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## July meeting in Paris

The last EuroNet Executive Committee meeting took place in Paris, France, the 6th of July. We were very pleased to welcome one of our Dutch colleague, Karlijn Kampman, who has introduced their national association, LoSgio, through they applying for a full membership in EuroNet MRPH. Karlijn made also a brilliant presentation of the residency in the Netherlands... PAGE 2



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## If there's a will, then there's a way

Dear Colleagues

We held our second Euronet meeting of the year, in the city of light of Paris, and as promised, we follow up with a newsletter relating to the event.

We had the pleasure to host in Paris, Karlijn Kampman representing the Dutch Association of Public Health Residents. We were all very eager to introduce our Dutch colleague to the Euronet group. Karlijn wrote an interesting article revealing the organization of the Dutch residency programme, which is a "do not miss!" in this newsletter edition.

In this newsletter, there is an article written by young medical residents that attended the meeting as observers. These residents play an important role in Euronet meetings with a fresh set of eyes and innovative ideas. Other than this, with the inevitable progression of our career, these young medical residents are without a doubt the future of our organization. If this has in any way enticed your curiosity of the

inner workings of our meetings, speak with a member of Euronet of your National Association and join us in the next meeting in Madrid.

I want to finish this editorial with a message that is also a funding pillar of Euronet, if there's a will, then there's a way. Euronet is (still) a small organization but was funded based on a good idea and the will to bring together the European public health residents. It has objective of strengthening the residency training and share different practices. This idea has been built based on voluntary work and sometimes having to sacrifice time off and savings earned. However the thrill of seeing a good idea flourish is worth every minute spent!

For every person that somehow helped or is helping to make the difference for Euronet, we thank you and hope you enjoy the read.

On behalf of Euronet MRPH

*André Peralta*

# Executive Committee meeting, Paris

## THE EC MEETING IN 6 LESSONS

On a sunny Saturday in July, we all gathered for an exciting meeting.... in Paris! Discover it in 6 lessons.

### LESSON 1: LET'S HAVE SOME TIME FOR WORKING GROUPS!

For the first time, a session of the meeting was specifically dedicated for every working group to take stock of ongoing projects. It was useful for everyone to redefine the objectives and the missions of their working group, and fix realistic deadlines. It also saved time for discussions involving the entire group. We all agreed that it should be extended into the future.

### LESSON 2: LET'S COMMUNICATE!

Our EuroNet website is now up and running. It is regularly updated and residents can find information on available internships. The EURONET newsletter is also available on the website. The challenge for the future is to continue to improve our visibility among public health residents and professionals. To that end, it is important to communicate on the ongoing projects and our latest news. We agreed to publish three newsletters per year and update the list of available internships. We also decided to post at least one original article every month on the website, and a calendar on Europeans public health events (congress, meetings, seminars...).

Our next objective is to create a pamphlet and some common templates for our publications and communications.

### LESSON 3: WELCOME TO THE NETHERLANDS!

Our colleague, Karljin, joined us during this meeting to introduce the Dutch residency and the national association of public health residents, Logio. We were all very pleased to welcome her, and hope she will come back soon as a new member of EURONET!

### LESSON 4: LET'S GO FOR FUNDING

Funding is a priority objective of the EURONET team. In fact, despite the contribution of every national association of public health residents, we still need to secure our activities with extra funding. This is essential to draw up our projects, improve our communication and bring EURONET to the next level: organize scientific events, conduct long-term studies etc. Funding could also help committee members of EURONET to travel for the meetings. A working group is now dedicated to this topic, and several grants, offered by the European Commission have been identified. Even if those programs have selective application criteria and usually provide funding to « operational » field projects, we definitely have to take our chance!

### LESSON 5: LET'S EFFICIENTLY PRODUCE EXCELLENT SCIENTIFIC WORK!

On this topic, the meeting was really helpful to identify what can hold a project back. Despite the involvement of our members, we realized that organizational improvements can be made. Residents need more motivation to become involved in projects and to keep up their efforts.

We agreed that from now on, projects coordinators must identify specific objectives, like a publication or a presentation in a congress. Deadlines will then rely on concrete outcomes and can help working groups to manage timing for the best. As a result, our ongoing projects (Paula, Guido's) seem to be moving forward with efficiency. Moreover, we can expect those communications and publications to have a positive impact on promoting our network.

