



CONVEGNO NAZIONALE

La ricerca per la promozione della
salute dei migranti:
capire dalle evidenze per agire

24 settembre 2026

organizzato da

ISTITUTO SUPERIORE DI SANITÀ (ISS)
Centro Nazionale per la Salute Globale



Riconoscere e contrastare le barriere in un'ottica di giustizia sociale.

Tra diritti e garanzie: LEA e accessibilità e fruibilità dei
servizi nel contesto di equità



Maurizio Marceca

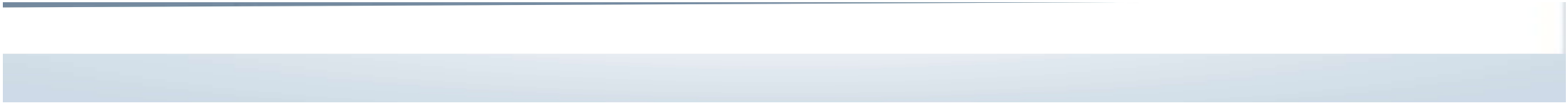
*Sapienza Università di Roma, Dipartimento di Sanità Pubblica e Malattie Infettive
Società Italiana di Medicina delle Migrazioni (S.I.M.M.)*

Società Italiana di Igiene, Medicina Preventiva e Sanità Pubblica, GdL 'Disuguaglianze e Salute'

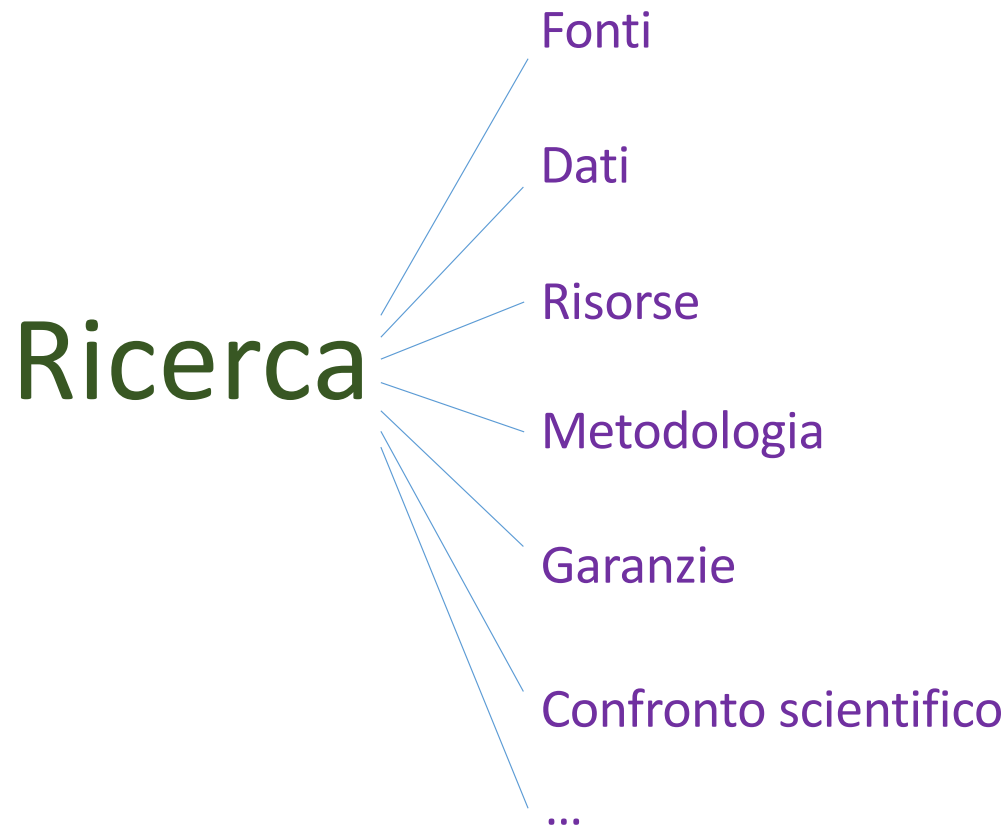


Dalla Ricerca...all'Azione

Prospettive di lettura e basi per le strategie



L' 'ecosistema' della Ricerca

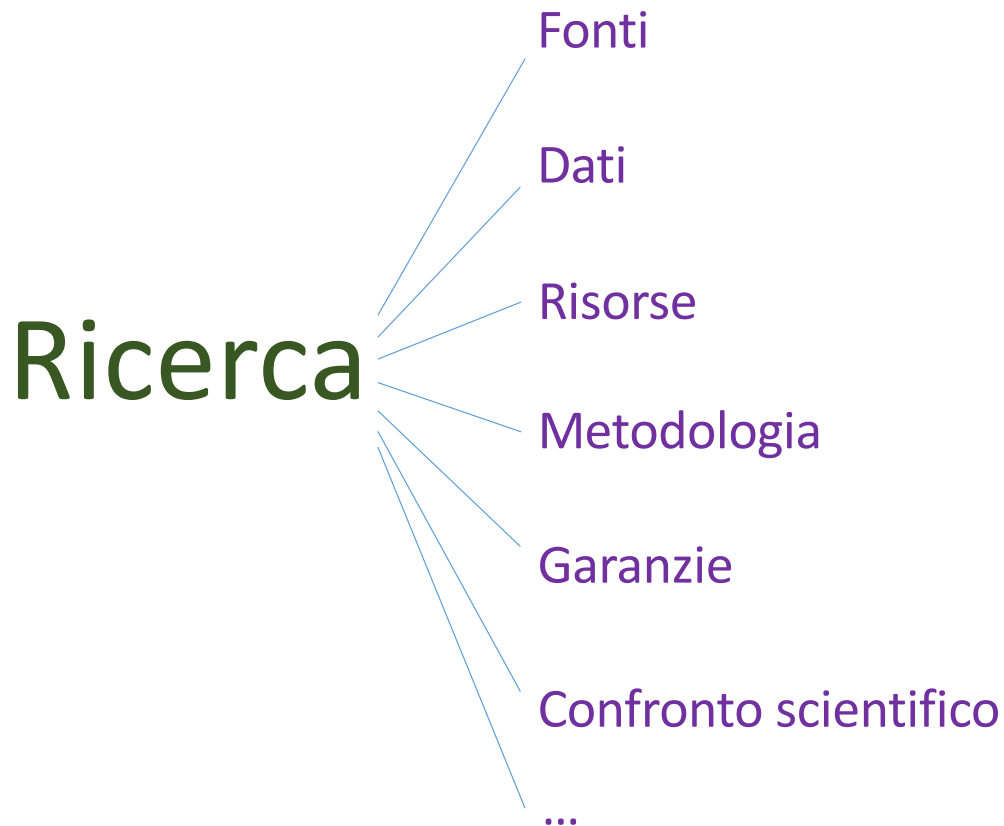


Elementi chiave dell'ecosistema della ricerca

- **Attori (la componente "biotica")**: Ricercatori, studenti, laboratori, startup, aziende e enti pubblici che operano attivamente nel sistema.
- **Infrastrutture e risorse (la componente "abiotica")**: Fondi di finanziamento, laboratori, leggi, piattaforme digitali e spazi fisici (come i parchi scientifici).
- **Flussi di conoscenza**: Lo scambio continuo di dati, brevetti, competenze e capitale umano, paragonabile al flusso di energia in un ecosistema naturale.



