

## M8 Alliance Webinar Series on Migrant and Refugee Health

Organized by the M8 Alliance under the leadership of Sapienza University of Rome,  
in cooperation with UNICA

### “The need for integration of migration health aspects in the education of health professionals”

## BIOGRAPHIES OF SPEAKERS AND ABSTRACTS



**Luciano Saso** (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 250 scientific articles published in peer reviewed international journals with impact factor (SASO-L in [www.pubmed.com](http://www.pubmed.com), total impact factor > 800, H-index Google Scholar 47, Scopus 39). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the last 30 years. Prof. Saso has extensive experience in international relations and he is currently Vice-Rector for European University

Networks at Sapienza University of Rome. In the last 15 years, he participated in several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (<http://www.unica-network.eu/>) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA for two mandates (2011-2015) and he is currently President of UNICA (2015-2023). Prof. Saso is a member of the executive committee of the M8 Alliance of Academic Health Centers, Universities and National Academies (<https://www.worldhealthsummit.org/m8-alliance.html>) and Coordinator of the M8 Alliance webinar series on Migrant and Refugee Health <https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>



**Stephen A. Matlin** is a Visiting Professor in the Institute of Global Health Innovation at Imperial College London, Senior Fellow in the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva and Secretary of the International Organization for Chemical Sciences in Development. Educated at Imperial College London as an organic chemist, Stephen worked in academia for over 20 years, including as Professor of Biological Chemistry at City University London and at Warwick University, researching in areas including medicinal chemistry and collaborating with the WHO Special Programmes in human reproduction and tropical diseases. This was followed by periods as Director of the Health and Education Division in the Commonwealth Secretariat, as Chief Education Adviser at the UK Department for International Development and as Executive Director of the Global Forum for Health Research in Geneva. He was a co-founder and co-chair of Global Health Europe. In 2015-2020 he was co-principal investigator of a project on the European dimension in the global effort to eradicate polio, based at the Global Health Centre in Geneva and supported by the Bill and Melinda Gates Foundation. He has co-authored a number of reports on the health of migrants and refugees, including a major review in [Public Health Reviews](#).

### **Migration and the social and political determinants of health: Perspectives for medical education**

#### **Michael Knipper**

Associate Professor of History, Anthropology & Ethics in Medicine, Global Health, Institute for the History of Medicine, Justus-Liebig-Universität, Gießen, Germany

Migration is a complex social phenomenon and intricately linked with health. Analyzing and highlighting the links between migration and health is urgently needed for preventing and combatting health inequities. Yet for the complexity of the topic, and for the fear of nurturing stigma and stereotype images of migrants e.g. as “carriers of disease”, talking about migration in medical education is challenging. The classrooms of medical schools are not free of the social, cultural and political perceptions, discourses and factions in our societies. And the lack of social science and the humanities in medical curricula does not provide a particularly fertile ground for addressing health issues that involve medicine, epidemiology, health policies and systems, anthropology, ethics, and human rights in a coherent and meaningful way.

In this paper, I will present some reflections on how to advance teaching of migration and health in medical education, from a perspective that combines medical history, anthropology and human rights. The historical perspective helps to contextualize current migration dynamics, discourses and (political) responses in the context of today (e.g. the Covid-19 pandemic), of the past (e.g. the different histories, root-causes and social realities related to migration) and in the larger historical context of (global) health inequities and social medicine. The anthropological approach complements this view by providing avenues to understand dynamics between migration and health locally, with particular attention to the perspectives and perceived needs and priorities of migrants and other actors concerned, including health professionals and host populations. The particular dynamics between social, structural and political determinants of migrant health at specific sites, or affecting specific populations, have to be assessed locally, with sensitivity for the well-known patterns of the detrimental health effects e.g. of poverty, social exclusion, and xenophobia, yet also of the legal and structural barriers to multiple determinants of health due to migration policies and laws. In this perspective, the perceived relevance of “migration” is only the starting point for deeper inquiries. In the classroom, “migration” is helpful as a question; for starting analysis and discussion, yet not as a (premature) answer.

The normative and conceptual framework of this approach consists, finally, in a comprehensive and coherent understanding of health and human rights. Based on international law and the important advancements regarding the operationalization of human rights-based approaches to health in recent decades, the (positive or negative) effects of “upstream” factors – including the social, legal and political determinants of health – need to be addressed. Discussing avenues, means and obstacles for advancing the right to health of migrants is an important exercise not only for students, but for all who still subscribe to the pledge expressed with the UN SDG-Agenda to ensure that “no one is left behind”.



