ISTITUTO SUPERIORE DI SANITÀ

AIDS & Mobility Project: activity report 2000-2001 of the Italian National Focal Point

Italian NFP Working Group

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At present the migrant phenomenon concerns all developed countries and is steadily raising with direct implications on health. The report on the Italian National Focal Point (NFP) activities in 2000-2001 is the outcome of the work carried out by some researchers of the Istituto Superiore di Sanità (ISS) and other colleagues from different public institutions, volunteers associations and non governmental organizations (NGOs) which make up the Italian working team. This work describes the research of the NFP at Italian and European level and provides an updated picture of HIV/AIDS epidemiology and legislation. A description of the work of each Italian NFP member is also included as regards health issues related to mobile populations.
Key words: Immigration, Health, Prevention, HIV/AIDS

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AIDS & Mobility Project: rapporto sulle attività 2000-2001 del National Focal Point italiano.
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2001, ii, 53 p. Rapporti ISTISAN 02/27 (in English)

Il fenomeno migratorio interessa attualmente tutti i Paesi industrializzati ed è in costante aumento con dirette implicazioni sulla salute. Il rapporto sull'attività svolta dal National Focal Point (NFP) in Italia nell'anno 2000-2001 è il risultato del lavoro di alcuni ricercatori dell'Istituto Superiore di Sanità e di colleghi di strutture pubbliche, associazioni di volontariato e organizzazioni non governative (ONG), che costituiscono il gruppo italiano. Il presente documento lascia ampio spazio alla descrizione di progetti di ricerca svolti in ambito nazionale e europeo dall'NFP italiano, non trascurando l'aggiornamento legislativo ed epidemiologico sul fenomeno HIV/AIDS. Contiene anche l'attività dei partecipanti all'NFP italiano che si impegnano ad affrontare le tematiche sanitarie relative alle popolazioni mobili.
Parole chiave: Immigrazione, Salute, Prevenzione, HIV/AIDS

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INTRODUCTION

At present the migrant phenomenon concerns all developed countries and is steadily raising with direct implications on health. The uprooting of people from their places of origin, the impact with an often completely different cultural and religious context, the unemployment and state of poverty which expose these people to peculiar risks deeply affect these migrant populations making them particularly vulnerable. The situation is made even more worrying because of the difficult access of migrants to health information. Therefore it is extremely important to carry out actions and interventions aiming at informing groups of mobile populations both on health risks and the opportunity they have to access health services. In this report focus is given on HIV/AIDS epidemiology and prevention and Sexually Transmitted Diseases.

The aim of the Italian National Focal Point (NFP) is to establish an integrated co-operation among institutions, NGOs (Non Governmental Organization) and volunteers associations, in order to promote a better knowledge of the migrant phenomenon and more effective interventions of prevention, therapy, diagnosis, treatment and rehabilitation, as well as to guarantee the access to public psycho-social and health services to foreigners. Different languages, customs, cultural and reference systems must no more represent an obstacle for immigrants to adequate health treatments and to the access to and the availability of health services.

The creation of a network among services dealing with mobile populations in Italy is no longer a utopia, but almost a reality which will allow foreigners to have a better and easier access to the above-mentioned services. This network has been implemented since four years and it has been characterized by a comparison between different experiences and knowledge of each NFP member.

The Italian NFP is co-ordinated by the Istituto Superiore di Sanità (ISS, the Italian National Institute of Health). This report is the outcome of the work carried out in 2000-2001. It describes the research of the NFP at Italian and European level and gives an updated picture of the HIV/AIDS epidemiology and legislation.

A description of the work of each Italian NFP member is also included as regards health issues related to mobile populations.

Furthermore attention is given to the Italian NFP implementation of a training course for workers of psycho-social and health services addressed to foreign citizens (held in October 2002) and its special commitment on migrant women health.

After four years of collaboration among all members, the Italian team thought it necessary to identify the sectors to study in depth in the Italian context. It is for this reason that the NFP asked for the collaboration of some experts and promoted two studies aimed at evaluating the actual possibility for foreign citizens to have access to the psycho-social and health services.

As concerns public health, the prevention actions prove to be effective when the national services are really “accessible” and the answers given are usable by each group of population, that is also by foreigners.

The precious contribution of some colleagues who newly joined the Italian NFP will allow to have an exhaustive picture of other health aspects regarding immigrant populations as well as on possible future prospects.

THE ITALIAN CONTEXT

Nowadays immigration represents one of the most significant phenomena which industrialized countries have to deal with.

UNAIDS (Joint United Nations Programme on HIV/AIDS) estimates that 150 million migrants live and work far from their countries of origin and about 2-4 million people emigrate each year. In the late 2000, in Italy, 1,338,153 foreigners with a legal residence permit were reported, of whom 54.2% were men and 45.8% women. The female percentage is increasing.

However, if we also consider the legal but still unrecorded permits and the minors registered on their parents' residence permits the estimated number rises to 1,687,000. Foreigners incidence is equal to 2.9%, that is lower than in France (6.0%) and Germany (9.0%).

Most foreigners come mainly from four countries: Morocco, Albania, Romania and Philippines. They mostly settle in Middle and North Italy, with an incidence of 4% and 3% respectively on the whole population, whereas in South Italy the incidence is equal to 1.2%. In the late 2000, the highest number of foreigners – a total of 675,950 people – is reported in the regions of Tuscany, Veneto, Lombardy and Emilia Romagna. Provinces most affected by immigration are Rome (222,588) and Milan (175,460).

This migratory flow brings about an increase of health demands by extra-EU (European Union) users with legal residence permits, as well as an increased risk of infectious diseases spreading because of a difficult access to health care services for illegal and underground immigrants.

Even if in Italy, differently from other EU countries, immigrants get free health treatments, it is still difficult to evaluate the size of this phenomenon because, being afraid to make their presence in the country known, particularly when they address the health services, they prefer to stay unknown and without health treatments, thus being more vulnerable to whatever disease and infection.

HIV/AIDS epidemiology

From the first diagnosis of AIDS in 1982 up to 31 December 2000, a total of 47,503 cases has been reported by the Centro Operativo AIDS (AIDS Unit) of ISS, of which 37,034 (78%) are men, 694 (1,5%) children (< 13 years) and 2,401 (5,1%) foreigners. The median age at diagnosis for Italian adult citizens is 33 years for men (range: 13-85 years) and 31 years for women (range: 13-80 years).

As far as AIDS cases among foreigners are concerned,[1] the percentage distribution by nationality shows how most AIDS-affected immigrants come from Africa.

Out of 2,401 foreigners reported, 72.9% is men; African (35.3%) and European women (34.8%) represent the most AIDS-affected female immigrants. AIDS-affected people coming from North and South America are mainly males (90.0% and 85.6% respectively).

The median age at diagnosis by geographical area is: Africa 32.0 years, Asia 35.0 years, Europe 34.0 years, Eastern Europe 34.4 years, North America 37.5 years, South America 31.0 years. The median age for foreigners whose geographical area is unknown is equal to 33.0 years.

[1] These data are drawn from the report Patrizio Pezzotti made during the meeting of Italian NFP on May 9, 2001.

As regards AIDS transmission by geographical area, most foreigners from North America got the infection through homosexual intercourses (71.1%) and a very similar percentage was found out among AIDS-affected foreigners from South America (63.2%), whereas a high percentage of foreigners from Africa, Asia and Eastern Europe got it through heterosexual intercourses (80.1%, 51.4% and 35.8% respectively).

Finally, the increase of AIDS cases among foreign citizens which has been recorded in the last years (from 3.0% in 1982-93 to 14.2% in 2000) shows the necessity to adopt preventive measures specifically targeted to immigrant populations, so as to guarantee them both a better accessibility and availability of public health facilities and prompter diagnoses. In fact, the interval elapsing from the first HIV test and the diagnosis is often very short, sometimes coincident.

Health policies

For long time, the provision of health care to foreigners in Italy has been regulated by a great number of rules: Law n. 40 "Consolidated Act of provisions for immigration control and rules on foreigners' status", issued in March 1998, aimed at regulating and giving a clear and exhaustive definition to the issue concerning the right of immigrants to health care in our Country. Principles and rules contained in the above-mentioned law have then been more concretely enforced by issuing of rules for the enforcement of the law as provided in the Consolidated Act (DPR n. 394 of 31 August 1999). Further explanations have finally been given by the Circular n. 5 of the Ministry of Health of 24 March 2000.

The willingness to concretely face the issue of immigrants health was confirmed by the latest 1998-2000 National Health Plan (approved by DPR 23 July 1998), which also provided for the still unfinished National Target Plan "Health of Immigrants".

The main objective of this new political formulation was to legally recognize immigrants the same rights and duties of Italian citizens as far as health care is concerned. Past obstacles have thus been removed: residence, time limit, diversified rates of registration to the National Health Service (Servizio Sanitario Nazionale); and principles of equity have been introduced: compulsory registration beyond a formal perfectioning of practices, exemption for most uneasiness situations, asylum requests, imprisonment, etc.

The right to health care has been extended also to illegal and underground immigrants, by providing them both urgent, basic and permanent treatments and programs of preventive medicine.

The ways health care is provided to foreigners mainly depend on different regional health plans.

Prevention campaigns

The Centro Operativo AIDS (AIDS Unit) of the Ministry of Health, according with the National AIDS Commission, has been carrying out prevention programmes targeted to specific groups of population with risky behaviours since 1988, by choosing the most effective instruments of communication to give more detailed and incisive messages.

During the 1992-1993 prevention campaign, information materials on HIV/AIDS for foreigners and underground migrants have been produced for the first time; one million leaflets called "Take care of your health" have been published in five languages (Italian, English, French, Spanish, Arabic) and distributed with the collaboration of Italian police headquarters,

some volunteers associations dealing with immigrants and communities which give them a shelter .

The 1995-1996 information campaign validated the basic ideas of the previous campaigns, but also chose to send new messages in accordance with the new social contest, characterized by a lower ideological tension, a poorer attention on AIDS by public opinion and medias and a changed epidemiological situation, with a higher number of cases among heterosexual people, mostly women. Specific information materials for prostitutes and sex workers have been produced: 10,000 leaflets called “HIV/AIDS information for prevention” in Italian and 40,000 in English, French, Albanian, Portuguese have been distributed in collaboration with NGOs working in this field.

13,000 leaflets called “HIV/AIDS guide to your safety” in Italian and 30,000 in French have been distributed to prisoners with the collaboration of the Ministry of Justice, together with 58,000 leaflets which have been distributed among prison workers.

For the first time, a concert has been organized inside the prison Rebibbia in Rome and broadcasted by the Italia Network radio to all the other Italian prisons.

During the 1998-1999 information campaign, further 700,000/800,000 leaflets in five languages (Italian, French, Spanish, English and Arabic) and booklets have been printed and distributed to foreigners by some volunteers associations.

In the latest 1999-2000 prevention campaign, the Ministry of Health produced and distributed 54,000 multilingual leaflets to extra-EU citizens with the collaboration of Caritas: 17,000 Italian/English, 11,000 Italian/French, 11,000 Spanish/Portuguese, 7,000 Arabic/French, 4,000 Italian/Albanian and 4,000 English/Russian.

29,000 leaflets for foreign prostitutes have also been produced and distributed by the Coordinamento Italiano Prostitute (20,000 leaflets in Italian, English, Spanish and Romanian and 9,000 in Russian, Bulgarian, Albanian and Croatian) together with 40,000 cards about the use of condoms to give to their clients and 20,000 little coasters to be used in night clubs and other places where prostitutes work.

Finally, after the National Report on hospitalizations of foreigners in Italy has been published in March 2001, the Ministry of Health arranged a handbook for foreigners and a guide for health workers, so as to make the access of foreign citizens to National Health System services easier and to improve the quality of health care (Salvi, 2001).

RESEARCH ACTIVITIES OF THE ITALIAN NFP (2000-2001)

In 2000-2001, the Italian NFP co-ordinated the one-year project "Creation of a net among NFP of the countries of Mediterranean area" (1 June 2000 - 31 May 2001). This project has been carried out with the collaboration of the NFP in Greece, Portugal and Spain, that is countries which, because of their geographical and historical characteristics, are differently involved in the immigration phenomenon.

The objectives of the project are:

- census and mapping of psycho-social and health facilities in the countries of Mediterranean area which deal with migrant populations affected by HIV/AIDS and STDs (Sexual Transmitted Disease) pathologies;
- creation of a common data bank of psycho-social and health facilities dealing with health issues related to migrant populations;
- creation of a network among NFP of the countries of the Mediterranean area.

To reach the above-listed objectives, a file containing 51 questions has been conceived in order to gather information about facilities dealing with migrants health care, particularly those referring to HIV infection and STDs.