L' 'ecosistema' della Ricerca



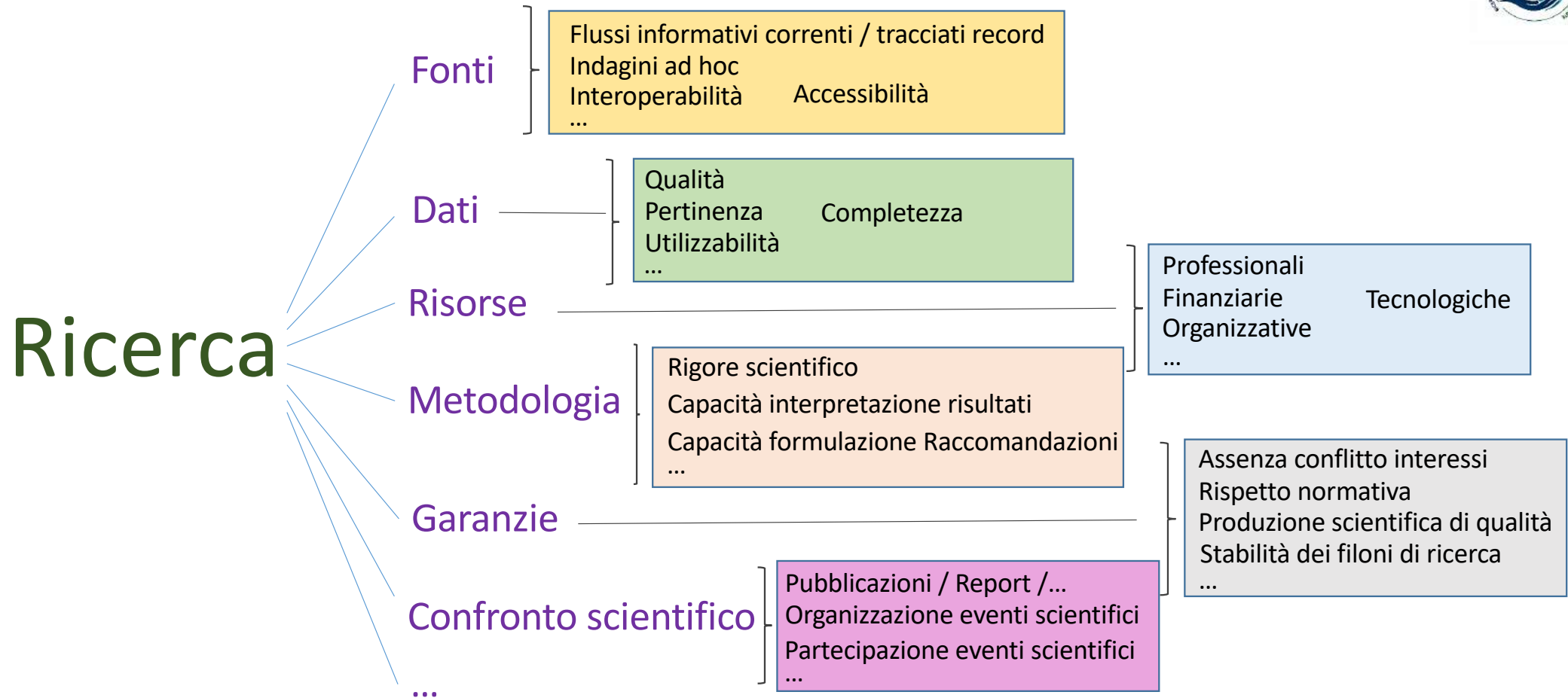
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L' 'ecosistema' della Ricerca

esempi:



Dalla ricerca all'azione...



Ricerca



Azione



Identificazione bisogni

Definizione interventi

Attuazione interventi

Valutazione interventi

Ri-programmazione

Dalla ricerca all'azione...



