

# EuroNews MRPH

*The Newsletter of EuroNet MRPH  
the European Network of Medical Resident in Public Health*

## ***EuroNet MRPH Spring Meeting in Milan***

Our last Meeting was held in Milan on the 20 of March. Participants from Country Members of the Network, including Country Observers, ran interesting working groups and topic discussions. Many new members, inspired and involved...

Continued on page 5



Dear friends,

Our network is still at the beginning of the path towards the place we should hold in the public health representativeness in Europe. We are happy to welcome Croatia as a country member and I am sure that we are going to do beautiful projects together. Currently we represent seven European countries and I hope we will soon get to collaborate with more and more motivated public health residents. Interesting opportunities lie ahead of us thanks to our partnership with EPHA and to our collaboration with EUPHANxt. Our motivation and our ideas have helped us create an image of dedicated public health professionals and we should continue in this spirit of quality of our work. I am very excited and am looking forward to our collaboration with EUPHANxt and the Young Forum Gastien for a workshop during the EUPHA conference in Milan in October. I am also very happy that many of you showed an interest in EPHA's working groups on trade and on nutrition and alcohol. Another very exciting project is that of the public health project's platform that we should try and finalise as soon as possible in order to get the engines running and promote the collaboration between public health residents from different European countries.

Many challenges will still present themselves to us but there is no horizon we can't conquer as a team.

I hope my words find you well and I am looking forward to seeing you all at the next EuroNet MRPH Meeting that will be held in Paris the 3-4 July!

(See info about it on page 9)

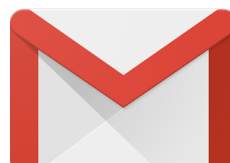
*Anca Vasiliu*, EuroNet MRPH 2015 President  
ancavasiliuro@gmail.com

## Overview

- Page 2 Mobile World Congress  
Barcelona 2-5 March
- Page 3 WHO Healthy Cities Project:  
implementation in Portugal
- Page 4 Policies to reduce alcohol  
consumption in Ireland
- Page 5 World Tuberculosis Day:  
Barcelona initiative
- Page 6 The last updated Digital  
Health Agenda of Italy
- Page 7 Strategic plan for the  
reduction of salt intake
- Page 8-9 Anti-Tobacco initiatives in  
Ireland, Spain and United  
Kingdom
- Page 10 Internship at the Imperial  
College facilitated by  
EuroNet MRPH
- Page 11 France: from a care pathway  
to a health pathway

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## Telemedicine ahead: updates about health innovation from the last Mobile World Congress held in Barcelona

Since 2006 Barcelona holds the annual Mobile World Congress, a four-day leading event that transforms the city into the world's premier mobile technology showcase. The event is a shared vision and collective action for change, using mobile technology as a catalyst. It is also focused on the importance of community networking, wearable technology and developing portable hardware and related apps as the future of mobile experience. Main subjects of the last Congress held in March were also TeleMedicine, eHealth and mHealth.

Mark Zuckerberg, Facebook creator, joined the Congress and said that *MWC is leading the mobile transformation through initiatives in mHealth, improving people quality of life through the design and management of innovative mobile technology services for the healthcare system.*

**Telemedicine in wellness and chronic diseases monitored via mobile devices:** Use of telehealth remote monitoring technologies can improve clinical management of chronic diseases, increase cost-savings, and expand access to quality health care services. Many telehealth interventions demonstrate utility as a strategy for rural communities where distance and lack of specialists pose challenges to traditional delivery of health services.

**Local developers encourage investigation with new products:** VIDAVO and I2CAT Foundation showed their commitment in developing new products services and applications. Speakers encourage to explore products and solutions with specific subjects. Wearables, from smart watches and smart glasses to health bands and smart fabrics, were showed as an investigation potential target.