The data collection file has been shared by Greece, Italy and Portugal, whereas Spain could not use it because of national changed political and social conditions. Anyway, the Spanish NFP participated to the survey by creating a Focus Group so as to carry on an in-depth analysis of migration flows in Spain (countries of origin, socio-demographic characteristics, HIV/AIDS incidence, health policies).

The results of the survey (309 files have been collected in Greece, Italy and Portugal) point out the necessity to improve the quality and efficiency of services through the vocational training of health workers, the introduction of well-trained cultural and linguistic mediators in these services, as well as the creation of a network among the facilities which attend migrant populations.

All objectives have not been attained and we met with some difficulties in the file implementation in each partner country, even if they have been partly solved with the supervision of an expert from the International Centre for Migration and Health of Geneva.

An important outcome has been the achievement of a fair knowledge both on psycho-social and health facilities attended by foreign citizens (especially in Greece, Portugal and Italy) and on the size and characteristics of immigration phenomenon in the different regions of Spain. This knowledge could be used for future surveys on prevention and psycho-social assistance for migrant populations, particularly as concerns HIV infection.

The Italian NFP promoted two other national research projects, which have been approved and financed, within the "IV Progetto di ricerca sull'AIDS Sociale 2000" (sponsored by the ISS):

- "Creation of a national network among both governmental and non-governmental psycho-social and health facilities dealing with migrant populations affected by HIV and STDs pathologies", which involves all Italian regions;
- "Arianna: pilot study for the implementation of a multicentric network for the training of workers and linguistic and cultural mediators to be involved in HIV/STDs information and prevention targeted to immigrants who risk to be excluded by psycho-social and health services".

The national projects are still being carried out and represent the prosecution, within the specific Italian context, of the European project “Creation of a net among NFP of the countries of the Mediterranean area”, which ended by 31 May 2001.

Two meetings on the project “Creation of a net among NFP of the countries of the Mediterranean area” and three meetings on studies promoted within the “IV Progetto di ricerca sull’AIDS Sociale 2000” have been held to better planning and implementing these two researches.

Activities of the Italian NFP

TELEFONO VERDE AIDS

From 1 January 1996 to 30 June 2001, the Telefono Verde AIDS (TVA, Italian National Aids Help-line: 800-861061) (Laboratory of Epidemiology and Biostatistics of ISS) received a total of 1,529 calls by foreign users (Figure 1).

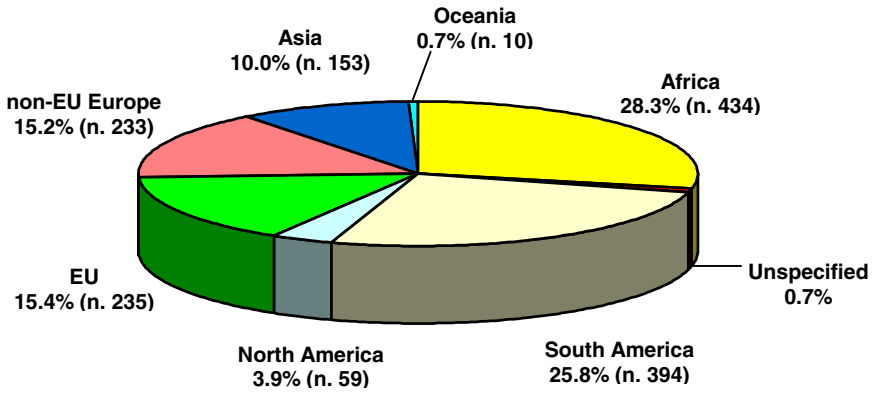

Figure 1. Percentage distribution of calls by country of origin of foreign users

916 calls (59.9%) by male users, 602 (39.4%) from female users and 11 (0.7%) from users whose country of origin is unspecified were received (Figure 2).

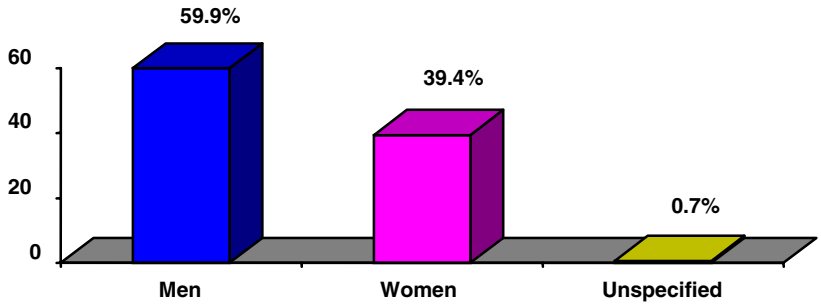

Figure 2. Percentage distribution by sex of calls from foreign users

The median age of users is 30.8 years. The most represented groups of age are 30-39 years (43.5%) and 20-29 years (42.5%).

The most represented non-EU countries of origin of users are: Brazil (105; 6.9%), Peru (80; 5.2%), Egypt (79; 5.2%), Morocco (64; 4.2%), whereas the most represented EU countries of origin are France (57; 3.8%) and Greece (15; 1.0%).

The Italian geographical areas from which calls were made are: North 702 (46.0%), Middle 668 (43.7%), South 100 (6.5%), islands 26 (1.7%) and unspecified area 33 (2.1%) (Figure 3).

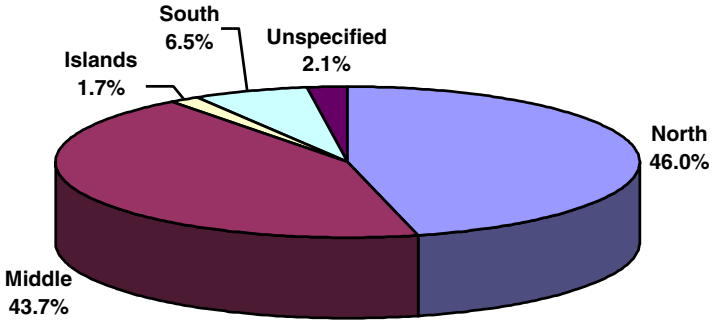

Figure 3. Percentage distribution by geographical area of calls from foreign users

Most calls come from the following cities: Rome (482; 31.5%), Milan (244; 16.0%), Turin (72; 4.7%), Bologna (47; 3.1%), Florence (46; 3,1%) and Naples (39; 2.5%).

The most represented groups of users are heterosexuals (955; 62.5%), people who don't have risky behaviours (295; 19.3%), seropositives and AIDS-affected people (135; 8.8%), homosexuals-bisexuals (106; 6.9%), drug-addicts (15; 1.0%), hemo-transfused (6; 0.4%), unspecified (17; 1.1%) (Figure 4).

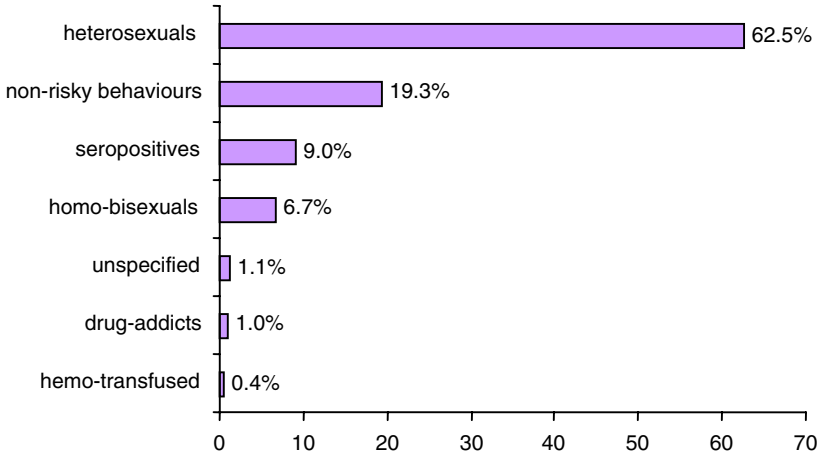

Figure 4. Percentage distribution of calls by group of foreign users

TVA received a total of 4,299 questions by foreign users, divided into the following categories according to the specific issue: information on HIV test (1573; 36.5%), ways of transmission (1043; 24.2%), psycho-social aspects (669; 15.6%), misinformation (326; 7.6%),

prevention (286; 6.7%), symptoms (123; 2.9%), treatments and research (104; 2.4%), virus (103; 2.4%), general issues (64; 1.5%) other (8; 0.2%) (Figure 5).

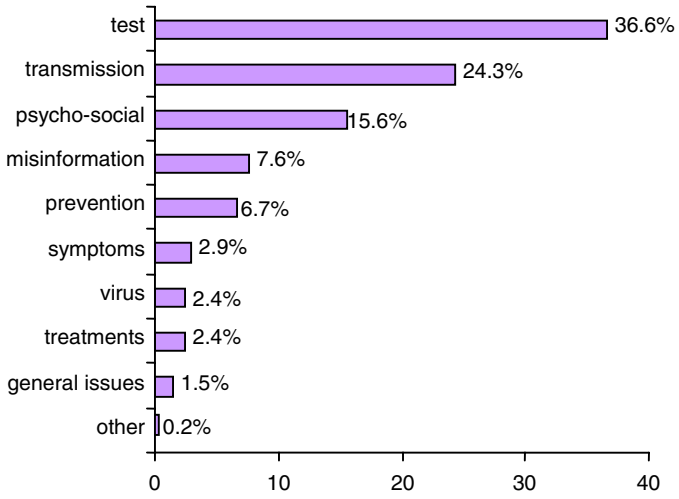

Figure 5. Percentage distribution by question categories of calls from foreign users

In conclusion, phone counselling has proved to be a very important means for HIV prevention for its easy and rapid access and also because, being an anonymous conversation, it allows to overcome all psychological and social difficulties related with the picture of the illness and the uneasiness in speaking of sex. By giving an answer to questions asked by users, the TVA operators/counsellors have to take into consideration all different psychological and socio-cultural aspects which deeply affect the fruition and success of informational message and make the counselling process more complex. This is particularly true for foreign citizens who have to overcome both linguistic, socio-anthropological and religious differences.

Therefore the TVA of the ISS represents an easy and economic instrument of personalized scientific information and, at the same time, a privileged point of observation to evaluate the informational needs of the general population and to plan more effective prevention actions.

ISTITUTO NAZIONALE MALATTIE INFETTIVE "LAZZARO SPALLANZANI"

The Istituto Nazionale di Malattie Infettive (INMI) "L. Spallanzani" of Rome (National Institute of Infectious Diseases), in the five years before its official recognition as an Institute for Scientific Research and Treatment for infectious diseases, carried out several national and international activities which increased its visibility and defined its strategic role within the regional health system and at a national and international level.

It is worth reminding that the infectious diseases have been both the cause and effect of historical and geographical changes (i.e., the past large epidemics such as plague, malaria, trypanosomiasis, cholera).

All actions against the transmissible infectious diseases (complex diseases with a sudden onset and conditioned by external events such as wars, populations mobility, migrations, changes in the ecological system, urbanization and desertification) cannot leave out of due consideration the global approach which on one hand considers and intervenes on aspects related with aetiological agents and, on the other, on such factors as people and environment, by carrying out a social and human intervention.

The actual availability of new laboratories for advanced diagnostics and experimental research brought about an increased capacity to face alarming events such as viral hemorrhagic fevers (i.e., the Ebola virus epidemic actually affecting Uganda), which strengthen the role of INMI "L. Spallanzani" institute as national "pole" of reference for the hospitalization of patients with a suspected or actual diagnosis of viral hemorrhagic fever or other diseases requiring a long period of isolation.

The opening of the Italian technical pole of the International Centre of Health and Migration of Geneva, which is located at the INMI "L. Spallanzani" and represents the International Agency connected with the World Health Organization (WHO), represented a very important and crucial progress in the development of programmes of international cooperation regarding global health and infectious diseases control.

Educational activities

In the last three months, several technical and humanitarian interventions have been carried out for the surveillance and control of infectious diseases in Bosnia Erzegovina and Croatia, ex-Yugoslavia countries having a great tradition as far as public health and transmissible diseases control are concerned. These interventions of medical and scientific cooperation, within the context of other actions carried out by the WHO, have been expanded to Montenegro and Serbia, with the training of health workers both in the country itself and at the INMI "L. Spallanzani" in Rome. In the period 1999-2000 three residential courses of seven days each, structured in two different educational phases:

– in the first half of day, the programme provides to workers a professional training on the clinical management of seropositives and AIDS-affected people, the epidemiological surveillance which also include the Voluntary Counselling & Testing (VC&T) and the main laboratory techniques applied to infectious diseases. These issues are discussed in the different departments, the epidemiology ward and the laboratory;

– in the afternoon, the teaching programme comprehends theoretical lessons, workshops and/or round tables on specific issues.

Since 2000, a specialization course in tropical medicine has been carried out in poor countries (promoted and co-sponsored by UNESCO, Venice Office and credited by the Ministry of Health as Permanent Medicine Training) addressed to physicians, nurses, laboratory technicians and health workers of both governmental and non-governmental organizations in poor countries.