**Michael Knipper** is a physician, medical historian and anthropologist, trained in Germany (University of Bonn) and Spain (University of Oviedo). He did clinical work in pediatrics, tropical medicine and primary health care in Germany (1996-97, 2000-2001) and the Amazon region of Ecuador (1997-1999). In his research, he is interested in the history and current dynamics related to social medicine, primary health care, and human rights-based approaches to health. Since the 1990s, he is working on traditional medicine and intercultural health in Ecuador and Peru. In Germany, his research focus is on the social, cultural, legal and political determinants of migrants’ health, with particular attention to mental health of refugees and to tuberculosis. In teaching, Knipper’s focus is on a historically and anthropologically grounded perspective on the social, cultural and ethical dimensions of health, with particular focus on intercultural health, internationalization and migrant health. He developed an award-winning global health curriculum at Giessen University, and is currently directing an interdisciplinary teaching program on migration and human rights. He served as national expert for Germany of the MIPEX health strand 2015 and 2020, and as consultant on migration and health for WHO, IOM and Doctors of the World. He was member of the UCL-Lancet-Commission on Migration and Health (2017-2018) and is currently coordinating the Latin American Regional Hub of *Lancet Migration: Global collaboration to advance migration and health* ([www.migrationandhealth.org](http://www.migrationandhealth.org))

### **Diversity competent health professionals – a crucial step towards inclusive health care for migrants and ethnic minorities**

**Allan Krasnik**

Emeritus Professor, Department of Public Health,  
University of Copenhagen, Denmark

Universal health services cannot be ensured without diversity-sensitive health professionals with abilities to care for a broad spectrum of population groups – many of these with features very different from their own. Most educational programs for health professionals have neglected this challenge and consequently missed the opportunity to ensure inclusive care which is able to meet the SDG principle of “leaving no one behind”.

One of the consequences of this is the lack of equity in access and quality of care for migrants and ethnic minorities in many countries. This has been quite well documented in regard to suboptimal communication, delays and less optimal outcomes related to prevention, diagnostic procedures and treatment of many diseases - not least during the ongoing COVID-19 pandemic that has hit many migrants and ethnic minority groups harder than the majority populations.

In order to improve the interaction with migrants and ethnic minorities as well as other vulnerable patient groups, health professionals need to improve their knowledge and skills about the role of social and cultural

identity and the significant effects of interaction between different kinds of identities within groups and individuals (intersectionality). The health professionals also need to understand and be able to reflect on the challenge of implicit and unconscious bias in their approaches and communications with patients as well as the role of differences in privilege and power. Very often, the social status and ethnic composition of health professionals differ quite substantial from that of their patients, which makes it even more crucial to prepare health professionals by ensuring such competence developments during professional training programs.

As a first important step in this development, universities and other educational institutions for health professions should ensure teaching of their teachers in order to motivate and help them incorporate diversity competence training in their teaching and eliminate hidden discriminatory and stereotyping elements in their curriculum. Secondly, program directors should carry out systematic analysis and assessment of all course material and content regarding the selection and presentation of identities, stereotypes and stigmatizing approaches. The educational institutions should support these processes on a management level and ensure the evolvement of the organization as a whole to become diversity sensitive by taking responsibility, incorporating it in their strategy and allocating resources.

Migrant and ethnic minority health is presently developing into a recognized academic discipline in many universities and training curricula should also benefit from specific, compulsory courses based on the theories, concepts and evidence produced by this growing field. Courses on communication are becoming common elements in health professional training programs – these should give special attention to issues of diversity sensitivity and also include training regarding the use of language interpreters as a basic tool in health care for diverse populations.

Finally, professional diversity competences are not sufficient – also the health care managers need competences in how to ensure diversity sensitive structural frameworks for professionals and patients in order to avoid structural discrimination and facilitate inclusion of patients from all minorities.



**Allan Krasnik** is a Medical Doctor, Master of Public Health and has a PhD degree in Public Health from University of Copenhagen. He is Professor emeritus of Health Services Research at the Department of Public Health, University of Copenhagen, and previous Head of Department. He has been founder and Director of the Danish Research Center for Migration, Ethnicity and Health, and now working in the Center as Senior Researcher.

He is former President of the Section of Migrant and Ethnic Minority Health in The European Public Health Association (EUPHA), and now member of its Steering Committee as well as a member of a number of national and international expert panels and committees within health services research and migrant and ethnic minority health for organizations such as WHO, the Global Society on Migration, Ethnicity, Race and Health, Dignity – Danish Center against Torture, the European Observatory on Health Policy and Practice etc.