**Foreign engagers and European Alliance:** The *Academic Division of the Department of Medicine at Harvard Medical Faculty Physicians at BIDMC, Inc.* engage health professionals to lower costs and improve outcomes. The European Connected Health Alliance (ECHAAlliance) led the Mobile Health vertical program presenting *2ND HEALTH & WELLNESS @ MOBILE WORLD CONGRESS.*



The GMC creates opportunities for meaningful engagement between healthcare and mobile stakeholders in order to identify and remove the obstacles delaying and preventing mobile health deployments. Telemedicine is a new field on investigation and there is a long way to go. You can find more info about the Mobile World Congress at the following link:

[www.mobileworldcongress.com](http://www.mobileworldcongress.com)

*Efrain Pantoja*  
EuroNet MRPH, Spain  
[percypb182@gmail.com](mailto:percypb182@gmail.com)



Health in Europe -  
from global to local policies,  
methods and practices

<http://ephconference.eu>

## Did you know...

The next European Public Health Conference of EUPHA will be held in Milan on 14-17 October.

The annual Congress of *S.It.I.*, the Italian Society of Hygiene and Preventive Medicine, will be run together in the same venue (<http://www.siti2015.org>).

EuroNet MRPH, together with EUPHANxt and the Young Forum Gastien, will hold a workshop on the critical reading of research produced in different healthcare systems: "Are we critical enough in analyzing health research findings?"

Many Public Health professionals are expected to attend these two events, including Residents from several country members of EuroNet MRPH. A friendly meeting will be arranged to give a further chance of networking within the Conference. *Stay tuned!*

## WHO Healthy Cities Project implemented in Portugal

The Healthy Cities Project (HCP) from the World Health Organization has implemented in line with the current urban worldwide challenges. Now we have Resilient Cities, Smart Cities, Urban Hacking, Placemaking and other relevant concepts and ideas for improving Urban Health. Populations are carefully valuing where and how they live inside a city and this is the innovative and successful progress coming from the new and inclusive Healthy Cities project. People are placing Health in the core of urban planning and highlighting the vital importance of the urban environment where citizens grow and live the most part of their lives.

Portugal has the HCP implemented in more than 25 cities (3 of those represent the country at the European HCP network. All of these cities have the local municipal government as the main player involved with the project and the local public health unit as a technical support in close relationship with all the municipality departments.

In terms of Public Health residency activities there is a lot of potential by being part of this project. Even if your city is not part of this project, a Public Health resident can look into the Health2020 objectives and to the HCP and notice that there are many research and intervention opportunities. In Portugal, the residents are a main part of the activities and use this project as an opportunity to do research and be part of the work process with other institutions, key to the success of the HCP.

The Horizon 2020 clearly states that Public Health programs and professionals should seek to strength and promote a concerted action between decision makers and society. If good governance is required in an urban context, public health professionals must be advising decision-makers and state how Health in All Policies can bring positive popularity and can increase gains in economic and health settings. Public health professionals must be the ones showing how Healthy Cities originate Healthy Citizens.

An efficient use of resources in an urban setting and healthier citizens will bring greater benefits, increasing sustainability in a local, national and global environment. A Healthy City Project is based on the idea of cities are friendly places for all, improving life in every phase of the life-course: from young people to the elderly, and also attracting further active workers. More than being a concept, a Healthy City Project is a strategy that provides a resilient and structured structure to be prepared to whatever future brings.

*Hugo Filipe Monteiro - EuroNet MRPH, Portugal - hugo.filipe.b.monteiro@gmail.com*

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## Public Health Alcohol Bill 2015 in Ireland

In February of this year, the Irish Minister for Health announced plans to publish a new Public Health Alcohol Bill 2015. The government has agreed to a set of measures to reduce alcohol consumption, which it hopes will be law by the end of the year. Ireland continues to rank among the highest consumers of alcohol in the 26 countries in the enlarged EU. In 2012, Ireland's per capita consumption was 11.6 litres compared to the OECD average of 9.1 litres. (1) In a 2013 national survey, more than half (54%) of 18-75 year old drinkers were classified as harmful drinkers equating to 1.35 million harmful drinkers in Ireland. This survey also found that 21% of Irish drinkers engage in binge drinking at least once a week.(2) The individual-level health effects of these patterns of consumption can be vast and translate to huge impacts on Irish population health, society and economy.