Ricerca

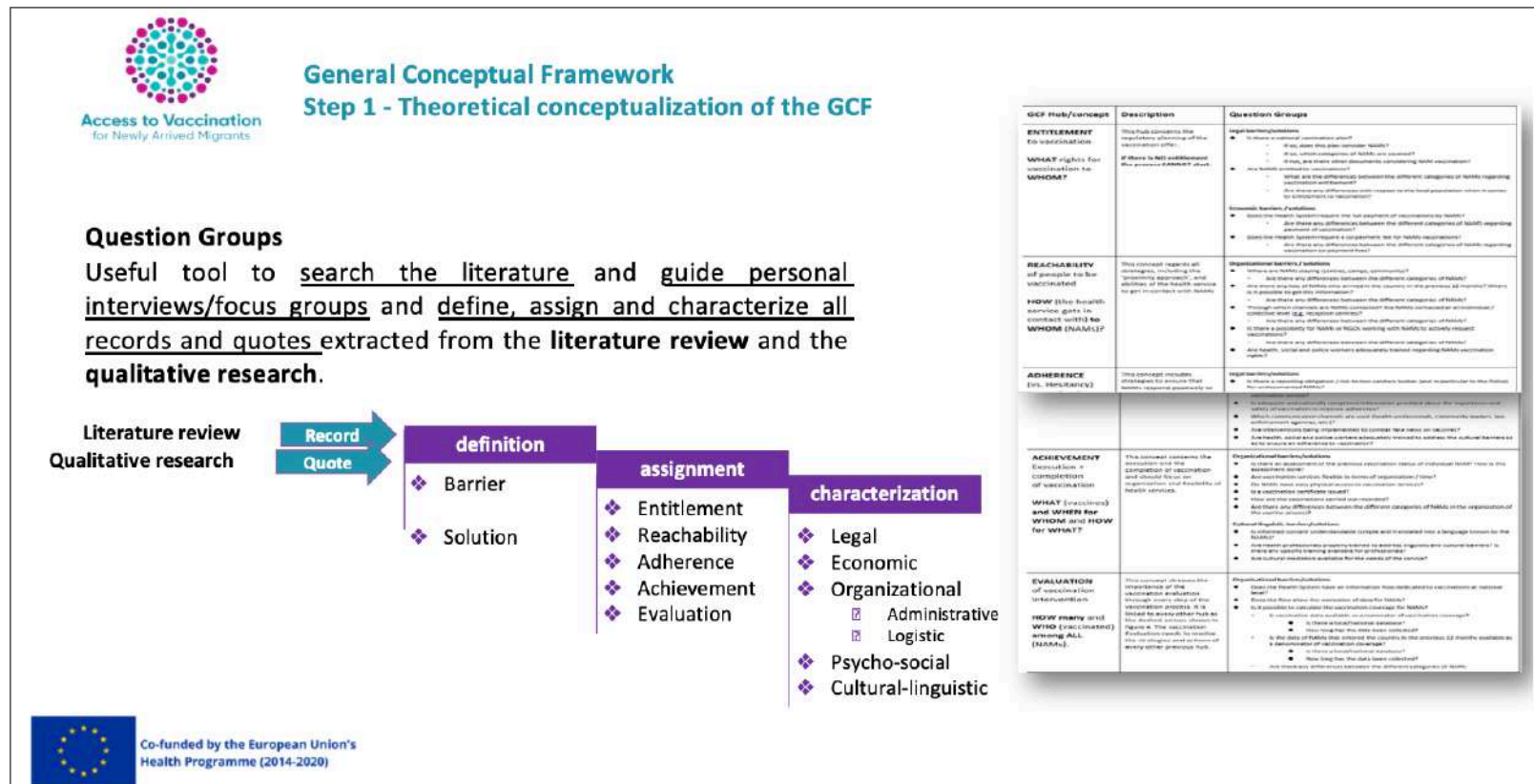
Identificazione bisogni

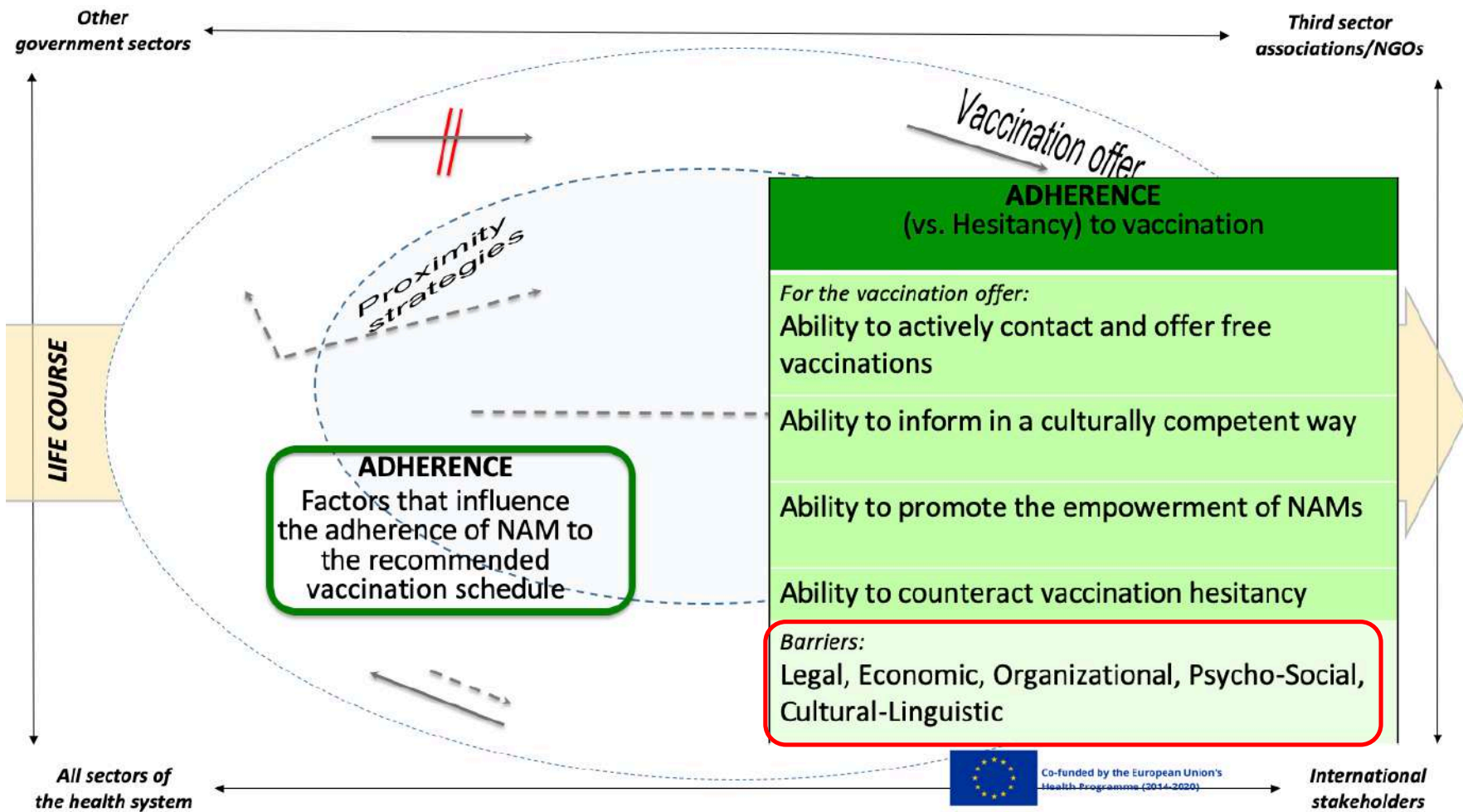
Definizione interventi

Attuazione interventi

Valutazione interventi

Ri-programmazione







The Lancet Commissions

The UCL-Lancet Commission on Migration and Health: the health of a world on the move



Ibrahim Abubakar*, Robert W Aldridge*, Delan Devakumar*, Miriam Orcutt*, Rachel Burns, Mauricio L Barreto, Poonam Dhavan, Fouad M Fouad, Nora Groce, Yan Guo, Sally Hargreaves, Michael Kripper, Jaime Miranda, Nyovani Madise, Bernadette Kumar, Davide Moscat, Terry McGovern, Leonard Rubenstein, Peter Sammonds, Susan M Sawyer, Kabir Sheikh, Stephen Tollman, Paul Spiegel, Cathy Zimmerman*, on behalf of the UCL-Lancet Commission on Migration and Health†

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Superare le barriere ai servizi sanitari

Le normative nazionali, la fornitura di servizi sanitari da parte del datore di lavoro privato o la copertura dello status giuridico interagiscono con l'accessibilità e creano barriere ai servizi sanitari. Alcuni paesi, come il Kenya, hanno trattati o costituzioni nazionali che affermano il diritto all'assistenza sanitaria per ogni persona. Nonostante tali protezioni legali, rispetto ai pazienti kenioti, i migranti continuano spesso a incontrare ostacoli, tra cui molestie, differenze di costo, questioni amministrative e barriere linguistiche.¹⁸⁸ Le differenze tra¹⁸⁹ e persino all'interno di¹⁹⁰ paesi per quanto riguarda il diritto dei migranti di accedere ai servizi sanitari sono impressionanti.

Servizi sanitari troppo costosi rimangono una barriera sostanziale per molti migranti (ad esempio, tra i rifugiati siriani in Giordania, la cessazione del libero accesso all'assistenza sanitaria sta avendo un impatto negativo sulla salute dei rifugiati).¹⁹¹

...

