

## Italy Country Profile

### 1. Key Statistics

	2015	2016	2017
<b>Asylum Seekers</b>	83.970	123.842	130.000
<b>Refugees</b>	125.000	131.000	147.000
<b>Migrants (Third Country Nationals) with valid residence permits</b>	5.014.000	5.026.000	
<b>Irregular migrants</b>	435.000	491.000	
<b>Relevant link<sup>1</sup></b>			

The most prominent nationalities among migrants/refugees in Italy are:

Nigeria, Guinea, Ivory Coast, Bangladesh, Mali, Eritrea, Sudan, Tunisia, Senegal, Marocco<sup>2</sup>

<sup>1</sup> <http://www.libertaciviliimmigrazione.dlci.interno.gov.it/it/documentazione/statistica/cruscotto-statistico-giornaliero>

<http://www.istat.it/it/archivio/208951>

<sup>2</sup> [http://www.libertaciviliimmigrazione.dlci.interno.gov.it/sites/default/files/allegati/cruscotto\\_statistico\\_giornaliero\\_31-12-2017.pdf](http://www.libertaciviliimmigrazione.dlci.interno.gov.it/sites/default/files/allegati/cruscotto_statistico_giornaliero_31-12-2017.pdf)

## 2. Priority Health Conditions

### The (3) main challenges in terms of healthcare access and/or health issues of migrants/refugees, identified are:

- A more efficient coordination among Prefectures (local governmental unit) is necessary, they usually address the problem from an emergency perspective without taking into account socio- health care factors.
- Lack of professional figures with ethno-psychiatric profile.
- Furthermore, intervention protocols (major infectious and transmittable diseases, dermatology, mental health, vaccination, trauma) have to be introduced and shared among the actors involved; doctors must be included in the process and it is necessary to invest more on education in order to create a collecting data system which aims at elaborating and analysing the individual health status, considering also the social factors through the implementation of socio- medical records and a sharing database useful for patients follow-up from their first arrival to their "settlement" at regional level.

## 3. Legislation Description

### Brief description of the legislation concerning access to health care for migrants/refugees

The Reform of the Constitution, adopted in 2001, affirmed a decentralization model in Italy giving to the regions a quite wide range of competences. On health, the national level is responsible to give the political guidelines and general principles, while the regional governments are responsible to organize and provide the health care services through operational units, that can have different names according to the specific regional regulations (Aziende Sanitarie Locali-ASL, Aziende Sanitarie Provinciali-ASP, Aziende Ospedaliere Universitarie-AOU). These units manage the services following the regional government indications at primary health care level or at hospital level.

Referring to asylum seekers/refugees: from the landing to the formalization of the asylum application at the Prefecture they are equated like irregular migrants in terms of access to services and are given of an ad hoc health card (STP, foreign resident alien) with whom they receive all the urgent, essential and continuative treatments free of charge. From the moment of formalization, instead they are equated to any Italian citizen and have the registration to the national health system (in an exemption region whose duration varies from Region to Region).