### LESSON 6: LET'S EXPERIENCE « le savoir vivre à la française » !

The meeting is an important moment for the Committee members to debate, engage in dialogue, fix objectives and deadlines... But it is also a great time to bond and get to know each other better. After a productive meeting, we always share some quality time together: in Paris, we had dinner in a little french restaurant near Notre-Dame, ate delicious ice cream on Île Saint-Louis, and took a walk along the Seine....

That's EURONET: a lot of work, and unforgettable memories to share!

*Marie Moitry*





# Being observers : an experience

A couple of months after beginning our Public Health Residency in Portugal, a call was launched through our residents' mailing list. Our national representatives were looking for residents who would be interested in joining the EuroNet Meeting, which would be held in March, in Naples. At that time, they presented this meeting not only as an opportunity to get to know the association and to contribute actively to the activities and to the discussions that were being carried out, but also as an opportunity to network with residents coming from different European countries. Both of us immediately sent an email back expressing our interest in attending, and the adventure started from there.

Together with another Portuguese resident, João Valente, we travelled to Naples to what would be an unforgettable meeting. We learned a lot about how the Public Health

residency is structured in other European countries, networked with other Public Health colleagues, learned about several opportunities and above all, despite being new to EuroNet, we did our best to contribute to the discussion. It wouldn't be fair not to mention the extraordinary Italian hospitality, as we had an unforgettable time together.

A few months later, in July, it was time for another rendez-vous, but this time in Paris, an inspirational city. And there we were again, ready to participate in another great meeting, but this time with the sun smiling on us.

By then we felt more at ease to contribute, and even joined working groups. There were some new faces: more observers from member countries and also from the Netherlands, a possible member country in the future. It was impressive how much EuroNet had grown in such a short time. As before, our European colleagues made great efforts to accommodate us and to make us feel integrated into

the meeting. It worked, we must admit that in this second meeting we almost didn't feel like observers, but as core members. Apart from the meeting itself, we had, again, a good social program and got to know the new residents that joined the meeting.

In spite of the international environment, these meetings have also offered us the opportunity to get to know our own national colleagues better.

All in all, we feel grateful for the opportunity to gain so much knowledge and also to meet so many professional and motivated residents.

We are already making plans for the next meeting...let's see what happens!

*Sofia Ribeiro*, 1st year Resident, Sintra, Portugal

*Liliana Gomes*, 1st year Resident, Loures-Odivelas, Portugal

## Residency in the Netherlands

Recently 'the Dutch' have been introduced to EuroNet. We are really pleased that EuroNet exists and we are investigating the possibility of joining your network. During our introduction in Paris, last meeting, we noticed that there are a few differences concerning our public health residency in comparison to other countries that join EuroNet. We learned that in most countries in Europe the public health residency is really broad. There are internships in all different public health areas. In the Netherlands you have to choose at the beginning which direction you want to specialize in. There are a lot of youth-health care public health residents, who only do youth health care and nothing else. In 2012 we had 473 public health residents in total, 226 of them are youth health care residents. There are 70 residents in 2012 who are specializing themselves in company healthcare. In the Netherlands that's also public health. If you do a public health residency in the Netherlands, your education is usually funded by the government. The residency consists of two phases, the first phase is about the specialisation you're doing and the second phase offers a more broader perspective on research, health policy and strategy. After four years the residents have finished their education.

The residents are represented in the national board of Dutch public health residents. We take place in numerous committees and boards. For example, we have a say in how the education programme is executed. Recently, we have been taking place in a working group that thinks



about future of health care. We think health care shouldn't be so split up as it is now, but we should provide an integrated approach, including prevention of illness.

Overall, the residents who finish their education have a good perspective on finding a job. Though, there is a gap between the salary of other specialists and public health doctors, we can earn a decent living. And with prevention being the key in future, our role in health care is getting bigger and bigger.

*Karjlin Kampman*

LoSgio

# All you need to know about EuroNet MRPH

## OVERVIEW

EuroNet MRPH has officially existed for two years and has been led by medical residents in Public Health Europe-wide. The European Network of Medical Resident in Public Health (EuroNet MRPH) was founded in 2011. It is a unique independent organization representing associations of medical residents in public health through Europe. Over 1,000 medical residents in public health represented, from National Member Associations (NMA).