The course has a 240 hours duration and includes the following training areas:

– training and communication;
– public health in poor countries;
– primary health care;
– international health and community-based epidemiology;
– food and nutrition;
– tropical pathology.

Intramural health care

In 2000, about 455 foreign patients were admitted at the INMI "L. Spallanzani", of which about 40.8% coming from Africa and 14.5% from Asia. Further 509 foreign patients have been admitted to day hospital.

From August 1999 to July 2000, in the VC&T Centre 221 foreigners coming from extra-EU countries (10% of outpatients interventions) had been followed-up (Figure 6 and Tables 1, 2 and 3). A total of 905 patients, 10% of outpatients interventions, was admitted during 1990-1999 (Figure 7).

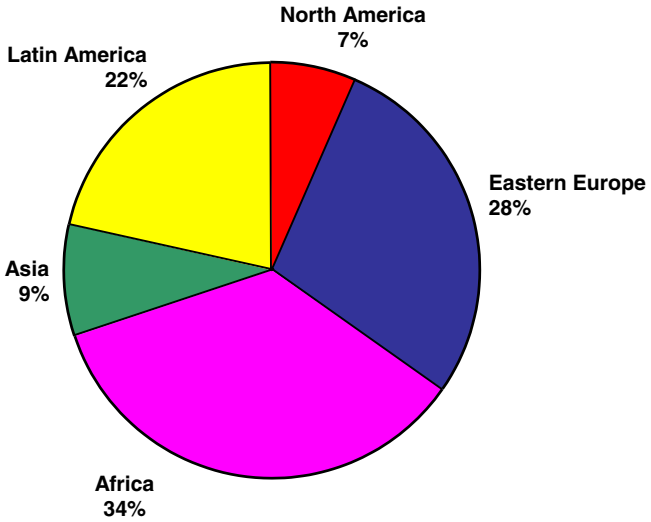

Figure 6. Access of foreigners from extra-EU countries to the VC & T Centre (August 1999-July 2000)

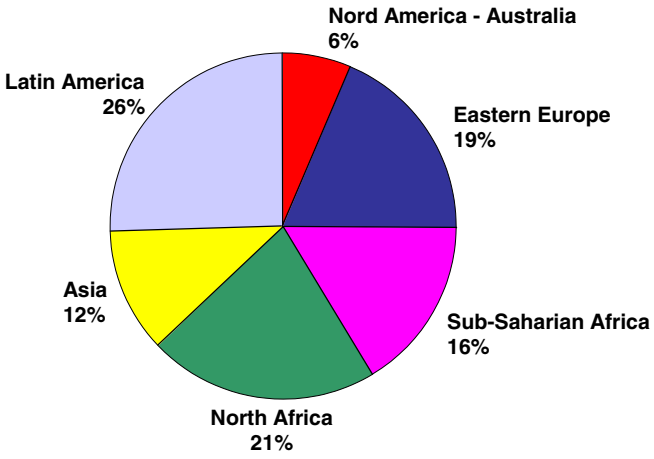

Figure 7. Access of foreigners from extra-EU countries to the VC & T Centre (1990-1999)

Table 1. Percentage access of foreigners from extra-EU countries to the VC & T Centre (1990-1999)

Extra-EU country	Foreigners		
	n.	% males	% females
North America - Australia	57	33.3	66.7
Eastern Europe - Former USSR	173	74.6	25.4
North Africa	192	44.3	55.7
Sub-Saharian Africa	145	58.6	41.4
Asia	107	77.6	22.4
Latin America	231	68.8	31.2
Total*	905	63.1	36.9

* 126 of unspecified origin (anonymous, etc.)

Table 2. Risk factors of foreigners from extra-EU countries at the VC & T Centre (1990-1999)

Extra-EU country	Risk factor (%)			
	IVDU	UPHetC	UPHomC	HIV+ partner
North America - Australia	-	36.8	5.3	1.8
Eastern Europe	2.9	30.1	2.3	5.2
North Africa	3.1	30.7	2.1	3.1
Sub-Saharian Africa	0.7	43.4	1.4	4.8
Asia	1.9	15.9	0.9	0.9
Latin America	1.3	28.1	7.4	6.1

IVDU: IntraVenous Drug Users;
UPHetC: Unknown Positive Hetetosexual Contact;
UPHomC: Unknown Positive Homosexual Contact

Table 3. Access of HIV+ foreigners from extra-EU countries to the VC & T Centre (1990-1999)

Extra-EU country	Foreigners	HIV cases	
	n.	n.	%
North America - Australia	57	-	-
Eastern Europe - Former USSR	173	5	2.9
North Africa	192	2	1
Sub-Saharian Africa	145	18	12.4
Asia	107	5	4.7
Latin America	231	20	8.7
Total*	905	63	5

ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO “SANTA MARIA E SAN GALLICANO”

From January 1985 to May 2001, 44,716 legal and illegal immigrants were examined for the first time at the Preventive Medicine Service for Migrations, Tourism and Tropical Dermatology of the Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS: Institute for Scientific Research and Treatment) “Santa Maria e San Gallicano” (known as Istituto San Gallicano, ISG) of Rome: 17,238 females (38.5%) and 24,478 males (61.5%) (Figure 8).

Much rare in the past, the presence of children is now more and more frequent.

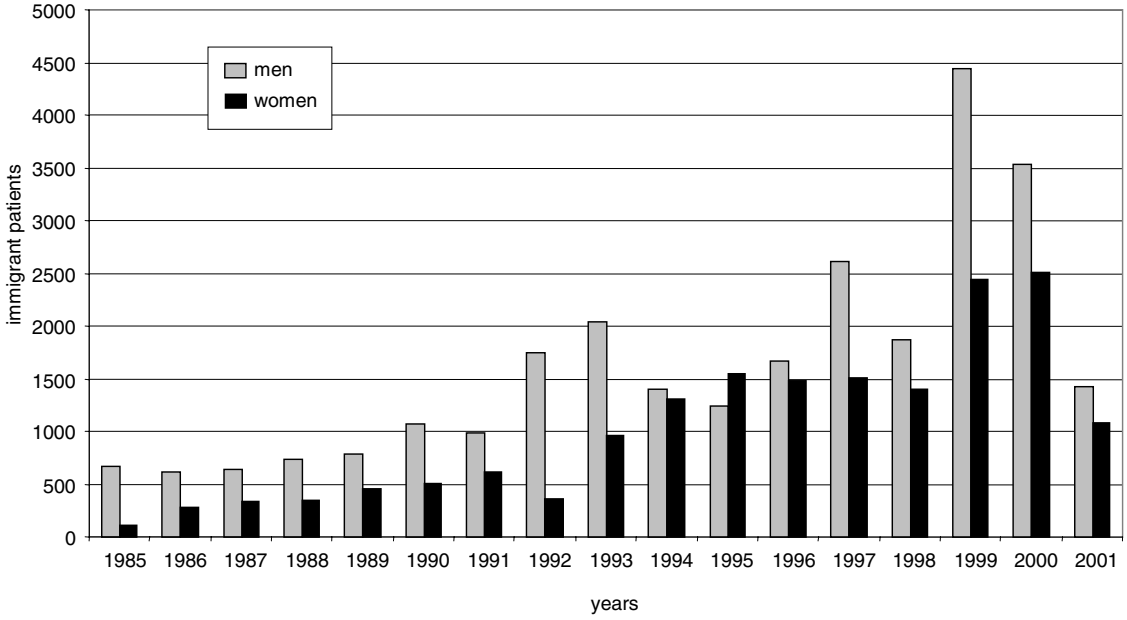

Figure 8. Followed-up immigrant patients (1985-2001)

The foreigners now under treatment come from the following countries (Figure 9):

- 26.3% from Africa (73% in 1985-1991, 48% in 1992-1994, 48% and 36% in 1995-1998);
- 14.4% from America (7% in 1985-1991, 22% in 1992-1994 and 18% in 1995-1998);
- 20.9% from Asia (12% in 1985-1991, 21% in 1992-1994 and 22% in 1995-1998;
- 38.4% from Europe (8% in 1985-1991, 19% in 1992-1994 and 24% in 1995-1998).

10.0 % of immigrants belong to the 0-12 years age group , whereas 69.0% to the 13-40 years age group; 79% of followed-up immigrants are less than 40 years old.

It is worth noticing the slow increase of elderly immigrants, over 61 years old (more than 11%).

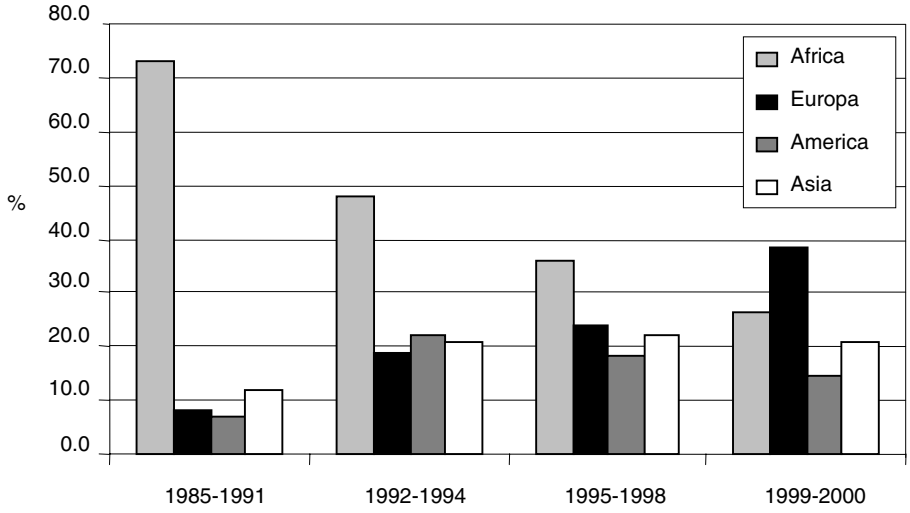

Figure 9. Geographical area of origin of immigrant patients of the ISG (1985-2000)

As far as the educational level is concerned, 11% has got a primary school degree, 23.2% attended junior high schools, 38% senior high schools, 9.8% universities, whereas 18% is graduated.

Sexually Transmitted Diseases

At the ISG, the STDs represent more than 16% of total diagnosis made by the Department of Preventive Medicine for Migrations, Tourism and Tropical Dermatology, with an increasing trend particularly in the early eighties (Table 4).

Table 4. Main STDs among foreign populations (1985-2000)

STD	n.	%
Lues 1-2	146	3.2
Seropositive lues	92	2.0
Gonococcal urethritis	233	5.1
Non-gonococcal urethritis	709	15.6
Pubic pediculosis	237	5.2
Donovanosis	10	0.2
C. Trachomatis infection	82	1.8
Trichomoniasis	94	2.1
Scabies	1437	31.6
Condyloma acuminata	357	7.9
Cervix uteri vaginitis	622	13.7
Herpes genitalis	289	6.4
Lymphogranuloma venereum	2	0.1
Chancroid	5	0.1
HIV seropositiveness	112	2.5
Viral hepatitis	119	2.6
Total	4546	100.0

With the collaboration of the Health Sector of Caritas Diocesana of Rome and the Laboratory of Epidemiology and Biostatistics of the ISS, the ISG is carrying out the research project "Clinical and epidemiological survey on the health of migrant and mobile populations in Italy, with a particular reference to women and the risk of STDs, re-emerging and imported infections"; at present the second phase of the project is in progress.

In 2000, the analysis of the clinical and socio-anthropological data on foreign illegal populations refers to 3,748 patients examined in our medical-anthropologic outpatients service, which is made up by a team of dermatologists, tropical medicine and infectious diseases physicians, gynaecologists and psychologists who carry out activities aimed at the prevention, diagnosis and treatment of main infectious and imported diseases in the target population.

Preliminary data emerging from the analysis of files point out the following main characteristics:

- they are mostly males (55.7%);
- their distribution by age is: 5% for 0-17 years age group; 65.9% for 18-34 years age group; 26.9% for 35-54 years age group; 2.2% for 55 years and over;
- the most represented age group both for males and females is that between 18 and 34 years;
- as regards their nationality, 44.2% of illegal foreign population come from extra-EU countries, 0.3% from EU countries, 17.7% from Africa, 18.2% from America, 19.2% from Asia and 0.4% left from other countries;
- the most represented countries of origin are, by a frequency order, Romania, Bangladesh, Ecuador, Ukraine, Poland, Moldavia, Ethiopia, Albania, Peru, Colombia, India, Egypt, Senegal, Nigeria and Morocco;
- the analysis of data regarding the main groups of pathologies points out the relevant presence of gastrointestinal, respiratory, infectious, gynaecological, skin diseases, as well as diseases of the osteo-muscular system.

