foreigners under
- humanitarian protection.
- Establishing and updating a database on local interventions for asylum seekers
- and refugees.
- Facilitating the dissemination of information on the activities.
- Providing local Authorities with technical assistance, also with regards to the
- implementation of reception measures.
- Promoting and performing, in accordance with the Ministry of Foreign Affairs,
- repatriation programs through the International Organization.

[11] Presidential Decree 394/1999, Implementation rules of the Consolidation Act regulations concerning immigration discipline and rules on foreigners' conditions.

[12] Ministry of Health circular 5, Regulations on health care assistance

3.3 Epidemiological Context

3.3.1 HIV&AIDS

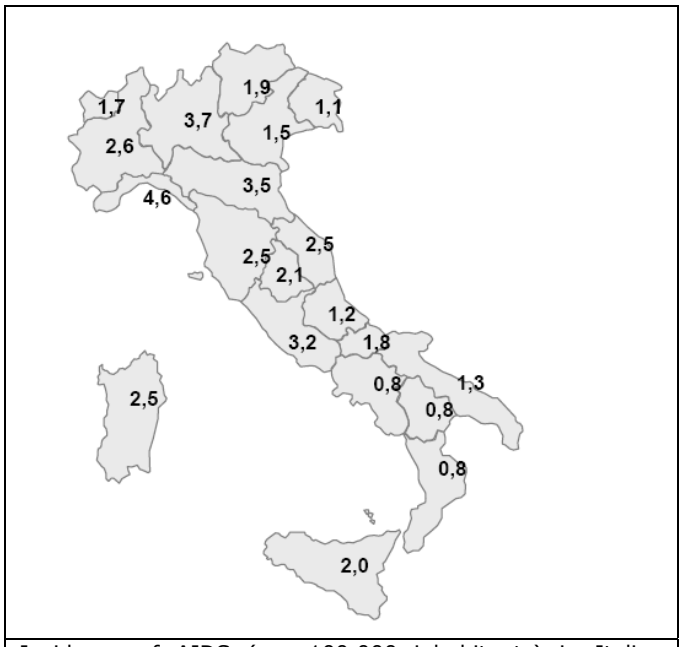
Information sources
The main information of AIDS cases in Italy is provided by the national AIDS Register. The latter was created in 1982 within the AIDS Operative Centre (AOC) of the National Institute of Health (NHI), but it is only since 1984 that the notification of AIDS cases has become obligatory in Italy.

When a patient is first diagnosed with AIDS[13] he/she is immediately filed in the register and several information is collected for each case: demographic information (name, surname, sex, place and date of birth, place of residency and nationality) are recorded along with the specific pathology that was diagnosed, the supposed mode of transmission and the time when the HIV diagnosis happened.

Every six months, the data collected are sent to the European Surveillance Centre and they are analysed together with those coming from other EU countries.
In reference to HIV, on the other hand, a national surveillance system of new infection is still not in place; however, some provinces and regions have activated such surveillance systems to have more complete information about the spread of the epidemic at the local level (Notiziario Istituto Superiore di Sanità, 2007).

HIV&AIDS epidemic history in Italy
At the beginning of the HIV/AIDS epidemic in Italy, needle sharing among Intravenous Drug Users (IVDUs) was the principal mechanism of transmission of HIV. After an initial burst of the epidemic, the incidence declined sharply but transmission continues to occur mainly via homo and heterosexual intercourse. The Italian Government has responded aggressively to the epidemic. A special commission composed of relevant AIDS clinicians, researchers and persons from NGOs, was set up in 1987, to give technical advice to the Ministry of Health. The first recommendations of the commission were enacted into a law (135/1990) which represents the main frame of the fight against AIDS in Italy. Initially, effective treatment not being available, the care of AIDS patients mainly involved treating Opportunistic Infections. Innovative care systems (Day care and Hospice Treatment Services) were implemented. The availability since 1996 of highly active antiretroviral treatment changed the life expectancy and care needs of the HIV affected patients. Different priorities since had to be met: compliance to the treatment, emergence of drug resistant virus strains, management of side effects and treatment of co-morbidities such as chronic Hepatitis C are now the main challenges to be tackled by caregivers. The main drawback of the fight against HIV/AIDS in Italy was the lack of an effective Health Education plan targeted to the reduction of HIV transmission through sexual intercourse. This fact, coupled with unrealistic hopes for the effectiveness of antiretroviral treatment, produced a second wave of the epidemic among the hetero- and homosexual populations that, though less severe than that involving IDUs, is maintaining the HIV epidemic alive in Italy.

[13] Italy follows the European definition of AIDS diagnosis, which foresees, for an individual to be determined HIV positive, not only the serological diagnosis of antibodies specifics to HIV but also the presence of opportunistic infections.



Incidence of AIDS (per 100.000 inhabitants) in Italian Regions (from 1.1.2006-31.12.2006)

The Epidemiology of AIDS and migrants

Although AIDS is considered as a health risk for immigrants, AIDS incidence rates estimates are lacking, partly due to problems with the denominator, which is affected by immigrants' high mobility and difficulties in quantifying those without legal residence.

A national study[14] [15], showed that between 1992 and 2003 approximately 40,000 cases of AIDS were identified in Italy, and among these 2,800 were represented by foreign people, the percentage of AIDS cases among foreign people increasing from 3% in 1992 to 15% in 2003. Nevertheless, since 1996, although the immigrant population has been significantly increasing, the number of AIDS diagnosis among male immigrants (>18 years old) has decreased, and it has kept stable among women (Figure 1).

[14] Cacciani L, Rosano A, Camoni L, Boros S, Urcioli R, Rezza G, Baglio G, Colucci A, Pezzotti P. Casi di AIDS diagnosticati in Italia tra i cittadini stranieri (1982-200). Rapporti ISTISAN 05/39

[15] Cacciani L, Rosano A, Boros S, Colucci A, Camoni L, Suligoi B, Rezza G, Baglio G. Andamento dei casi di AIDS diagnosticati in Italia tra gli stranieri (1992-2003). IX Consensus Conference on Migration, organized by the Italian Society of Migration Medicine (SIMM), Palermo 27-30 Aprile 2006.

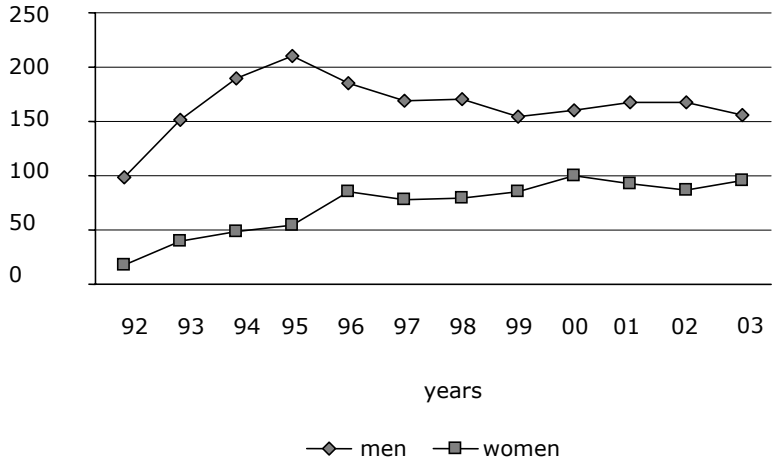
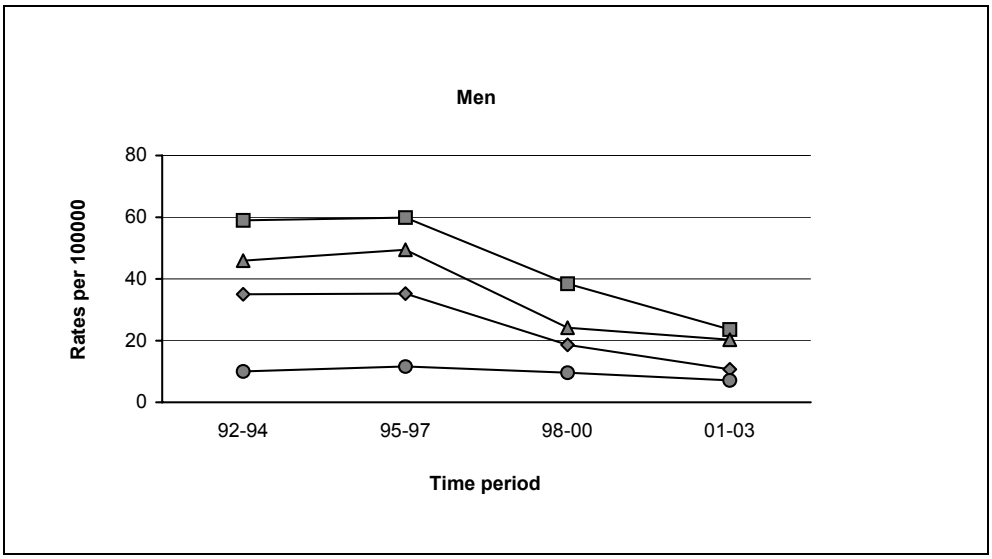


Figure1. Number of AIDS cases among foreign citizens in Italy (age ≥ 18 years), 1992–2003

In the same period, incidence rates also decreased (59% of decreasing among men and 21% among women); this decrease was particularly evident from 1998-2000, and regarded all age groups (Figure 2), reflecting the trend observed among Italians.



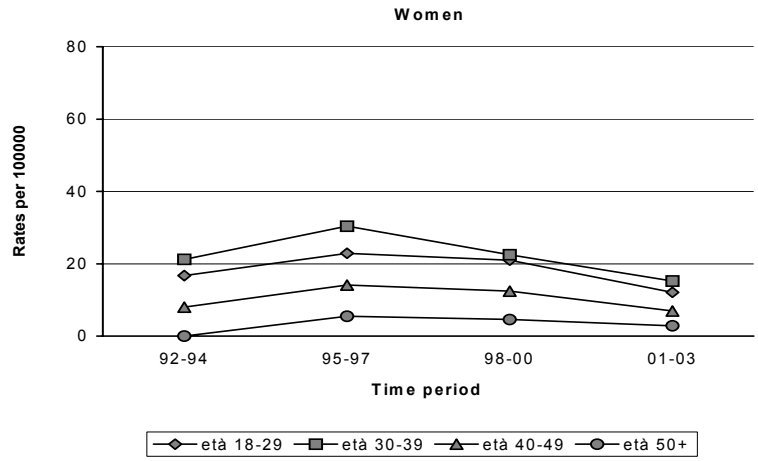


Figure 2. Incidence rates (per 100.000) of AIDS cases among foreign citizens in Italy, by age groups, sex and time period (age ≥ 18 years), 1992–2003

Given that in many cases there is no comparable decrease in the country of origin and that the decrease began around the time that highly active antiretroviral therapy was introduced, these results could reflect a greater opportunity of access to therapy in Italy compared to the country of origin.

In 2006, migrants accounted for 7.2% of the total of AIDS cases in Italy, and mainly amongst African people.

Tabella 5: *Distribuzione percentuale dei casi cumulativi di AIDS per nazionalità anagrafica.*

Area geografica	<1993	1993-94	1995-96	1997-98	1999-00	2001-02	2003-04	2005-06	Totale
Italia	97.3	95.8	94.9	91.2	86.9	84.9	83.7	78.3	92.8
Africa	0.7	1.7	2.1	4.1	6.2	9.1	9.1	11.8	3.4
Asia	0.1	0.1	0.2	0.3	0.5	0.6	0.8	1.2	0.3
Europa Occidentale	0.5	0.6	0.9	0.8	0.5	0.3	0.4	0.3	0.6
Europa Orientale	0.1	0.1	0.2	0.4	0.6	0.8	1.6	1.8	0.4
Nord America	0.2	0.2	0.1	0.1	0.2	0.0	0.1	0.0	0.1
Sud America	0.9	1.4	1.5	2.6	3.2	3.1	4.1	4.7	1.9
Non Specificata	0.2	0.2	0.2	0.6	1.9	1.1	0.4	1.9	0.5

In conclusion, findings suggest that the observed increasing of AIDS cases could be due to the constant increasing of the immigrant population, as confirmed by the decreasing incidence in the same period.

3.3.2 Tuberculosis

TB information sources

The National Reporting System of TB cases of the Ministry of Health was established by Ministry of Health with Decree, 15 December 1990 and Ministry of Health Decree 29 July 1998. Both decrees set up the national policy to collect, manage data for TB surveillance in Italy.

TB epidemiology

From the beginning of 1900 until the 80's Italy experiences a continuous decrease of TB cases in the population, while, in the last twenty years the trend has been steady, with a light drop between 1995 and 1999. The current situation of TB in Italy is characterized by:

- a low incidence in the population;
- by the concentration of most of the cases in some high risk groups and in some age groups;
- emerging of multidrug-resistant TB (MDR-TB) strains.