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Panel 9: Research recommendations and priority research questions

To address the health needs of migrants, high quality data collection for migration and health should:

- Add migration related questions to regularly administered surveys such as Demographic and Health Surveys, health and population surveillance systems, and censuses
- Examine the multiple interactions between migrant populations and between migrant and non-migrant groups
- Include health outcomes of migrants that are more closely aligned with the drivers of migration and the geographical region of origin of migrants, internal migrants, and the interaction with aging to better understand health needs
- In addition to comparisons with the host population, conduct research that makes comparisons with the population at origin to ascertain the consequences of migration on health, ideally with use of longitudinal data collection methods

To provide an evidence base for health-related drivers and outcomes of migration, it is essential to focus on the processes and implementation of migration and health research through:

- Engagement with the population using participatory approaches to ensure that migration and health research meets their needs and does not result in harm
- Undertaking research that responds to the population need, including through increased focus on the health effects across the lifecycle and genders
- Analysis of best treatment regimens and modifications to these treatments required by mobile populations
- Implementing evidence-based health interventions, with a focus on data collection, assessment of cost-effectiveness, and analysis of intervention impact and effectiveness
- Increasing the evidence base describing the consequences of discrimination against migrants and racism, and ways to prevent this
- Considering the health of migrant groups in all areas of research

To provide and use better data to reduce inequities, changes in the migrant health research process and methods are needed, through:

- Use of globally accepted definitions to guide similar data collection and disaggregation, with a recognition that the categories used in human mobility and health are not static but fluid
- Viewing the migrant population themselves as an asset and encouraging a participatory approach, in which migrants and local communities are included in research prioritisation, policy making, and the decision process

- Including qualitative, adaptive, and context sensitive approaches to understand sociocultural factors of migration, the barriers to health care, and how the determinants of health might affect migrants differently

To provide evidence for health policy and systems research, the following questions should be considered:

- What financing models are most effective in extending access equitably to migrants?
- How can prevailing jurisdiction based health governance and citizen participation approaches be made more sensitive to the needs of migrants?
- How can health-care providers be equipped with the necessary multicultural competencies for migrant care?
- How can information systems be made more portable and interoperable while still preserving patient rights and privacy?

To produce ethical research, there should be incorporation of ethics, data protection, monitoring, and evaluation into all stages of the research process. The following questions should be considered:

- Does the research meet the needs and priorities of the research population, and goals like equity, integration, health protection, and universal health coverage?
- When defining the sample and the distinguishing categories of migrants, what are the sources of information that these definitions rely on and how do these categories resonate with the individual's self-perception?
- Does the research deal with the challenge to understand social boundaries by providing scientific evidence of differences between and homogeneity within social groups and populations?
- To what extent does the research reflect social, structural, and political determinants of health and their implications on social gradients, historical power relations, and probably stigma?

To provide adequate funding and appropriate research, health funders should:

- Make migration and health a priority research area
- Ensure that funded research always endeavours to include migrants within it
- Support capacity development among migration and health researchers and institutions in the Global South through specific funding initiatives and support of research networks



**The UCL–Lancet Commission on Migration and Health:
the health of a world on the move**

Abraham Abubakar, Robert W Aldridge*, Dhan Dendakumar*, Miriam Dicit*, Rachel Burns, Mauricio L Barreto, Poonam Dhawan, Fouad M Fouda, Nora Groce, Yan Guo, Sally Hargreaves, Michael Knippen, Jaime Miranda, Nyawani Madine, Bernadette Kumar, David Mascaff, Terry McGovern, Leonard Rubenstein, Peter Sammonds, Soran M Sawyer, Kibir Sheikh, Stephen Tallman, Paul Spiegel, Cathy Zimmerman*, on behalf of the UCL–Lancet Commission on Migration and Health*



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Per fornire e utilizzare dati migliori per ridurre le disuguaglianze, sono necessari cambiamenti nel processo e nei metodi di ricerca sulla salute dei migranti, attraverso:

- Uso di definizioni accettate a livello globale per guidare la raccolta e la disaggregazione di dati simili, con il riconoscimento che le categorie utilizzate nella mobilità umana e nella salute non sono statiche ma fluide
- La considerazione della popolazione migrante stessa come una risorsa e incoraggiare un approccio partecipativo, in cui i migranti e le comunità locali siano inclusi nella definizione delle priorità della ricerca, nella definizione delle politiche e nel processo decisionale.
- **L'inclusione di approcci qualitativi, adattativi e sensibili al contesto per comprendere i fattori socioculturali della migrazione, le barriere all'assistenza sanitaria e come i determinanti della salute possono influenzare i migranti in modo diverso.**

research

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Dalla ricerca all'azione...



Livelli:

	<i>internazionale</i>	<i>nazionale</i>	<i>regionale</i>	<i>locale</i>
Ricerca				
Identificazione bisogni				
Definizione interventi				
Attuazione interventi				
Valutazione interventi				
Ri-programmazione				

Dalla ricerca all'azione...



Livelli:

	<i>internazionale</i>	<i>nazionale</i>	<i>regionale</i>	<i>locale</i>
Ricerca	X	X		
Identificazione bisogni		X		
Definizione interventi		X	X	
Attuazione interventi			X	X
Valutazione interventi		X	X	X
Ri-programmazione			X	

Dalla ricerca all'azione...



Ricerca

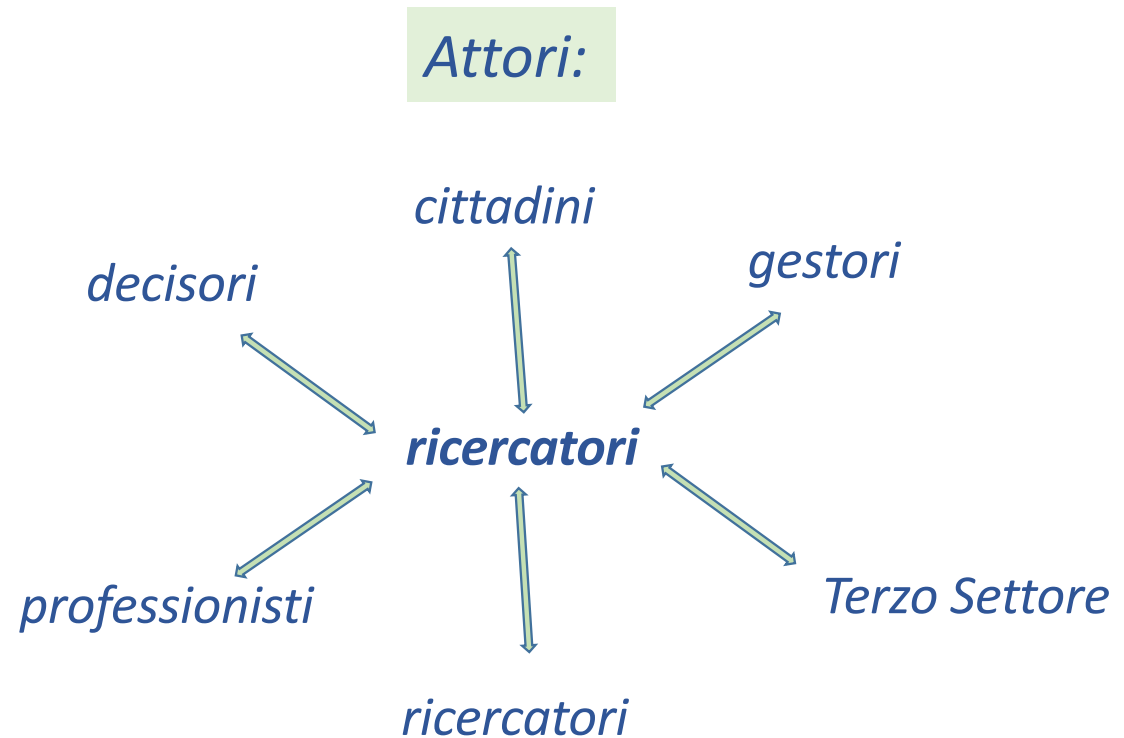
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...declinare l'approccio di Sanità Pubblica con la salute dei migranti