During the examination of immigrant patients, the Service gives adequate information to prevent the risk of STDs and AIDS spreading both by distributing multilingual leaflets and providing a counselling support with the collaboration of a team of psychologists, sociologists and cultural mediators/interpreters; these latter are responsible for the reception of immigrants coming from different ethnic and linguistic communities, but they also carry out an active intercultural mediation which is fundamental for the peculiar activities this service provides.

Moreover, within the operating protocol between the Municipality of Rome (Assessorato alla Promozione della Salute: Health Promotion Town Councillorship) and the ISG, a survey was carried out on health conditions and socio-economic characteristics of 2,101 people without fixed abode (525 women and 1576 men, of which 173 nomads and 184 refugees, 8.2% and 8.8% respectively), who represent over 15% of the whole population without a fixed abode in Rome; they have been followed-up from January 1999 to February 2001, with the collaboration of the Centres for day and night reception in accordance with the Municipality of Rome.

The main characteristics of this population are the following ones:

- they are mostly males (75%);
- their distribution by age is: 3% from 0-17 years age group; 45.2% from 18-34 years age group; 44.3% from 35-54 years age group; 5.5% from 55-65 years age group; 2.1% from over 65 years;
- the most represented age group for males is the 18- 34 years, whereas for females is 35-54 years;

- as regards their nationality, 33.7% of the whole population without fixed abode is Italian, 40.3% comes from extra-EU European countries, 2.4% from EU countries, 14.3% from Africa and 9.3% left from other countries;
- the most represented countries of origin of people without fixed abode, by a frequency order, are the following ones: Romania, Poland, Bosnia, Ukraine, Morocco, Moldavia, Iran, Tunisia, Algeria, Albania, Russia, Egypt and Iraq;
- the analysis of data regarding their health conditions points out that infectious, gastrointestinal, skin, psychiatric diseases and drug-addiction represent the most frequently reported diagnosis;
- a relevant rate (27.2%) of seropositiveness to viral hepatitis test has been reported; in most cases they were previous A and B hepatitis, with a relevant rate of C hepatitis (about 4.7%).

In 2000 the following educational activities were carried out:

- 6th International Course on Transcultural Medicine;
- training course for the Qualifying Project on "Emerging needs", with a stage at the ISG, for students of the Vocational School for Social Services;
- stage at the ISG for political refugees who attend the Training Course for cultural mediators promoted by CIES;
- training course for social workers to give assistance to people without fixed abode and to study in depth all issues concerning their social and health characteristics;
- 7th International Annual Workshop "Culture, Health, Immigration";
- cooperation with the Male Prison of Rebibbia to carry out health education activities for foreign prisoners;
- 1st European Master on International Medicine, sponsored by the Council of International Medicine of the Medical Association of Rome and Province, the University International Association on Training and Communication (For.Com.), the International Medicine Service of the Azienda Sanitaria Locale (ASL: Local Health Unit) RM/E, the Immigrants Health Service of the ASL RM/B and Maternal-Children Department of the ASL RM/A.

AZIENDA SANITARIA LOCALE RM/E

The AIDS Unit-Migration Medicine of ASL RM/E of Rome has always been a reference point in Rome for foreigners affected by HIV-related health problems. Moreover, since 1988 the ASL RM/E has been representing one of the authorized centres for the release of health care cards to foreigners temporarily settled in Italy who have a legal residence permit. The AIDS Unit, with the collaboration of the central Service for Migration Medicine of this ASL, provides basic medical assistance, with a greater attention on STDs.

In the last years, among foreign patients with risky behaviours for HIV infection such as drug-addicts and prostitutes, a group of people without risky behaviours and more or less permanent jobs addressed the service.

To all these patients, besides the group they belong to, the AIDS Unit provides a routine programme which includes:

- a reception interview which gives an overview on services provided and patients needs;
- the release of a health care card, if the necessary requirements are met;
- basic medical assistance, treatments for diagnosed pathologies;
- examination for infectious diseases;
- blood samplings, HIV test included;
- pre- and post-test counselling;
- distribution of condoms;
- psychological support or psychotherapy for patients who need it;
- forwarding to other specialized health services.

HIV+ patients are sent to third level services to be followed-up and treated.

Information about each HIV test, both at the reception and during counselling and follow-ups is collected in order to fill in a questionnaire which investigates on: demographic data; drug-addiction case history; prostitution background; prison experience; sexual behaviours in the six months before the HIV test; drug-addiction behaviours in the six months before the HIV test.

The analysis of data collected is recurrently diffused during congresses and through specialized reviews.

From 1 January 2000 to 31 May 2001, 1,605 foreign patients addressed the AIDS Unit, of which 60.8% were females, 28.5% males and 10.7% male transsexuals. For 64.3% of patients it was the first time they addressed the Unit. Their geographical area of origin is reported in Table 5.

Table 5. Distribution by geographical area of origin of patients (January 2000 - May 2001)

Geographical area	n.	%
South and Central America	949	59.1
Eastern Europe	453	28.2
North Africa	98	6.1
Central Africa	49	3.1
Asia	37	2.3
Western Europe	13	0.8
North America	6	0.4
Total	1605	100

Most patients coming from Central and South America are Columbians (52.3%) and Ecuadorians (31.8%); most Eastern Europeans come from Romania (50.3%) and Ukraine (18.8); most Africans come from Ethiopia (34.7%).

In the same period, 616 out of 1,605 patients (38.4%) made at least an HIV test. The sample was divided into group A and group B. The first group was made up by 338 patients without residence permit, mostly women (68%), with no risk factors for HIV infection. The group B was made up by 278 patients, without residence permit and devoted to prostitution; most of them (61.9%) were male-to-female transsexuals.

In this period, 14 cases of HIV infection have been diagnosed among the foreign population, all in the group B: 11 transsexuals, 2 males and 1 female (Table 6).

Table 6. Foreign patients who made the HIV test (January 2000 - May 2001)

Risk factors	n.	sex	n.	%	HIV+
Group A. No	338	F	230	68.0	0
		M	108	32.0	0
Group B. Yes	278	F	82	29.5	1
		M	24	8.6	2
		T	172	61.9	11
Total	616		616		14

F: Female; M: Male; T: Transsexual

61% of patients from the group B made the HIV test during the follow-up: the distribution by sex is shown in Table 7.

Table 7. Patients at high risk who made the HIV test, by sex and type of control (January 2000 - May 2001)

Type of control	Transsexuals		Females		Males		Total	
	n.	%	n.	%	n.	%	n.	%
New admission	58	33.7	39	47.6	11	45.8	108	38.8
Follow-up	114	66.3	43	52.4	13	54.2	170	61.2
Total	172	100	82	100	24	100	278	100

Finally, what emerged from the analysis of data collected was, in the group at high risk, a trend: to repeat the test many times; to vaccinate against HBV; to make their stable relatives take the test at the AIDS Unit (generally, ex-clients who often have been the cause of his/her partner infection); to report during the follow-up a more constant use of condoms and more effective lubricants; and to take care of their health in general.

Patients from group A addressed the AIDS Unit for health needs unrelated to HIV infection. If requested, most of them asked to make the test, showing during counselling a great concern about the possible risks of partners when they live apart for long periods.

CARITAS DIOCESANA IN ROME

In 2000, the Area Sanitaria (Health Service) of the Caritas Diocesana in Rome underwent a series of renovation and arrangement works (renovation of outpatients clinic and pharmacy at Termini, consolidation works of Maternal and Child Department, closing and removal of radiological laboratory, removal and renovation of Levi Civita detached service and Odontological Centre). All these works caused a reduction in health care activities and a delay in data processing. At the same time, some projects of health direction (such as "Salutedove" still under way) and active proposal for health direction and intervention among immigrants living in the pine forest of Procoio were developed (January-December 2000); two communities of gipsies have been followed-up and some other projects both for the national monitoring on rules enforcement at a territorial level and for the specific training in migration medicine have been developed.

Data on immigrants admitted to the Caritas

During 2000, 12,479 immigrants addressed the Caritas Listening Centre for the first time (3,921 from Romania, 2,736 from Ukraine, 1,743 from Ecuador, 694 from Bangladesh, 677 from Moldavia, 409 from Peru, 242 from India, 190 from Ethiopia, 172 from Poland, 163 from Columbia; 1,532 from other countries) and 25,214 interventions for services direction have been carried out: 34.6% were related to health care.

In this same period 2,735 new patients were followed-up by the Health Service and about 15,000 services were provided. 6,069 examinations were carried out by the outpatients clinic and detached sections and 2,139 patients were examined for the first time: 2,953 were general examinations, 110 interviews with Health Managers, 3,006 specialized examinations. About 1,368 examinations were carried out (496 ultrasound scans, 126 X-ray photographs, 686 requests of laboratory tests, 51 esophagus-gastro-duodenumscopies, 9 Dopplers). 7,715 interventions have been carried out by Odontological Centre.

A comparison with the report of activities carried out in the previous years shows a 30% decrease in the total number of interventions by the outpatients clinic and of new patients examined during 2000. This is obviously due to the closing of the outpatients clinic for more than three months (this is confirmed by partial data on the flow increase in 2001).

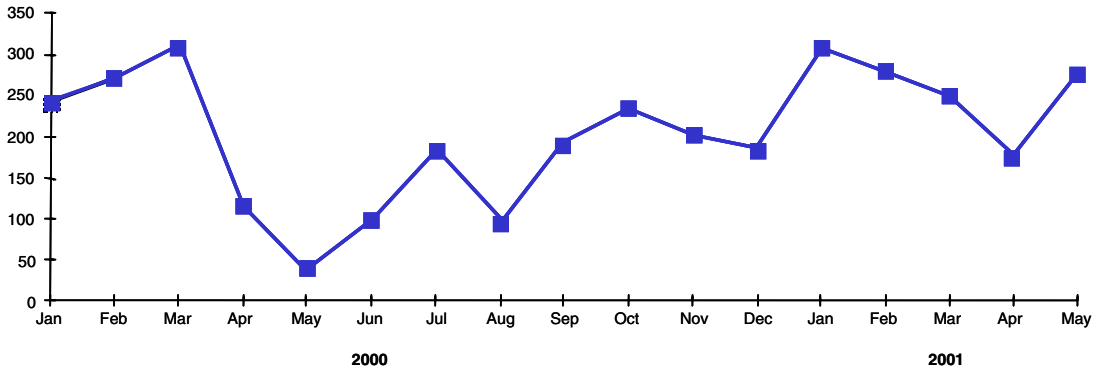

Figure 10. New patients per month at the Caritas outpatients clinic (January 2000 - May 2001)

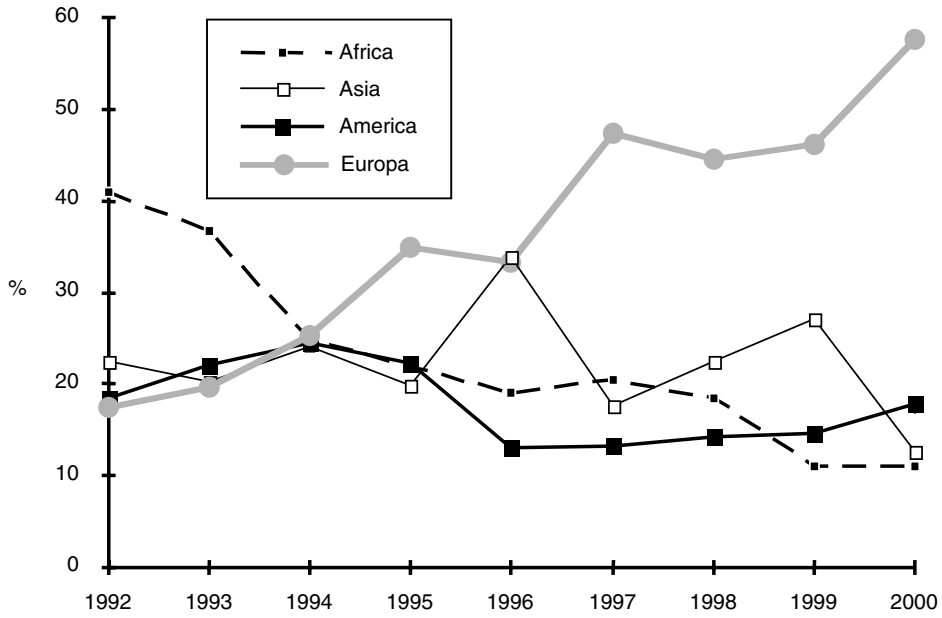

Figure 11. New patients per continent at the Caritas outpatients clinic (1992-2000)

Table 8 shows the geographical area of origin of patients who addressed the outpatients clinic for the first time in the years 1992, 1996 and 2000.

