



Analisi del bisogno e risposte per le popolazioni vulnerabili: un modello efficace di tutela della salute

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Country-to-country exchange on initiatives and experiences responding to diverse migrant populations needs regarding HIV, viral hepatitis, and tuberculosis- Italian context and Palermo model

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Cure e taking care of migrant populations: a model for Mediterranean

- → Migrant and vulnerable populations need specific healthcare and assistance models
- → Transcultural relation and sharing of healthcare models are the mainstay of the response to the needs of migrant populations
- → Screening test for early diagnosis of infectious diseases are necessary in order to protect individual and Community health

Health care system overview

Who can access?

- → Everyone, regardless of origin and legal status (Article n.32- Constitution of Italian Republic and decree- law 286/1998)
- → Residence permit for medical care
- → STP code (-foreigner temporarily present- public health access card)

What can they access?

- → Inpatient and outpatient urgent or essential care
- → Preventive health screenings

Approaches to address specific prevention and care needs* in the context of shifting migration patterns

- → Development and implementation of systematic STDs and TB screening programmes
- → Creation/Improvement of Hospital-community health network
- → Easy access to health care facilities for people living with HIV, Hepatitis B and TB for improving adherence and retention in care *

* In our experience:

- HIV: retention in care and viral suppression of people living with HIV are 94 and 96% respectively.
- TB: 80% of patients completed treatment for latent TB infection and 90% of people completed treatment for active TB.
- Chronic active hepatitis B: retention in care-81%; undetectable HBVDNA-95%

We found zero syphilis cases among newly arrived migrants.

Screening TB and STDs- 2024

- → Migrant people tested: 471
- → Male 330
- → Mean age 23 years old
- → Unaccompanied foreign minors (UFM:) 100

Migrant populations impacting HIV, viral hepatitis, syphilis and tuberculosis epidemiology, prevention and control

Key sub-populations:

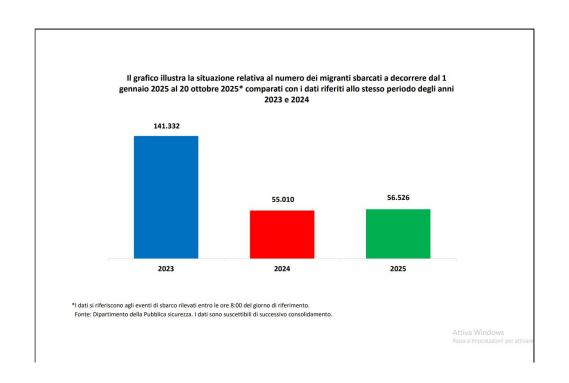
- → Women victims of trafficking/torture/rape
- → Unaccompanied foreign minors (about 16.497 in Italy until June 2025)*
- → Seasonal workers
- → Inmates/previous inmates, people with no fixed abode

Specific challenges experienced because of shifts in migrant patterns

→ Increased arrivals from Africa, Middle-East and South Asia

^{*}DIREZIONE GENERALE PER LE POLITICHE MIGRATORIE E PER L'INSERIMENTO SOCIALE E LAVORATIVO DEI MIGRANTI- Ministero del Lavoro e delle Politiche sociali

Migrant populations impacting HIV, viral hepatitis, syphilis and tuberculosis epidemiology, prevention and control



Prevention and care needs* of different migrant sub-populations- A model from Palermo - Italy

Migrant sub-population	Prevention and care needs*	Social-behavioural considerations for addressing these needs*
Women victims of trafficking/torture/rape and sexual assualt	 Screening and treatment of STIs Gynecological visit HPV screening and vaccination Psycological support 	 Care of weaknesses, difficulties to access to health facilities and language and cultural barriers Hospital-community health network, which allows easy access to social and health services (e.g NGO, reception centers etc) Psychological support
Unaccompanied foreign minors	 Paediatric assistance Free and easy access to vaccination program (HBV vaccine, in people with no serological markers of infection) 	As above
Seasonal workers, general migrant population	 Screening and treatment of STIs and TB (both active and latent infection) 	As above
Immates	Screening and treatment of STIs and TB (both active and latent infection)	 As above Cooperation with prisons (e.g telemedicine programmes)
People with disability, people with no fixed abode, people with pathological dependences	Screening and treatment of STIs and TB (both active and latent infection)	As above