EuroNet MRPH was created to empower its members to take their vision and ideas forward. Engaging in EuroNet MRPH encourages both professional and personnel collaborations irrespective of geographical or cultural differences.

## MISSION STATEMENT

The mission of EuroNet MRPH is to promote professional excellence among medical residents in public health in Europe by exchanging scientific knowledge and training opportunities and by organizing common activities.

## HISTORY

The idea of a network emerged in 2008 at the initiative of French and Italian residents, who decided to collaborate in setting up a common protocol for a survey on the satisfaction of residents about the quality of respective residence programs.

## NATIONAL MEMBER ASSOCIATION (NMA)

COLLÈGE DE LIAISON DES INTERNES DE SANTÉ PUBLIQUE (CLISP)



CONSULTA DEGLI SPECIALIZZANDI (SItI)



COMISSÕES DE MÉDICOS INTERNOS DE SAÚDE PÚBLICA (CMISP)



ASOCIACIÓN DE RESIDENTES DE MEDICINA PREVENTIVA Y SALUD PÚBLICA (ARES)



THE EDUCATION COMMITTEE OF THE UK FACULTY OF PUBLIC HEALTH



This successful experience brought about the idea of extending this kind of collaboration to other projects and countries. Spanish residents joined the group in 2009.

The first meeting that saw the establishment of the network was held in Paris, France, in June 2011. The first members of this new organization were the Collège de Liaison des Internes de Santé Publique (CLISP, France), the Consulta degli specializzandi (SItI, Italy) and the Asociación Española de residentes de medicina preventiva y salud pública (ARES, Spain).

Since 2011 the network has expanded to include the Specialty Registrars' Committee (SRC) of the Faculty of Public Health (UK) on November, 2011 the Comissões de médicos internos de saúde pública (Portugal) on May, 2012.

The network is looking to expand further; the Republic of Ireland and the Netherlands will hopefully become members in 2013.

## LEADERSHIP

EuroNet MRPH is composed of the Executive Desk (ED) and the Executive Committee (EC). Each NMA delegation is composed of six residents. Two of them sit on the ED. There are rotating posts (president, vice-president, secretary, treasurer and webmaster).

The ED and the EC meet three times a year to make key decisions on EuroNet's strategic priorities, vote on EuroNet's policies, and elect the team of officials.

EuroNet MRPH is registered as a non-profit association in Lille, France.



## AIMS

- TO GIVE MEDICAL RESIDENTS IN PUBLIC HEALTH THE OPPORTUNITY TO DO AN INTERNSHIP IN A EUROPEAN COUNTRY MEMBER OF EURONET MRPH
- TO PROVIDE A NETWORK THAT LINKS ACTIVE MEDICAL RESIDENTS IN PUBLIC HEALTH ACROSS EUROPE
- TO PROVIDE A EUROPEAN FRAMEWORK IN WHICH MEDICAL RESIDENTS IN PUBLIC HEALTH'S PROJECTS CAN BE REALIZED
- TO DEFINE AND ACHIEVE A COMMON CORE OF PROFESSIONAL COMPETENCES IN EUROPE
- TO STRENGTHEN THE ROLE OF PUBLIC HEALTH MEDICAL DOCTORS IN EUROPE BY COMMUNICATING ON THEIR SPECIFIC PROFESSIONAL COMPETENCES AND WORKING FIELDS TO THE MEDICAL AND NON-MEDICAL COMMUNITIES

# All you need to know about EuroNet MRPH



## ACTIVITIES

### Exchanging working practices and scientific knowledge

- Presentations from international residents at training events or conferences in other member countries
- Promotion of projects whereby EuroNet facilitates the collaboration between residents in member countries
- Establishment of a website with information about projects to date and residency programmes in each member countries
- Distribution of a newsletter (EuroNews MRPH) through the NMA networks

### Boosting training opportunities across borders

- A database of placements in each member country has been created and is available on the website
- Facilitation and information sharing regarding placements at international organisations (e.g. WHO Regional Office for Europe)
- A survey is being developed to evaluate demand for and barriers to international placements

### Past EuroNet projects

- Survey on post-residency destinations
- Knowledge and attitudes of public health residents of vaccination programmes (EUPHA 2012, European Congress of Epidemiology 2012)