The annual rate of the TB incidence is in steady decrease: between the 1995 and 2005 a decrease of 23% from 10 cases /100.000 local residents (1995) to 7,1 cases/100.000 local residents (2005) was registered. For this reason Italy is under the limit that defines a classification of low incidence country (10 cases /100,000 local residents).

The sex ratio (M:F) in the period 1995 – 2005 has been 1.5. No differences in incidence by gender for the extra pulmonary TB has been noticed. For all the observed period the steady decrease has been the same for both genders.

The age group, in the period 1995–2005, with the higher incidence is the elderly one (≥ 65 years). In any case the trend steady decreased in the observed period.

Between the youth (15–24 years) the TB incidence increased slightly but constantly; in 2005, has been less than 7 cases /100,000 young people; it is stable in the children (0–14 years). Between the 1995 and the 2002, Italy has registered 4,215 deaths for TBC; the death rate is low, less than 1 case (0.72) / 100.000 local residents in 2002; the deaths between 5 and 64 years of age are considered potentially avoidable, trough a timely diagnosis and the appropriate treatment. Between 1995 and 2002 the death rate decreases from 12% to about 10%.

TB and Migrants

A total of 4,137 cases in Italy has been registered. In 2005 and among these, foreign born accounted for 43.7% (1.809 cases) of the total, the new cases (never treated) were 3,245 accounting for 7.4% while the culture positive resulted 1.594 (38,5%). The TB pulmonary cases were 3,002 (yielding a share of 72.6% of the total) and of these 1,371 (or 45.7% of the total) were sputum smear positive.

The data of the transmissible disease notification system shows that the irruption of the disease, among foreigners, happens between the first and second year of their arrival in Italy. Between 1999 and 2004, within the first year of arrival 12% of cases where diagnosed, while between the first and second year of arrival about 32% of the total cases were identified.

In 2004, Africa followed by Europe were amongst the principal country of origins of TB positive migrants people. Still in 2004 amongst youth (aged 15-24 and 25-34) more than 70% of TB cases were from immigrants, however TB positive cases were rare within elder migrants (> 65 year).

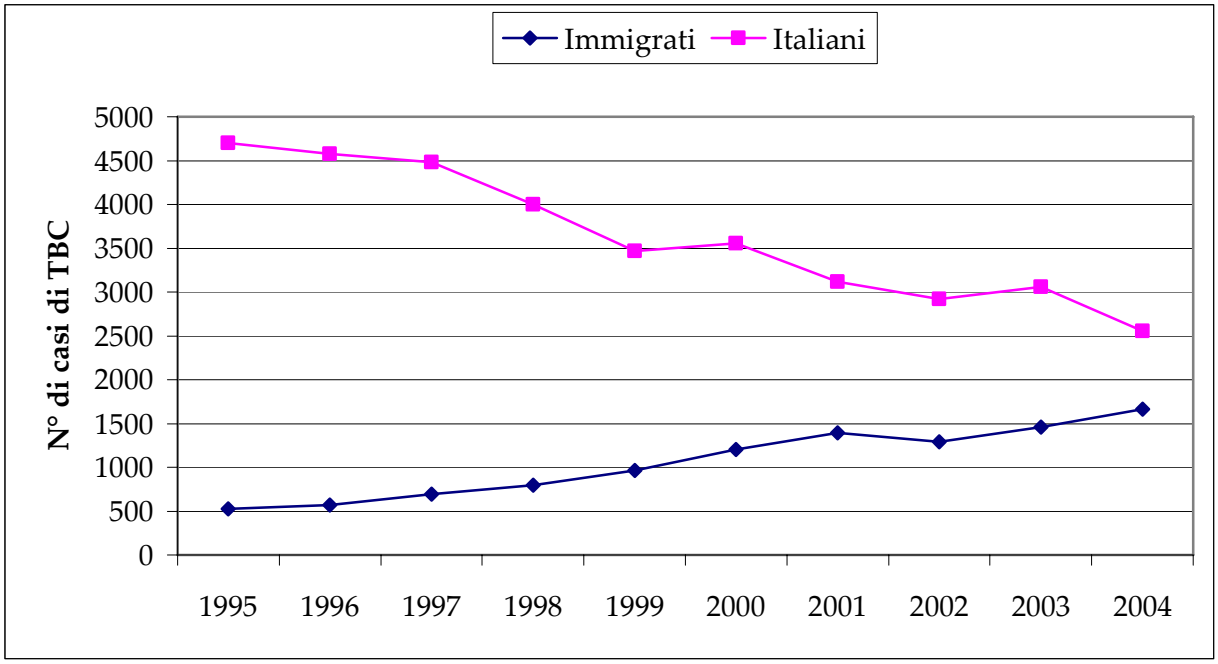


Figure 3 – New TBC cases from 1995 to 2004, by Nationality

The introduction of the new anti retroviral treatments has reduced the risk to be TB infected for the HIV positive people. Nevertheless, the 10% of TB Italian cases is connected to HIV infection and, frequently, the TB is the first clinical sign of AIDS and the condition for the first HIV.

3.4 Country Migration Profile[16]

Migration information sources in Italy

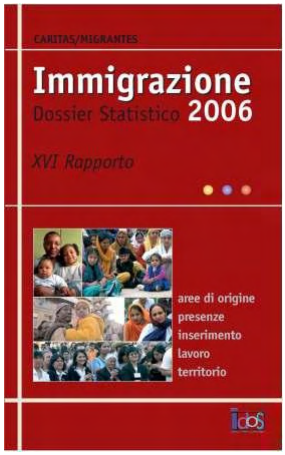
Accuracy, completeness and reliability of migration data is one of the most serious challenge for migration researchers, practitioners and policy-makers alike. Not only a big part of migration is undocumented, and therefore very difficult to quantify, but also data are scattered and number of migrants can vary according to who is counted and who does the count. Italy faces the same challenges as any other countries in this respect and it is important that users of data are aware of the limitations and of the criteria used to estimate widely reported numbers if effective migration policies and coherent with other policy domains such as health are to be shaped.

There are three principal sources of information on documented migrants in Italy: 81) list of "permit of stay" by Minister of Interior, (2) list from register of residents, and (3) the Census.

- Permits of stay/residence identify foreign population regularly present in the country, in other words all individuals who had obtained the authorization from the Ministry of Interior to stay in Italy for a fix period.
- The register of residents identifies foreign population, with a valid permit of stay who requested and obtained to register their permanent residency into the official municipality register. Data from this register are published by ISTAT(Italian Statistical Office)
- The Census (population poll) provide a detailed picture of the number of foreigners present in Italy at specific time, but it can not be used to monitor the trend of flows during years. Latest census October 21st

The main source of data for the presence of undocumented migrants is Minister of Interior which provided estimates based on proxies such as the number of reappraisals, readmissions, expelled and not-repatriated people. In reference to Italian emigration statistics, the major source of data is provided by AIRE (Anagrafe degli Italiani Residenti all'Estero)[17], under the MFA, which counts all the Italians who reside abroad. However, AIRE does not count those Italians who reside in a foreign country but did not register with the Embassy.

The most relevant Publication (published annually) in Italy describing the panorama of migration in the country is the "Dossier Statistico immigrazione".



The Dossier Statistico Immigrazione (Statistical Dossier on Immigration) edited by Caritas/Migrantes is the main source of migration data in Italy. The Dossier collects all the available data on immigration, placing it in its national, regional and local context and discusses its various aspects and problems. It also contains analysis of the statistical data by major experts in the field, and tables summarising and illustrating the data.

[16] This section has been written by the Migration Policy, Research and Communication Department, IOM Geneva and the Migration and HIV/AIDS unit, IOM Rome.

[17] The population register of Italians living abroad.

Estimates of the stock of migrants holding a regular status presented in the Dossier Statistico Immigrazione are based on the data provided by the Ministry of Interior (MoI) and, specifically, the number of the permits of residence[18] issued and still valid as well as those that are being renewed. Estimates of total regular immigration also take into account the number of foreign minors. On the other hand, it is important to underline that the data published by ISTAT on regular migrants is slightly different than the one provided by the MoI. ISTAT takes into consideration only the migrants that sign up at the population register, and not all the people holding a permit of residency with it (this happens due to several reasons, among others it is the fact that many migrants only come for seasonal works and therefore cannot register as "continuous" resident); the estimate of total number of migrants in Italy based on ISTAT data generally yields a smaller figure compared to the MoI.

Immigration flows, on the other hand, are calculated counting the number of Long Term Visas (validity longer than 90 days and the most popular in Italy are family reunion visas followed by working visas and study visas) released by the Ministry of Foreign Affairs (MFA) to Third Country Nationals. In addition, until 2006 it was possible to account for EU nationals by counting the number of permit of residences issued by the MoI to migrants ex novo.

Migration trends

Immigration in Italy is relatively recent, constantly increasing, and nowadays accepted as an intrinsic and widespread phenomenon of the demographic and social dynamics of the nation. A positive migratory balance was observed in 1981, and by 2000 there were about 1.35 million adult immigrants legally residing in the country [1]. Following the latest legislation on immigration (law n.189/2002), this number reached 2.2 million in 2003, together with an additional 400,000 individuals aged under 18 years who do not have their own residence permits. About 52% are men and the majority of immigrants are young adults.

Immigrants in Italy come from many different areas, but mainly from Less Developed Countries. In recent years, there has been a more rapid increase in immigration from Central-Eastern Europe, which now accounts for 60% of the formal requests for permission to stay, and is the main area of origin of foreigners living in Italy, followed by North Africa.

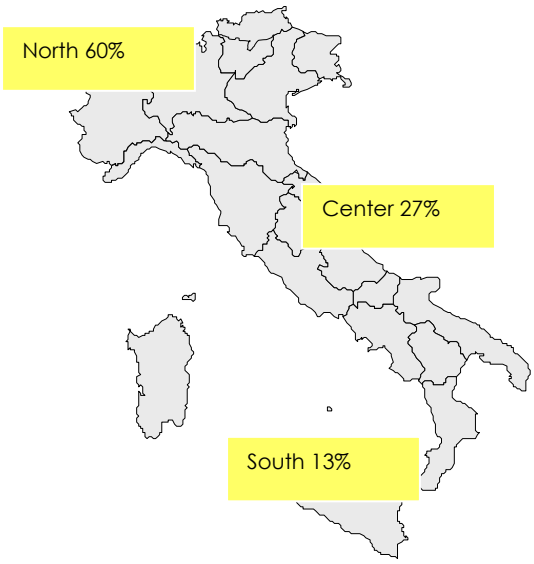
Nowadays the country, mostly due to its geographical position and its initial lack of legislation regarding immigration, serves as a gate to Europe for thousands of immigrants and has done so since the mid 1980s. Moreover, numbers of arrivals are increasing yearly. Italy is now, with its three million migrants, one of the biggest immigration country in Europe, together with Germany, Spain, France and the U.K. As the number of immigrants continues to increase, it becomes even more important to evaluate their impact on the socio-cultural, economic and health fabric of the country, and to promote adequate programmes and policies. With regard

[18] To be in a regular position in Italy, all non-EU nationals arriving in the country have to request, to the local authorities and within eight days of their arrival, a permit of residence (*Permesso di Soggiorno)* (art.9, Legislative Decree 286, 25 July 1998), whatever the reason of their stay is (work, asylum seeking, religion, tourism, temporary business, study, medical, familiar reunification, etc.). The permit of residence is issued accordingly to the nature of the visa the people requesting it has on its travelling document (an asylum seeker permit of residence does not require any visa or travelling documents) and its validity varies according to its object, but in any case cannot be longer than two years. Depending on the nature of the permit of residence, different rights/duties are acquired/to be complied with (i.e NHS). Once the permit of residence is about to expire, its holder (except for the one for tourism), has to renew it if his/her regular position in the country is to be extended. Renewal only happens upon presentation of certain documents (i.e valid work contract , university enrolment fee paid). As noted later on, not all the people holding a permit of residence are recorded at the population register and therefore are not entitled to residency privileges. EU citizens do not need to request a permit of residence. If their stay is longer than 90 days, they need to register with the population register (*iscrizione anagrafica)* upon presentation of documents attesting a valid reason for the extension of the stay.

to health, it is important to discover their epidemiological profile and to investigate their access to health services in order to identify and monitor their health needs, and to remove barriers to health care. Migrants may constitute a risk group and should have specific targets for health policy

Regular Migration

The number of regular migrants in Italy has lately nearly equalled the number of its emigrants in the world. According to official statistics, there were 3.035.000 foreigners in Italy at the end of 2005, which accounted for 5.2% of the total population, with one migrant per each 19 citizens. While during the 80s the central regions of Italy used to host the highest number of foreigners, in the last decade migrants have been increasingly concentrating in the northern part of the peninsula. Nowadays, the North hosts 59.9% of all the migrants, while the centre follows with 27% and the South (including the islands) only accounts for 13.5% of all the migrants present on the national territory. Rome and Milan are home respectively to 12% and 11% of the total foreign population and it is foreseen that Milan's share will soon grow higher than the capital's one, when Lombardy is already the top region for migrants concentration. The top ten cities for number of migrants as a share of their population are: Prato which yields a 12.6% of total migrants, Brescia 10.2%, Rome 9.5%, Pordenone 9.4%, Reggio Emilia 9.3 %, Treviso 8.9%, Florence 8.7%, Modena 8.6%, Macerata and Trieste 8.1%.