“No Public Health without Refugee and Migrant Health”

Editorial

No public health without migrant health

1 billion people in the world today are on the move. There are an estimated 244 million international migrants (3.3% of the world's population)—an increase from 155 million in 2000. Internal migration is most prevalent, with more than 740 million people who have migrated within their own country of birth. According to the International Organisation for Migration (IOM), the UN migration agency, we are facing the highest levels of forced displacement globally recorded since World War 2, with a dramatic increase in the number of refugees, asylum-seekers, and internally displaced people across various regions of the world. But this so-called migrant crisis is not a crisis of numbers, it is a crisis of policies—of policies not keeping pace with today's challenges. For Antonio Guterres, UN Secretary General, we face a choice: "Do we want migration to be a source of prosperity and international solidarity, or a byword for inhumanity and social friction?"

Can public health professionals inform that choice and challenge governments and their policies?

of migration and integration policies. Alarming, there is a mismatch between public perception and current evidence about migration. First, regarding numbers, as highlighted by Uma Segal (University of St Louis, USA), Americans estimate their country has a 42% immigrant population, while it is actually 14%; perceived versus actual numbers are 32% versus 13% in the UK, and 25% versus 12% in France. Second, regarding the benefits of migrations, these are too often lost in public debate. Migrants make substantial contributions to both their host countries and countries of origin.

According to a recent IOM-Gallup report on public perceptions of migration worldwide, people are more likely to be in favour of migration than against it, with the important exception of Europe. Indeed, of the 183 000 adults in 140 countries interviewed between 2012 and 2014, Europeans were the most negative towards immigration globally, with a slight majority (52%) believing that immigration levels should be decreased.

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[http://dx.doi.org/10.1016/S2468-2667\(18\)30101-4](http://dx.doi.org/10.1016/S2468-2667(18)30101-4)
See Correspondence <https://www.thelancet.com/public-health/2018/3/e13>
For the IOM-Gallup report see <https://www.iom.int/news/how-world-views-migration-results-new-iom-gallup-report>
For the Edinburgh Declaration see <http://www.merckcongress.com/medcon/edinburgh-declaration/>
For the UN Global Compact see <https://refugeemigrants.un.org/migration-compact>

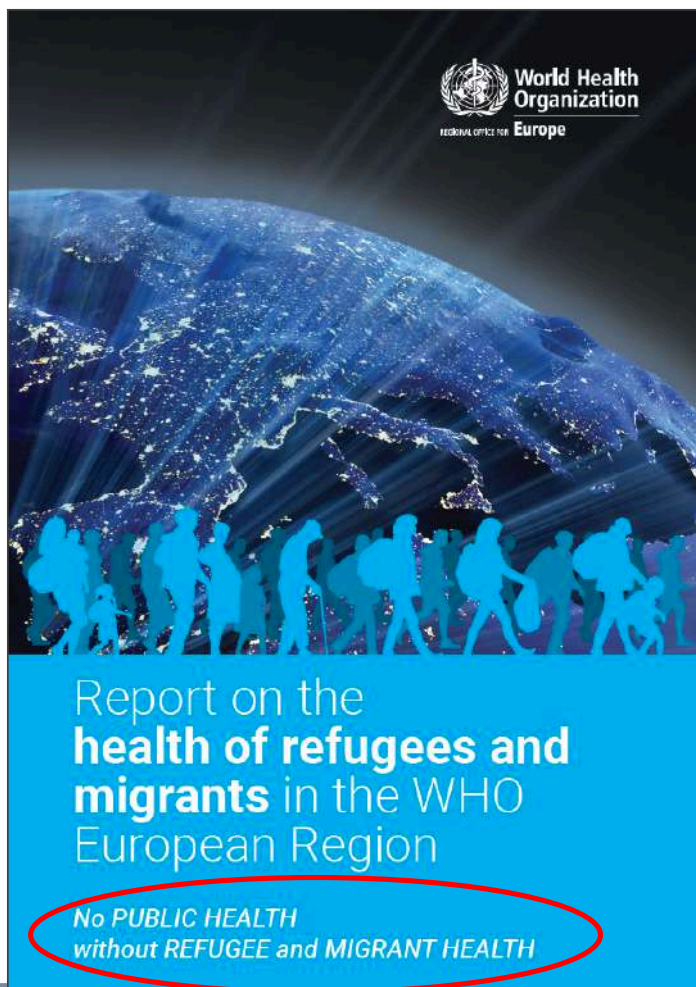
Correspondence

Migrant health is public health, and public health needs to be political

knowledge are political.⁴ Who asks what research? Who designs the questions and shapes the methodology? Who interprets the data and determines whether findings will be disseminated publicly? To call for an evidence-driven agenda for migrant health, as was articulated at the May, 2018 World Congress on Migration, Ethnicity, Race and Health, runs the risk not only of oversimplifying the policy process by overlooking the many ways in which evidence-informed decision making for health is inherently political,⁴ but also sees a technical, data-guided response as central to improved social policy outcomes.⁵

1. The Lancet Public Health. No public health without migrant health. *Lancet Public Health* 2018; 3: e259.
2. Smith J. Thinking beyond borders: reconceptualising migration to better meet the needs of people in transit. *Int J Public Health* 2016; 61: 321–22.
3. Grove NJ, Zwi AB. Our health and theirs: forced migration, trafficking, and public health. *Sex Relat Med* 2006; 62: 1935–42.
4. Barnes A, Parkhurst J. Can global health policy be depoliticised? A critique of global calls for evidence-based policy. In: Brown GW, Vamey G, Yonana S, eds. *The handbook of global health policy*. Chichester/Wiley-Blackwell, 2014: 157–73.
5. Parkhurst J. *The politics of evidence: from evidence-based policy to the good governance of evidence*. Abingdon, Oxon, UK: Routledge, 2012.

...un orientamento condiviso e fatto proprio dalla WHO



2018

Foreword



Population movement is one of the defining phenomena of our time. In today's world, marked by economic inequalities, easily transmissible information and ease of travel, more people readily move in search of better living conditions for themselves and their families.

There is a steady increase in the global number of refugees and migrants, including in the WHO European Region. Globally, in 2017, 258 million people (approximately one in every 30) lived outside their country of origin. In the WHO European Region, almost 10% of the population of almost 920 million are international migrants, accounting for 35% of the global international migrant population.