## LEADERSHIP - TEAM OF OFFICIALS - 2013

### EXECUTIVE DESK



Residents  
per country

1 assuming an official position  
1 NMA Liaison Officer

Post are rotatives each year



President CMISP LO



Vice-President CliSP LO



Tresorer SItI LO



Secretary UK LO



ARES LO ARES LO

### EXECUTIVE COMMITTEE :



Residents  
per country



## FUTURE PLANS

- TO CONTINUE THE EXPANSION OF THE NETWORK
- TO ADVOCATE FOR CONTINUED IMPROVEMENT OF TRAINING PROGRAMS
- TO CONTINUE THE PROMOTION AND THE FACILITATION OF THE INTERNSHIPS
- TO FACILITATE THE INTERNSHIPS IN EUROPEAN AND INTERNATIONAL ORGANIZATIONS WORKING ON HEALTH, EDUCATION AND SOCIAL ISSUES
- TO INCREASE AWARENESS OF OPPORTUNITIES AMONG RESIDENTS



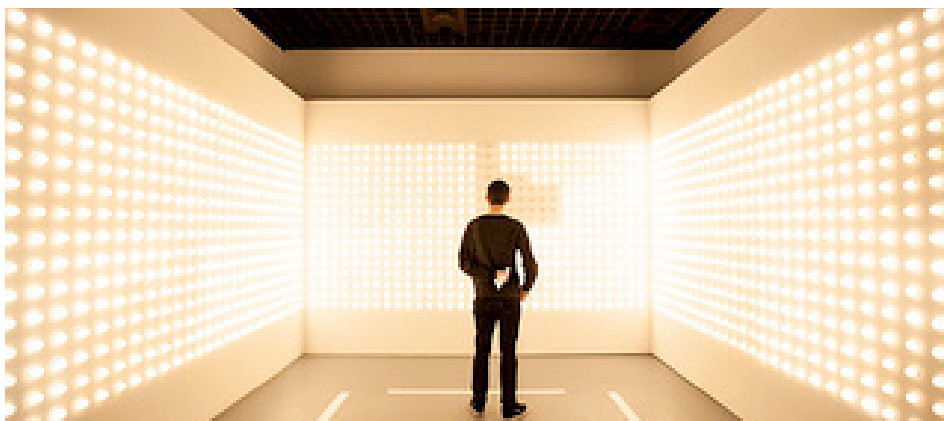
# Journées du CLiSP: a foreign point of view

I took part in the Journées du CLiSP almost by chance: as Euronet Executive Committee member, I was supposed to be in Paris on Saturday 6th for the meeting planned. However, when I learnt of the opportunity of a contribution to the event with a 10-minute presentation, I said to myself: “Why not?”. Thus, I submitted an abstract on the work developed during my internship in the Local Health Agency of Padua and, finally, the abstract was selected.

My experience at the Journées du CLiSP was entirely positive. Unlike the *Giornate degli Specializzandi* (almost the same kind of event in Italy), that is quite an official meeting, the approach there was more informal. All the presentations were very interesting and the other residents reacted positively. However, I believe that the contribution of Professors and researchers would have further helped the exchange and the debate.

Residents' Session apart, what really fascinated me and captured my attention, was the Forum Professionnel of the afternoon: professionals in disparate fields of PH had been carefully selected by CLiSP Committee and invited to introduce their career path to residents. I was amazed that, despite the huge differences between the residency in PH in France and in Italy and the even bigger ones concerning their health systems, the debate tackled the same topics as an Italian round table would have done. In fact, there are many more similarities among the different countries, in the concerns of residents about their future prospects as well as in Public Health philosophy. Many more than those we are aware of.

The professionals have debated and described what is generally unsaid of their CV, explaining their path, sometimes tortuous and apparently incoherent, giving some advice about career orientation. All of them, despite their different backgrounds and experience, have emphasized the importance of PH Residency and encouraged to explore as many fields and settings as possible, from the scientific to the institutional and administrative ones, from hospital to primary care, and take all the time needed to decide where to go.



Indeed, in every field, but particularly in Public Health, that is still cryptic for first-year residents, nothing could be defined a priori: even if it is still important to have a career plan and a good motivation, it is essential to benefit from multidisciplinary contexts to acquire skills in human, social sciences as well as in health economics and management, in order to gain a full comprehension of the system and of all its steps. All the professionals, even the youngest ones, despite their short-term vision, have also underlined the importance of mistakes: a bad choice or a wrong internship could sometimes turn out necessary to eradicate prejudices and misleading assumptions and to move forward. All well considered, they are not a waste of time and help the person become aware of his own wills and aspirations, autonomously, despite teachers' influence.