Migrants by region of origin :

Europe 48.8%
Est Europa 38.2%
Enlarged UE 10.1%
Africa 23.1%
Asia 17.4%
America 10.6%
Latin America 11.2%

Map 1: Foreigners in Italy at the end of 2005, by origin and distribution on the territory

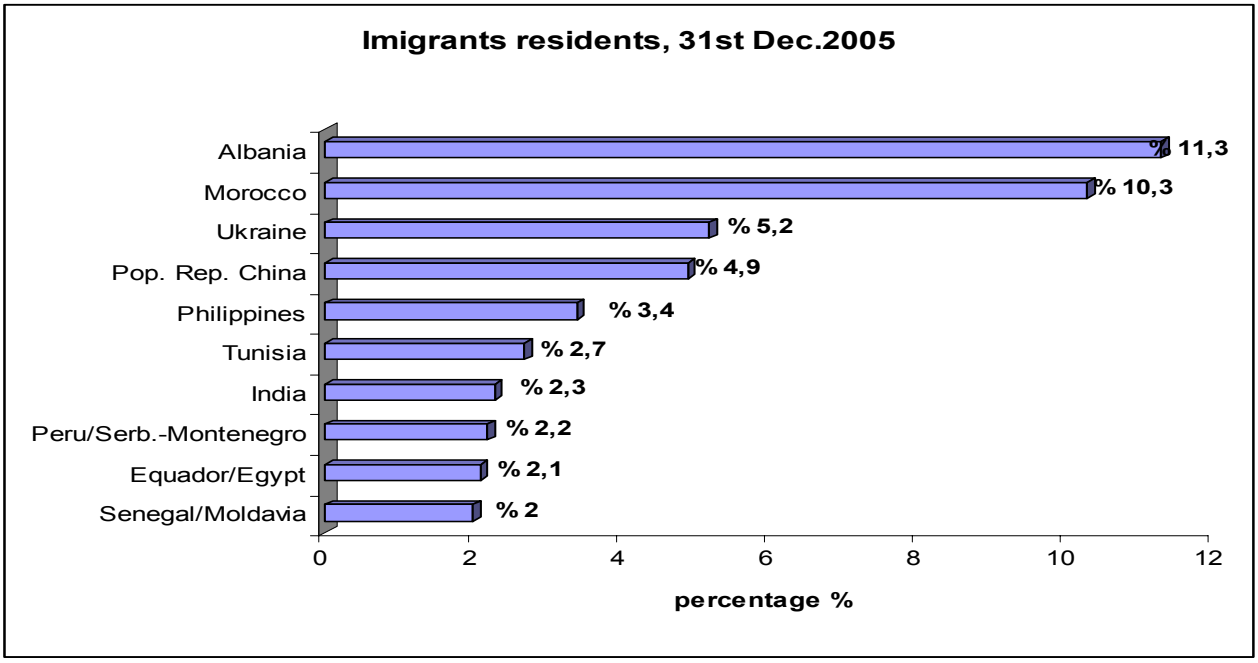
While official statistics point out that about 1.2 million Third Country Nationals have been living in Italy for more than 5 years, there are only about 396.000 holding a EC permit of residence[19] and they come from different regions: 125.408 are from Eastern Europe, 109.461 from North

[19] A Third Country national who has been in Italy for five continuous years (in some cases breaks are taken into consideration), who is in a regular position and holds a valid permit of residence that can be renewed indeterminately (i.e indeterminate-length work permit of residence, autonomous work or family reunification) can apply for the EC permit of residence – (*Permesso di Soggiorno CE*-Legislative Decree 3, 8 January 2007- formerly called *Carta di Soggiorno)*. The EC permit of residence is ISSued only upon presentation of certain documents (i.e. sufficient income, adequate accommodation). When the EC permit of residence expires, after five years, renewal is not subject to any condition. The holder of the EC permit of residence cannot be expelled from Italy but on severe grounds regarding public order, national security, belonging to criminal associations

Africa, 79.259 from Asia, 51.254 from other African countries and 27.768 from Latin America. Among national groups, the top countries for number of people holding a EC permit of residence are Morocco with 71.818 (or 3 people out of 10), Albania with 57.107 (or 2 people out of ten) and Romania[20] with 19.547 (or 1 out of 10).

Migrants origins and their distribution in Italy

The big majority of migrants originate from within Europe; in fact, five foreigners out of ten are Europeans, two Africans, two Asian, and one American. Migrants from Eastern Europe are about a million while Ukrainians and Albanians represent the two major groups from outside the EU accounting for 5.2% and 11.3% of total migrants respectively. Polish (3.2% of total migrants) and Romanians (11.9% of total migrants), on the other hand, are the two biggest groups originating within the EU. At the continental level, Africa is mainly represented by Moroccans accounting for 10.3% of all foreigners in Italy, Asia is mainly represented by both Chinese (with a share of 4.9% of the total migrants) and Filipinos (3.4%), while South America counts for three top countries, Peruvians (2.2%), Ecuador (2.1%) and Brazil (1.4%). Given that migrants living in Italy originate from many different countries, it is no surprise that several religions coexist in the country. Christians account for 49.1% of all migrants, Muslims follow with a share of 33.2% and oriental religion account for 4.4%.



Migrants demographic profile

Immigration is becoming the major force driving demographic growth in Italy and it is foreseen that this will help reducing the current predominance of deaths over births. Migrants constitute a very young population with 70% of them comprised between 15 and 44 years of age while minors (586.000) account for 1/5 of the total foreign population, a much higher share than the one found among the Italian population.

Migrant population in Italy is very well gender balanced as women account for 49.9% of its total. This, together with the fact that women migrants yield a higher fertility rate (an average of 2.4 children per woman) compared to their Italian counterparts, explains why in 2005

[20] The data provided are from 2006, before Romania entered the EU and when its citizens still needed a EU permit of residence.

children born to foreign parents accounted for as much as 9.4% of all the new births; this also go some way to explain the increase in the number of migrants experienced during the same year. Moreover, it is expected that the number will increase even more in the near future, as shown by the 485.000 requests of employment put out in March 2006 to take advantage of the quota fixed by the Decreto Flussi[21]. Taking into account the demographic deficit, it is realistic to estimate that the impact of entries in Italy is about 300,000 a year and Italy is now, with its three million migrants, one of the biggest immigration country in Europe, together with Germany, Spain, France and the U.K.

Official statistics show that the majority of migrants are married (52.7%) but it is important to underline those spouses and children are often left behind as evidenced by the high requests of family reunifications. On the other side, it is interesting to note that divorce among migrants is more frequent than within Italians (with 2.5% divorced women compared to 1.7% among Italians), and this can give evidence that maternity and family are not dealt with easily by migrants.

According to the census, finally, migrants have a satisfactory level of education, comparatively higher than Italians. Interestingly, those who did not have the possibility to get any schooling, or further education, in their own countries try to catch up by enrolling adult course and there are about 120.000 in Italy.

Foreign students are 424.683 and in a couple of years they will be well above half a million. They account for 4.8% of the total student population in Italy with a pick of 6% when only looking at the primary school data. However, students enrolled at University are only 38.000, a small proportion if we think that globally there are 2.3 millions of foreign students.

Labour migration and integration issues

The majority of permits of residence can be renewed indeterminably and 9 out of 10 migrants live in Italy either for work reasons (62.2%) or for family reasons (29.3%). According to ISTAT forecasts, Italian stock of workers will decrease of about 1.3 million by 2010 and by 3.2 millions by 2020, while the aging population (45-64 years) will increase by 910.000 by 2010 and by 1.6 million by 2020. Given this trend, it is not surprising that foreign workers have a strong impact on the labour market and their weight is meant to increase. Migrants account today for 1/6 of the total new hires. In 2005, 173.000 new labour migrants have been hired in Italy and these have generally been new people coming from abroad, but also family members of foreigners already working in Italy. 9.2% of the new hires interested the agricultural sector, 27.4% the industry while the remaining went to work in services. Among the latter, the most popular sectors are: Information Technology (16.1%), constructions (13.6), hotel and restaurant (11.9%), house workers (10.2%).

Migrants in Italy also show a high propensity to set up business and this tendency, which involves women too, is sensibly increasing: there were about 130.969 foreign entrepreneurs in 2006 and this represent an increase of 38% compared to June 2005.

As in other countries, in Italy migrants tend to be paid less than nationals. This is due not only to unequal salary but also discontinuity in employment. Inequity is even more alarming when related to undocumented migrants. From the other side migrants are very active in Trade Unions showing their awareness of a need for better social protection, professional recognition and contractual rights.

[21] Quotas Decree. Every year, the Italian government opens a fix number of entries for non-EU citizens.

As in other countries, migrants in Italy are paid much less, often about half price, than nationals and the fact that they are very active in Trade Unions show their awareness of a need for better social protection, professional recognition and contractual rights.

Migrant said:
Overall though, migrants in Italy are quite satisfied. In fact, 8 out of 10 migrants think that their lives have improved after having moved; about 12-15% of migrants managed to buy a house. Migrants living in Italy are generally people who are able to get over difficulties and challenges and they are an active reality on the market. 91% of immigrants own a mobile phone, 80% has a television set, 75% send remittances back home, 60% has a bank account, 55% has a car, 22% has a PC, and 5.3% of all the driving licences belong to migrants.

It needs to be said that many migrants still face several problems. Racial discrimination is to date an existing reality in Italy and cases are mainly spread in the Centre-North of the country. Mainly Africans are affected by this kind of discrimination. Many thousands of foreigners are in precarious situations especially with regards to housing as relevant policies are still missing in Italy.

Asylum seeker

Refugees living in Italy are a total of 20.000, a small number compared to other EU Member States. In the last years has been established under the approve of Ministry of Interior the " Sistema di Protezione " managed by ANCI (association of Italian Municipalities). This system consisted of 78 province, 55 municipalities and 15 regions hosted in 2005 up to 4654 asylum seekers.

Irregular migration

The majority of irregular migrants in Italy are constituted by those people who entered the country with regular 'papers' but overstayed their validity. In 2005, the removals of aliens from the peninsula increased by 13.5% compared to 2004 and reached a total of 119.923. Those who were effectively sent back home, though, were only 45.3% while, the year before, this percentage accounted for 56.8%. In Italy, irregular migrants are counted according to the following four categories: reappraisals, expulsions, readmissions and non repatriations.

The number of reappraisals in 2005 were 23.878 and the affected migrants mainly came from Eastern Europe (52% of total) and within them they were Romanians (17.1%), Bulgarians (11.3%), Albanians (4.8%) and from Serbia-Montenegro (4.3%). The Africans followed with a share of 18%, mainly coming from the Western sub-region and in particular from Nigeria (4%). Surprisingly, North Africans only accounted for 5% of all reappraisals. Finally, Americans (mainly Brazilians and Bolivians) accounted for 14.3% while Asian people represented 11.4% of the total reappraisals. People from Eastern Europe are principally reappraised by land on the Trieste or Como border. Africans and Asians mainly enter through Varese (air) and Verbania (land). Americans enter from Varese and Rome (air).

In reference to expulsions, in 2005 there were 16.690 of these cases in Italy. Lazio was the top region for number of expelled migrants (it accounted for 20.2% of the total) and 72% are originally from Eastern Europe and 53.6% are Romanians. Smaller percentages of expelled people were from Albania (9.9%) Morocco (6.9%) and Nigeria (3.5%).

Readmissions have also been quite numerous and amounted to 10.295 in 2005 which equalled to 19% of all the migrants who have been rejected from Italy in the same year. 72.8% of readmissions took place in the Northern regions, especially the North-Western ones. In terms of migrants origins, 41.2% of those readmitted were from Asia, in particular from Iraq (11%) and Afghanistan (8.8%); more than 1/3 from Center Eastern Europe (32.2%) and more precisely from Romania, Albania (between 9 and 11%) and Moldova while 22.5% were from Africa (Morocco, Tunisia, Algeria).

Finally, the cases of people who have not been repatriated amounted to 65.617 in 2005. This category includes both those who were officially asked to leave but did not do so[22], or those who could not be sent back and were kept in a detention centre as well as those who did not leave and were arrested. Most of the 'not repatriated' migrants were from Romania (17.339 or ¼ of the total), followed by Morocco with 6.896 individuals, then China and Moldova with 3000 each and Nigeria with 2.484.

Major entry points in the country and demographics

Being a peninsula with 7 450 km of coast, Italy is easily accessible by sea and not surprisingly, most of the irregular entries happen this way. Official data show that in 2005, 22.939 people entered Italy through its coasts. Most of those were men (and only 3.7% women) and with quite a few minors (7.1%).