The new bill outlines provisions to prevent the sale of very cheap alcohol by setting a minimum unit price that must be legally observed by retailers. The actual price has not been set yet but will be informed by a health impact assessment commissioned to study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact. The bill also contains provisions to enforce health labelling and warnings on alcoholic products including calorie counts. In addition, stores will be obliged to structurally separate alcohol from other products. Environmental Health Officers and Gardai (Irish police) will be given new powers to enforce all the measures described above.

Perhaps the most controversial elements of the bill are those relating to new regulations and restrictions placed on marketing and advertising. These will make it illegal to advertise or market alcohol in a way that is appealing to children, with a broadcast watershed on television and radio and additional restrictions due on cinema and outdoor advertising. The content of any marketing or advertising will also be controlled. These measures will be reviewed after three years. Though these regulations are welcomed, the government stopped short of banning sport sponsorships. Sport sponsorships are particularly important in early initiation of young people into drinking and, considering that almost two thirds (64%) of 18-24 year olds Irish drinkers reported hazardous consumption, this is definitely a missed opportunity. (3)

Ireland is going to need a huge cultural change to tackle this pervasive problem. This new public health legislation is a definite step in the right direction but to achieve lasting change, the government will need to keep prioritizing the health of the Irish people over the interests of the alcohol industry.

*Fiona Cianci - EuroNet MRPH, Ireland - fionacianci@gmail.com*

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- (2) How\_much\_do\_we\_drink - [http://alcoholireland.ie/download/reports/Alcohol\\_Consumption\\_in\\_Ireland\\_2013\\_web\\_version.pdf](http://alcoholireland.ie/download/reports/Alcohol_Consumption_in_Ireland_2013_web_version.pdf)
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## World Tuberculosis Day - Barcelona 2015

Every year the Tuberculosis Investigation Unit of Barcelona organizes a one-day meeting to talk about the latest progress in tuberculosis prevention, diagnosis and treatment. International and national experts are invited to participate and attend this gathering. Among the most interesting topics discussed the past 19th March were efficacy of new IGRA techniques compared with tuberculin test in general and pediatric population, development of a new skin test which combines characteristics both of IGRA and tuberculin traditional testing, epidemiology of the multidrug-resistant tuberculosis and preliminary results of clinical trials studying the best approach to managing tuberculosis in HIV patients. Changes in the WHO guidelines were announced to happen during next summer, as they have decided to extend the early initiation of antiretroviral therapy and isoniazid preventive treatment to the developing countries in order to reduce morbidity and mortality of the two diseases.



*Alicia González Antelo - EuroNet MRPB, Spain - aliciagantelo@gmail.com*

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Tuberculosis Investigation Unit of Barcelona: <http://www.uitb.cat/>

New evidence in HIV-TB treatment (WHO guidelines): <http://www.who.int/hiv/mediacentre/news/croi2015-arvnews/en/>

## EuroNet MRPB Spring Meeting in Milan

The Spring Meeting of EuroNet MRPB was held in Milan on the 20 of March. Participants from Country Members of the Network like France, Ireland, Italy, Portugal, Spain and the United Kingdom, sent their representatives to participate at the Executive Desk discussions and larger group works. A Resident in Public Health from Turkey was present as an observer. Besides, the Croatian Committee of Residents was officially accepted as a new Member of the Network.

The main group works were about the ongoing study on International Health Electives undertaken among the network, a Communication and a Fund Raising Working Groups.

Concerning the Statute, many points were discussed during the Meeting. One of the most interesting was about the possibility of expanding and sharing some opportunities offered through EuroNet MRPB, especially facilitated internships, to residents that are non-medical doctors. In fact, in some countries, such as in the United Kingdom, a well established and recognized Residency Program in Public Health is also opened to other young professionals. EuroNet MRPB will take a final decision at the next Meeting that will be in Paris.

EuroNet MRPB would like to send a special thank to the friends of the *Consulta degli Specializzandi S.IT.I.* to have organized a very interesting session in english, within their Italian conference, about "The role of Public Health Professional: tools and skills", moderated by Prof Brusaferrò and Prof Ricciardi, past EUPHA President. Besides, EuroNet MRPB members presented contributes from their residency work experience.