Since 1972 his research and teaching has been focusing on health care policy and reforms, on migrant and ethnic minority health and equity in access and use of health services. He has been author and co-author of several hundred books and articles and leading several international, comparative studies and large Danish research projects on these topics. The last five years he has been the leader of a comprehensive Nordic project on health and welfare among young refugees focusing on health, education and labour market policies and integration in the Nordic countries.

**Title to be announced**  
**Martin McKee**

Professor of European Public Health, London School of Hygiene and Tropical Medicine, UK

**Cultural competence: Educating health professionals  
about migrant and refugee health**

**Irena Papadopoulos**

Professor of Transcultural Health and Nursing, School of Health and Education, Middlesex University,  
London, UK

The presentation will explore the benefits of educating health professionals about migrant and refugee health issues and challenges in a systematic way.

Now, more than ever, healthcare professional education needs to adopt a human rights approach to enable current and future professionals to deliver culturally competent care that provides:

- the necessary awareness of the importance of the migrants' and refugees' cultural identity,
- the knowledge about their health beliefs and self care practices,
- the sensitivity needed to develop therapeutic relationships, and
- the practical skills and wisdom to respond and advocate for the migrants' and refugees' health needs and human rights, and if necessary, to challenge stereotypes, inequalities, and discrimination which migrants and refugees often endure.

The presentation will propose policy changes that need to be made to encourage and promote the successful adoption of culturally competent education for health professionals at all levels.



**Irena Papadopoulos** is the Professor of Transcultural Health and Nursing, and the Founder and Head of the Research Centre for Transcultural Studies in Health at Middlesex University, London. She has been researching issues related to transcultural health and cultural competence for over 30 years. She is the originator of the work that led to the development of the *Papadopoulos, Tilki and Taylor (1998)* model of transcultural nursing and cultural competence. Much of her research has been focused on migrant and refugee health and wellbeing.

In 2008 she co-founded the IENE programme (Intercultural Education of Nurses -and other health professionals- in Europe). Eight IENE projects have been completed and two more are in progress. Two of the IENE project specifically focused on refugees. All projects have been funded by the

European Commission.

Since 2010 she has been researching compassion. She has coined the concept '*culturally competent compassion*', as well as '*culturally competent and compassionate [CCC] leadership*'. In 2018 she published her book '*Culturally Competent Compassion: A guide for healthcare students and practitioners*' which includes chapters on CCC leadership, CCC learning and practising, researching CC compassion, measuring CC compassion, etc.

During 2017 -2020 she worked on the project CARESSES (funded by HORIZON 2020 and the Japanese Ministry of Internal Affairs and Communication) which developed the first-ever guidelines for the production of the first culturally competent AI socially assistive robot for health and social care.

## **Migration matters: Intersectionality, equity, and health professional education**

**Denise L. Spitzer**

Professor, School of Public Health, University of Alberta, Edmonton, Canada

Over 326 million people world-wide can be classified as migrants including immigrants, migrant workers, refugees, asylum seekers, undocumented workers, or internally displaced persons. The acquisition or imposition of these labels by state actors in concert with agreements laid out in international conventions structures migrants' mobility across sites of departure, transit, and destination. Importantly, gendered and racialized divisions of labour are strongly intertwined with these assignments. In Canada, as in many countries of the global North, racialized migrants from the global South are more likely to be recruited into temporary migration categories. Moreover, racialized migrant women disproportionately occupy the lowest echelons of the labour market resulting in downward mobility and deskilling. Migration and racialized status, gender, socioeconomic class, ethnicity, and other intersecting social markers contour access to determinants of health, including uptake of health care services. Despite the perception that they over-burden local health care resources, migrants, for a host of reasons, generally under-utilize formal health care services.

Biomedical education trains students to identify and treat disease – regarded as a singular, identifiable, and generalizable entity, and emphasizes (with good reason!) technological competence. Focusing attention on the individual and proximate causes of a current complaint potentially erases patients' life trajectories and the broader social context in which they are situated. In recent decades, efforts to acknowledge patients' cultural influences have been incorporated into biomedical education through the promotion of cultural sensitivity and cultural competency where health care providers gain an understanding of the dominant health beliefs and practices of their client base as a means of offering more effective migrant health care. This approach, however, has been critiqued for its tendency to rely upon and reinforce cultural stereotypes and for identifying culture as a decontextualized and singular barrier that needs to be breached in order to assimilate migrant patients into the local biomedical system. Furthermore, it fails to consider diversity of practices, values, beliefs, and lived experience, and the import of sociopolitical and individual context.