In terms of origin, 42 different nationalities entered Italy via sea routes but 90% of all the arrivals are concentrated in the top ten nationalities. Egyptians represent the majority of entries accounting for 44.8% of all arrivals (190.288 individuals) followed by Moroccans (3.634) and by Eritrean and Tunisians (1.500 and 2.000 respectively).

Sicily is the most affected regions by coastal arrivals. The province of Agrigento, which included the small island of Lampedusa, tends to receive all the arrivals from Libya and Tunisia. Trapani tends to receive arrivals from Morocco and Tunisia. Calabria seems to only receive arrivals from Egypt, while the coasts of Puglia seem to be affected by flows of Albanians.

A focus on migrants in prisons and detention centers

Italy has a total of 13 detention centers (CPT-Centri di Permanenza Temporanea) and in 2005 they hosted 16.163 people. The highest number of migrants were detained in the Roma CPT (3.688 individuals) followed by the Lampedusa one with 2.474. On average, 68.8% of migrants who have been detained have been subsequently repatriated and this percentage is higher in Crotone or Torino (over 78%) while in Lecce and Modena only 35.4% and 48.3% respectively of the detainees are finally repatriated. Interestingly, 65% of the people detained are from only 3 countries: Romania (30.8%), Egypt (23.6%) and Morocco (10.2%).

Official data about migrants in prisons in Italy are released by the Ministry of Justice and they report that the 15.685 foreigners currently in jail are predominantly males (93 %). Unfortunately, no info are collected about either their civil status, occupation, education, length of stay in Italy or their health status so it is difficult to demographically profiling them accurately. The only information collected is their countries of origin and we know that the majority of them come from Morocco (21% over the total foreigners in prison) followed by those from the EU that account for 20%. Unfortunately the latter data is not disaggregated into individual EU countries and we can not state with certainty whether they are mainly from the Eastern European countries as the majority of foreign people in Italy. Migrants coming

[22] Proxy here is the number of migrants arrested because still living irregularly in the country after having been asked to leave

from Albania account for 12% of all the foreign detainees in Italian prisons while Tunisia follows with a 10% share. South-Americans, finally, only account for 4% of the foreign detainees.

Each new detainee in Italy is offered an HIV test and should he/she result positive, the State Government has the obligation to provide them with all the diagnostic and therapeutic treatment and cares needed.

Analysis of the collected data suggest a 4.2% HIV prevalence among foreigners in prisons.33% of the sample resulted coinfected by HIV and TB[23] and among this group the majority came from Eastern Europe (38%), followed by Africa (37%), South America and finally Western Europe (19%).

The Immigrants health profile

There is evidence that migrants who decide to leave their country of origin have a basically sound health record (this phenomenon is known as the "healthy immigrant effect") and it owes to a kind of auto-selection before leaving the country of origin, so that the healthiest and youngest people are those who choose to go abroad in search of better living conditions. In contrast to the healthy migrant effect, there is also evidence that risk factors expose migrant populations to a substantial burden of disability later in life, the so-called exhausted health effect[24]. The health condition of the migrant population on arrival, in fact, may be subject to rapid deterioration due to lifestyle changes or prolonged exposure to risk factors, such as psychological problems, no income due to unemployment, housing difficulties, absence of the family, change of climate and eating habits, and discrimination with regard to access to social and health services. Briefly, the social frailty of migrant groups appears to be the likely trigger for some critical health conditions.

At the national level, studies have been conducted on migrants' health[25], some using administrative data, others through specific surveys. Nevertheless, additional evidence on the epidemiological profile of the immigrant population residing in our country is necessary due to its continuous increase and evolution. The analysis of hospital discharge data has great potential to identify health needs and the special problems faced by immigrants.

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[23] Infection with TB is diagnosed with the PPD (Purified Protein Derivative) method used to diagnose tuberculosis.

[24] Cacciani L, Baglio G, Rossi L, Materia E, MArceca M, Geraci S, Spinelli A, Osborn, Guasticchi G. Hospitalisation among immigrants in Italy. *Emerging Themes in Epidemiology*, 2006, 3:4.

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Data on hospital admissions of immigrants from Less Developed Countries (in 2003, 324,491 hospital admissions of foreign patients were registered) showed lower hospitalization rates for adult male immigrants compared to residents (134.7 vs 165.2 per thousand population for acute care; 39.0 vs 63.8 for day care).

Main cause of acute care hospitalization among men was related to injuries (26%), diseases of the digestive (14%) as well as circulatory and respiratory system (9%). Greater vulnerability to injuries might be related to poor living and working conditions. It is not possible to calculate the fraction of injuries that take place in the work environment; however, immigrants are often exposed to hazardous work, have insufficient training and high mobility, and experience the stress of adaptation to different work environments.

Data from the day care admissions show, among men, a 13% of admissions for "factors influencing health status", 12% of cases for gastro-intestinal diseases and 11% for infectious diseases, mainly AIDS and hepatitis. In relation to infectious diseases, it has to be highlighted that, with respect to the year 2000, number of admission is decreasing.

Findings show, among immigrant women, higher or similar rates when compared to residents (179.7 vs 163.6 for acute care; 69.0 vs 70.2 for day care), because of high number of deliveries and induced abortions. Pregnancies and deliveries, in fact, accounted for 55% of all hospitalizations for acute care among foreign women, followed by diseases of genitourinary (8%) and digestive system (7%). It is also alarming to see that 60% of day care admissions were due to reproductive health related diseases, mainly induced abortion.
In conclusion, adult immigrants had lower hospitalization rates than residents. This finding could suggest that immigrants are a population with good health status; however, hospitalization rates for some specific causes (injuries, particularly for men, infectious diseases, deliveries and induced abortions, ill-defined conditions) were higher for immigrants than for residents.

4. Community Participatory Rapid Assessment in Rome[26]

4.1 Background and Objectives

The use of both quantitative and qualitative methods is getting more and more common for studying in depth health issues.
In order to achieve a better understanding of immigrants and health related questions, in particular on TB and HIV, qualitative methods have been used to explore attitudes and behaviours of health providers, health users, along with immigrants seeking health care at the health services, and immigrants with no specific health needs.

4.2 Methodology

A qualitative research was undertaken in the city of Rome, capital of the second Italian Province (after Milan) as for immigrant concentration (12% of the total immigrant population in Italy live in Rome). The research instrument was an open-ended questionnaire (Annex 1) that was handed out during face-to-face interviews. The interviewees were:

- health providers at the main health centres dealing with immigrants;
- immigrants seeking health care in the main health centres dealing with immigrants;
- immigrants met casually in key meeting points for immigrants.

Selecting places
A number of health centres specialised in immigrant health care were chosen; interviews were carried out there with health providers and with immigrants seeking health care. Migrants key meeting points, such as the square off the main train station (Piazza Indipendenza) or the Friday market in front of the mosque, were also selected; many foreigners spend quite some of their time there for either recreational or job seeking reasons. For instance, in Piazza Indipendenza people from South America tend to have lunch together, and Eastern Europeans ladies look for job opportunities.

Sample size and method
Five health centers were identified for conducting the study. There, a total of nine health providers and six immigrants waiting to be visited were interviewed. In addition, a small sample of immigrants casually met at meeting points was also included in the study. One adult man, a Peruvian lady, and a lady from Moldova were interviewed in Piazza Indipendenza. Four people (one young lady and her mother coming from Tunisia, one man from Syria and an adult man from Egypt) were interviewed at the market in front of the mosque.

Tools
Interviews were conducted with an open-ended questionnaire; the questionnaire was written in Italian, if needed Spanish and English were used to further explain it. Interviews were recorded by the consultant (anthropologist) while also taking down notes at the time of interview.

[26] This Rapid Assessment was undertaken by Emanuela Forcella, consultant to the International Organization for Migration, Rome.

4.3 Findings

4.3.1 Public health care providers

Health centres overview
Below, a brief overview of the activities of the main health centers in Rome providing health care to immigrants.

- **The IRCCS – S. Gallicano Hospital (SGH)[27]**

Centre profile
The San Gallicano Hospital is a non-profit public health institution founded in 1725 with the original mission of providing health care to pilgrims coming to Rome. Since 1985, a Department of Preventive Medicine for Migration, Tourism and Tropical Dermatology (DPMM) has been running, providing a daily service with access to health care, and with a particular focus in preventing and treating the major poverty diseases (AIDS, Tuberculosis, Malaria). Patients can also access services of dermatology, allergology, oncology, plastic surgery, internal diseases, infectious diseases, neurology, tropical diseases, sexology, sexually transmitted diseases. The services of the Department are open to all patients, but particular attention is paid to illegal and clandestine immigrants, homeless, nomads. The Department is open Monday to Friday. Registration take place between 8:30-12:30, and visiting hours are from 9:00 to 14:00. Twice a week, the Department opens in the afternoon (15:00-19:30).

In 1996 the Department started hiring linguistic-cultural mediators, who welcome and help foreign patients to find their bearings in the Department, but also individuate any further needs. The linguistic-cultural mediators also facilitate cultural and interpretative understanding for diagnostic and therapeutic purpose. The main languages spoken are: French, English, Spanish, Portuguese, Arabic, Kurd, Lingala, Swahili, Tigrigna, Amharic, Filipino (Tagalong), Tamil, Bangladeshi, Serbo-Croatian, Bulgarian, Polish, Russian, Romanian and Albanian. The Department also provides a medical-anthropological counselling service, aimed at detecting and taking care of cultural disadvantage as a risk of onset of diseases.

Daily, the Department welcomes around 150-200. When the patients arrive, they receive a first-stage evaluation by a team of a doctor (usually GP), a nurse and a cultural mediator. They register the patients and, if they do not have any health document, they provide them a STP card (Stranieri Temporaneamente Presenti – Temporarily Present Foreigner). Between 1 January 1985 and 31 December 2006, 91.546 legal, illegal and clandestine immigrants made their first visit to the Department, out of these 41.868 (45.7%) were women.

Immigrants profile
The latest statistics of the Department show that 50.2% of immigrants accessing it services are from Eastern Europe, 22.3% from North and South America, 13% from Africa, and 8.3% from Asia. The majority of immigrants attending the Department services are in a young/adult age (75.6% under 40). As for the level of education of the foreign patient, 10.4% have finished their elementary schooling, 24% junior secondary education, 50.8% advanced secondary education, 9.8% a university level, while 14.8% are university graduates.

Main pathologies observed

[27] A special thank to Prof. Aldo Morrone, Prof. Fabrizio Ensoli, Dr. Luigi Toma and Dr. Teresa D'Arca for the information provided.

With regards to the main pathologies observed among the immigrant patients, they are not very different from what can be observed among Italians. The main observed diseases include: dermatological diseases[28] (52%), respiratory diseases (10.7%), gastrointestinal diseases (9.2%), orthopaedic and traumatology diseases (8.6%), infectious diseases (11%), and neuro-psychiatric diseases (4%). Moreover a number of diseases can be observed, not specific to immigrants, but rather as indicators of a state of extreme marginalisation, real 'poverty related diseases', such as tuberculosis, scabies, pediculosis, some viral, mycotic and venereal infections, most of them characteristic of homeless people.

Basically, an immigrant person does not present any particular serious problem, tropical diseases or any different pathology that a native can have. The main difference for immigrants lays in the lack of basic health safeguard and subsequent prompt diagnosis and therapy that allows faster recovery. A significant number of patients, in particular from Africa, come to the Department at a late stage of disease. This can be explained, according to a medical doctor interviewed, to a sort of "refusal of getting sick in the host country". Therefore, the late access to services, sometimes in an acute phase, could be explained as the fear to get a disease far from the country of origin.

A lot of pathologies related to an anxious state, in particular among people coming from Eastern Europe and Latin America, could also be observed.

HIV/AIDS
AIDS, although not having a particular incidence, reaches a terminal state prematurely, with the terrible difficulty for the person living the experience in a foreign and unfriendly environment.

- **Policlinico Umberto I[29]**

Centre profile
Policlinico Umberto I is the largest hospital in Rome. In 2002, a department for immigrant citizens was open; since 2004 it is under the supervision of the Infectious disease's department. The immigrant department opens from 14:30 to 17:00 during three days a week. Medical doctors work on a voluntary basis, except for the psychologist.

Patients are welcomed by psychologists, while a technical operator collects the information to fill in the patient clinical form. The registration offers access to all the departments of the hospital. The department is open to regular and irregular migrants. Those without a valid permit of stay are first asked to get a STP card (provided in another department of the hospital).

Since 2002, 4.326 immigrants were visited, for a total of approximately 10.000 visits. A considerable increase in number of patients attending the department was observed in these recent years. Nowadays, around 80/100 patients visit the department daily.