Euronet MRPB Italy - euronetmrphitaly@gmail.com

## ***Rebooting Health Systems: the Italian Digital Health Agenda***

The demographic and social evolution of the population, together with the importance of balancing the limited financial resources among the many healthcare inputs, are only some of the current issues that lead most of the European Policy Makers to consider new ways of providing safe and effective healthcare services. And one of these can be strengthening the ongoing digital switch of healthcare.

The European Union (EU) has identified the Digital Agenda as the first of seven flagship initiatives of Europe 2020 (Figure 1), to boost smart, sustainable and inclusive growth (1). Within the Digital Agenda, the eHealth Action Plan 2012-2020 describes a roadmap to empower patients and health care workers (HCW), to link up technologies and devices, and to invest in digital research, development and innovation in the Health Systems (2).

Both the EU and the Country Members have to coordinate their efforts to be mutually reinforcing. Going in this direction, Italy has implemented its National Health Agenda 2014-2016 with a specific section to digital health interventions. In fact, the section called Digital Health Agenda, on the one side is believed to speed up the innovation process of the National Health System (*Sistema Sanitario Nazionale*, SSN); on the other side, it is considered by the Ministry of Health as an intervention that will generate a budget saving of €7 billions per year, due to the switch from previous more expensive procedures (3).

However, several are the challenges of the SSN that need to be faced, first of all that National Health Big Data System often told but still far to be seen. In fact, the existing tools, such as the Digital Health Insurance Card, should be more and better utilised, among the GPs and Pharmacies, to record the individual access to health services.

Furthermore, considering the mean age of HCWs, their digital knowledge and skills should be strengthened, likewise intensive related trainings should be offered to students and young healthcare professionals. Meanwhile, interventions to enhance Internet access among the general population should be considered, because people need to be empowered to have better health outcomes within a Digital Health System.

Besides, Govern and Ministry of Health believe that entrepreneurs could be interested in investing for digital innovation in the public sector, including healthcare services. Unfortunately, this could be hard to be seen due to long waiting for payment from the public sector and due to limited access to bank loans for investment, determined by the financial crisis still ongoing in Italy. Nevertheless, funds available through eHealth Projects such as Horizon 2020, €15 billion in the next 2 years, could stimulate some entrepreneurs' initiative (4).

By and large, all these challenges need to be faced to successfully achieve each goal of the Digital Health Agenda and *rebooting the SSN* through a well defined strategy can be the way to apply all the interventions concerning Information Communication Technology and Digital Health.

*Salvo Parisi - EuroNet MRPH, Italy - salvoparisi.md@gmail.com*

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## STRATEGIC PLAN FOR THE REDUCTION OF SALT INTAKE IN CROATIA, 2015-2019

Republic of Croatia adopted the Strategic plan for the reduction of salt intake for the period from 2015 until 2019 (in text: Strategic plan) in September of 2014. The starting point for development of the Strategic plan were recommendations of important institutions: UN, WHO (Health 2020; WHO Global Strategy on Diet, Physical Activity and Health and the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases), EU (Health for growth 2014-2020) and *ESAN* – National Salt Initiatives Implementing the EU Framework for salt reduction initiatives, as well as the National Health Development Strategy for Croatia (2012-2020).

Goals of the Strategic plan are:

1. Reduction in salt intake by food by 16% over four years period
2. Raising awareness of the consumers on the damaging effects of excessive salt intake
3. Defining priority groups of food whose production should be characterized by the salt reduction: bread and pastries, meat, cheese and processed food
4. Monitoring and implementation by determining sodium in 24-hour urine and estimation of the salt intake
5. Development of new food recipes in cooperation with the food industry and food producers

The main goal of this Strategic Plan is to gradually reduce salt intake in the general population of the Republic of Croatia 4% a year in average, from the current intake of 11.6 grams per day to 9.3 grams in 2019. Based on the experience and assessment of the results achieved in other countries with the stated reduction in salt intake to about 2 g of the population level is expected to significantly decrease the prevalence of hypertension and other cardiovascular and cerebrovascular diseases.

