



*Istituto Superiore di Sanità*

PUBBLICO CONCORSO, PER TITOLI ED ESAMI, PER L'ASSUNZIONE, CON CONTRATTO A TEMPO INDETERMINATO, DI N. 1 UNITÀ DI PERSONALE CON IL PROFILO DI RICERCATORE IN PROVA – III LIVELLO PROFESSIONALE DELL'ISTITUTO SUPERIORE DI SANITÀ PRESSO IL CENTRO NAZIONALE PER LA SALUTE GLOBALE – CODICE CONCORSO: TI RIC CNSG 2025 01

## **QUESITI DELLA PROVA-COLLOQUIO DEL 2 marzo 2026**

### **Quesito numero 1**

- 1) Analizzi il candidato i principali determinanti di salute nei contesti fragili con riferimento alle disuguaglianze di salute tra e all'interno dei Paesi.
- 2) Uso delle piattaforme cloud.

### **3) Shrink the universal health coverage cube**

In the era of promoting universal health coverage (UHC), WHO's cube diagram is well known. The diagram explains three types of coverage: service, population, and cost. As the diagram does not address disparities in coverage across population groups, another cube diagram, Step Pyramid, has also been introduced. Although this new model has the potential to urge policy makers to focus on health equity, it still focuses on the expansion of services, populations, and costs, and explicitly centres upon expanding the coverage status of different population groups, including upper-income, middle-income, and lower-income groups.

Although these two models are focusing more on diagnosing and treating current and future diseases, they do not consider the success of disease control and the potential of disease prevention and health promotion. For example, WHO's UHC cube does not acknowledge the effects of well controlled malaria or tuberculosis in a country. In a situation in which malaria fatality is reduced, treatment costs can be decreased.

### **Quesito numero 2**

- 1) Analizzi il candidato il concetto di salute globale, illustrandone i principi fondanti e discutendo il suo ruolo nell'implementazione di progetti internazionali .
- 2) Descrivere i principali programmi del pacchetto microsoft office.

### **3) The right to health**

Human Rights Day is recognised annually on Dec 10, and this year is especially important since it is the 70th anniversary of the day that the UN General Assembly adopted the Universal



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Declaration of Human Rights. The Declaration, through its 30 Articles, proclaims the rights that everyone is entitled to as a human being, regardless of race, colour, religion, sex, language, political or other opinion, national or social origin, property, birth, or other status. Today, Lawrence Gostin and colleagues, including the director-general of WHO, look back at the evolution of human rights in global health over the past 70 years and outline key messages for the future of health as a human right.

### **Quesito numero 3**

- 1) Discuta il candidato in che modo le caratteristiche dei contesti fragili influenzano la progettazione, l'implementazione e la sostenibilità dei programmi di salute globale.
- 2) Quale strumento di Microsoft Office è più adatto per la gestione di un database?
- 3) **Universal health coverage for undocumented migrants in the WHO European region: a long way to go**

The number of people on the move internationally is increasing, and a sizable number of these individuals are migrating through and to the WHO European Region. The UN Sustainable Development Goals demand that we leave no one behind and ensure equitable implementation of Universal Health Coverage (UHC), regardless of immigration status. In the WHO European region, some of the migrants in the most precarious situations are undocumented; defined as those who may have been unsuccessful in asylum applications, born to undocumented parents, continued their residence in a country after their permit or other means of stay expired, as well as those who have entered the country irregularly. These undocumented migrants face some of the biggest challenges to accessing UHC and are often left behind by systems that exclude and stigmatise them. This paper examines the literature on access to healthcare for undocumented migrants in the WHO European Region and calls for urgent action towards ensuring UHC for all migrants regardless of immigration status by 2030.

### **Quesito numero 4**

- 1) Analizzi il candidato le principali sfide operative e metodologiche nell'implementazione di progetti di salute globale in contesti fragili.
- 2) Descriva il candidato le modalità di preparazione di una tabella di sintesi di dati su foglio elettronico.



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### **3) Normalising participatory health research approaches in the WHO European region for refugee and migrant health: a paradigm shift**

While people's involvement in health research is increasingly the encouraged norm in many countries, the involvement of refugees and migrants in research about their health is rare. Here, we call for a paradigm shift in the field of refugee and migrant health to make participatory health research routine, i.e. normalised. To disrupt 'business as usual', we synthesise evidence about meaningful research partnerships and features of inclusive participatory spaces. We present examples of decolonial, culturally attuned methods that can be used to reimagine and reinvigorate research practice because they encourage critical reflexivity and power-sharing: arts-based research using music and singing, participatory learning and action research, Photovoice and co-design (ideas generation) workshops. We consider the consequences of not making this paradigm shift. We conclude with recommendations for specific structural and policy changes and empirical research questions that are needed to inform the normalisation of participatory health research in this field.

#### **Quesito numero 5**

1) Descriva il candidato il ruolo della ricerca operativa nei programmi di salute globale, evidenziandone la rilevanza.

2) Realizzare grafici su foglio elettronico: descriva il candidato possibilità e strategie di realizzazione.

#### **3) Impact of the SARS-COV-2 pandemic on access to health services in Angola: a focus on diagnosis and treatment services for tuberculosis**

**Introduction:** The SARS-CoV-2 pandemic had a profound impact on healthcare systems worldwide. In sub-Saharan Africa, it significantly affected several health services for infectious diseases such as HIV; however, less is known about its impact on Tuberculosis (TB). This study aimed to assess the pandemic's impact on access to health services in Angola, focusing on diagnosis and treatment services for TB.

**Methods:** An observational study combining data from routine statistics and surveys based on ad-hoc questionnaires was conducted on TB and non-TB services between 2018 and 2022. On routine data, temporal trends were analyzed comparing different non TB- and TB-specific indicators across the five-year period using the chi-square test. Questionnaires were administered to healthcare professionals from TB/non-TB services and structured interviews were conducted with TB patients to understand their perceptions about the impact of COVID-19 pandemic.

#### **Quesito numero 6**

1) Definisca il candidato il concetto di contesto fragile in salute globale discutendo il loro impatto sulla salute delle popolazioni e sull'organizzazione degli interventi sanitari.



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2) Quali sono i principi della sicurezza informatica da adottare durante il lavoro?

**3) Evaluation of the impact of an educational intervention on both Sexual and Reproductive Health and Human Immunodeficiency Virus related stigma among adolescents in Shinyanga (Tanzania)**

Over the past two decades, Tanzania has achieved significant results in the fight against HIV through prevention, care, treatment and support services. However, the targets to be on track to end AIDS by 2030 (95% of people diagnosed; 95% have access to antiretroviral therapy, and 95% of people on therapy have suppressed HIV viral loads) are not reached yet, being at 82.7-97.9-94.3. In Shinyanga, the main indicators on HIV prevention, using condoms during sexual intercourse and having sexual intercourse with only one uninfected partner, are lower than the national values, and significant gender differences are found. HIV prevalence among 15-year-olds and above is estimated at 5.6% (3.4% in males and 7.5% in females) in Shinyanga versus 4.4% at the national level. HIV incidence has more than doubled among people aged 15-24 in TZ unlike in all people aged 15+ in which new HIV infections have decreased. Moreover, stigma, and discrimination continue to be major obstacles to the success of HIV programs in Tanzania, with a Stigma Index of 13.7%. To address these challenges, an educational intervention has been implemented targeting secondary school students and teachers.