Considered the reduced size of the sample in 2000, these data show:

– *from Europe*

A percentage increase of new patients coming from Europe; they represent 57.6 % of total number of patients in 2000, compared to 17.5% in 1992. The percentage increase of new patients from Eastern Europe is also confirmed;

– *from Africa*

Compared to 1992 (41.0%), the flow of new patients from Africa decreased to 11.1%; the presence of Ethiopians is still relevant;

– *from Asia*

A decreased flow is evident, particularly of patients coming from Bangladesh. These data also confirm the poor flow of some ethnic groups living in the city to the outpatients clinic such as Chinese group, even if in the first months of 2001, 17 Chinese patients have already addressed the clinic (about 20% of patients examined in more than 15 years!);

– *from America*

As regards the new patients coming from America, a clear decrease in the years but, if compared to the year before, an increase is reported. Most represented groups from Peru are decreasing, whereas those from Ecuador are increasing.

Table 8. Geographical area of origin of patients in the years 1992-1996 and 2000

Place of origin	1992		1996		2000	
	n.	%	n.	%	n.	%
Europe						
Albania	91	2,4	88	3,3	61	2,8
Yugoslavia and former Yugoslavian countries	82	2,2	81	3,1	24	1,1
Poland	197	5,3	127	4,8	37	1,7
Romania	146	3,9	402	15,2	472	22,1
Other Eastern Europe countries	67	1,8	56	2,1	600	28,1
Italy (homeless)	45	1,2	120	4,5	36	1,7
Subtotal	***653***	***17,5***	***881***	***33,5***	***1232***	***57,6***
Africa						
Morocco	151	4,0	72	2,7	23	1,1
Algeria	57	1,5	28	1,1	7	0,3
Tunisia	34	0,9	19	0,7	15	0,7
Senegal	52	1,4	27	1,0	16	0,7
Nigeria	61	1,6	48	1,8	24	1,1
Ethiopia	400	10,7	116	4,4	42	1,9
Subtotal	***1528***	***41,0***	***502***	***19,0***	***238***	***11,1***
Asia						
Philippines	119	3,1	23	0,9	7	0,3
Bangladesh	466	12,1	375	14,2	153	7,15
India	52	1,4	181	6,8	27	1,3
China	4	0,1	12	0,4	4	0,2
Subtotal	***839***	***22,5***	***897***	***34,0***	***273***	***12,7***
America						
Peru	525	14,0	230	8,7	79	3,7
Brazil	21	0,56	11	0,4	9	0,4
Ecuador	42	1,13	58	2,2	250	11,7
Subtotal	***684***	***18,4***	***347***	***13,1***	***383***	***17,9***
Unknown	22	0,6	14	0,5	13	0,6
Total	**3726**	**100**	**2641**	**100**	**2139**	**100**

In 2000 the progressive increased presence of women who addressed the outpatients clinic was reported and for the first time the female group exceeded the male one (which is dropped to 49%). These data are interesting and substantial and they are confirmed by activities reported in the first months of 2001.

The comparison with data of previous years confirms the presence of a larger group of women in Europe and America, as well as a greater presence of men in the Asiatic and African groups. Out of 1,670 new patients who belong to ten larger groups, 939 are females (Table 9).

Table 9. Distribution of new patients by country of origin and sex in 2000

Country	All			Male			Female		
	n.	%	rank	n.	%	rank	n.	%	rank
Romania	472	22.0	1	253	24.5	1	217	19.9	2
Ukraine	353	16.5	2	54	5.2	4	296	27.1	1
Ecuador	250	11.7	3	96	9.3	3	155	14.2	3
Moldavia	187	8.7	4	52	5.0	5	135	12.4	4
Bangladesh	153	7.2	5	150	14.5	2	2	0.2	26
Peru	79	3.7	6	23	2.2	8	55	5.0	5
Albania	61	2.9	7	48	4.7	6	11	1.0	11
Ethiopia	42	2.0	8	12	1.2	22	30	2.7	6
Poland	37	1.7	9	13	1.3	18	24	2.2	7
Italy	36	1.7	10	21	2.0	10	14	1.2	10

The survey on pathologies of patients who addressed the outpatients clinic for the first time points out that the main pathologies affect (Table 10):

- the respiratory system (13.05%), more frequently represented by symptoms of cold, acute diseases of first respiratory tract, chronic bronchitis which grow acute again during the cold months, but also by asthmatic symptoms; only few cases of tuberculosis have been reported;
- orthopedics (12.43%), with an high frequency of lumbagos, arthropaties and rachis arthrosis symptoms;
- digestive system (12.08%), mostly gastritis, stomach and duodenum ulcerous pathology;
- dermatology (6.81%), with frequent contact dermatitis;
- ophthalmology (6.65%);
- genital-urinary system (6.34%), with frequent urethritis and cystitis;
- infectious pathology (5.96%), often acariasis;
- circulatory system (5.61%), with an increase in the number of cases of arterial hypertension.

Neurologic (3.58%), otorhinolaryngologic (3.24%), surgical (2.82%), psychic (2.72%), endocrine (2.06%), traumatic (1.58%), pediatric (0.41%), hematological (0.21%) and neoplastic (0.13%) pathologies are poorly represented.

During 2000, the total of women which was equal to 26.26% asked for obstetrical-gynecological interventions in 14.15% of cases.

During 2000 most reported pathologies were mainly due to patients' poor living conditions:

- cold,
- gastritis,
- skin diseases.

Exotic imported diseases are not reported and psychiatric pathologies are definitely rare.

Table 10. Frequency of diagnosis among new patients in 2000

Diagnosis	Males	Females	Total
Infectious parassitic diseases	9.11	3.26	5.96
Tumours	0.15	0.12	0.13
Metabolic diseases	2.10	2.04	2.06
Blood disease, hemopathy	0.07	0.32	0.21
Psychiatric diseases	3.36	2.17	2.72
Nervous system diseases	3.28	3.83	3.58
Otorhinolaryngologic pathologies	3.73	2.81	3.24
Ocular pathologies	7.54	5.87	6.65
Circulatory system diseases	4.63	6.45	5.61
Respiratory system diseases	18.20	8.62	13.05
Digestive system diseases	13.20	11.13	12.08
Genito-urinal system diseases	6.79	5.94	6.34
Pregnancy-delivery-puerperium diseases	-	26.26	14.15
Skin and subcutaneous diseases	8.58	5.33	6.81
Ostheo-muscular and connective	13.06	11.83	12.43
Malformations	0.29	0.06	0.17
Pediatric examinations	0.60	0.25	0.41
Traumas	2.46	0.83	1.58
Miscellanea	2.85	2.88	2.82
Total	100	100	100

Immigrants health care: monitoring of regional politics and laws

The Commission for integration policies of immigrants of the Presidenza del Consiglio dei Ministri charged the Caritas with the monitoring of regional politics and laws related to the enforcement of rules for immigrants health care.

A total of 66 ASLs has been monitored, that is 34% ot the total of ASL on the national territory who replied to our request of collaboration and ask for materials.

Only partial considerations are related because the final data are still under elaboration.

Only Abruzzo (6 ASLs) and Trentino Alto Adige (4 ASLs) did not answer.

With the exception of Valle d'Aosta, where the only one ASL answered, the most respondents Regions have been: Latium (75%), Lombardy and Friuli-Venezia Giulia (57% both), Marche (46%) and Veneto (40%). At the bottom of the list are Campania (15%) and Sicily (11%).

The Region who received more answers from the ASLs is Latium with 9 answers out of 12, followed by Lombardy with 8 answers out of 14, Piedmont with 8 answers out of 22, Veneto with 7 answers out of 20 and Marche with 6 answers out of 13. Only one ASL answered in Sicily, Molise and Liguria (Table 11).

In the sample 45% of ASLs started educational programmes for professional workers on this subject (in Veneto, Liguria and Marche, exhaustive regional training programmes were already been implemented); 42% produced multilingual guidelines and leaflets; 41% implemented services for illegal immigrants; 33% created specific areas in the maternal-children sector. Only 4% of the sample activated against prostitution (however, some regional and municipal projects have already been implemented) and 6% planned an observatory on migration phenomenon.

Table 11. Regional laws specifically concerning health policy, planning and designing targeted to foreign populations

Region	Regional law		Regional health plan		Other specific rules 1999/2000	
	reference	active health policy	years	specific planning	informative report	designing
Abruzzo	n. 10/90	O	1999-2001	O	-	-
Basilicata	n. 26/96	X	1997-1999	-	-	-
Calabria	n. 17/90	O	1995-1997	-	-	-
Campania	n. 33/94	X	1997-1999*	-	X	X
Emilia Romagna	n. 14/90	X	1999-2001	X	X	X
Friuli-Venezia Giulia	n. 46/90	X	2000-2002	-	X	X
Latium	n. 17/90	X	-	X	X	X
Liguria	n. 7/90	X	1999-2001	X	X	X
Lombardia	n. 38/88	X	Sept. Plans	X	X	X
Marche	n. 2/98	X	1998-2000	X	X	X
Molise	-	-	1997-1999	-	-	-
Piedmont	n. 64/89	X	1997-1999	X	X	X
Puglia	n. 26/00	X	-	X	X	-
Sardinia	n. 46/90	X	-	-	-	-
Sicily	n. 55/80	-	2000-2002	-	X	-
Tuscany	n. 22/90	X	1999-2001	X	X	X
PA** Trento	L.P. n.13/90	X	2000-2002	X	X	-
PA** Bolzano	-	-	2000-2002	-	-	X
Umbria	n. 18/90	X	1999-2001	X	X	X
Valle d'Aosta	n. 51/95	-	1997-1999#	X	X	X
Veneto	n. 9/90	X	1996-1998	X	X	X

* : hospital health plan
# : postponed until 2001, a 2001-2003 draft report has been issued
X = dealth with issue
O = mentioned issue
**PA: Provincia Autonoma, Autonomous Province

Source: Caritas Health Sector, April 2001 - by the Commission for Integration Policies on Immigrants - DAS - Presidenza Consiglio Ministri

Out of the 66 that answered, only 5 ASLs carried out specific interventions targeted to gypsy population living on the territory (Table 12).

Twenty-one ASLs (equal to 32%) stated that no specific interventions were carried out and that they applied what provided for by the law on this issue, if it is possible supported by internal information circular letters.

According to our personal experience, the answers sent back do not exhaust the active engagement of ASL with immigrants, but data collected point out the importance of information activities and local training courses as well as health intervention promotion envisaged by law.

Table 12. Intersectorial policies to safeguard the health of foreign citizens within the regional law*

Region	Information on actual availability of regional health services	Health workers training	Health education and prevention	Monitoring of health demand	Co-operations with universities, volunteer associations
Abruzzo	-	-	O	-	-
Basilicata	-	-	-	-	X
Calabria	-	-	-	-	O
Campania	-	-	-	-	X
Emilia Romagna	X	X	X	X	X
Friuli-Venezia Giulia	X	X	X	-	-
Latium	X	X	X	X	X
Liguria	X	X	X	X	X
Lombardia	X	-	X	-	X
Marche	X	X	X	X	X
Molise	-	-	-	-	-
Piedmont	X	X	X	X	X
Puglia	-	-	-	-	X
Sardinia	-	-	-	-	X
Sicily	-	-	-	-	-
Tuscany	X	X	-	-	X
PA** Trento	X	X	X	X	X
PA** Bolzano	-	-	-	-	-
Umbria	X	X	X	X	X
Valle d'Aosta	X	-	X	-	-
Veneto	X	X	X	X	X

* LR: regional law; DGR: regional board resolution; DCR: regional council resolution; PSR: regional health plan; SSR: regional health service from the analysis regional circular letters and notes are excluded
**PA: Provincia Autonoma, Autonomous Province
X = dealth with issue
O = mentioned issue

Source: Caritas Health Sector, April 2001

COMITATO PER I DIRITTI DELLE PROSTITUTE

Although in the past many projects of HIV/STDs prevention, which have been financed by European Commission and carried out by TAMPEP[2] and EUROPAP[3], and many networks which have been developed and implemented by public bodies proved to be efficient, there had been several problems to work at a national level in a coherent and regular way because of different political factors.

The Comitato per i Diritti delle Prostitute (Committee for the rights of sex workers) of Azzano (Pordenone) faces many problems concerning the clandestine status of our users. Illegal residents who carry out illegal activities, as well as most immigrant female sex workers are excluded and this worsens an already precarious personal vulnerability.

Legal discrimination and social stigmatisation hindered the access of female prostitutes to health care services, having clear effects on their health and working conditions. Thus, together with Gruppo Abele association, a research was carried out to deeply investigate and make this situation clear (Gruppo Abele, 2000).

Nowadays, the need of interventions of health prevention and freeing from prostitution could also include the search of employment and lodging for active and former prostitutes. Projects targeted to prostitutes are often based on harm reduction model or a moralistic model having edifying and redeeming objectives.

Anyway, one of the main problems is the finding of funds because of the many cuts in social expenditure, especially in public health. Many associations carry out outreach activities, financed by local institutions. The outreach working teams, either those already existing and the newly formed, carry out their tasks in a very serious way according to the TAMPEP technique and distributing the information materials we drawn up.

