

Ways to Improve the Utilisation of Health Services and Intake of Prescribed Medicines by Filipino Migrants in Italy



1. Introduction

This Policy Brief aims to provide government officials and policy makers in both Italy and the Philippines with practical recommendations based on the main findings of research undertaken by the Asia-Europe Foundation (ASEF) Public Health Network's project *Health Dimension of Asian Migration to Europe*. The study, conducted in collaboration with the Yuchengco Center (YC) in the Philippines and the Fondazione ISMU (ISMU) in Italy, assesses the accessibility and quality of health services available to Chinese and Filipino migrants in Italy and Spain. In this document, we solely focus on findings associated with Filipino migrants in Italy.

ASEF encourages the governments of Italy and the Philippines to incorporate the key research findings of this study into the relevant policy areas and to assist Filipino migrants' better inclusion into the Italian society. It is our hope that this Policy Brief will contribute to public discussions on ways to improve health inequities faced by Filipino migrants in Italy as well as the migrant population in general.

2. Main Findings of the Research

The National Health Service (Servizio Sanitario Nazionale [SSN]) is the foundation of the healthcare system in Italy. In the context of social policy discussion in Italy, it is worth noting that the Italian healthcare system is organised according to the principles of dignity with equal rights, priority to the basic needs of the populations, equity, resources allocation for the most vulnerable, and appropriateness of health interventions. The Italian legislation assures access to healthcare services for all documented migrants regardless of their legal status. Documented migrants have the same rights as Italian citizens as long as they are enrolled in the Italian National Health Service.



Despite having access to health services, the research found a low level of utilisation of public health services by Filipino migrants in Italy. In fact, Filipino migrants tend to return home regularly for medical consultations and procurement of medicines.

During their annual home visits, they often consult private practitioners and purchase medications in bulk. These medicines are manufactured by multinationals based in the Philippines with English labels. While they are quite expensive in the Philippines, the same medications with equal effectiveness are available free of charge or at a more affordable price in Italy.

Procedural barriers to effective utilisation of the SSN were identified as main obstacles faced by Filipino migrants. These include the SSN's bureaucratic structure, Filipinos' lack of or limited knowledge of the SSN, and a long procedure for booking a consultation. A long waiting time is a deterrent since the income of most Filipino migrants is based on hourly rates. Another obstacle is the issue of language, which results in Filipino migrants' mistrust in the technical competences of Italian healthcare providers and in their diagnosis and treatment. In general, Filipino migrants are quite fluent in English while Italian healthcare providers tend to have limited competence in the language.

These barriers, combined with the tendency of Filipinos to consult multiple healthcare providers in search for the one they can trust without much success, result in incomplete and unsuccessful therapeutic outcomes.

3. Recommendations

3.1. Outreach Actions

In order to improve the access of Filipino migrants to an effective utilisation of the SSN, more outreach actions are needed. Given that Filipinos need to be guided through the SSN system for an easier and smoother consultation process, hospitals in the area where a large Filipino population are based should mobilise some of their funds and human resources to develop informative materials, presenting available services in Tagalog (one of the two official languages of the Philippines) along with English for a more inclusive service delivery. This material, including information on the SSN, health education and prevention strategies, should serve as a comprehensive guide for the health practices of Filipino migrants.

3.1.1. Health Booklet

As an example of outreach materials, ASEF coordinated the preparation of a Health Booklet developed by YC and ISMU to be distributed in the Philippines and Italy. This Booklet encompasses the following information for Filipinos leaving for or living in Italy:

- Information on the SSN including its constituent health services, obtention and utilisation of a health card, the procedure for consultation and referrals;
- Common health problems of Filipino migrants in Italy, their cause, prevention and management;
- Information about the availability and costs of medicines prescribed in Italy, which are equally effective as the medicines often purchased by Filipinos in the Philippines, along with a list of medicines for a comparison;
- The need to dispel rumours and misperceptions about Italian health services and the competence of providers, which do not mirror reality;
- The factors creating communication barriers, such as the technical-oriented approach by Italian healthcare providers as opposed to forging a personal doctor-client connection, and limited consultation time, which may be mistakenly perceived by Filipino clients as lack of interest; and
- Information on institutions and organisations that offer free Italian language training for Filipino migrants, such as the Philippine Overseas Labor Office (POLO).

The dissemination channels for this booklet include the following organisations:

- The Commission of Filipino Overseas (CFO) under the Office of the President, which is mandated to register and provide orientation seminars to potential emigrants (The CFO assists in the integration of migrating Filipinos in the receiving country by educating them on the realities of international migration and preparing them to meet the practical, social and psychological changes associated with it.);
- The Overseas Workers Welfare Administration (OWWA) of the Department of Labor and Employment, which conducts the Pre-Departure Orientation Seminar (PDOS), including information on HIV/AIDS;
- Recruitment and travel agencies;
- Italian Society of Migration Medicine (SIMM);
- Trade unions;
- Consulates-General of the Philippines in Italy;
- Associations of Filipino Nurses in Italy;
- Embassy of Italy to the Philippines; and
- Informal social gathering venues in the Filipino community, such as Sunday masses.