Work is a major reason that people migrate internationally, and migrant workers constitute a large majority of the world's international migrants. Violence, conflicts, natural disasters and human rights abuses also force many to move from their normal place of residence. The Office of the United Nations High Commissioner for Refugees (UNHCR) reports the highest level of human displacement ever, with some 68.5 million people being forced from their homes. The number of refugees is estimated to be more than 25 million.

Obtaining a true picture of the health profile of refugees and migrants and of the health system responses through regional standardized data collection and sharing, open policy dialogue and commitment is paramount in achieving the vision of Health 2020, the Sustainable Development Goals and universal health coverage.

The Report on the Health of Refugees and Migrants in the WHO European Region is the first WHO report of its kind, creating an evidence base with the aim of supporting evidence-informed policy-making to meet

the health needs of refugees and migrants and the health needs of the host populations.

Today, our political and social structures often struggle to rise to the challenge of responding to displacement and migration in a humane and positive way. Yet the relationship between displacement, migration and development, including health, has become more prominent recently in international and regional policy agendas, and it has emerged as a theme of common interest for all Member States.

In 2016, the WHO Regional Committee for Europe adopted the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region to help to guide progress on the health aspects of population movement. Globally, the WHO Executive Board in 2017 adopted the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants.

In addition, and with the aim of harmonizing refugee and migrant health policy globally, WHO is now preparing a global action plan on the health of refugees and migrants, in line with the health dimensions of the United Nations Global Compact on Safe, Regular and Orderly Migration and the Global Compact for Refugees, in close collaboration with the International Organization for Migration, UNHCR, other partner international organizations, Member States and other relevant stakeholders, as well as refugees and migrants themselves.

Refugees and migrants enjoy the same human right to health as everyone else. One key priority is enhancing social protection for refugees and migrants, including developing sustainable financial mechanisms, both nationally and internationally, to provide for universal health coverage and social protection. Another key priority is reducing the xenophobia, discrimination and stigma often experienced by refugees and migrants, through actions such as advocacy and evidence-informed communication with both refugee and migrant communities and host populations.

These high principles provide the background to this report, which shows the progress made so far in responding to these health challenges, and what more needs to be done. I am delighted that the WHO European Region has led the way, and I hope that this report will inspire yet more progress in the coming months and years.

Zouzanna Jakob
WHO Regional Director for Europe



Articolo 32

“La Repubblica tutela la salute come fondamentale diritto dell'individuo e interesse della collettività, e garantisce cure gratuite agli indigenti.

Nessuno può essere obbligato a un determinato trattamento sanitario se non per disposizione di legge. La legge non può in nessun caso violare i limiti imposti dal rispetto della persona umana”.

Stranieri regolarmente presenti:

- **Parità di trattamento e piena uguaglianza di diritti e di doveri rispetto ai cittadini italiani**



Livelli essenziali di assistenza sanitaria (LEA)

1. Assistenza sanitaria collettiva in ambiente di vita e di lavoro
2. Assistenza distrettuale
3. Assistenza ospedaliera

Fonte: Piano Sanitario nazionale 1998-2000, DPCM 29 novembre 2001 e successive modifiche (d.P.C.M. 16 aprile 2002 e d.P.C.M. 28 novembre 2003 e DPCM 12 gennaio 2017)

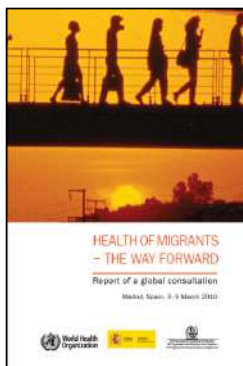
Stranieri irregolari (STP):

- **Ampi margini di tutela assistenziale**



LEA (estratto)

Stranieri extracomunitari non iscritti al Ssn				
Prestazioni	Fonti	Modalità organizzative	Liste di prestazioni	Rif.
Interventi di medicina preventiva, tutela della gravidanza, tutela della salute dei minori, vaccinazioni, profilassi internazionale, prevenzione diagnosi e cura delle malattie infettive.	D.lgs. 25 luglio 1998, n. 286 (T.U.), art. 35.	standard	Le prestazioni sono indicate dall'art. 35 del T.U.	1 2 3



Health of migrants – the way forward



FIGURE 2. PUBLIC HEALTH APPROACH TO MIGRANT HEALTH



WHO Library Cataloguing-in-Publication Data: Health of migrants: the way forward - report of a global consultation, Madrid, Spain, 3-5 March 2010.