Thanks to the article 18 of the Immigration Law n. 286/1998 the financial support of the Dipartimento delle Pari Opportunità of the Presidenza del Consiglio dei Ministri, in 2000 about 24 outreach projects have been carried out. All teams work in collaboration with territorial social and health services, as well as employment agencies, local prefectures and police headquarters. At present, three regional pilot-projects are financed by the Ministry of the Health.

However, only the project of Mestre-Venezia has been institutionalised and turned into a public service. The others are still special projects which need a resolution by local councils to receive further funds.

Changes in national law and local ordinances affected the living conditions of prostitutes. Although the law on prostitution in force has not been modified, the living conditions of prostitutes in Italy changed deeply after this law was issued. According to this article 18, people who want to free themselves from prostitution could get the residence permit for study or work reasons, through a programme of social reintegration. Thank to this law, more than 50 projects have been financed, of which 24 are the above-mentioned outreach projects. This new law also contemplates the imprisonment of people waiting for exclusion from Italy. Several centres of temporary sheltering were overcrowded by women who had been arrested during some

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[2] TAMPEP is a European project that combines research and active intervention, with the direct involvement of sex workers. It started in 1993 and spans four European countries: the Netherlands, Italy, Germany and Austria. It is a model of intervention, reaching more than 20 different nationalities of women and transgender people from Central and Eastern Europe, South East Asia, Africa and Latin America.

[3] EUROPAP is a Project supported by the Commission of the European Community, DG V, in the programme 'Europe against AIDS'.

roundups and had been shut up in prison until the departure for their places of origin. These centres are in a very precarious condition; the working staff is often made up only by men and private associations have not an easy access to the centres. Often, it is difficult for these women even to make a phone call. Men and women are gathered together in the same room. Some reliable documents refer about sexual activities carried out in these centres and of a total lack of condoms. There is an high risk for people who had sexual intercourses to get some infections.

The Italian law in force on prostitution does not consider health controls obligatory. Female sex workers have the same rights to health care as any Italian citizen, which is free of charge for people with a low income. HIV testing are also free for people who ask for it through national health services; some specific rules impose the confidentiality and anonymity to respect the privacy of people who make the test. Illegal and legal seropositive citizens can have access to free health care by public health services. Immigrants are not often aware of this possibility. In spite of serious health conditions, many illegal immigrants are reluctant to face the possible risk of repatriation.

It is also true that many clients, because of their strong financial influence and an irresponsible behaviour, force the female sex workers to unsafe practices. Migrant female prostitutes are the most vulnerable to financial allurements or extortions; it is for this reason that they represent the main object of this irresponsible request of unsafe sexual practices.

Recent agreements between the Government and some States fostered forced repatriations of prostitutes and immigrants wihout papers. The recent monthly interventions of operators reported of daily deportations.

The main group is made up of Albanian women, but also Nigerian women often repatriated with special charter flights. It was bewildering to find out that repatriated female Nigerians are immediately imprisoned at their arrival home and they are also obliged to pay more than one thousand dollars to get out of prison. Besides, some journalists reported that repatriated women suspected to work as prostitutes are forced to get tested for HIV infection, as well as to be hospitalized in order to treat their take seropositiveness. This represents a clear violation of human rights.

In the last two years the activity of the centre has been carried out both in the context of training and sheltering for these women.

At present, two projects are financed in 2000 and 2001 by the Dipartimento Pari Opportunità, Presidenza del Consiglio dei Ministri, in accordance with the article 18: the projects ANTARES and Stella Polare. These project, which are carried out in Turin and Trieste, aim at a social support for self-determination of people who want to get out of prostitution because of slavery conditions and sexual exploitation.

The two projects are based on TAMPEP methods for health prevention and outreach activities. The working team is made up by female operators and cultural mediators who have been trained by TAMPEP and who offer counselling for health care, as well as a guide to have access to local social and health services.

An example of our outreach activity is the “Make It Better” project, carried out in the region of Friuli-Venezia Giulia; an umbrella project co-ordinated by the Ser.T (Drug-addiction Service) of Gorizia, with the collaboration of TAMPEP.

Two European projects have been carried out with the collaboration of other associations so as to have an active and co-ordinated network of volunteers associations in the cities of Trieste and Udine and in the province of Udine.

We have also a partnership with local institutions to implement prevention projects among prostitutes in Venice, Modena, the province of Torino, as well as with the health services in Trieste, Udine and in the province of Udine.

The work done in Turin clearly represents the situation outlined in this report. In 2000 (from January to December) we made 102 outreach interventions and we had 1471 contacts with 774 women. Table 13 shows the nationality of the target so as to give the reader the possibility to have a clear view of the actual situation.

Table 13. Number of contacted people by nationality (Turin, 2000)

Nationality	N. of contacted people
Albania	130
Brazil	4
Bulgaria	13
Cameroon	3
Ivory Coast	1
Croatia	1
France	1
Ghana	3
Japan	1
Greece	3
Italy	28
Yugoslavia	5
Kazakhstan	1
Kyrghyzstan	1
Kosovo	2
Morocco	11
Moldavia	10
Nigeria	486
Romania	26
Russia	37
Republic of South Africa	1
Ukraine	6
Total	774

Out of 774 women, 383 had been brought to the services and they all had counselling on STDs/AIDS and were submitted to the necessary treatments (HIV treatment and care included).

An exhaustive picture of the territorial distribution by nationality of this phenomenon and of changes occurred in the last two years is given in Tables 14-17. Data have been collected by TAMPEP through outreach interventions.

In Italy, it is estimated that there are about 50,000 prostitutes; 50% of them works in the street, while 50% in private clubs, bars, night clubs, etc. or as “call girls” by finding out their clients through newspaper advertisements. Ninety percent of the 25,000 prostitutes working in the street are foreigner. The outreach activity had been carried out throughout the national territory and it is impossible to have an accurate estimate of the number of prostitutes. Cities involved are: Turin, Venice-Mestre, Trieste, Udine, Rome, Milan, Brescia, and Bologna.

The percentage of migrant sex workers in 1997 and 1999 was respectively 92.7% and 94.9%.

Table 14. Area of origin of migrant sex workers in 1997 and 1999

Area of origin	1997	1999
Africa	45.04	53.44
Eastern Europe	38.58	30.30
Latin America	15.58	16.26

Table 15. Eastern European countries origin of migrant sex workers in 1997 and 1999

Country	1997	1999
Albania	50.44	39.7
Ukraine	10.62	16.2
Moldavia	6.4	8.66
Poland	0.6	
Romania	5.56	8.5
Russia	7.64	8.2
Ex-Yugoslavia	9.51	11.8
Czech Republic	1.33	
Hungary		
Bulgaria	1.73	3.6
Slovakia		0.1
Other (Macedonia)	1.73	3

Table 16. Latin American countries of origin of migrant sex workers in 1997 and 1999

Country	1997	1999
Brazil	46	33.75
Dominican Republic		0.5
Colombia	20	40.5
Peru		20.45
Venezuela	10	
Ecuador	16.6	
Other	5.3	4.8

Table 17. African countries of origin of migrant sex workers in 1997 and 1999

Country	1997	1999
Nigeria	99	99
Ghana	0.04	0.04
Senegal		0.06
Other	0.96	0.9

It is noteworthy that in Italy there is not a significant presence of Asian women prostitutes.

LEGA ITALIANA PER LA LOTTA CONTRO L'AIDS - CENTRO PER I DIRITTI UMANI E LA SALUTE PUBBLICA (LILA CEDIUS)

In 2000, Lega Italiana per la Lotta contro l'AIDS - CEntro per i DIritti Umani e la Salute pubblica (Lila CEDIUS: Centre for the Human Rights and Public Health of the Italian League for the Fight against AIDS) of Milan carried on a thorough analysis of the HIV/migration relationship in Italy and abroad.

With the collaboration of the Pediatric Ward of the University of Padoa, the Centre implemented a national research project to foster maternal-fetal prevention of immigrant female population living in Italy.

This project is financed by the European Commission and involved the Italian National Focal Point both in the preliminary phase and the operating phase, with the collaboration of cultural mediators who had been specifically trained within the context of the European ALFA project, which is now almost concluded and its results will be diffused in a short time.

At international level, Lila CEDIUS strengthened the partnership with two organizations which involved in international co-operations:

- IOM (International Organization for Migration) collaborating on the planning and implementation of educational programmes in the Balkans (Serbia and Bosnia Herzegovina) and in Nigeria (these programmes are still under way);
- ICS (Consorzio Italiano di Solidarietà: Italian solidarity association) collaborating on the carrying out of educational activities for local workers on the relationship between drugs use and HIV infection and to the planning of a similar action in Moldavia.

Further interesting contacts have been established with CESVI (Cooperazione E SVIluppo) for a partnership in an HIV prevention project for young people in Bosnia, while the planning of an intervention for maternal-fetal prevention in South Africa is still going on.

At European level, ALFA Project activities are going on for the production of information materials on HIV/AIDS prevention targeted to foreign citizens living in Italy.

Lila CEDIUS also proposed some research and intervention projects within the context of "IV Progetto AIDS Sociale 2000" of the ISS. A project for the creation of effective communication strategies aimed at reaching immigrant population, with the collaboration of Italian NFP members, has been approved.

Lila CEDIUS has also established a partnership with the ISG for an experimental training programme for cultural mediators to employ in different thematic areas: health services, prostitution and drugs use.

With the collaboration of the ASL RM/E in Rome (also member of the Italian NFP), two interventions for the diffusion of Project ALFA results have been carried out: the first one was held at Trento in March 2000, the second one during the training course for social and health workers in Florence in November 2000.

The participation to the NFP allowed Lila CEDIUS also to establish new collaborations such as the partnership in the research project financed by the European Commission and co-ordinated by the GRDR, the French NFP.

Further developments of the Italian NFP activity

The Italian NFP, in accordance with other NFP members, pointed out two areas for a deeper analysis in 2000/2001:

- *Women, health and immigration*
  Both an analysis of health conditions of enslaved and prostituting foreign women and a thorough analysis on immigrant women health as far as their reproductive system is concerned have been carried out;
- *Accessibility of foreign citizens to available services*
  The researches proposed by the Italian NFP and approved within the context of the "IV Progetto AIDS Sociale 2000" allow to face this issue.

The Italian NFP has also organized a training programme (held in October 2002 at the ISS) for cultural mediators and workers of territorial psycho-social and health services involved in the fight against HIV/AIDS and STDs among foreign populations, aiming at an integrated multiprofessional approach for the defence of migrants health..

This training programme was divided into 40 hours distributed along a week and admittance was reserved to 25-30 participants.

The training process was developed through active learning with short lessons by experts (some Italian NFP members are included), plenary and small group discussions and works, exercises and educational and training role-playing.

In the following sections, the activities of two projects concerning "new slaves" (women and children victims of sexual exploitation) and reproductive health of immigrant women are reported in detail. These projects were carried out by the ISG and ISS respectively.

TWO HUNDRED MILLION NEW SLAVES IN THE WORLD

The phenomenon of new slaves in the world mainly concerns women and children who are victims of a "transnational" mafia who make large profit from sexual exploitation and workforce, with a yearly turnover of about 7-13 billion dollars. At present, this criminal business is increasing with a 40-50% annual rate, that is very much faster than drugs market. For a turnover of over 5 billion dollars, more than 2 million children in the world are sexually abused; the market of pornographic videos yields more than 280 million dollars.

Enslaved and prostituting women are estimated to be about 500,000 in Eastern Europe, while in Italy they are about 50,000; a third is made up by minors and only 50% of prostitutes are aware to be doomed to this market when they come to Italy. According to Interpol, the yearly turnover of sex market is about 5-7 billion dollars and each enslaved woman yields 120,000-150,000 dollars each year. In Italy, most women come from China, Nigeria, Albania, Romania and Ukraine; about 9 million Italian men pay to have sex. These data are drawn from the parliamentary survey on human beings trade of Anti-mafia Commission and Schengen Committee, which was presented at Montecitorio on 28 February 2001. The dramatic reliability of these estimates is unfortunately confirmed by other reliable national and international sources: ECPAT (End Child Prostitution, Pornography and Trafficking for Commercial Purposes), UNICEF (United Nations Children's Fund), ILO (International Labour Organization), local non-governmental and governmental organizations.

Main socio-demographic characteristics

From January 1997 to May 2001, the ISG in Rome examined 2,697 foreign prostitutes for the first time.

The percentage distribution of their countries of origin is: Nigeria (13.9%), Albania (13.1%), Moldavia (12.2%), Ukraine (11.0%), Bosnia (10.1%), Russia (9.0%), Romania (8.7%), Slovenia (7.8%), Poland (5.7%), Hungary (2.4%), Brazil (2.0%), Peru (1.3%), Colombia (1.0%); other or unspecified (1.8%).