All of the guests also agreed on the importance of statistics and epidemiology even for PH doctors eager to pursue their career in less technical areas, such as health management or health politics: indeed, it is still crucial to acquire scientific rigour and method: data must be always the starting point from which to move forward.

Then, surprisingly, all the residents in PH have the same concerns about their weaknesses as physicians, in Italy like elsewhere. Though acquiring a clinical background is not a loss of time and helps have an insight into hospital issues, PH professionals have to develop a self-awareness of their unique specific role and contribution to the health system. What could distinguish PH

professionals from other physicians is their wider perspective and their propensity for critical, comparative assessment, innovation and driving change: abilities that are more transversal.

Finally, I was amazed that French PH residents have the same concerns as Italian ones about the interest of international experience for their careers. For some of the professionals invited, the international background was decisive to obtain their first job, whereas for others the benefits have been more indirect. But all of them agreed on the fact that a period spent abroad has an invaluable impact on their vision. French explains it effectively by “*prise du recul*”, as the Brazilian-French PH doctor (a former CLiSP Committee member), Bruna Alves De Rezende, defined the result of her 10-year academic path in both the countries when she was asked. That in English means more or less “becoming able to stand back, detach yourself to take a global view”: something certainly necessary for specialists in PH for all the reasons mentioned above, but definitely important for all human beings, I believe.

To sum up, despite the understandable worries about wasting time or missing opportunities that are just around the corner, despite the concerns about dissatisfaction at the end of such a long (maybe too long) path as the one of Public Health doctors, the lesson to be learnt is: do not be too impatient, take your time to gain knowledge, experience and maturity in such a varied and multifaceted universe. Enjoy your residency period!

*Annalisa Montante*

# An internship experience

International training experiences are a really important way to improve the professional education of future public health specialists. Moreover, public health trainees have the opportunity to improve their own curriculum by learning from their host country, whilst at the same time developing strong relationships with the colleagues they meet during their internships.

We spent two months at the Escuela Nacional de Sanidad Publica "Instituto Carlo III" in Madrid, under the supervision of Professor Mrs M.T.Garcia. We were both keen to undertake an internship in Spain, so our first step was to contact the Spanish supervisors listed on the Euronet MRPH website. Many of them answered us, expressing their willingness to accept us as visitors for two months of training. We chose the "Instituto Carlo III", particularly for the department of Food Hygiene directed by Prof. M.T Garcia, who was very helpful and kind. On the 1st of September 2012, we left for Madrid, where kind and helpful colleagues and our tutor, with whom we developed a special



Instituto de Salud Carlos III

friendship that we continue to maintain, welcomed us. During the two months of work we experienced a different reality from our previous work in Italy, but with many points in common. We attended highly regarded courses on pertinent topics of Public Health, we visited two Hospitals, "Hospital 12 de Octubre" and "Hospital La Paz", and we took part in controls concerning Hospital and Food Hygiene. We also had the opportunity to take part in projects carried out by the School of Public Health in Madrid, making important links with our own school, particularly in work concerning breast cancer screening and prevention and promotion of health inside prisons; a very salient issue for our tutor.

The Spanish experience was an important training experience for us; despite the minor linguistic difficulties at the beginning, we

managed to integrate very easily, thanks also to the basic training from our own institute «Scuola di Specializzazione in Igiene e Medicina Preventiva», Messina, directed by Professor O.C. Grillo. It was an interesting experience that allowed us to improve our professional and human competencies. We hope there will be further opportunities for us to undertake an internship abroad: we are thinking of Portugal...

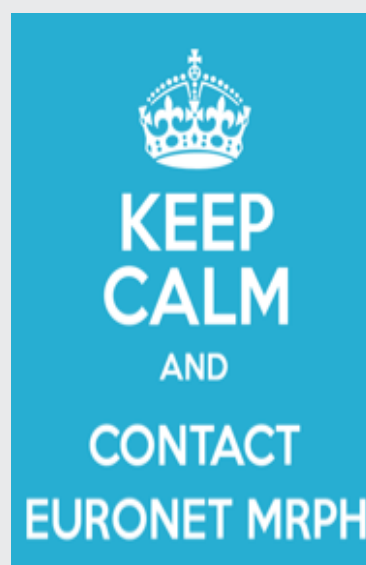
Some advice on facilitating internships based on our experience... We think it is important that hosting institutions appoint a representatives willing to welcome foreign visitors at the arrival and to provide them with information and advice. We hope that sharing our experience will be useful for you... and we wish you good luck with your international public health internships!