3.1.2. Collaboration

To ensure that outreach actions and promotion materials better reflect the needs and expectations of stakeholders, and that such materials are distributed to the correct target audiences, collaboration among key stakeholders should be encouraged. Key stakeholders include healthcare providers, linguistic and cultural mediators, anthropologists and sociologists working in the relevant fields, and leaders from migrant communities. Organisations working for migrants' integration and health institutions can implement projects such as frequent small group discussions, funded by the Ministries of Health and of the Interior of Italy as well as other European funding sources such as the Asylum and Migration Fund.

3.2. Training

In order to enhance the utilisation of the SSN by Filipino migrants, it is essential to strengthen training for several key stakeholders that work closely with Filipino migrants.

3.2.1. Healthcare Providers

All healthcare providers, including medical students, should be trained on culturally sensitive service delivery. The training should encompass cultural differences in health beliefs and practices, migrants' health-seeking behaviour patterns, and intercultural communication. Intercultural communication training includes active listening¹ and decentration². There exist training initiatives funded by the SSN and European regional and national funds for this purpose.

3.2.2. Linguistic and Cultural Mediators

Linguistic and cultural mediators are deployed by the Italian health system to address the communication gap between clients and providers. However, as seen in the main findings, there is a need for more widespread and appropriate use of these services.



Health institutions should train linguistic and cultural mediators on the basics of healthcare, including disease causation, prevention, and management, in order to be able to bridge the communication gap between healthcare providers and clients.

The number of mediators hired in health clinics should better reflect the number of Filipinos living in the area covered by those clinics. Mediators should be part of the regular service staff instead of being on-call in an emergency. In particular, the health district where the Filipino population is large should promote recruitment of mediators, covering all key services for local residents. The cost should be covered by the SSN.

3.2.3. Health Promoters

Health promoters are hired as a guide through the bureaucratic procedures of the SSN. They assist Filipino migrants to navigate through SSN procedures and disseminate information that encourages people to care about their health. They can be trained to facilitate navigating the SSN's bureaucratic procedures as well as to address the specific health concerns of Filipino migrants. The SSN's health programme offers training courses by a team consisting of healthcare providers, social workers, mediators and anthropologists. They can work in key locations, such as the Philippine Consulates-General, Filipino associations, parishes, Filipino restaurants, and money transfer agencies.

¹ Active listening is a communication technique set up within the framework of humanistic psychology. This concept goes back to Thomas Gordon (1973), but has its roots in Carl Rogers' client-centred therapy and nondirective counselling (1951). It is utilised in counselling, training and conflict resolution. Based on a person-centred approach, it envisages an empathic attitude on the part of the listener who has to capture what the sender is communicating from the sender's point of view. This kind of listening promotes open communication and awareness of others' interests and needs and is defined as active in that it helps bringing about changes in people (Rogers and Farson, 1957).

Thomas Gordon, *PE.T: Parent Effectiveness Training: the tested new way to raise responsible children* (New York, NY: Peter H. Wyden, 1973).
Carl Rogers, *Client-centered therapy* (Cambridge, MA: Riverside Press, 1951).

Carl Rogers and Richard Evans Farson, *Active Listening* (Chicago, IL: University of Chicago Industrial Relations Center, 1957).

² Decentration is an attitude which is essential in intercultural dialogue. It consists of detaching from one's point of view, considering it as one among many others, not as the only legitimate one. This helps in worthing others' perspectives, in questioning one's world's view, and in understanding how others may perceive one's standpoints. Mondher Kilani, *Introduction à l'anthropologie 2ème édition* (Lausanne: Editions Payot, 1992).

3.3. Offering Flexible Opening Hours at Clinics

In order to ensure comprehensive treatment, more time should be allotted for consultation with migrants in health clinics. Offering evening or weekend hours in primary healthcare may facilitate access of migrants who have irregular work hours. If extending consultation time in primary healthcare is not possible, introducing flexible working times in these units may produce a similar outcome.

3.4. Filipino Healthcare Providers in Italy



There are Filipino migrants living in Italy who are trained and have worked as healthcare providers, such as nurses, in the Philippines. Their competence can be recognised in Italy. A stronger presence of Filipino healthcare providers within the Italian health staff would be beneficial in decreasing the distance between Filipino users and the SSN.

However, few Filipino migrants undertake the recognition process due to its long, complex and costly nature as well as a lack of information on the process. Filipino healthcare providers should be encouraged and supported in their competence recognition process through broader information circulation by Italian institutions and through a reduction of the costs. To help Filipino healthcare providers to qualify in the recognition exams, guidance throughout the recognition process should be provided to applicants and targeted language trainings incorporating Italian medical terminology should be organised. These supports could be provided by the labour office of the Philippine Consulate and migrant associations such as the Filipino Nurses Association in Milan.

3.5. Bilateral Collaboration

Collaboration should be forged among the Department/Ministry of Health and medical institutions in the Philippines and Italy through exchange of information related to the healthcare management from preventive, promotive and curative perspectives. For example, Italy can share the management mechanisms for chronic and non-infectious diseases while the Philippines can share its experiences in prevention and control of infectious and communicable diseases. Regular consultations can be set through conferences, visits of healthcare providers and exchange of researchers between the two countries.

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