Immigrants profile
The department records show that foreign patients were from 63 countries, mainly from Romania (29%), Bangladesh (19%), Moldova (10%), Ukraine and Peru (6%). Most of them were females (54%), in young/adult age (60% of cases were aged 18-40), with a good education level (57% reported to have attended school for 9-13 years; 21% for more than 14

[28] Activities at SGH are traditionally focused on dermatology.

[29] A special thank to Dr. Gianluca Russo and Dr. Camilla Ajassa for the information provided.

years and 21% for less than 9 years). One third (34%) declared to be unemployed. Those who had a job were mainly family assistants (baby sitter, domestic helper) and traders.

Main pathologies observed
The main observed pathologies were related to digestive, genitourinary and respiratory system. Infections diseases represented 16% of the cases (4% viral hepatopathy and 2% active tuberculosis). According to the experience of a medical doctor interviewed during the study, a low percentage of infectious diseases are observed; the main health problems are related to spinal column, gastritis, dermatological diseases: all pathologies which suggest a psychosomatic disturb.

HIV/AIDS
In June 2007, a programme for HIV screening was launched, called PRISMA, in collaboration with the National Institute for Health (Istituto Superiore di Sanità-ISS). All the patients visiting the department are offered an HIV test, free of charge and anonymous. A pre and post counselling service, which was lacking before PRISMA program, is also provided.

Among the 60 HIV positive cases identified (denominators and period of time not known), the majority (approx. 60%) was from Sub-Saharan Africa, 20% from Romania and the rest from Asia and South America.

HIV-infected people are sent to the infectious disease department; when a long-stay in hospital is needed, they are sent to Spallanzani hospital (See below).

- **Servizio Medicina Solidale e delle Migrazioni (SMSM)[30]**

Centre profile
The Centre of Migration and Social Medicine is situated at the rear of a church in an eastern suburb area of Rome. It was opened in December 2004, in collaboration with the Tor Vergata University (third-largest university in Rome) and a non-profit organization. The Centre opens from Monday to Friday, 10 hours daily. Thirty medical doctors undertake working shifts at the Centre, and all of them except one do that on a voluntary basis. Six linguistic-cultural mediators provide support to the activities.

In addition to health care activities, the Centre also proposes a training course for University students on Medicine of Migration.

Until recently, STP cards were provided at the SMSM; today patients are sent to the Local National Health Service Centre (ASL) or hospitals where the card is delivered.

Since the beginning of the Centre's activities, approximately 3.000 patients have been visited, with a follow-up of 90%. The number of patients has being increasing annually.

Immigrants profile
Immigrants accessing the Centre come from European countries (60% - mainly from Eastern Europe, Romania principally), from Africa (31% - mainly from Nigeria), from Asia (5%) and from South-America (4%). The majority of the cases (70%) were female in an adult age (45% aged 30-50, 20% less than 30 years and 20% between 50-60). The 60% of cases reported to be jobless; among those with an occupation, women were mainly domestic collaborators and

[30] A special thank to Dr. Lucia Ercoli, Dr. Luca Dori and Dr. Emanuela Mollo for the information provided.

men labourer. In the 20% of cases immigrant patient arrived at the Centre with no documents, and in 40% of cases with a STP card.

Main pathologies observed
Visits to the centre were mainly for hypertension problems, pregnancy, gastritis, post-traumatic visits following road accidents or accidents at work, and diabetes. As for TB, medical doctors consider the disease a critical area, because from their experience the prevalence is increasing and the diagnostic process is complex.

HIV/AIDS
The HIV test is proposed to immigrants considered at risk. Pre and post counselling is given to seropositive patients. HIV infected patients are, often, accompanied by the medical doctors to the Tor Vergata Hospital, where they receive the therapy. Among the seropositive cases identified at the centre (time period and denominator unknown), 18% were represented by women from Nigeria (from Benin-City in particular), most probably sex workers.

- **Caritas Diocesana**[31]

Centre profile
This is one of the most well-known health services providing health care to immigrants, that has been running for almost 25 years. Caritas Diocesana provides health services on a daily basis (from 16:00 to 19:00, and on Wednesday and Thursday also from 9:30 to 12:00). General health care is offered along with specialist visits (gynaecology, paediatric, dermatology, pneumology, psychiatry, cardiology) and also some diagnostic services, as ECG and ultrasound exams. The service is run by around 200 health operators (working on voluntary basis) and 3 coordinators. Health operators currently speak English, French, Spanish and Portuguese. There are also operators who speak Romanian, Polish, Serb, Arabic. A Chinese translator has also been working at the service for the last six months.

The centre is visited mainly by illegal immigrants who can directly access the service. Since 1983, a total of 85.000 patients have been visited. In 2006, 2.740 new accesses were registered and a total of 6.800 patients were visited, of those visits almost 80% hold a STP card.

Immigrants profile
The immigrant patients visiting the Centre came from 87 different countries, in particular from Romania (26%), China (15%), Bangladesh (8%), Ukraine and Moldova (4%); 42% were female. Almost half of the cases had attended secondary school.

Main pathologies observed
Analyses of the diagnosis records show that the majority of pathologies observed are attributable to "social frailty", hence related to difficult life conditions. Among men, respiratory diseases (18%), digestive problems (15%) and musculoskeletal system diseases (12%) were observed, while women mainly referred to the Centre to seek gynaecology care, often related to pregnancies (17%), or due to digestive (12%) and respiratory system diseases.

[31] A special thank to Dr. Salvatore Geraci for the information provided.

HIV/AIDS
When patients with HIV/AIDS and/or TB are identified, they are referred to specialised health centres, in particular to the Spallanzani hospital and Policlinico Umberto I.

- **Spallanzani Hospital[32]**

The Spallanzani hospital currently holds about 200 beds for ordinary and day hospitalisation of patients suffering from infectious diseases. There is a service at the Respiratory Infections Department, open daily from 7:30 to 13:00, which was created in collaboration with Caritas, dealing exclusively with immigrants. The Department does not have any translation support and therefore asks the patient, if not fluent in Italian, to come together with some linguistic help.
Among patients admitted to the hospital, approximately 30% are foreign people, coming mainly from Sub-Saharan Africa and South America (principally Brazil). Foreign patients are mainly men, aged 30-40. One of the major concern in dealing with immigrants, according to the medical doctor interviewed, is the communication/linguistic barriers, and these are not limited to a linguistic problem, for instance to make sure that patients come at the right time for blood test analysis and/or for taking properly ART drugs is a challenging task.

The hospital carries out the HIV test anonymously and free of charge. ART therapy is also free of charge.

In addition, there is a serious problem related to TB: once patients leave the hospital, it is very difficult to undertake a proper follow-up.

Main pathologies observed
With regards to the main pathologies observed among immigrants, they do not seem to be not very much different from what can be observed among Italians. Basically, immigrants do not present particularly serious problems. The majority of pathologies observed are attributable to "social frailty", hence related to difficult life conditions.

HIV/AIDS
Cases of AIDS are not frequently observed at the health centres included in the study. The majority of services offer are anonymous and the HIV test is free of charge. All the centres refer patients with HIV/AIDS to specialised health centres, in particular the Spallanzani hospital and Policlinico Umberto I.

Main constraints
Some challenges in dealing with foreign people emerged during the interviews with the health providers. Language and communication constraints are one of the main problems with foreign people. These problems not only arise from linguistic reasons but are mainly due to different cultures - patients arrive to the centres with their own illness perception and personal view about the needed treatment and cure making it more challenging for the doctors to gain foreign patients trust.

[32] A special thank to Dott. Angela Corpolongo for the information provided. For ethical reasons, consultants could not visit the hospital for conducting interviews with patients. For this reason, the interview with Dott. Angela Corpolongo was done by telephone.

4.3.2 Immigrants and health services

Health care access

Findings of the qualitative study confirm that access to care is guaranteed to regular and clandestine/irregular immigrants. For clandestine/irregular immigrants exists a STP card (as seen in section I, Migration Policy and Legal Context).

Immigrants get to know the health centres easily, mainly advised by friends or relatives, who have been in Italy for a longer time. Information about health services is mainly obtained through word of mouth; friends and relatives are therefore the basic information sources.

After a first contact with the centre, immigrants usually keep on referring to the same structure, even if it is not the nearest from their home. This behaviour suggests the importance of the good and trustful relationship between patients and health providers.

All centres visited provide linguistic support through cultural mediators. This support is considered essential for a proper service to foreign people, not only for translation matters, but also because mediators, regardless of their country of origin, are usually seen by immigrants as people with the same background, who have probably gone through similar experiences.

According to the medical doctors, a difference can be observed among patients (non necessarily from the same country) in gaining access to the services. On one side, there are patients that refer to health service only in urgent cases or at an advanced stage of illness, on the other side patients tend to repeatedly come, even when no particular problems can be observed, probably for a sort of need to receive some form of care.

Level of satisfaction of health care

Several immigrants were present at the health services, seeking health care, while the consultant was carrying out her study. All those approached were willing to answer the questions and nobody complained about that.

With no exceptions, all patients expressed positive opinions with regards to the care received. Everyone seemed grateful for the attention provided by the health operators. No obstacles in reaching the place, no difficulties in the access (in terms of distance, visiting times), and no problems with health providers were reported (for additional details, see Annex 2, "patients" chapter).

Health problems

The small sample of immigrants included in the study did not allow any analysis on health needs. Reported reasons for getting access to the services were several, none seemed an urgent case or any particularly severe disease. The majority of patients had already been at the health centre previously.

Immigrants and TB/HIV

No TB or HIV/AIDS patients were met during the study, neither people at the health service for doing a screening test for TB or HIV.

With few exceptions, no patient could remember any screening test undergone during their lifetime. They did not seem to be concerned about TB.

A low level of knowledge about HIV/AIDS emerged; although it is considered a severe disease, none seemed enough worried to assume a safe behaviour.

With only one exception (who reported to have seen an "information bus/coach on the street) none of the immigrants interviewed could remember any specific information campaign in Italy about the matter. Information was obtained especially by word of mouth, and, as for health services access, friends and relatives can be considered the main information source for HIV/AIDS-related topics.

Among the immigrants interviewed, some considered HIV/AIDS a global risk, while others identified specific areas or nationalities more at risk. Directly from their experience, people can see for example several cases of prostitution, associated to specific nationalities. Behaviours at risk were associated to sexual relationships, never to drugs abuse.

Challenges identified

Some challenges in dealing with foreign people emerged during the interviews with the health providers. Languages constraints are one of the main problems in dealing with foreign people. Nevertheless, as seen above, all centres provide cultural mediators as a linguistic support. However, communication problems not only arise due to different languages but mainly due to different cultures. Patients arrive to the service with their own illness perception and personal view about the needed treatment and cure making it more challenging for the doctors to gain foreign patients trust.

4.4 Conclusions

Results of the rapid assessment suggest a good level of competence of immigrant citizens in referring to health services when in need. The immigrants patients met during the study seemed not to face any particular problem in reaching the health care centres, and no obstacles (neither logistic barriers – as distance or visiting hours - nor economic constraints, nor linguistic problems) were reported in getting access.

It should be highlighted, however, that findings refer exclusively to health centres dealing specifically with foreign people, and can not be generalised to public health services (provided by the NHS), where a series of barriers and obstacles still persist: according to Dossier Caritas, in fact, only 3% of immigrants have access to health services at national level.

The main source of information on health services is provided by relatives and friends. Interestingly, once the patients refer to a specific centre, there is a tendency to return to the same over and over again whatever the health need might be. This suggests that a trustful relationship between patients and health providers is generally established and it is considered very important.

Health operators providing cares to foreigners are well overburdened with work and given that the majority work on a voluntary basis, there is a need for a more incisive support by the institutions.

A low level of knowledge on TB and HIV/AIDS emerged from the interviews with migrants. With few exceptions, even in the health centres, none was aware of the free and anonymous test for HIV. This calls for an urgent need of strengthen preventive and information campaigns for immigrant population.

Box 1. A public health center provider in Northern Italy: Centre of International Health and Trans-cultural Medicine[33], Brescia

Centre Profile

The Centre of International Health and Trans-cultural Medicine is a public health institution owned by Azienda Sanitaria Locale (ASL) of Brescia (District Health Department of Brescia). It was opened in 1990 with the original mission of providing primary health care to irregular migrants living in the Province of Brescia. In 2003 it has been expanded and ever since its fields of interest are Migration Medicine, Travel Medicine, Sexually Transmitted Infections and Poverty Diseases.

The Centre of International Health and Trans-cultural Medicine is the reference of the Azienda Sanitaria Locale (ASL) of Brescia (District Health Department of Brescia) for social and health assistance to migrants.

The Centre:
- identifies the social and health critical fields;
- implements actions aimed at improving the health status of migrants;

To this end, the Centre of International Health and Trans-cultural Medicine makes use of:
- communication network such as portal web of the Azienda Sanitaria Locale (ASL) of Brescia (District Health Department of Brescia);
- multilingual communication ways based on cultural differences.