In most cases (98.8%), the women we had examined and interviewed with a short questionnaire, administered by cultural mediators/interpreters or psychologists working in our service, came in Italy clandestinely or with an expired and unextended visa for temporary tourist residence.

79.8% of women stated that they came to Italy in the last two years and 91.8% of them (mostly Nigerian and Albanian women) were aware that they should have to prostitute themselves so as to be able to pay off the debt they got into when leaving their countries. This group of population – always as far as the two most represented nationalities are concerned – shows a change of their respective regions of origin; in fact, Nigerian and Albanian women seem mainly come from little inland rural villages than from big urban centres as happened in the past years. This fact points out a readjustment of recruitment strategies by traffickers, because this game has been found out by now and it could become too much risky.

The civil status of traded women, who represent an overwhelming majority of our patients, is the unmarried one for 79.8% of cases. On the other hand, this condition allows traffickers to carry on strategies of allurement, contact and involvement in an easier way, both with more inexperienced and attentive women. The adhesion conditions to the project of transfer to foreign countries usually comprehend at least a collaboration among parties concerned, otherwise it is a

pure kidnapping (as stated by 9.7% of interviewed women). Even if it exists, the collaboration is characterized by different degrees of trick and diversified types of fraud by traffickers and/or pimps.

Lonely women are usually the ones who are cheated with promises of advantageous marriage abroad or with promises of easy artistic or professionally prestigious careers. Some Nigerian and Albanian women mainly belong to this category, followed by girls coming from Eastern countries and Latin America. Just a minority (18.9%) has a different civil status, particularly that of married/cohabitant women and secondly of divorced/separated women or widows. This is the peculiar condition of Latin America women and small groups of women coming from Poland, Russia, Bosnia and Slovenia.

Within these groups, the presence of children who live in Italy or stay in their countries of origin is reported and this is the reason for a big concern by women, because they have become vulnerable of blackmails by traffickers. The family rejoining through official channels is not consistent with the profession carried out; to activate this practice an employment contract and the possibility to give evidence of the amount of income received are necessary, as well as of the usual residence and a fixed measurement of the dwelling-house.

This further complication bring women involved to rejoining solutions through irregular channels, thus increasing the level of economic subjection to traffickers and pimps.

As far as the women age is concerned, clear changes related to the country of origin are reported. On average, the youngest ones – at their first entrance – are those belonging to Albanian and Nigerian groups. The age group mostly represented within these two groups is the juvenile one (14-18 years), with also the presence of the 19-24 years age group and, even if in a smaller proportion, of older age groups. On the contrary, women coming from Eastern Europe belong to an older age group (24-30 years), just like Latin American women.

In order to evaluate the level of education, indirect indicators based on the number of years of attendance as well as other variables relating to the Italian system had been used. Information obtained points out some general similarities with female immigrants, concerning both the level of education related to the nationality of origin and other variables such as age and urban and rural area which they come from.

In general, the presence of women who attended school for at least ten years on average is reported; according to the Italian "pattern", the number of years is equivalent to a middle-low degree, that is a junior high school certificate together with a two-years attendance of high school (i.e., the so-called "liceo").

This means that, besides some women who never attended school, there are many others who attended it to different levels of degree and difficulty.

Most interviewed women (76.7%) attended school until the age of 8 (which is equivalent to the third class certificate of junior high school), followed by women who attended school until the age of 13 (which is equivalent to a high school certificate).

Between these two positions, there are women who never attended school and, on the contrary, those who are graduated and, even if it is rare, a specialization certificate. These women are transversally present through different nationalities, with an obviously different incidence within each of them.

Regarding most represented groups of nationalities, it is possible to point out:

– *Nigerian group*: a relevant presence of uneducated women who never attended school, particularly those coming from rural-agricultural Southern and North-Eastern areas in the last two years, with an age between 15 and 20 years. Those coming in the first nineties, particularly from Lagos and Ibadan, are mainly women with different levels of education, with a predominance of middle-low levels;

– *Albanian group*: a presence of young women with middle-high (especially for women over 20-22 years) and even high levels of education (that is, a degree) for women of 25-27 years and over. They come from big cities or rural areas and this influences their levels of education;
– *Latin-American and Eastern European groups*: some unexpected similarities for age groups and urban origin of these women, as well as for a higher degree of independence in the practice of their profession. In the Latin-American group the highest percentage of women are not prostitute on the road. The educational degrees are of middle-high level on average (with some graduated women); the Peruvian women are an exception.

With regard to the working activity women carried out in their country of origin, information obtained is not sufficient to sketch adequate profiles. Nevertheless, some different profiles depending on the place of origin stand out, for example: farm labourers among Nigerian or Albanian women, teachers and workers among Eastern European women or craftwomen (dressmakers) and waitresses among the Colombian women.

Moreover, there are former students among the youngest and unmarried women (mainly the Albanian, Bosnian and Slovenian women), as well as housewives among the divorced, separated or widow women; hardly ever there are women who were prostitutes even in their countries of origin, whereas they often worked in nightclubs, bars and discos of big cities.

Of interviewed women 91.4% always is condoms when they work, but they also state to use it rarely or hardly ever with their regular partners even in the first six months of their relationship. 8.6% of women that not always used condoms mainly comes from Africa, followed with a long interval by Eastern European women.

Another study evaluated the perception of the risk for HIV infection among 95 clients of prostitutes who were followed from December 1998 to December 1999. The knowledge of AIDS ways of transmission and the disposition to use condoms are lower among clients than prostitutes, particularly among clients over 50. The prevalence of HIV seropositiveness among 108 interviewed women was equal to 25% against 2.5% among clients, and it was remarkably higher among women who declared more than five different clients per week; there were no relevant differences of seroprevalence among younger clients and those over 50.

Main reported symptoms

The three most frequent health needs reported are:

1. Psychological and psychiatric problems (these latter are less frequent) have been noticed in almost all female patients, but unfortunately it was impossible to make a more accurate and exhaustive diagnosis and provide adequate treatments because this peculiar group of population, as well as the immigrants, hardly ever agree to follow-ups and treatments. Moreover, they are inclined to address health services only if urgently necessary and for a time as shorter as possible;

2. 98.3% of all women interviewed reported to have been submitted to a voluntary interruption of pregnancy at least once in their life;

3. all women asked for a gynaecological examination, even without specific symptoms and all women with children asked for at least a pediatric examination to check the health conditions of their children.

The most frequent reported symptoms are shown in Table 18.

Table 18. Main clinical pictures among illegal foreign prostitutes (January 1997 - May 2001)

Clinical sympthom	N. foreign prostitutes
Aspecific urethral-cystitis	113
Genital mutilations	93
Burns	93
Non-gonococcal uretral-cystitis	82
Trunk trauma	76
Cheloids	48
Scabies	46
Condyloma acuminatum	43
Herpes genitalis	36
Gonococcal uretral-cystitis	24
Viral hepatitis	19
Primary/secondary syphilis	15
Trichomoniasis	11
HIV infection	10
Positive serology for syphilis	8
C. trachomatis vaginitis	8
Tuberculosis	5

The health experience within the project "The ambiguousness of reception"

Our collaboration as a scientific and medical partner to the project "The ambiguousness of reception" is inspired by the principle of taking care of the individual rather than of disease so as to set up an effective health programme.

In conformity with the spirit of both the service and the project itself, our job was not just a medical competence but we tried to establish a new relationship with host society and to give back a full autonomy to hosted people. We tried to establish a human contact with each of 18 women who participated in the project; in fact, this contact is fundamental to establish that confidence which is necessary to carry out an effective health programme. Each person involved in the study has been preventively submitted to an accurate basic clinical examination and, if necessary, to a specialist examination, thus collecting a series of clinical and social anamnestic data. The female partners had their medical examinations both in the reception home to get a better familiarity with them and, together with operators, at the hospital where all available health services were given. It is the duty of the person in charge to follow-up these patients, by taking them to the necessary services and, when it was essential for a reciprocal understanding, they make use of linguistic and cultural mediators working within the service itself.

The person in charge has been purposely always the same in order to increase the level of familiarity with patients and to make the access to services easier for this emarginated group of population. In emergency situations the physician responsible for the operating part of the project offered to the reception home his full availability twenty-four hours a day. Single and group interviews have also been made to give useful health information on primary and secondary prevention, as well as important advices on law opportunities in the legal and health context.

Though the service could provide internal medicine, dermatologic, infectiveness, psychological, gynaecologic and obstetric, odontological, cardiology and dietetics examinations

and tests, some clinical necessities could not be directly met. The structure has been recently deprived of many laboratories for clinical and instrumental diagnostics which have been moved to the new premises of San Raffaele oncological pole; to carry out some diagnostic and specialist examinations (ultrasound scans, surgical and ophthalmologic examinations, X-rays) we made use of the collaboration of a public health network which includes both the San Raffaele oncological pole and the following hospitals: Nuovo Regina Margherita, Policlinico "Umberto I", "San Camillo" and "Ospedale Israelitico".

Also within this little group of people it could be possible to point out the primary needs above-mentioned concerning psychological, gynaecologic and pediatric issues.

No HIV infection and current or previous syphilis cases, whereas two hepatitis B cases and one case of perianal condyloma (unfortunately during pregnancy) have been reported.

A particular engagement by physicians has been directed to two pregnant patients who, in this delicate and important phase of life, have been followed-up until delivery or voluntary termination of pregnancy.

Training, health care, counselling and information exchange with other project promoting and executive bodies, together with a continuous mediation of spaces and changes and adjustments due to users' requests, made of this project a dynamic professional comparison which is unique in its implementation so far. We believe that the natural continuation of this peculiar clinical experience is the sharing of data collected by other health facilities involved at a national level, as well as the following drawing up of a final report which, as concerns public health, will have a greater value compared with each local experience. According to these data it could be possible to create a national epidemiological observatory which could evaluate, through a sentinel system, the trend of health conditions and to precociously intervene in this specific target of prostitution. The improvement of health conditions of most emarginated groups of population is still one of the main objectives to pursue in public health.

HEALTH OF REPRODUCTIVE SYSTEM AMONG IMMIGRANT WOMEN LIVING IN ITALY

According to official data on 2000, 650,000 foreign women live regularly in Italy (that is, 46% of the whole immigrant population). This number has been increasing in the years, mostly because of family rejoining (the percentage was equal to 36% in 1994). These women are mainly young (more than 65% of an age between 19 and 40 years) and in the reproductive age. Their places of origin are very different and mostly underdeveloped: 27% from Eastern Europe, 20% from Asia, 19% from Africa and 13% from Latin America (Caritas of Rome, 2000).

From 1980 up to now, an increase of about 5,000-25,000 newborns having at least one foreign parent (5% of total number for newborns) is reported; both parents of most of these children are foreigners (21,000 newborns in 1999).

Some studies have been carried out to evaluate the outcomes at birth and the assistance provided to foreign women during pregnancy. From the analysis of national data, the ISTAT (Istituto Nazionale di Statistica, Italian National Institute of Statistics) estimated in 1994 a stillbirth rate equal to 6.6 per 1,000 for foreing couples against a 4.9 per 1,000 for couples where the father is Italian and the mother is a foreigner and 4.1 for Italian couples (ISTAT, 1998).

Similar results have been reported in the period 1992-1996 in Latium: there had been 7.4 dead newborns per 1,000 newborns with a foreign mother compared to 3.5 among the Italian ones (Miceli *et al*., 1996). Some differences have also been pointed out as concerns the neonatal (9.3 dead newborns in the first 28 days of life per 1,000 newborns alive having a foreign mother compared to 4.4 per 1,000 among the Italian women) and the post-neonatal mortality rate (2.6 newborns dead per 1,000 newborns alive having a foreign mother and 1.3 per 1,000 of those having an Italian mother). Besides, the percentage of children with a low weight at birth (< 2,500 g) was higher when the mother was born in a developing country (about 9%) compared to that of newborns having a mother born in Latium (5.2%) or in an industrialized country (4.4%).

A case-control study aimed at evaluating the health conditions at birth was carried out in 1996-97 on 33 birth places of 25 Italian cities (Bona *et al.*, 1998); 2,424 newborns having extra-EU parents had been compared with 4,848 having Italian parents. The premature newborns (gestation time of less than 37 weeks) accounted for 14.8% of extra-EU newborns and for 11.9% of the Italian ones. The percentage of newborns with a low weight at birth was 9.7% among the extra-EU ones and 6.8% among controls. The corresponding percentages of newborns with a lower weight or weight equal to 1,500 g were 2.4% and 1.2%. Newborns having extra-EU parents showed an higher percentage of neonatal asphyxia compared to controls (2.3% e 1.2%). Also the stillbirth and premature neonatal mortality rates were higher among extra-EU newborns: 3.7 newborns dead per 1,000 compared to 2.7 newborns with Italian parents and 7.9 newborns dead in the first week of life per 1,000 born alive among extra-EU newborns and 1.9 among the Italian ones.