Regarding the knowledge on the leading causes of excessive salt intake, following priorities were defined:

1. The development of new processes for the production of processed food
2. Reducing the proportion of salt in bread and pastries
3. Ensuring food with a desirable proportion of salt and enabling informed choice by consumers
4. Continuous education of all stakeholders (general population, health professionals, food industry and all members of society on the national level)

Hopefully this Strategic plan will reach its vision - the reduction of risks among every person in Croatia connected with the increased salt consumption, as well as its mission - to ensure the availability of food with a desirable proportion of salt, enable informed and preferred choice of food by consumers, increase awareness on salt intake and change of eating habits of population of Croatia through comprehensive public health interventions and multi-sectorial cooperation.

*Maja Vajagić and Vesna Štefančić* - EuroNet MRPH, Croatia  
vajagicm@gmail.com - vesnastefancic@gmail.com

## ANTI-TOBACCO INITIATIVES IN IRELAND, SPAIN AND IN THE UNITED KINGDOM

### Tobacco control in Ireland, 2000-2015

Smoking prevalence in Ireland decreased from 28% in 2003 to 19.5% today. The following actions have facilitated this reduction.

In 2000, a ban on all tobacco advertising in the print media, other than limited retail and trade advertising was introduced in Ireland. Sponsorship by tobacco companies was ended. Free nicotine replacement therapy was introduced in 2001 and the legal age at which a person can be sold tobacco was raised to eighteen years.

The world's first national workplace smoking ban came in to operation in 2004; one study estimated that the ban resulted in an immediate 13% decrease in all-cause mortality.

From 2009 no advertising or display of tobacco products was permitted in retail outlets with some exemption for specialist and duty free stores. Tobacco products had to be out of view within a closed container or dispenser, only accessible by the retailer and retail staff. Self-service vending machines were prohibited except in licensed premises and registered clubs.

In 2013, it became compulsory for cigarette packets to carry graphic warnings, and the Department of Health published its new flagship document – Tobacco free Ireland. This specifically aims to achieve a smoking prevalence of less than 5% by 2025.

Ireland is currently negotiating the introduction of legislation mandating standardized (plain) packaging for tobacco products and also plans to ban smoking in cars with children.

*Ronan Glynn - EuroNet MRPH, Ireland - ronan.glynn@hse.ie*



Every 31 May, WHO marks the World No Tobacco Day (WNTD), bringing to the attention the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. This Newsletter highlights some interesting initiatives facilitated by the member of EuroNet MRPH.

### Tobacco Prevention and Control Day: Spanish Campaign

In 17th of April took place in Barcelona the Tobacco Prevention and Control Day organized by the (Spanish) National Committee on Tobacco Prevention.

Professionals from all around the country came to this meeting to update about the Spanish situation in tobacco prevention and control. One of the main concerns discussed where the “cannabis-tobacco” pairing, especially evident among young people. To study the relationship between tobacco and cannabis in order to improve Public Health policies in this area is taking place a national project call “EVICT”, results would be published in July.

This event was also the opportunity to claim Spanish government to implement the “Plain Packaging” for cigarettes in the country, as Ireland, UK or France have just approved in their parliaments few months ago. To support this demand an expert from Australia, first country that changed their legislation and required tobacco products to be sold with plain packaging, explained their success experience reducing youth uptake and smoking prevalence. Find more info at: <http://www.cnpt.es/index.asp>.