Fields of interest of the Centre:

a. primary health care to undocumented migrants;
b. prevention and treatment of sexually transmitted infections;
c. orientation on the correct use of social and health services;
d. health education of migrants, aimed to individual and collective prevention;
e. analysis of social and health profile of migrants and their risk factor for health, aimed to prevent diseases, above all contagious infectious diseases;
f. social support and health assistance of homeless and marginalized people;
g. health assistance of Italian citizens abroad;
h. travel and tourism medicine;
i. training of social and health operators in the field of trans-cultural medicine;
j. research in the field of migrants health, in collaboration with University of Brescia and other public and private institutions;
k. international cooperation.

The Centre is situated near the biggest Hospital of Brescia (Spedali Civili Hospital), it's open 5 days a week (from Monday to Friday), between 7.00-12.30 in the morning and between 13.30-17.00 in the afternoon. The access is free and there is no need to fix an appointment.

Three medical doctors work everyday in the Centre together with six nurses; the main languages spoken are: English, French, Spanish and Arabic. One operator graduated in cultural anthropology is present three days a week for detecting the cultural differences which can act as confounder in the relation with the patients.

Since 2003 to 2005 a Trans-cultural Mediation Service and a Psychological Service were activated on the basis of specific projects granted by Lombardia Region. The mediators facilitated cultural and linguistic understanding between patients and operators and, above all, they orientated patients on the correct use of Health Services. The psychologist aimed at detecting and taking care of psychological aspect as a risk of onset of diseases.

Since 2002, an Epidemiological Observatory of the migratory phenomenon in the Province of Brescia has been activated in the Centre of International Health and Trans-cultural Medicine, by means of setting up a computerized data bank, aimed at collecting information about the socio-demographic and health characteristics of migrants.

[33] The Centro di Salute Internazionale e di Medicina Transculturale. Special thanks for preparing this Box go to Issa El-Hamad.

All clinical data collected since 1990 have been recorded in a specific database and are periodically analysed. The Epidemiological Observatory of the migratory phenomenon of the Centre carries out a very relevant role, because the knowledge of the clinical-epidemiologic profile of migrant population and its dynamics of evolution within time, constitute a relevant theme for the National Health Service.

Data stored in the database are analysed every six months for planning the activity of surveillance, prevention and care of the Centre.

Between 1st January 1990 and 30th June 2007, 27625 migrants were visited in the Centre, for a total of 81,136 visits. In 2006, 4,265 new accesses were registered and a total of 9,749 patients were visited, 93% were illegal/clandestine migrants.

Immigrant profile

The results of the analysis of the database show that 62.5% of migrants accessing the Centre are male; patients come from 142 different countries, 48.4% from Africa (mainly from Senegal, Morocco, Nigeria, Egypt and Ghana), 28.7% from eastern Europe (mainly from Moldavia, Ukraine, Romania and Albania), 19.2% from Asia (mainly from Pakistan) and 3.3% from South-America (mainly from Brazil). The median age is 29.5 years and more than one-half is of Christian religion, whereas 37% are Muslim. As for the level of education of the migrants, 6.2% have finished their elementary schooling, 36.6% junior secondary education, 25.3% advanced secondary education, 18.5% a university level, while 8% are university graduates and 5.4% are illiterate. About one-half (55.5%) of the patients declared to be unemployed, 81% to be illegal/clandestine and 97% to be not registered in the National Health Service.

Main pathologies observed

Since 1990, more than 55,300 diagnosis have been codified in the Centre's database by medical doctors. The main observed pathologies include: orthopaedic and traumatology diseases (18.4%), non specific symptoms (15%), gastrointestinal diseases (10.3%), respiratory diseases (10.1%), infectious diseases (9.3%) and genitourinary diseases (7.9%). Regarding infectious diseases, 34.3% are represented by tuberculosis (23.3% active disease and 76.7% latent infection) and 19.6% by dermatomycosis and parasitic skin infection like scabies, whereas HIV and other sexually transmitted infection account for 7.1%.

HIV/AIDS

The **Sexually Transmitted Infections Ambulatory** of the Centre of International Health and Trans-cultural Medicine offers to every patient, Italian or migrant:
- test for HIV and other Sexually Transmitted Infections like syphilis and hepatitis B
- counselling pre and post-test
- treatment for Sexually Transmitted Infections, in agreement with the international guidelines, and management of partners
- follow-up of Sexually Transmitted Infections

The access to the ambulatory is free, without appointment and without prescription, every morning (from Monday to Friday) between 8.30-12.30; all the activities are free of charge.

In 2002, a study on the **knowledge and prevention of HIV infection in irregular migrants** was carried out in the Centre of International Health and Trans-cultural Medicine, granted by the National Health Institute. The objective was the evaluation of the level of knowledge of irregular migrants from non European Union (EU) countries on the way of transmission and preventive incomes of HIV infection. The study was carried out from April to August 2002 with the participation of medical personnel and cultural mediators using a standardised questionnaire by the World Health Organisation (WHO, in STI prevention and care: framework and tools for implementing key elements). In 52% of the immigrants was noted a low level of knowledge on HIV infection. In univariate analysis no links were found among level of knowledge and sex, age, legal status, level of education and duration of stay in Italy. In conclusion, the results of this study demonstrated the inadequate knowledge on HIV infection among irregular migrants in Italy and the absence in our country of appropriated means of information.

Based on these results, the Centre of International Health and Trans-cultural Medicine collaborates with the National Health Institute in the **preventive campaign about HIV/AIDS target at migrants**. Specific leaflets on HIV transmission ways, prevention strategies, test for search of antibodies and legislative indications to take advantage of free of charge health services, translated into eight languages (Italian, English, French, Spanish, Russian, Romanian, Chinese and Arab), are handed out to migrants

patients in the Centre by an operator graduated in cultural anthropology, who also fills out a questionnaire about the level of comprehension and satisfaction of the patients.

Since 2004, a specific **research in the field of HIV** has been started in the Centre of International Health and Trans-cultural Medicine, granted by Lombardia Region. The objects of the research are the evaluation of prevalence and incidence of HIV-infection in undocumented migrant and the definition of the presumed place of contraction of HIV infection through the study of time of emigration relative to estimated time of HIV infection. HIV seronegative migrants are invited to repeat the test every 6 months, the HIV-positive migrants are sent to the Department of Infectious Diseases of University Brescia for follow-up and therapy. Between 15/01/2004 and 15/12/2006, 1,824 subjects consented to be tested, and 26 tested positive (prevalence: 1.4%). The seropositive patients were mainly females (56%), coming from Sub-Saharian Africa countries (80%), and Christians (84%). Nine of them reported multiple sexual partners, 10 were Commercial Sexual Workers (CSW), while 6 of them did not report any risk factor.

Since January 2007, the Centre of International Health and Trans-cultural Medicine collaborates with the Department of Infectious Diseases of University of Brescia, University of Palermo and University la Sapienza of Rome-Department of Infectious and Tropical diseases in a project - granted by the National Health Institute: prospective multicentre national study on evaluation of Prevalence, Incidence, Risk Factors and definition of Subtypes of HIV in Migrants and analysis of antibody Avidity index **(PrISHMA study)**. The objects of this study are: to evaluate the prevalence of HIV infection in immigrant study population in toto, to study the incidence of HIV infection in a cohort of HIV-negative immigrants followed-up longitudinally, to define the presumed place of contraction of HIV infection through the study of time of emigration relative to estimated time of HIV infection and to analyse the distribution of HIV subtypes in HIV-positive immigrants and their impact on response to antiretroviral treatment. The preliminary results of PrISHMA show that, between February and August 2007, among 894 migrants which have been tested for HIV, 3 are HIV-positive; 13 HIV-negative patients repeated the test after 6 months, no-one was positive.

Tuberculosis (TB)

The identification and treatment of latent tuberculosis infection (LTBI) among immigrants are an effective strategy for TB control in developed countries. However practical or cost-effective strategies to identify undocumented migrants with LTBI and to deliver treatment for LTBI are still difficult.
Between April 1996 and October 1997, a **screening for TB and LTBI among undocumented migrants** was carried out in the Centre of International Health and Trans-cultural Medicine, in collaboration with the Department of Infectious Diseases of University of Brescia. The objectives of the study were to compare completion rates of screening procedures for TB infections and disease among undocumented migrants at specialised (TB clinic in Turin) and unspecialised Centre of International Health and Trans-cultural Medicine health services. The screening included a symptom questionnaire, a tuberculin skin test (TST) and a chest X-ray. Of 1,318 eligible subjects, 1,232 (93.4%) accepted the screening. Screening was completed by 993 (80.6%) individuals. 392 subjects (39.4%) had a TST test >= 10 mm. 8 cases of active TB were detected, with a calculated prevalence of disease of 650/100000. This study showed that undocumented migrants could be screened for TB.

Between June and December 2001, another study on **completion of screening for LTBI among migrants** was carried out in the Centre of International Health and Trans-cultural Medicine, in collaboration with the Department of Infectious Diseases of University of Brescia. The objective of this study was to evaluate the sociodemographic factors associated with completion of screening for LTBI among undocumented immigrants. Screening for LTBI was offered to 649 migrants; 213 (33%) patients completed the first step of screening (TST + chest X-ray); only 44% (55/124) of individuals with a positive TST result started treatment for LTBI. The univariate analysis showed that being unmarried, of Senegalese nationality and being interviewed by a health-care worker with the same native language as the immigrant were significantly associated with completion of screening for LTBI. In the multiple logistic regression, being interviewed in the native language of the health-care worker (OR 2.5, 95% CI 1.3 – 4.8; p = 0.004) and being of Senegalese origin (OR 2.3, 95% CI 1.4 – 3.6; p = 0.0005) were independently associated with adherence to LTBI screening. These results suggested that knowledge of the sociodemographic characteristics of migrants, and the participation of health-care workers of the same cultural origin as the immigrant during the visits, could be an important tool to improve completion of screening for LTBI.

Since 2003, a new test for LTBI identification that uses more specific antigens of Mycobacterium tuberculosis is commercially available under the brand name of **QuantiFERON-TB Gold test**. In 2004, a study - granted by Lombardia Region - was carried out in the Centre of International Health and Trans-cultural Medicine to compare QuantiFERON-TB Gold test to tuberculin skin testing (TST) for the detection of LTBI among immigrants from high endemic TB areas. Undocumented immigrants were enrolled if they originated from high endemic TB areas, the time of arrival in Italy was <= 5 years, had neither active TB disease nor known immunodeficiency status. The TST was applied according to standards and QuantiFERON-TB Gold test was performed following the manufacturer's instructions. Hundred subjects were included in the comparative analysis. TST was positive in 44% of subjects; 15% had a positive QuantiFERON-TB Gold test result. The total agreement between TST and QuantiFERON-TB Gold test was 71%, for a k statistics of 0.37; agreement was 100% for TST negative results, but only 34% for TST positive ones. In the multivariate logistic regression analysis, previous BCG vaccination was independently associated with a lower chance of disagreement between the tests. In conclusion, the prevalence of LTBI among immigrants was lower when determined by Quanti-FERON-TB Gold; this may be a consequence of more specific MTB antigens used. These results suggest that QuantiFERON-TB Gold may be used as confirmatory test for TST positive immigrants candidate to preventive therapy.

Since April 2007, a **plan for Tuberculosis control** is active in the Centre of International Health and Trans-cultural Medicine, granted by Lombardia Region. Screening for TB (TST and chest x-ray) is offered to every undocumented migrant patient if: originates from high endemic TB areas and the time of arrival in Italy is <= 5 years. Between 30th April and 30th June 2007, of 275 eligible subjects, 179 (74,9%) accepted the screening. Screening was completed by 149 (83.2%) individuals. 49 subjects (32.9%) had a TST test >= 10 mm, 41 had diagnosis of LTBI and 8 of active TB. Of 41 patients with LTBI, 22 started treatment for latent infection.

5. Summary and Conclusions

This report has aimed at providing an overview of the Italian Health System and its accessibility by foreigners together with a snapshot of migrants' health situation in the country. The focus has been primarily on HIV and TB; however, a more general discussion on health and migration in Italy has also been included. A Rapid Assessment survey has completed this research and provided qualitative and up to date evidence of the main challenges those foreigners encounter when they seek health care in Italy.

Some conclusions and recommendations can be drawn from the present report.

Italy is currently one of the biggest countries of immigration in Europe. Many different ethnic groups coexist on the national territory and data seem to suggest that overall migrants who came to Italy have economically improved their lives. However, problems of racial discrimination and social marginalization are still an issue and they need to be properly understood if policies are to be shaped in order to limit them. The report has further highlighted that the country still faces many challenges in properly managing migration flows and effective and coherent policies are to date still under discussion.