^{*} In the areas of healthcare access, adherence to treatment and transfer of care/onwards movement



Cure e taking care of migrant populations: a model for Mediterranean

The model takes into account:

- → Vulnerability
- → Difficulty of access to healthcare facilities
- → Linguistic and cultural barriers

Setting:

- → Hub center: a general hospital-supported by a city and extra-city network
- → Spoke Centers: third sector, NGOs, reception centers for migrants in Western Sicily



Cure e taking care of migrant populations: a model for Mediterranean

- → Direct access to health care services regardless of legal status
- → Direct access to systematic screening for TB and STIs
- → Cultural and linguistic mediation available on a daily basis in our structures
- → Training of general practitioners and non-infectious diseases clinicians, social workers and other healthcare providers



What we do and how

- → Management and infectious diseases consultation for vulnerable populations
- → Initial reception, management, screening, treatment and follow-up of infectious diseases in migrant population arrived in Western Sicily
- → Infectious diseases consultation for people of no fixed abode and vulnerable population of Centro Diaconale Valdese di Palermo and Polo San Francesco-Opera Don Calabria (NGOs)



What we do and how

- → Management and paediatric infectious diseases consultation for unaccompanied foreign minors (UFM)
- → Management of people with pathological dependences and people who use drugs
- → Mobile clinics and outreach services/NGOs (INTERSOS, Croce Rossa Italiana, ARCIGAY, ANLAIDS)



What we do and how

- → Healthcare for foreigners without a residence permit is provided through the issuance of a card with an individual STP regional code (STP: temporary present foreign person)
- → Daily linguistic and cultural mediation
- → Social care services, legal counselling, human and social rights desk
- → Ethnopsychiatry service: 37 people in regular follow-up

Since 2024: Human and social rights desk



- → People even more vulnerable:
 - experiencing homelessness
 - previously incarcerated
 - without residence permit or complex legal status
 - unaccompanied foreign minors
 - with alcohol and/or substance use disorder
- → Immediate issue of STP or health insurance card, social services, legal consultation



Sexual and reproductive health of migrant women

- → Dedicated access route for women victim of sexual violence and torture
- → Initial reception and STI screening + HPV vaccination in our clinic

Hospital and territorial healthcare services



Family
counselling
centre
-first level
support-



Obstetrics and Gynaecology Department -second level support-

Sexual and reproductive health of migrant women

Family counselling centre
-first level support-

→ gynaecological examination, ultrasound and cervical smear

Obstetrics and Gynaecology Department -second level support-

→ complex gynaecological conditions, voluntary termination of pregnancy (VTP), contraception

Psychological support (gender-related violence Centre- Le Onde, third sector Institution, MSF)



Since 2024: "Ospedale senza barriere"

→ Extension of daily linguistic and cultural mediation to other hospital wards

→ Daily linguistic and cultural mediation in adult and paediatric emergency Department is in the making

Obstetrics and
Gynaecology
Department,
emergency room,
maternity ward

Key lessons learned in responding to diverse migrant populations' needs

Need to:

- Making access conditions more equitable and guaranteed
- identify solutions for overcoming system barriers, also addressing the impact of political and cultural environments, in particular:
 - specific training for all the "Professionals for Health" (health and social care professionals, educators and tutors for unaccompanied foreign minors) on a culturally competent approach (as well as on migrants' rights in terms of access to health care)
 - use of multilingual informative materials
 - involvement of cultural-linguistic mediators
 - involvement of Community and NGOs (ANLAIDS, I.Ta.C.A., Italian Waldensians Church, MSF, Intersos, Arcigay)
- develop uniform models to be applied in the different Italian Regional contexts in order to overcome existing territorial disparities in the access to healthcare services















Thank you for your attention

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