*Sara Mayorgas - EuroNet MRPH Spain - sara.mayorgas@gmail.com*

## Flavoured tobacco and waterpipe smoking popular among young in Europe, UK also

A recent study published identified a growing trend in the use of flavoured tobacco products in Europe. Waterpipe tobacco, known by a variety of names such as shisha, hookah, narghile and hubble bubble, is a fruit flavoured tobacco product whose smoke is inhaled after it passes through water. Data from the Global Youth Tobacco Survey, which surveys 13-15 year old students using nationally representative samples, showed that waterpipe tobacco smoking prevalence was as high as 23% in Latvia, Czech Republic, and Estonia, with worryingly high prevalence measured in other countries.(1)

Why is waterpipe tobacco smoking so popular among young people? The most salient reason is the fact that it is heavily marketed with flavours such as strawberry, grape and bubble gum flavour (2) – strategies that are clearly aimed at a younger population group. Another reason is the widespread social acceptability of using waterpipe tobacco, which is incorrectly seen as a safer alternative to cigarette smoking due to the fact that many users believe that the smoke is filtered by the water. There is also a lack of legislative attention given to waterpipe tobacco: for example, when the European Union recently introduced a law to ban all flavoured tobacco products in Europe, this law was only applied to cigarettes and did not include waterpipe tobacco.

So what does the tobacco control game board now look like? Europe is a region which enjoys relatively strong tobacco control laws, especially with the recent introduction of standardised (“plain”) packaging for cigarettes in Ireland and the United Kingdom. Cigarette prevalence is on the decline in countries such as the UK, where prevalence among adults is below 20% for the first time in 80 years. (3)

This is all positive news, but residents must be aware of the threats to successes in tobacco control: the undermining of tobacco control policies by emerging flavoured tobacco products such as waterpipe tobacco, the increase in cigarette use among females, and ongoing lobbying by transnational tobacco companies to avert the implementation of public health policies.

*Mohammed Jawad - EuroNet MRPH, United Kingdom - mohammedjawad710@gmail.com*

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## EuroNet MRPH Meeting in Paris, 3-4 July

The next EuroNet MRPH Meeting will be held in Paris on 3-4 July 2015. *Get involved and join a great opportunity of networking among inspired young European Residents in Public Health!*

Venue and the agenda will be confirmed shortly in our website and social media accounts.

Before, the annual Conference of the French Residents of Public Health will be on 1-3 July, where residents will present their works. A day of training on qualitative methods done by an expert in the field will be organized. EuroNet MRPH members can present their contribution free of charge and if they want to compete with other residents to win a tablet, they have to pay the CLISP annual fee (19 euros).

EuroNet MRPH France  
euronetmrphfrance@gmail.com

## Raffaele tells about his internship facilitated by EuroNet MRPH at the DCPH of the Imperial College

At the end of the spring 2013, while I was going to complete my third year of Public Health Residency Program, I decided to look through the list of UK placements provided by the EuroNet MRPH, and to apply for an academic semester abroad at the Department of Primary Care and Public Health (DCPH) within the Imperial College School of Public Health in London. I started my five months experience in October 2013 and, then, I decided to visit again this Department to complete my fifth and last year of the Public Health Residency here.

Public Health aims to promote health through a multidisciplinary approach; therefore it has a broad range of focuses and interests and, currently, London seems one of the best places where to be, considering the high concentration of experts in each of these fields. If your interest is mostly in health services improvement, chronic diseases management and evaluation of policy intervention to reduce health inequalities, then the DCPH is the right choice for you as well.

The DCPH demonstrates excellence across teaching and research, it was ranked top of the "Public Health, Health Service & Primary Care" category according to the 2014 Research Excellence Framework (REF) ranking<sup>1</sup>. Moreover if you are also interested in understanding the UK NHS, the Department has several partnerships with NHS providers and commissioners. It is the leading academic partner to the Northwest London National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRCs)<sup>2</sup>, therefore it provides support in developing an evidence based and systematic approach for the implementation of new local and national interventions in order to translate knowledge into clinical practice, empowering healthcare staff and engaging patients and public to deliver continuous improvement in healthcare services. Furthermore methods developed by the Dr. Foster Unit to integrate case-mix adjustment, cumulative sum control chart (CUSUM)<sup>3</sup> and other techniques into the standard real-time reporting of hospital performance are used in around 75% of acute NHS trusts and 50% of Primary Care Trusts. The Imperial College Global eHealth unit is an integral part of the Department: the unit has the main aim to develop innovative, evidence-based solutions for delivering healthcare and health promotion, and for supporting public health research with extensive collaborations with the WHO and the Cochrane Collaboration. The Department also runs the Master of Public Health (MPH) course and is responsible for the general practice teaching of medical students on the MBBS/BSc degree. See <http://www1.imperial.ac.uk/publichealth/departments/pcph/>