...dall'evidenza scientifica alle politiche per la salute dei migranti





La salute come risultato di interazioni multiple

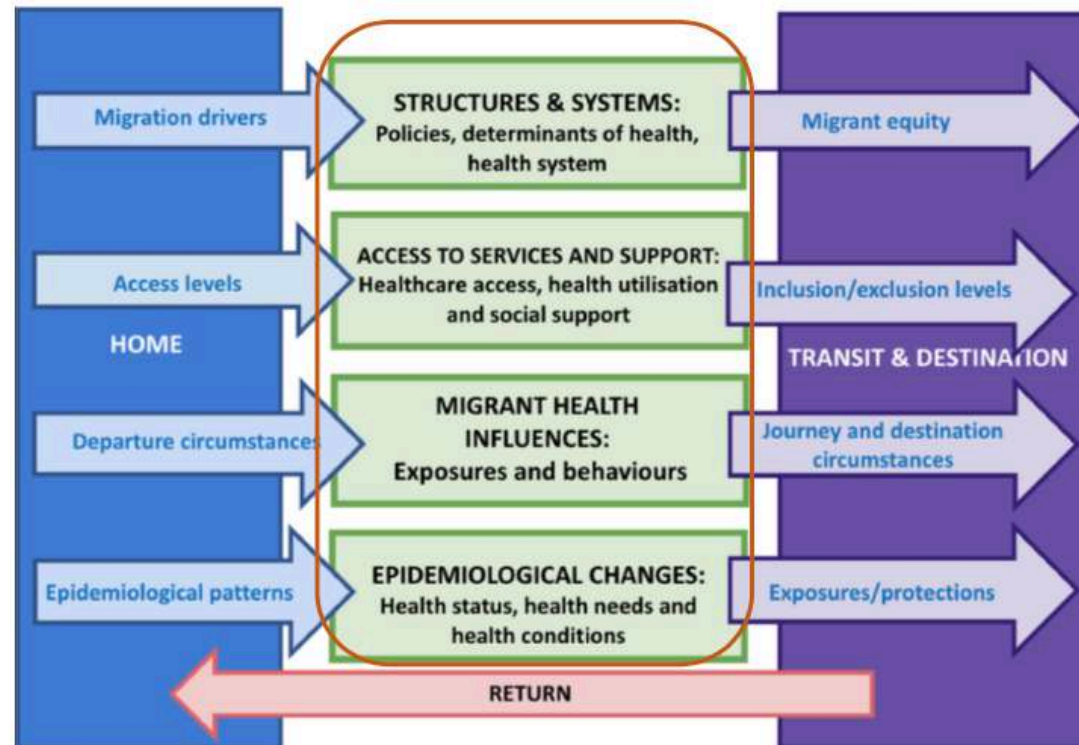
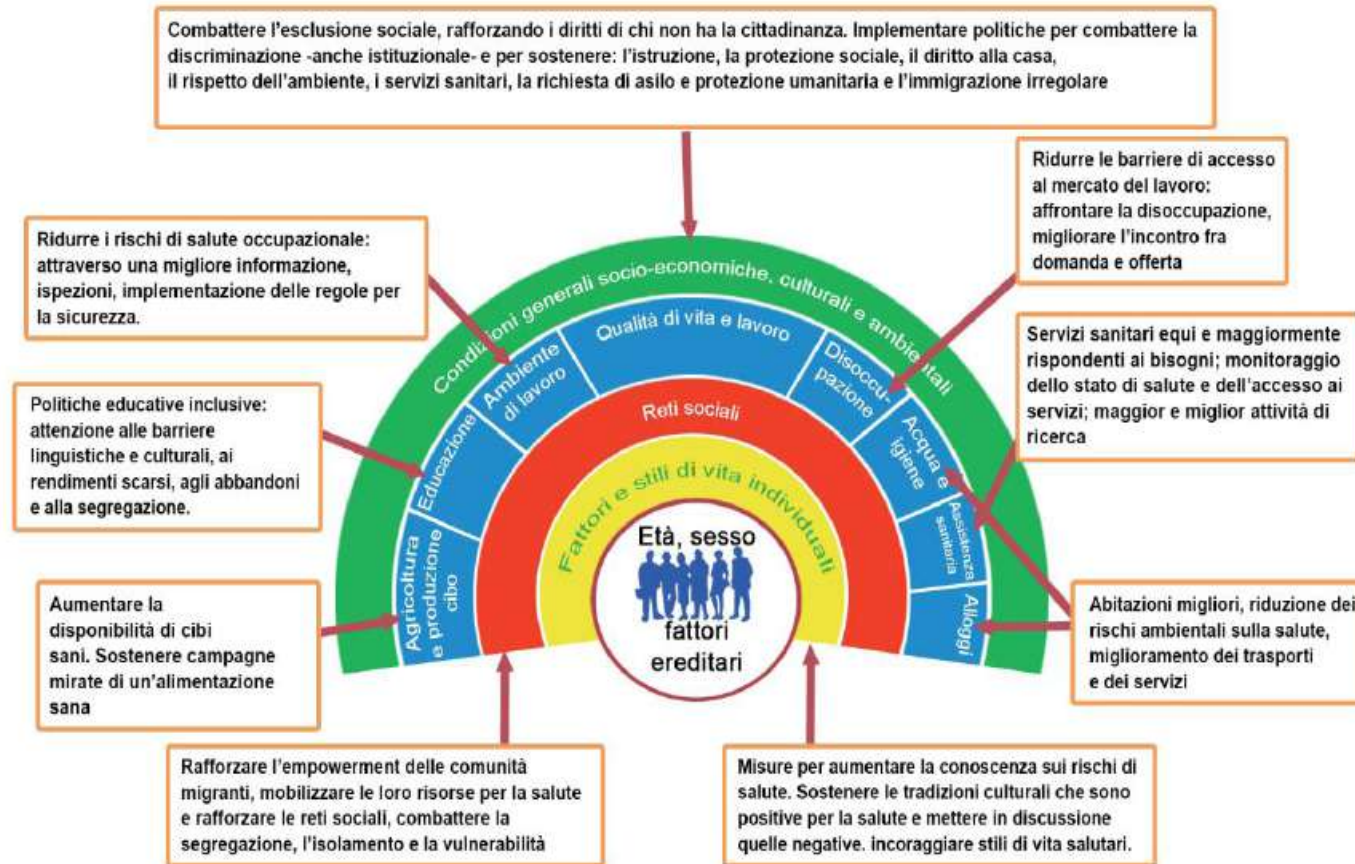


Fig. 1. Four domains (green boxes) adapted from the UCL-Lancet Commission Conceptual Framework of Migration and Health. Blue arrows represent the migration-related influences from place of origin or home. Purple arrows represent migration-related influences that emerge or change at a transit stage and/or in the destination. Health topics for this study were only assessed in the UK as the destination country.



Le misure politiche per affrontare i determinanti socioeconomici di salute per migranti



Fonte: M. Marceca, M.L. Russo adattato da: 'How health systems can address health inequities linked to migration and ethnicity.' Copenhagen, WHO Regional Office for Europe, 2010.

Source: The diagram is inspired by a presentation from Dr Nani Nair, TB Regional Advisor, on 15–16 September 2005 at the WHO Regional Office for South East Asia consultation on the social determinants of health, subsequently adapted by T: Koller to address determinants of the health of socially excluded migrant populations, and further adapted for the purposes of this policy briefing. The well-known "rainbow" is from Dahlgren & Whitehead (1991)



Tabella 1 – Valori (e rank) mondiale dello **Human Development Index** e delle sue componenti (con riferimento agli SDGs) nei primi 10 paesi di immigrazione in Italia (2017 e confronto 2016)

% di immigrati sul totale degli immigrati in Italia* 2017	PAESE	HDI Rank 2017	HDI (Valore) 2017	SDG 3 Aspettativa di vita alla nascita (anni) 2017	SDG 4.3 Anni di istruzione scolastica attesi (anni) 2017	SDG 4.6 Media di anni di istruzione (anni) 2017	SDG 8.5 Prodotto nazionale lordo pro capite (2011 PPP \$) 2017	HDI Rank 2016
23,1	Romania	52	0,811	75,6	14,3	11,0	22,646	52
8,6	Albania	68	0,785	78,5	14,8	10,0	11,886	69
8,1	Marocco	123	0,667	76,1	12,4	5,5	7,340	122
5,7	Cina	86	0,752	76,4	13,8	7,8	15,270	86
4,6	Ucraina	88	0,751	72,1	15,0	11,3	8,130	90
Tot. parz. 50,1								
	Filippine	113	0,699	69,2	12,6	9,3	9,154	111
	India	130	0,640	68,8	12,3	6,4	6,353	129
	Bangladesh	136	0,608	72,8	11,4	5,8	3,677	138
	Moldavia	112	0,700	71,7	11,6	11,6	5,554	110
	Egitto	115	0,696	71,7	13,1	7,2	10,355	113
Tot. parz. 63,7								
	ITALIA	28	0,880	83,2	16,3	10,2	35,299	28