However, from a migration and health perspective the picture looks different. Italy has lately managed to guarantee the right to health for foreigners, both regular and irregular. The country is experiencing an improvement in health access for foreigners, which is steadily translating into better health conditions within the migrant population. The information reviewed in this report has shown that AIDS cases among immigrant population have been augmenting due to the increase of the immigrant population in Italy, and not due to an AIDS epidemic in this group of people. The constant increase of the immigrant population in Italy could explain the decrease in the incidence of AIDS; moreover, this positive trend (decrease in incidence rates) could be explained by a better accessibility by the immigrant population to the centers of diagnosis and treatment also in cases of severe diseases such as AIDS.

The above depicted situation calls for migration policies to be better coordinated between different policy arenas and for the different stakeholders to cooperate more closely if Italy wants to translate good principles into actions and if migration is to become a win-win-win solution for all concerned.

The Italian Ministry of Health is currently devoting its effort to improve prevention programmes both for HIV and TB.
In reference to HIV and TB prevention, Italy has an urgent need to promote the implementation of prevention programmes as well as to support their monitoring and evaluation if all citizens have to have access to information, education and services.
Within this framework, Italy is addressing the needs of migrant populations with the final goal of guaranteeing them a non-discriminating access to treatment, care and support. Access to information and prevention will be assured to them and health information leaflets will be provided in foreign languages. In addition, the Italian Ministry of Health is going to offer training to health workers and will especially work on increasing their cultural sensitivity. The informative actions need of peer education and cultural mediators.

These above mentioned goals are going to be achieved only if the civil society is involved in ARV treatment and in the prevention programmes.

As far as TB goes, the report has shown that cases in Italy are decreasing but there is evidence of concentration within risk groups such as migrants. 10% of TB cases are connected with HIV. In this respect too, the MoH deems important to invest in prevention. The Italian MoH is working to improve the TB case-based reporting at national level and to implement

drug resistance surveillance and treatment outcome monitoring. In this respect, it will be useful to develop indicators to monitor TB control in low incidence countries.
It is also necessary that health political services are well organized and that the problem of the tuberculosis is answered in an effective way. In order to promote the prevention of the tuberculosis in migrant population few things are essential: first, to promote effective political to facilitate the access to the services; secondly, to revalue the National Guidelines; then, to find useful data of surveillance to monitor the programs of control; finally, there is a need to characterize (identify??) the resources necessary in order to promote the performance of effective programs of control of the TB.

The study has finally pointed out that while data about AIDS incidence are regularly collected, Italy still lacks a national HIV prevalence surveillance system and there is an urgent need to fill this gap.

To this end, Italy is currently in the process improving its HIV surveillance system in order to facilitate completion of geographic coverage of HIV case reporting in respect of the privacy and the needs of civil society.

In reference to this, Italy would like to stress that it would useful to design a standardized approach for appropriate prevention indicators in the EU and neighbouring countries to contribute to the provision of incidence and prevalence data of other infectious diseases as well as tuberculosis, hepatitis C, hepatitis B and sexually transmitted infections, also in the most vulnerable population.

Finally, it is important to underline that the inspiring principles of this political approach are not specific to TB/HIV, but they are common to all health problems concerning mobile populations.

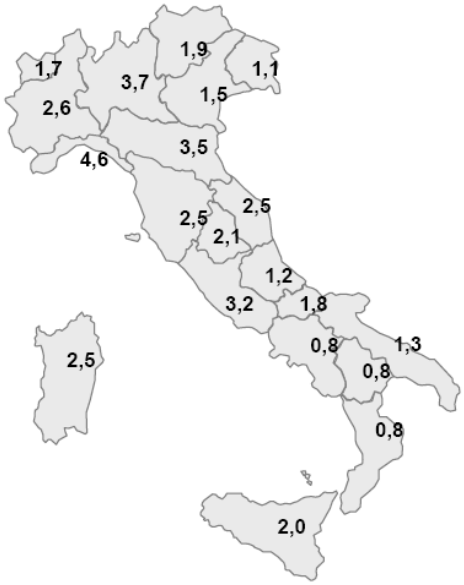
6. Annexes

6.1 Map I: Geographical Distribution of Diaspora Communities at the Country Level

Please refer to map at pag.23

6.2 Map II: Geographical Distribution of HIV and TB Prevalence at the Country Level

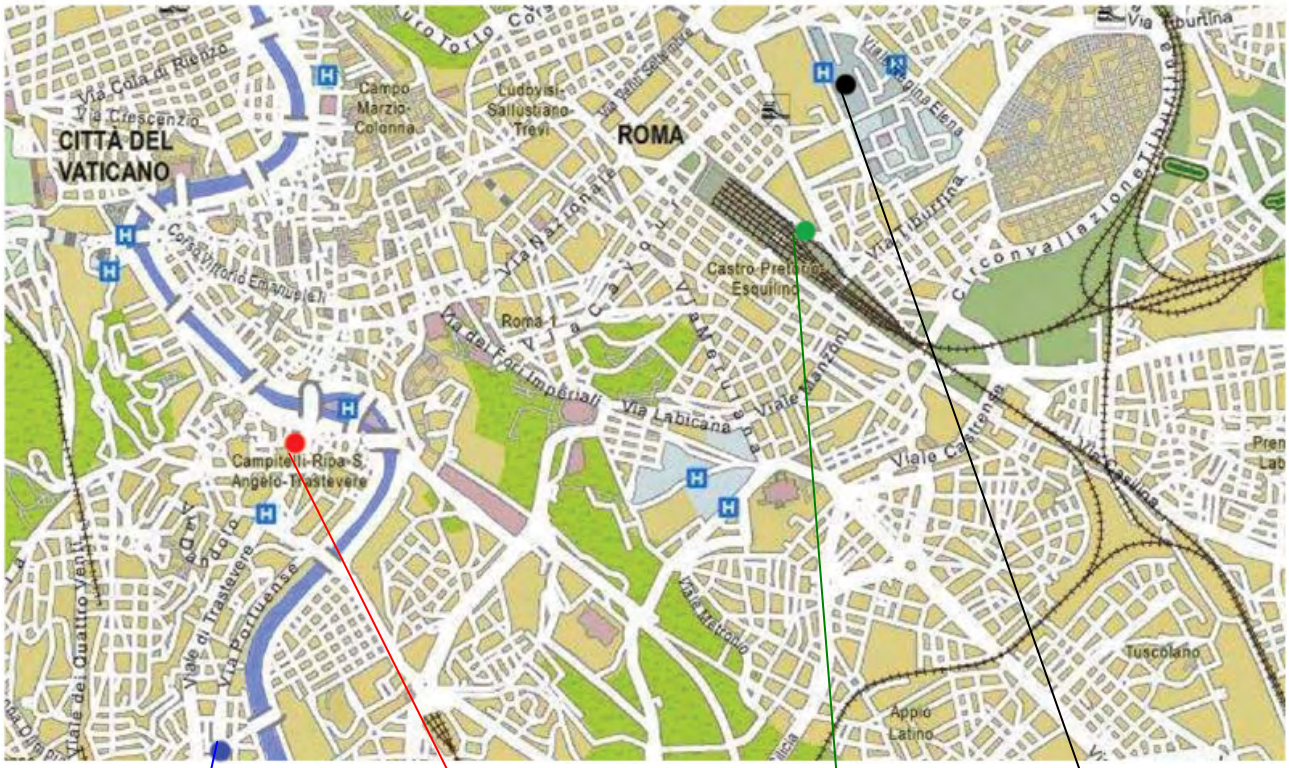
A: Incidence of AIDS(per 100.000 inhab) by Italian regions from Jan- Dec.2006)



B: Annual incidence rate (for 100,000 inhab.) of new HIV infections, 2005

Source: COA, 2007.

6.3 Map III: Distribution of Health Service Facilities in the Selected Study Spot



IRCCS San Gallicano Hospital
Via di San Gallicano 25/A

Caritas Diocesana
Via Marsala 103

Spallanzani Hospital
Via Portuensi 292

Policlinico Umberto I
Viale del Policlinico 292

Servizio Medicina Solidale e delle Migrazioni
Viale Duilio Cambellotti (Torre Angela)

6.4 Questionnaires and Interviews

Immigrant citizens at meeting points

Sex
Age
Level of education
Occupation _____
Country of origin _____
Citizenship _____

Legal status/Permit of stay
In Italy since _____

Civil status
If married/children: do they live all together?

Living condition (rent house, own house, etc.) _____
How many rooms?
How many people in the apartment provide economic contribution?

Since you are in Italy, did you ever had some health problems?
If yes, specify _____
When did you have health problems last time?
What kind of problems?
Where did you go for care?
Did you have any difficulties in acceding to the service?
Did you have any problems in receiving care/treatments?
If not:
If you or friends/relatives would need health care, where would you go?
Have you ever heard about HIV/AIDS?
Do you know other diseases that you can get through sexual relationships?
If yes, specify _____
Do you think AIDS is a problem in Italy?
If yes:
Do you think it is a problem for everyone, or for Italians, or for immigrants?
Do you ever meet someone with HIV/AIDS?
If yes:
Do you know if this person was treating the disease? Where? How?
If you had some problems related to STIs/AIDS, where would you go for treatment?
Do you know that there is a test to see if you are infected with HIV?
Have you ever done one of the following tests? TB, HIV, STI, Hepatitis C
If yes:
Where did you for doing these tests?
Who informed about these places where it is possible to do the tests?
If not test for HIV:
Do you know where it is possible to do the HIV test?

Do you know how the HIV test is performed?
Explain that it is anonymous and free of charge
Now that you know how the HIV test is done, would you do the test?

Health providers

What kind of service do you provide at this centre?
Which are open hours?
What languages are spoken at this service?
Could you provide some information about immigrant patients you see at this centre?

- Age
- Sex
- Country of origin
- Level of education
- Occupation
- Main diseases

Have you ever had TB cases?
Have you ever had HIV cases?
Have you ever had AIDS cases?

Do you do HIV test?
Do you provide pre and post counselling?
Do you provide ART therapy?
Is the therapy free of charge?

Which are the main constraints you can meet with immigrant patients?

Immigrants seeking health care at the health services
Sex
Age
Level of education
Occupation _____
Country of origin _____
Citizenship _____
Legal status/Permit of stay
In Italy since _____
Civil status
If married/children: do they live all together?
Living condition (rent house, own house, etc.) _____
How many rooms?
How many people in the apartment provide economic contribution?

Could you please tell me why did you come to this service?
Have you been in other place before?
Did you have any difficulties in finding/arriving at this place?
Did you have any difficulties in acceding to this service?
If yes, specify (i.e. language, distance, health providers attitude, etc)
What do you think about this service?
Are you satisfied with this service?
Have something bothered you?

If at the health service for HIV/AIDS:
Have you done the HIV test?
Did you receive pre and post counselling?
Are you in ART therapy?
Did you have any difficulties with the therapy?
Do you have any fees for the therapy?

If yes: Can you afford it?
If at the health service NOT for HIV/AIDS:
Have you ever heard about HIV/AIDS?
Do you know other diseases that you can get through sexual relationships?
If yes, specify _____
Do you think AIDS is a problem in Italy?
If yes:
Do you think it is a problem for everyone, or for Italians, or for immigrants?
Do you ever met someone with HIV/AIDS?
If yes:
Do you know if this person was treating the disease? Where? How?
If you had some problems related to STIs/AIDS, where would you go for treatment?
Do you know that there is a test to see if you are infected with HIV?
Have you ever done one of the following tests? TB, HIV, STI, Hepatitis C
If yes:
Where did you for doing these tests?
Who informed about these places where it is possible to do the tests?
If not test for HIV:
Do you know where it is possible to do the HIV test?
Do you know how the HIV test is performed?
Explain that it is anonymous and free of charge
Now that you know how the HIV test is done, would you do the test?

Immigrants interviewed

Person 1

Location:	Piazza Indipendenza, close to the central train station
Sex:	Male
Country of origin:	Peru
Age: 42	
Education:	Secondary school
Occupation:	Sporadic, as cooker. He prepares meals at home and take it to Squares where people from Latin America use to meet.
Permit of stay:	no
Arrival in Italy:	1993 (after few days in Dutch, few days in Germany and Czech Republic)
Civil status:	Married with 2 children in Peru; a second partner with 1 child in Peru. A third partner in Italy, with 3 children, living together in Rome.
Living conditions:	He lives in a 20 sqm room with kitchen and bathroom in an occupied house.
Health problems:	Her partner for an old wound on her foot, and his children.
Access:	Referral place: Hospital emergency department (Pronto Soccorso), because free of charge . A nun, friend of them, suggested to visit a medical doctor, and so they did it, and lately the lady was operated by this doctor. His children go to the paediatrician at Caritas centre. Access to hospitals was always without any problem. But the presence of an Italian is very much appreciated for eventual problems of communication. For any health problems, he would choice the Emergency department.
HIV/AIDS:	He heard about HIV/AIDS, in Italy he saw some buses providing information on the street.
Other STI known:	Venereal diseases, haemorrhoids.
	He thinks AIDS is a problem all over the world, not for Italy in particular. Anyway, being an immigrant can be a problem, because a lot of

nationalities live together. A lot of drunk people, more sexual occasions. "The problem in Italy is that there are not "brothels", and people have to go with women on the streets".
Not everyone use condoms. There is a lot of ignorance: people still think AIDS as the disease of homo and prostitutes.
He remember a blood analysis done for suspected anaemia in his child, but he does not know which analysis were performed.
Once he was told that the test is anonymous and free of charge, he said he would do it, as a precaution measure towards his children.