I have been a Visiting Clinical Research Fellow at the DCPH where I have been focusing on several projects such as multi-morbidity in elderly people and its implication on health outcomes and healthcare utilisation in Europe. Previously I have been involved in projects exploring the general practitioners' prescribing habits in patients with mental health disorders in England and the impact of active travel on health outcomes in lower and middle income countries. Currently I am involved in a project exploring the impact of living alone on cardiovascular risk management in lower and middle-income countries.

If you are interested in knowing more please feel free to contact me.

*Raffaele Palladino*

[palladino.raffaele@gmail.com](mailto:palladino.raffaele@gmail.com)

## French policies in the Healthcare System: from a care pathway to a health pathway

The term of “pathway” answers the **necessary evolution** of our health care system: we have to encompass new determinants of health.

First, the net increase of **chronic diseases** (affecting more than 15 million people in France) and the **aging** of the population have led to **increased needs**, responsible of the majority of **health spending** and their **growth**. Then, from a medical point of view, the complex management of chronic patients involves **multiple stakeholders** and reduces the historically important place of the curative acute care.

Finally, this term is used to highlight the **preventive aspect** and to **organize the care offer** by location. “Pathway” was defined in the law reforming the health insurance (13 august 2004), setting up the coordinated clinical care pathway and assigned it to the general practitioner. Afterwards, this term was used by the HAS (High Health Authority) in its guidelines for chronic diseases management. Then the High Council for the Future of Health Insurance (HCAAM), highlighted the necessity to enlarge the concept to a higher level (medical and social): that’s the **health pathway**.



*“Medicine thought as punctual and independent acts should evolve toward a pathway medicine” (HCAAM)*

The concept has a difficult implementation: this is not putting a new dispositive in the health care system (like care networks or mobile teams) but a new organisation upstream: **organize** together, at the scale

of a territory, the **calibrated operation of the care system**, building links between professionals and sectors increasingly specialized and reducing the compartmentalization of specialities.<sup>[1]</sup>

Pathways are both **temporal** (organizing coordinated management throughout the patient’s disease) and **spatial** (organized it in the territory close to the patient’s home). We can define three pathways:

1. The clinical care pathway: The right sequence at the good time of the professional skills directly or indirectly related to the care: consultations, technical/biological acts, drug and non-drug treatments, management of acute episodes.<sup>[2]</sup> They are the answer to health needs, based on guidelines and good practises including ambulatory and hospital care.

2. The health pathway: All the steps and the progression of a person in a social and sanitary system organized in a given time and space. It concerns all health determinants.<sup>[3]</sup> They are the answer to the prevention, medico-social and social needs.

3. Life pathway: A pathway taking into account the successive stages of human life but also the different dimensions of its situation at a moment of his life (life project, autonomy in daily life, family and social environment, resources, etc.<sup>[4]</sup> They are the answer to the needs of the person in its environment, integrating educational, environmental, legal and professional factors.

The **Regional Health Agencies (ARS)** created by the health law of 2009 represent one of the **main levers** of the health pathways in France. They have authority on prevention, care and medico-social interventions (and are a unique point of contact in their area). They adapt national policies in the regional context and write their **Regional Health Projects**, in which they define pathways. These pathways are built by type of population (elders, disables, precarious, young people...) or by type of pathology (cancer, addiction, mental health, cardiovascular diseases etc.). They focus on **identifying breaks** in the management of patients/users of the health care system in the region in order to correct it. The most frequent elements observed and leading to fractures are: cross-financing, human resources, articulation of different health interventions for a single patient, recommendations of best practice and evaluating tools, legal aspects and information systems.

In a nutshell, the regional agencies are changing the health care system with **actions run no more by the offer of care but by the population of a territory**. The aim is not only the efficiency of an actor (hospital, ambulatory...) but the definition of its place in its territory and for a defined pathway.