*Andrea Conti and Angela Zoccali*

## YOU WANT TO DO AN INTERNSHIP ABROAD?

**If you want to gain experience of public health training in another country, we can help you! We can facilitate the process by providing you with details of what is available and putting you in contact with the correct people.**

**Even if we don't have the placement that you are looking for we may be able to help you organise a placement at another institution.**



# News around Europe

## FRANCE

### Creation of the Virchow-Villermé center for Public Health Paris-Berlin

This new french-german center for Public Health, supported by the french and german governments, has been created in april 2013 on the occasion of the Elysée Treaty's 50th anniversary. The center aims to be a common platform for french-german public health research and to promote bi-national projects with researchers, students but also data and results exchanges. The expertise and work of the center will inform public health policies in Germany, in France and in Europe.

The center has also the ambition of becoming one of the leading institutions in public health training with the launch next fall (Sept-Oct 2013) of a Massive Open Online Course (MOOC) dedicated to Public Health and Global Health!



If you wish to know more about the Virchow-Villermé center for Public Health visit : <http://www.sorbonne-paris-cite.fr/index.php/en/international/386-sorbonne-paris-cite-et-charite-universitaetsmedizin-berlin-creent-le-centre-virchow-villermé-de-sante-publique-paris-berlin>



2<sup>nd</sup> Florence International Training Course  
17-22 november 2013 – Florence, Italy

**IMPACT OF THE ECONOMIC CRISIS ON THE DETERMINANTS OF HEALTH AND RESPONSE STRATEGIES IN EUROPE.**

## ITALY

**International Training Course:  
«Impact of the economic crisis on the determinants of health and response strategies in Europe», 17-22 November, Florence - Italy**

We would like to share with you the upcoming 2nd residential international training course on the Impact of the economic crises on the determinants of health and response strategies in Europe, 17-22 November, Florence – Italy.

<http://www.formas.toscana.it/index.php/introduction>

**ILVA new commissioner blames smoking for high cancer rates in Taranto**

A new commissioner, Enrico Bondi, was appointed by the Italian Government in order to saveput the biggest iron and steel producer in Italy, the industrial group ILVA, from crisis. Mr. Bondi said that high cancer rates in Taranto are not due to pollution released by the factory into the air but rather are due to excessive smoking.

Although he retracted his statement that tobacco causes more harm than ILVA emissions, there is an open discussion about the delicate balance between environmental health and occupation. The Italian Government has named a panel of experts to evaluate the epidemiology of cancer in the southern part of Italy.

The President of Puglia and many Public Health experts have already refuted Bondi's statement.

<http://www.gazzettadelsud.it/news/english/54266/ILVA-boss-in-row-over-blaming-smoking-for-cancer-rates.html>, <http://www.gazzettadelsud.it/news/english/54208/Bondi-s-comments-on-Taranto-cancer-rates-sparks-furor.html>

## PORTUGAL

**Depression increase in Lisbon, a consequence of the crisis?**

According to a report presented by the Lisbon Regional Health Administration in July, the economic crisis is deepening the prevalence of depression and suicidal tendencies, specially among the male population. The report, called «Health Portrait of Lisbon» used 2012 data and also highlighted the increase of tuberculosis cases.

<http://www.arslvt.min-saude.pt/DSP/Paginas/PerfileSaudeCidadeLisboa.aspx>

<http://www.cmjornal.xl.pt/detalhe/noticias/nacional/saude/mais-40-casos-de-tuberculose-em-lisboa>

**Migration of health professionals**

A study by the Institute of Hygiene and Tropical Medicine, published in the journal «Health Policy», alerts to the phenomena of mobility of health professionals in Portugal, specifically its impact on health services access. There is still no solid data regarding emigration of health professionals in Portugal, but the number of requests by physicians for legal documentation necessary to work abroad increased exponentially in the last year.