The Laboratory of Epidemiology and Biostatistics of the ISS carried out a study on 150 women coming from developing countries in order to evaluate the assistance provided during pregnancy (Spinelli *et al*., 1998). 74 extra-EU women, mostly illegal, who have been followed-up by four volunteer centres in Rome and 76 extra-EU women who gave birth at the Obstetrical ward of "Umberto I" in Rome had been compared with a sample of 9,004 Italian women.

Some relevant differences about the level of *knowledge* in these three groups had been pointed out. A serious lack of information on health care opportunities hade been noticed among extra-EU women and , more generally, on psycho-social support which public health services

provide to pregnant women. For example, more than 50% of foreign women did not received the right information on the possibility to have a prenatal diagnosis, compared to 31% of Italian women. Furthermore, 67% of extra-EU women stated they did not received any information on the use of contraceptives methods during puerperium, compared to 40% of Italian women.

As concerns the *attitudes*, the difference was less evident, probably because the attitudes more directly related to the maternal role are the common heritage of all women, independently from their social status and external conditionings.

Finally, as far as the *behaviours* are concerned, the differences are again evident. The common indicators on services use during pregnancy confirm the risk for a reduced prenatal surveillance among extra-EU women. The follow-up usually starts with a delay of about a month for immigrant women and the frequency of controls is remarkably reduced .

The emerging picture shows the immigrant women population as greatly disadvantaged as concerns knowledge and discriminated as concerns the access to social and health services.

Also data on voluntary termination of pregnancy (Interruzione Volontaria di Gravidanza, IVG) show in the years an increase in the number of IVGs among women born abroad: from 4,500 in 1980 to 20,500 in 1998.

As from 1995 it had been possible to evaluate this phenomenon by considering the citizenship; as is shown in Table 19, there had been an increase from 8,967 in 1995 to 13,826 in 1998 and this could somehow hide a reduction of the phenomenon among Italian women. In fact only considering the IVGs to which Italian female citizens have been submitted, a decrease from 127,700 in 1996 to 123,728 in 1998 is reported (these years are more reliable because the value of incomplete data is poor).

Table 19. IVGs by citizenship, Italy 1995-1998

Year	Citizenship			
	Italian	foreign	unknown	total
1995	118,116	8,967	12,466	139,549
1996	127,700	9,850	2,848	140,398
1997	119,292	11,978	9,255	140,525
1998	123,728	13,826	7,98	138,352

Data processing has been carried out by the ISS according to the data collected by ISTAT and the Surveillance System on IVGs.

The increase in the number of IVGs among foreign women is definitely due to the increased presence of foreigners in Italy: the abortion rate per 1,000 foreign female citizens of 18-44 years estimated for 1995 was 27.4, whereas it was 29.1 in 1996, 26.4 in 1997 and 28.7 in 1998. These values are by far lower (of about three times) to those reported among Italian female citizens whose rates are equal to about 9 per 1,000, for women of 18-49 years in those years. This is not a surprising datum if we consider that often many foreign female citizens in Italy live in disadvantaged conditions and come from areas where the abortion is more frequently used than in Italy.

Moreover, the number of IVGs is greatly different according to the woman age: whereas the highest level are reported among Italian women of an age between 25 and 34 years, there is an highly decreasing trend among foreign women, from the youngest to the oldest ones (Table 20).

These data pose again the issue of lacking information and services accessibility as a central aspect of public health prevention and promotion strategies. According to this point of view, the basic social and health services should have to be reviewed in accordance with these

heterogeneous ethnic users and test the new operating patterns for an active offer as far as the health of the reproductive system is concerned.

Table 20. Voluntary abortion rates per 1,000 women living in Italy by citizenship and age group (1998)

Age	Citizenship	
	Italian	foreign
18-24	11.5	55.0
25-29	12.0	44.0
30-34	12.2	31.4
35-39	11.1	23.6
40-44	5.3	10.0
45-49	0.5	0.7

Data processing was carried out by ISTAT

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APPENDIX
Immigration laws in Italy

Among the primary sources of the law, as far as the phenomenon of migration is concerned, the World Declaration of Human Rights approved by the United Nations (UN) Assembly on 10 December 1948 is certainly the most important.

It stressed the need to legally protect the human rights so seriously compromised in all historical periods, especially during the last World Wars. The most relevant articles concern: equality, liberty, human dignity, irrelevance of any distinction by race, colour, sex, religion, language, political opinion. Other significant articles regard: the right to life, the blame for slavery, the equality before the law, the jurisdictional protection and the preservation of personal freedom, the presumed innocence of defendants, the legality of penalties, the right to asylum and citizenship, the freedom of thought, the right to work, nutrition and education.

In 1996, many international agreements had been approved and adopted by the above-mentioned UN Assembly concerning economic, social, cultural, civil and political rights. In Italy these agreements had been enforced by formal acts.

It is worth mentioning the "Chart of fundamental rights of European Union", drawn up during the European Council held at Nice in December 2000. This Chart is still under examination but it nonetheless represents the fundamental law, the European Constitution, which is a key point for European politics.

The Italian law in force follows the principles of Constitution which came into force on 1st January 1948, featuring the same criteria of legal, social, economical and political preservation of the World Declaration on Human Rights above-mentioned.

The article 3 of the Italian Constitution in particular states that "All citizens have an equal social dignity and are equal before the law, regardless of sex, race, language, religion, political opinions, personal and social status". The State has also the duty to "remove all economic and social obstacles which, by actually limiting the liberty and equality of citizens, hinder a full development of individuals and the actual participation of workers to the political, economical and social organization of the Country". Besides, on 1969 the Constitutional Court recognized that even those who are not Italian citizens have the same inviolable human rights, thus having a right to family, health, house, work and any other right as an Italian citizen.

To draw an exhaustive picture of the unconstitutional body of laws we have to refer to the following sources of the law:

- Consolidated Act of laws on public security (Test Unico delle Leggi di Pubblica Sicurezza, TULPS) passed with the R.D. 18 June 1931, n. 773;
- Rules for the enforcement of the TULPS, approved with R.D. 6 May 1940, n. 635;
- Legislative Decree 11 February 1948, n. 50 on penalties for omitted declaration of foreigners;
- Law 24 July 1954, n. 722, ratifying the Geneva Convention of 28 July 1951, concerning the refugees' status;
- Law 4 August 1955, n. 848, ratifying the Rome Convention, concerning the protection of fundamental rights and liberties, agreed on 4 November 1950;
- Law 1 February 1962, n. 306, ratifying the New York Convention of 28 September 1954, concerning the status of stateless person;
- Law 3 July 1965, n. 929, ratifying the European Social Chart signed at Turin on 18 October 1961;
- Law 13 October 1965, n. 654, ratifying the New York Convention of 7 March 1966, concerning the abolition of any racial discrimination;
- Decree of the President of the Republic 30 December 1965, n. 1656, concerning the flow and residence of extra-EU citizens;
- Law 9 August 1967, n. 804, ratifying the Convention concerning the consular relationships;
- Decree of the President of Republic 29 December 1969, n. 1225 emending the previous D.P.R. n. 1656/1965;
- Law 22 May 1975, n. 152 giving provisions for the protection of public order;
- Law 25 October 1977, n. 881 concerning the ratification of UN Agreement of 19 December 1966 concerning the civil and political rights of foreigners;

- Law 10 April 1981, n. 158, ratifying the ILO (International Labour Organization) convention n. 143 of 24 June 1975 of migrant workers;
- Law 4 may 1983, n. 184 concerning the regulation of adoption;
- Law 30 December 1986, n. 943 concerning rules for the employment and wages of extra-EU immigrants and against illegal migrations. Only the article 3 of this law remained in force, while the body of law left was abrogated by the Law 6 March 1998, n. 40 on immigration. It is worth noticing that with the Law 943/86, the ILO Convention was fully enforced; new institutions for the protection of migrant workers had been implemented, as well as new types of access; for the first time the status of workers and illegal residence had been regularized. Nonetheless, despite being innovative to a certain extent, the law of 1986 showed some clear contradictions; though acknowledging equal status and wages to Italian workers, the social and health services were granted to extra-EU immigrants only if they had a legal residence permit and their regularization was conditioned by their status of dependent and not-autonomous workers;
- Law 28 February 1990, n. 39, turning and emending the decree 30 December 1989, n. 416 concerning "Urgent rules on political asylum, entry and residence of extra-EU and stateless citizens, already living in Italy". This law, called "Martelli" by its promoter, can be considered fundamental since with it our Country reached a turning point as concerned immigration.
  Innovations brought by the Law 39/90 implied the compulsoriness of entry visas by Italian consulates in the countries of origin of extra-EU immigrants and a larger set of reasons to motivate their entry in Italy: studies, dependent or independent work, health care, family reasons, tourism and worship. The residence permit clearly took the form of administrative authorization. Furthermore, an administrative amnesty had been granted to illegal migrants living in Italy on December 31, 1989, that is when the law decree 416/89 had been issued.
  The request of recognition of the legal status of refugee had been specifically regulated. Referring to the article 10 of the Constitution, the prohibition of exclusion towards those countries where the death penalty was still in force was introduced, but liberty for racial, political or religious reasons was still at risk. It was Government's responsibility to plan and to set the ways of immigration flows. Although it was actually innovative if compared with the past, the law showed serious deficiencies: it did not fully respect the provisions of the Constitution relating to political asylum; the health care provision was not exhaustively regulated; adequate provisions/standardization concerning the political and administrative competence as well as the integration and exclusion of extra-EU immigrants;
- Law 9 November 1996, n. 617. Many law decrees were issued in the period 1993-1996, but it was difficult to turn them into law. By this emergency decree an attempt to modify the law 39/90 ("Martelli") was made in order to introduce the theme of "immigration" in the socio-economic context of the Country which was increasingly more integrated in the European Union. The most urgent problem concerned the exclusion of extra-EU migrants and the respect of human beings. However, the law 9 November 1996, n. 617 preserved the consequences of previous law decrees which fail to be enforced by the Parliament;
- Law 6 March 1998, n. 40 concerning immigration control and provisions on foreigner's status. We could say that this law (the so-called "Turco-Napolitano") faced the theme of immigration in a more organic and exhaustive way as concerns the most significant aspects of residence permits, the regulation of work, the right to family rejoining, the integration;
- Legislative Decree 25 July 1998, n.286 concerning the Consolidated Act of laws related to immigration control and foreigners' status and enforcing the above-mentioned law 6 march 1998, n. 40;
- Decree of the President of the Republic 5 August 1998 concerning the passage of 1998-2000 programmatic document;
- Legislative Decree 19 October 1998, n.380, emendating the article 11 of the Consolidated Act of laws 286/98;
- Legislative Decree 13 April 1999, n. 113, second emendation to the articles n. 12, 13, 33, 42, 46 and 49 of the Consolidated Act of laws 286/98;

– Decree of the President of the Republic 31 August 1999, n. 394 passing the implementation rules of the Consolidated Act of laws 25 July 1998, n. 286 concerning immigration control.

It is also worth relating the following body of rules concerning immigration in general and refugees in particular:

– Law 9 April 1990, n. 98 concerning the ratification and enforcement of protocol n. 7 of the Convention for the respect of human rights and fundamental liberties, enlarging the lists of civil and political rights;
– Decree of the President of the Republic 15 May 1990, n. 136 passing the implementation rules of article 1, paragraph 2 of law 28 February 1990, n. 39 concerning the refugees' status;
– Decree of the President of the Republic 24 July 1990, n. 237 concerning the implementation rules of article 1, paragraph 2 of law 39/90 concerning the first assistance to foreigners asking for refugee's status;
– Law 23 December 1992, n. 523 concerning the ratification and enforcement of the Convention for the definition of the competent State for the examination of asylum request in one of EU Member States, signed at Dublin on 16 June 1990;
– Law 25 June 1993, n. 205 turning the law decree 26 April 1993, n. 122 into law, concerning urgent measures against racial, ethnical and religious discrimination;
– Law 30 September 1993 ratifying and enforcing the protocol of Schengen Agreement of 14 June 1985, the agreement to the Convention of 19 June 1990 enforcing the above-mentioned Schengen Agreement, the agreement with French Gourvernment signed in paris on 27 November 1990;
– Law 8 March 1994, n. 203 ratifying and enforcing the Convention on foreigners' participation to public life at a local level, signed at Strasbourg on 5 February 1992;
– Law 2 January 1995, n. 13 ratifying and enforcing the European Convention on migrant worker's status, adopted at Strasbourg on 24 November 1947.

Finally, as far as the planning of extra-EU citizens flows are concerned, the President of the Council of Ministers (PCM) issued the following Decrees in the previous triennium 1998-2000:

– PCM Decree 16 October 1998;
– PCM Decree 4 August 1999;
– PCM Decree February 2000;
– PCM Decree 9 April 2001.

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