The new health law proposed by the Health minister Marisol Touraine, being discussed at the parliament at this time, will try to improve this concept, giving always more space to the users in the health care system in order to reduce health inequalities.

*Pierrick Adam* - EuroNet MRPH, France  
adam.pierrick@gmail.com

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4. Caisse nationale des solidarités pour l'autonomie, 2012



## OVERVIEW

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 collaborative activities.

EuroNet MRPH has now officially existed for 4 years and is led by medical residents in Public Health Europe-wide. The Network was founded in 2011. It is a unique independent organization representing associations of medical residents in public health throughout Europe.

There are currently seven National Member Associations (NMA) with over 1,800 medical residents in public health represented.

Each NMA elects six residents to represent their country in EuroNet MRPH on the Executive Committee (EC). An Executive Desk (ED) formed of two residents per country is responsible for the coordination of EuroNet activities.

NATIONAL MEMBER ASSOCIATION (NMA)

COLLÈGE DE LIAISON DES INTERNES DE SANTÉ PUBLIQUE

CONSULTA DEGLI SPECIALIZZANDI

COMISSÕES DE MÉDICOS INTERNOS DE SAÚDE PÚBLICA

ASOCIACIÓN DE RESIDENTES DE MEDICINA PREVENTIVA Y SALUD PÚBLICA

THE EDUCATION COMMITTEE OF THE UK FACULTY OF PUBLIC HEALTH

IRISH COMMITTEE OF RESIDENT IN PUBLIC HEALTH

CROATIAN COMMITTEE OF RESIDENT IN PUBLIC HEALTH



EXECUTIVE Desk - 2 Residents  
from each NMA



EXECUTIVE COMMITTEE - 4 Residents  
from each NMA

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



## AIMS

**TO GIVE MEDICAL RESIDENTS IN PH THE OPPORTUNITY TO UNDERTAKE INTERNATIONAL INTERNSHIPS**

**TO PROVIDE A NETWORK THAT LINKS ACTIVE MEDICAL RESIDENTS IN PH ACROSS EUROPE**

**TO DEFINE AND ACHIEVE A COMMON CORE OF PROFESSIONAL COMPETENCES IN EUROPE**

**TO STRENGTHEN THE ROLE OF PH MEDICAL DOCTORS IN EUROPE**

## ACTIVITIES

### EXCHANGING WORKING PRACTICES AND SCIENTIFIC KNOWLEDGE

Presentations from international residents at training events or conferences

Promotion of projects whereby EuroNet MRPH facilitates the collaboration

Establishment of a website and social media accounts with information about projects

Distribution of a NewsLetter "EuroNews MRPH" through the EuroNet MRPH media network

### BOOSTING TRAINING OPPORTUNITIES ACROSS BORDERS

A database of placements in each member country is available on the website

Facilitation and information sharing regarding placements at international organizations (e.g. WHO, ECDC)

A survey is ongoing to evaluate demand and barriers to international placements

### EURONET PROJECTS

Survey on post-residency destinations

Knowledge and attitudes of Public Health Residents towards vaccination (EUPHA, 2012)

Study on Residency Programme Comparison (EUPHA, 2014)

Survey on International Health Electives (started in Italy, ongoing among EuroNet MRPH)

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# EUR<sup>NET</sup> MRPH

## FUTURE PLANS

- TO CONTINUE THE EXPANSION OF THE NETWORK
- TO ADVOCATE FOR CONTINUOUS IMPROVEMENT OF TRAINING PROGRAMS
- TO PROPOSE MORE COLLABORATIVE PROJECTS
- TO INCREASE AWARENESS OF OPPORTUNITIES AMONG RESIDENTS
- TO CONTINUE THE PROMOTION AND THE FACILITATION OF THE INTERNSHIPS
- TO FACILITATE THE INTERNSHIPS IN EUROPEAN AND INTERNATIONAL ORGANIZATIONS

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## CONTACT US :

Email : [mrphnet@gmail.com](mailto:mrphnet@gmail.com)

Post : Maison des associations

72/74 Rue Royale

59800 Lille, FRANCE