Person 2

Location:	Piazza Indipendenza, close to the central train station
Sex:	Female
Country of origin:	Moldova
Age:	58
Education:	University
Occupation:	In her country, she was a teacher of mathematic. In Italy, she uses to assist elderly. She prefers to live with the persons she assist, so she can save more money (avoiding renting expenses)
Permit of stay:	yes
Arrival in Italy:	1998
Civil status:	Married with 3 children (2 of them in Italy; the third one, with schizophrenia problems, in Moldova).
Living conditions:	She usually live with the people she assists, in case she can live with her children, in a rent apartment (2 rooms, living room, kitchen and bathroom for 3 people-4 included herself).
Health problems:	She had a breast cancer. She was helped by the lady she was working with, and she was introduced to a medical doctor. She was also operated in a public hospital in Rome, from the same medical doctor.
Access:	Everything was good. "I was treated as an Italian. I cannot remember anything which bothered me".
HIV/AIDS:	She heard about HIV/AIDS in Italy, from newspapers and television. She knows other STI: triper (gonorrhoea), trichomonas. She thinks AIDS is not a problem in Italy, because she associates this disease with poverty, lack of education, and use of drugs; therefore this disease is a problem in Africa, not in countries as Italy. Anyway, she is aware about the risks in Italy: she knows a lot of women form Eastern Europe "who prostitute themselves just to have a place where to sleep". In case of health problems (also associated with STI), she would refer to organizations related to Catholic Church, as Caritas, or Red Cross. She used to do blood analysis (including TB) in Moldova because of her job. She heard about the HIV test. She doesn't know where is possible to do it. She would not do it, because she feels not at risk.

Person 3

Location:	Piazza Indipendenza, close to the central train station
Sex:	Female
Country of origin:	Peru
Age:	43
Education:	Secondary
Occupation:	Family assistant

Permit of stay:	Yes
Arrival in Italy:	1999
Civil status:	Married with 3 children, all in Italy.
Living conditions:	Rent apartment: 3 rooms, bathroom and kitchen, for 6 people. 2 of them (and herself when she gets a job) provide economical contribution.
Health problems:	Lately she felt sick (vomiting) during the night, and she went to Emergency department of a public hospital in Rome.
Access:	She has NHS inscription, and so a GP. She never had any problems in the access to the health services.
HIV/AIDS:	She heard about HIV/AIDS in Italy, from television. She knows chancro (gonorrhoea) as other STI. She thinks AIDS is a problem all over the world, because it "depends of people". She think young people are more at risk. In case of health problems (also associated with STI), she would refer to her GP. She does not remember if she ever had any test. She heard about the HIV test. She doesn't know where is possible to do it. She would not do it, because she feels not at risk, and she feel confident of her husband as well.

Person 4

Location:	Friday market in front of the Mosque
Sex:	Female
Country of origin:	Tunisia
Age: 15	
Education:	Secondary
Occupation:	Student
Permit of stay:	Yes, with her mother
Arrival in Italy:	2000
Civil status:	Single
Living conditions:	She lives with her family in a "Council House": 1 room, bathroom and kitchen, for 6 people. 2 of them (father and 1 brother) provide economical contribution.
Health problems:	No.
HIV/AIDS:	She heard about HIV/AIDS at school, in Italy. she does not know other STI, "because she is young and such diseases are not a problem for her. She thinks AIDS is not a problem in Italy, but she does not know very well. For any information, even problem, associated with AIDS, she would ask to her female biology professor. She does not know about the HIV test. She doesn't know where is possible to do it. She would not do it, because she is too young.

Person 5

Location:	Friday market in front of the Mosque
Sex:	Female
Country of origin:	Tunisia
Age:	50
Education:	No
Occupation:	Housewife
Permit of stay:	Yes
Arrival in Italy:	1999

Civil status:	Married, 4 children
Living conditions:	She lives in a "Council Huose" with her family: 1 room, bathroom and kitchen, for 6 people. 2 of them (husband and 1 son) provide economical contribution.
Health problems:	Diabetes. She has NHS inscription, so she has GP. She is happy because she has free medical care. She refers to a public hospital in Rome. She has no problems in access. But she never goes by herself: she need someone, usually husband or daughter to go with her, especially for supporting her in communication.
HIV/AIDS:	She doesn't know anything about AIDS and this kind of diseases. Note: She refused to answer questions about these diseases, saying that she does not know.

Person 6

Location:	Friday market in front of the Mosque
Sex:	Male
Country of origin:	Syria
Age:	21
Education:	Secondary
Occupation:	Dress sellers, twice a week (Friday and Sunday)
Permit of stay:	Yes
Arrival in Italy:	2006, for family reunions
Civil status:	Single
Living conditions:	Rent apartment. His father (and sometimes himself) provides economical contribution.
Health problems:	He never had health problems, and never referred to any health service.
HIV/AIDS:	She doesn't know anything about AIDS and this kind of diseases. Note: Although interested at the beginning, and although he had time for answering the questions, he seemed reluctant to answer.

Person 7

Location:	Friday market in front of the Mosque.
Sex:	Male
Country of origin:	Egypt
Age:	51
Education:	only 2 years when in Egypt
Occupation:	Sweets trader, (Friday at the Mosque and Sunday at Porta Portese)
Permit of stay:	No
Arrival in Italy:	Approx. 1987.
Civil status:	Separated, 1 child living in UK with her English wife.
Living conditions:	Rent apartment, 25 sqm.
Health problems:	He has a problem at his leg (old firearms wound), and for this reason he uses to refer several times per year to a public hospital in Rome (Policlinico Umberto I), but he never heard about the service dealing with immigrants, because he always refers to neurological department for his leg. He showed me several STP cards. He never had problems with health services. He was happy about the treatment provided, and by the fact that drugs are free of charge. HIV/AIDS: He heard something about AIDS at the television, but years ago, not in the last time. He was not willing to answer questions about AIDS, also about knowledge of the disease, showing a sort of fear even of talking about it. He did not

consider AIDS a problem for him, because he "uses to pray and he does not go with women, because he is now separated from his wife".
He thinks AIDS can be a problem in Italy because of people from Africa (Sub-Saharan) who do sex with many people and use alcohol.
He did not know about the HIV test, he was not interested in doing it because he has not having sexual relationships.

PATIENT 1

Location:	San Gallicano hospital
Sex:	Male
Country of origin:	Albania
Age: 22	
Education:	Secondary
Occupation:	No
Permit of stay:	No
Arrival in Italy:	7 months ago
Civil status:	Single
Health problems:	Shoulder pain. He first went to Emergency department of a public hospital for radiography. A friend of him suggested him to come at San Gallicano (she was with him also for supporting him during the visit).
Access:	He had no problems, also because he was accompanied by his friend.
HIV/AIDS:	He heard about AIDS, and he thinks this is a problem all over the world, not for Italy in particular. He cannot say more because he arrived few months ago. He knows about the existence of a test for HIV, but he would not do it at this time, because he has no sexual relationship.

PATIENT 2

Location:	San Gallicano hospital
Sex:	Female
Country of origin:	Philippines
Age: 29	
Education:	University
Occupation:	Domestic helper, part time
Permit of stay:	No
Arrival in Italy:	2006
Civil status:	Married with 1 son (in Philippines).
Health problems:	Breast cyst. She has no papers, and she didn't know where to go. Some relatives helped her and suggested her to go to Caritas centre. From there, she was sent to SGH.
Access:	She had no problems in arriving and acceding to the service. "Very good treatment, there are a lot of people who care about you".
HIV/AIDS:	She heard about AIDS, both in her countries and in Italy. She knows just AIDS among the STI. She thinks this disease is a problem in Italy because everyone is a risk, all over the world. Immigrants may be at risk because in Italy there are a lot of people, of nationalities, and you don't know people you meet. For problems related to STI, she would go again to Caritas. She doesn't know about the existence of a test for HIV, and she would not do it, because she is married and she feels not at risk.

PATIENT 3

Location:	Policlinico
Sex:	Male

Country of origin: Bangladesh
Age: 33
Education: Primary
Occupation: No. Occasionally in restaurants; some business
Living conditions: They live in 5 or 6 in 2 rooms
Permit of stay: No
Arrival in Italy: 2003
Civil status: Married with 1 son (in Bangladesh).
Health problems: "many problems…", but he could not report anything in particular. He uses to come at this service. At the beginning he was advised by some friends of him.
Access: He never had problems with this service, "everything is good".
HIV/AIDS: He heard about AIDS, especially in Bangladesh. He doesn't know other STIs. When asked about the perception of risk for AIDS in Italy, he answers that "apparently yes, because of the number of leaflets in the room!" (in the waiting room are exposed Ministry of Health leaflets in several languages). Moreover, he thinks that the presence of so many people from different countries is a risk for AIDS; in Italy there are also more opportunities to have sexual relationships. For problems related to STI, she would come back to the same service. He doesn't know about the existence of a test for HIV, and he would not do it, because "I don't do bad things, I don't touch women".

PATIENT 4
Location: Policlinico
Sex: Male
Country of origin: Bangladesh
Age: 32
Education: Secondary
Occupation: Tailor in a workroom (irregular work/moonlightining)
Living conditions: They live in 6 in 2 rooms, big kitchen and bathroom.
Permit of stay: No
Arrival in Italy: 2003
Civil status: Single
Health problems: He has a gastritis. At the beginning, because he has no papers, some friends suggested him to go to Caritas centre. From there, he was sent to Policlinico.
Access: He never had problems with this service. Sometimes he comes back to Caritas because of visiting hours, more appropriate for his job (check: open after 6 pm.). He is very grateful to the service, and to Italy because of the care he receives ("grazie mille").
HIV/AIDS: He heard about AIDS, in Bangladesh and in Italy, through newspapers (he reads "Metropoli", a Sunday insert from La Repubblica, focussed on immigrants) He doesn't know other STIs. He thinks that Italy is a country at risk for AIDS because of the presence of too many people from different countries, and because of Italians are "too free" (in relation to sexual opportunities) and also he can see a lot of prostitution, in particular from Africa, Eastern Europe and Latin America. For problems related to STI, he would not know where to go, probably he would come back to the same service. He heard the test for HIV, and he would do it, because it is better to know: he was scared some time ago because a friend of him cut himself, and he was afraid to help him seeing a lot of blood. Anyway, he is aware of the risk and he has been taking attention in the latest years, because "you never know what can happen".

PATIENT 5

Location: Servizio Medicina Solidale e delle Migrazioni
Sex: Female
Country of origin: Serbia (Rom)
Age: 34
Education: Primary
Occupation: No; previously she helped in a hairdresser
Living conditions: She lives in a Rom camp, in a masonry house with 4 rooms, provided of water and a wood-burning stove
Permit of stay: Yes
Arrival in Italy: 1985
Civil status: Married with 5 children
Health problems: She came for her children. She came several times for different reasons. At this time, her son has some respiratory problem, her daughter ear disturbs.
Access: She never had problems with this service. At the beginning she was advised to visit the centre by some friends of her. She pays much attention to the advices of the doctors, and she feels very grateful to the health providers.
HIV/AIDS: She heard people talking about AIDS in Italy. She doesn't know other STIs. In her opinion, this disease is a real problem, because "you can die slowly". She thinks that Italy is a country at risk for AIDS because it is "too free" (in relation to sexual relationships) and also because she can see a lot of prostitution, in particular among people from Africa and from Romania. For problems related to STI, she would probably come back to the same service. She doesn't remember if she ever took a blood test; she heard about the test for HIV, and she would do it, because, although she feels not at risk and confident about her husband, she would do it to be completely sure about her health.

PATIENT 6

Location: Servizio Medicina Solidale e delle Migrazioni
Sex: Female
Country of origin: Nigeria
Age: 29
Education: Secondary
Occupation: No. (Lately, during the interview, she said to be a prostitute)
Living conditions: She lives with her boyfriend and other 2 people in an apartment of 3 rooms.
Permit of stay: Yes
Arrival in Italy: 2001
Civil status: Single
Health problems: She came several times, for different reasons (stomach-ache, headache, etc). At the beginning, she seemed very reluctant to talk about her health; afterward she said that the first time she went to the service it was for a pregnancy, followed by an abortion. Some friends suggested her to come here
Access: She never had problems with this service
Level of satisfaction: She seemed very satisfied, "everything is good"
HIV/AIDS: She heard about AIDS, but "I don't have it". She thinks it is a problem all over Europe. She never met a person with AIDS. She doesn't know other STIs. She knows about the test, and says to have done it already three times, "because I worked on the street", but she has not the in

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