<http://www.ihmt.unl.pt/?lang=pt&page=actualidade&subpage=noticias&m2=244>



# News around Europe

## UNITED KINGDOM

THIS ARTICLE COMES FROM A BLOG WRITTEN BY REBECCA COOPER : [www.onpublichealth.wordpress.com](http://www.onpublichealth.wordpress.com)

### You are what you eat



Getting Europe to agree on a single currency must have been a bit of a nightmare, but getting them to agree on food labelling standards must have knocked the Euro right out of the proverbial ballpark. The mind boggles at all 27 countries bringing their requirements to the table: the UK wants an exemption for fish and chips; Germany demands bratwurst gets the green light; Sweden needs Ikea meatballs to still look tasty (horsemeat or not); Italy balks at the thought of Mama's favourite pasta sauce being vetoed and France laughs at the suggestion that people may decide to eat a little less cheese.

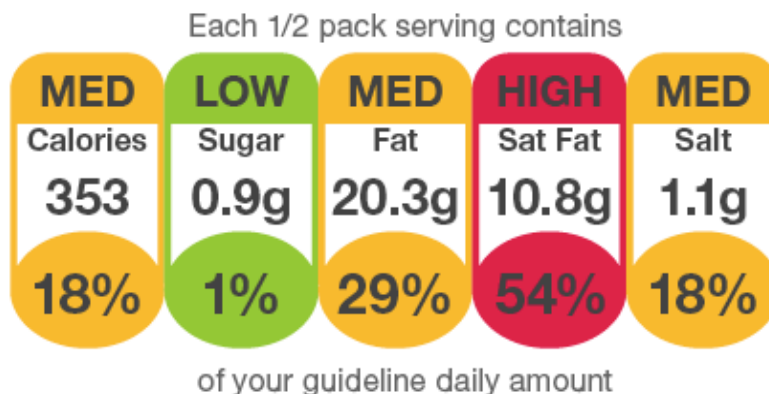
Stereotypical leg pulling aside, it is no mean feat that European wide regulations have been agreed and even more impressive that industry leaders have agreed on the labelling format of a traffic light system, which I think is a hands down winner. As a fairly typical consumer, I am relatively interested in what goes into my shopping trolley every week. However, as a mum of two young scallywags, I have approximately 2.5 seconds to glance at an item and decide if I want to buy it, before one of the little darlings screams/breaks something/falls out of the trolley. The

supermarket that I shop in already has a traffic light system, which helps me make healthier decisions in my 2.5 second window. It is of most use when looking at foods where the fat and sugar content are not glaringly obvious. For example, the traffic light system is not particularly necessary when I'm deciding whether or not to buy a cabbage or, at the other end of the spectrum, how partial to a cream cake I might be feeling. But, when faced with premade food stuff such as pizzas, it is remarkable how much the nutritional content can vary, depending what type you are getting (I confess that I always thought all shop bought pizzas were fairly unhealthy, but it turns out that some are actually not too bad in moderation).

I am sure that I am not the only customer already using this labelling system to inform their food choices. It is unfortunate therefore, that not all food industry members are signing up, with Coca-Cola and Cadbury being the notorious exceptions. I can't say that I entirely blame them – having big red labels on your packaging probably won't boost profits (although with Coca-Cola, you have to wonder if the red would actually show up against the packaging). However, in a world that is increasingly struggling with the effects of obesity, it is worth considering the possibility of enforcing this legislation, regardless of the preferences of food producers. I suspect that this would make the European negotiations on labelling look like a walk in the park...

Rebecca Cooper

*Rebecca Cooper is in her final year of training to be a public health consultant in Oxford. She is passionate about communication and the role of the media in public health. In the future, Rebecca would like to improve public health's ability to work effectively through advertising and social media. In the meantime, she is kept busy with local public health issues, writing a blog that considers all aspects of public health ([www.onpublichealth.wordpress.com](http://www.onpublichealth.wordpress.com)), and running around after her two small children!*



# Coming soon

## The meeting in Madrid

The next Executive Committee meeting will take place in Madrid, Spain, on the 9th of November.



comissões de médicos internos de  
**SAUDE PUBLICA**



## GET INVOLVED !

EuroNet MRPH is present in 5 countries in Europe. The easiest way to start your EuroNet MRPH career and be part of us is approaching your national representatives by viewing the contact details of your NMA. Then you can have a look at our core activities to check out the different areas we are involved in.

If any questions arise, feel free to contact us !

[euronetmrph.org](http://euronetmrph.org)

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Conception : M.Barthoulot