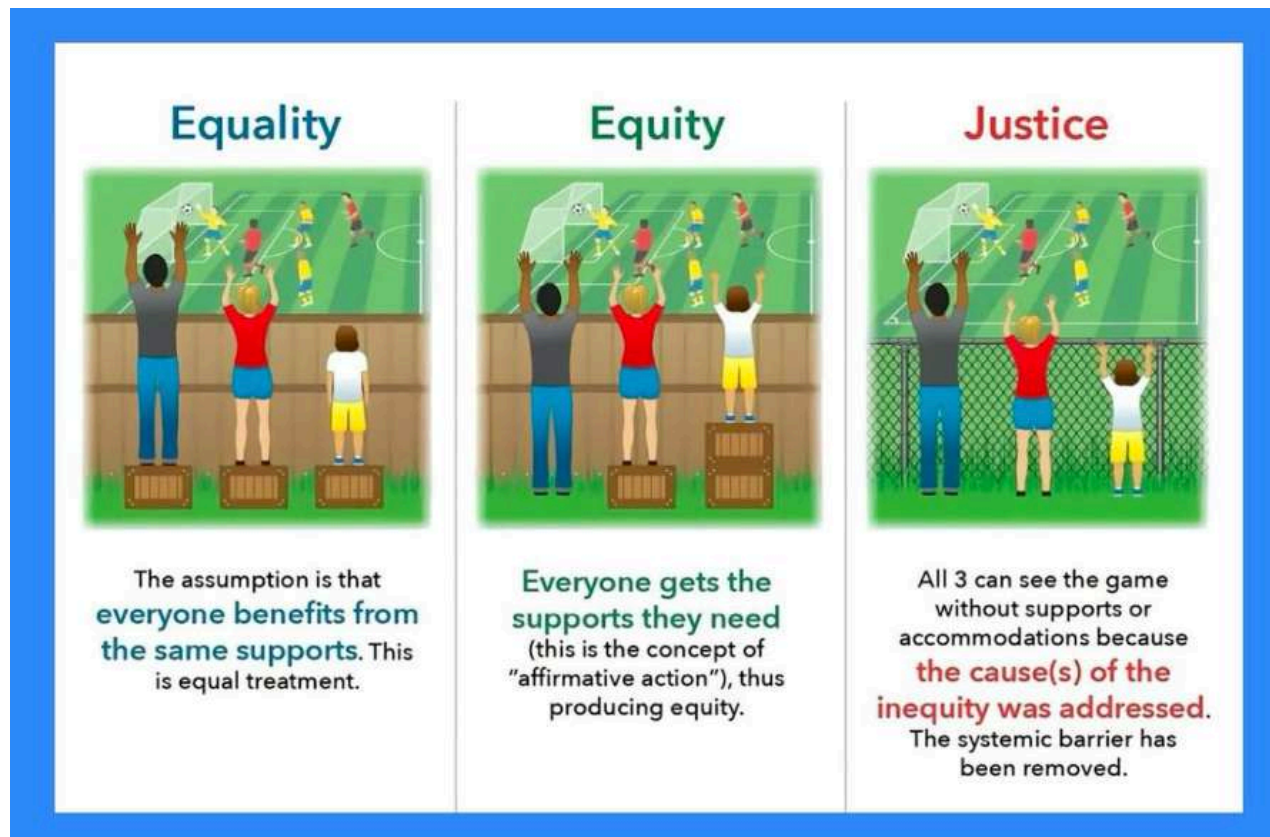
Fonte: United Nations Development Programme. *Human Development Indices and Indicators*. 2018

* Dati Idos. Dossier Statistico Immigrazione 2018 (dati 2017).

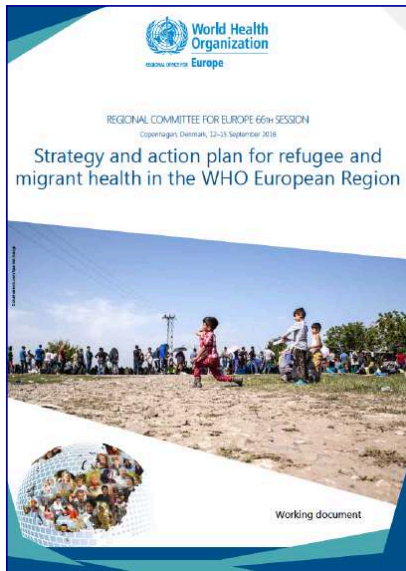
8^a - 9^a potenza economica mondiale

I SDoH: l'es. dell'HDI

...verso la giustizia sociale



Indirizzi internazionali



2016

Scheda 15.1. Le aree strategiche del *Piano strategico e di azione per la salute dei rifugiati e dei migranti nella regione europea OMS*

1. Stabilire un quadro per un'azione collaborativa.
- ➡ 2. Fare *advocacy* per il diritto alla salute dei rifugiati, dei richiedenti asilo e dei migranti.
- ➡ 3. Affrontare i determinanti sociali della salute.
4. Ottenere una prontezza d'intervento in sanità pubblica e garantire una risposta efficace.
- ➡ 5. Rafforzare i sistemi sanitari e la loro resilienza.
6. Prevenire le malattie trasmissibili.
7. Prevenire e ridurre i rischi legati alle malattie cronico-degenerative.
8. Garantire screening e valutazioni di salute etici ed efficaci.
9. Migliorare l'informazione e la comunicazione in ambito sanitario.

Strategic area 2: advocating for the right to health of refugees, asylum seekers and migrants

- (e) conduct advocacy and public education efforts, particularly within the health sector, to counter xenophobia and build support and promote wide participation among the public, government and other stakeholders, and reduce stigmatization and discrimination; and

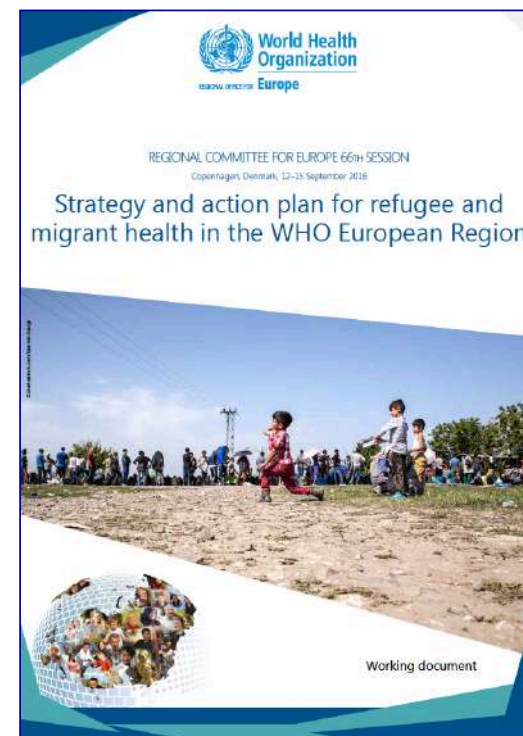
Strategic area 3: addressing the social determinants of health

- (a) assess how health opportunities and risks faced by refugees, asylum seekers and migrants in the country context vary according to the social, economic and environmental determinants, including access to and security and density of housing, education, income and employment, and include and address within this assessment gender-specific, national, religious, financial and political challenges affecting refugees, asylum seekers and migrants;

Strategic area 5: strengthening health systems and their resilience

- (i) include migration health in the graduate, postgraduate and continuous professional training of all health personnel, including support and managerial staff, with a particular emphasis on cultural mediation.

Education on and legal aspects of vulnerable groups should be addressed by health and non-health professionals.



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Dalla Ricerca...all'Azione

Prospettive di lettura e basi per le strategie

- ❖ Health literacy organizzativa
- ❖ Formazione dei professionisti per la salute
- ❖ Sussidiarietà circolare



Grazie per l'attenzione

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