Incorporating an intersectional lens into medical training responds to the call for (re)introducing the 'social' into medicine and may help promote migrant health equity. Rooted in black, indigenous, queer, and post-colonial feminisms, intersectionality refers to the mutually-constituted and fluid constellation of interacting categories of social markers such as socio-economic, racialized, and migrant status, gender, sexuality, ethnicity, indigeneity, ability, geography, etc., that inform lived experience and produce social location. Importantly, intersectionality does not automatically privilege particular axes of difference (e.g. gender – nor is it additive. Instead, it highlights the totality of these interacting categories, which is how we are presented (and respond) to the world where we experience, depending on context, varying degrees of both oppression and privilege. In essence, intersectionality allows us to unpack the tangled relationships amongst social location and social structures that underpin health disparities.

Biomedical education that includes "structural competency as a trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases . . . also represent downstream implications" (Metzl & Hansen, 2014) would be an important step towards reframing the gaze of health practitioners to situate migrant patients within their intersectional status by teasing out their individual stories and interrogating the structural matters that have shaped and continue to shape their wellbeing.



**Denise L. Spitzer** PhD, a critical feminist medical anthropologist, is a Professor in the School of Public Health at the University of Alberta and an Adjunct Professor in the Institute of Feminist and Gender Studies at the University of Ottawa, where, from 2005-2015, she was the Canada Research Chair in Gender, Migration and Health and a Principal Scientist in the Institute of Population Health. In addition to undergraduate studies in Biology, Chinese Language, and Music, she holds a Master's degree and doctorate in Anthropology from the University of Alberta. Engaging in participatory research with migrant communities around the world, Dr. Spitzer is interested in examining how global processes, mediated through intersectionality, are implicated in health and wellbeing and experienced and expressed at the level of the body. Her current program of research focuses on the impact of the global economy and multiple levels of policy-making on immigrants, migrants and refugees in different parts of the globe, most notably Southeast and East Asia, Canada, and the Horn of Africa, and engages with critical perspectives of the body, transnationalism and constructions of identity. She is the recipient of 31 research grants as principal investigator and 38 as co-investigator, and experience facilitating numerous multinational and multilingual participatory research projects. Professor Spitzer has published in journals such as *Gender & Society*, *Medical Anthropology Quarterly*, and the *Canadian Journal of Public Health*. Her edited collection, *Engendering Migrant Health: Canadian Perspectives* (University of Toronto Press, 2011) was cited as one of the best policy books of 2011 by the Hill Times and was awarded a WGSRF Outstanding Scholarship citation by the Women's and Gender Studies Association in 2013.

### **Introduction of University of Pécs Medical School migration health training programs**

**Istvan Szilard**

Professor & Chief Scientific Adviser  
University of Pecs Medical School, Hungary

Since 2008, WHO repeatedly called on member states for developing/ strengthening 'migrant sensitive' health care systems. It was well highlighted in WHO's "Migration Health Strategy and Action Plan in Europe", adopted by consensus in 2016. In fact, there is still a significant shortage in higher education programs, aiming to build the required human resource capacity for its realization.

As a result of the endowment of the WHO Collaborating Centre for Migration Health Training and Research at University of Pécs Medical School – in harmony with WHO and ECDC recommendations and with the support of the Medical School's management - migration health aspects have been incorporated into the undergraduate and postgraduate training of medical students as follows:

Undergraduate programs (running simultaneously in Hungarian, English and some also in German) are part of the regular training and are offered as optional courses as well. Each study year, about 400 medical students participate the programs.

Postgraduate program: Specialist in Migration Health. Within the frame of the European Commission's ERASMUS initiative, the four semester, six module, 120 ECTS value interdisciplinary postgraduate migration health training program has been developed by the 'CHANCE' consortium of six EU universities, coordinated by University of Pécs Medical School. During the ERASMUS evaluation process the program has received the maximum scores regarding 'European added value'. The academic content is built around six core competencies/modules and the approach of the training is 'problem-based learning.'



**Istvan Szilard** is specialist in Internal Medicine and Public Health Medicine. He has a Ph.D degree in Health Sciences. Since 2007 he is acting as titular Professor at the University of Pécs, heading the Migration Health programs of the Medical School and he is the Co-Director of the WHO Collaborating Centre on Migration Health Training and Research at University of Pécs Medical School. During the civil war in Post-Yugoslavia he joined the International Organization for Migration (IOM) in 1996, with the tasks of planning and coordinating emergency and post-conflict humanitarian operations in the Balkans. Between 2004 and 2007 he held the appointment of IOM Senior Migration Health

Adviser for Europe and liaison person to EC on migration health, posted in Brussels. He was member of the expert teams that have developed WHO and ECDC European migration health strategy and programs. He has published more than one hundred scientific articles. The European Parliament decorated him with the 'European Citizen' award in 2017.