



Overview

Editorial	page 2
Refugee crisis management in Croatia	page 3
Paris WHO Simulation	page 5
Universal health coverage in Ireland	page 6
Italy's « health benefit package » reform	page 7
Migrant health	page 9
Diagnosis Related Groups in Italy	page 10
Mental health in Portugal	page 11
Spanish team presentation at a Public Health Conference	page 13
Loneliness and Social Isolation in the UK	page 15

Editorial

Dear friends and colleagues,

The last months of 2015 have been filled with very interesting Public Health events like the EPHA Conference and General Assembly, the World Health Summit and the European Public Health Conference. These kinds of events represent a huge opportunity for public health residents because we have the chance to gain knowledge, to keep ourselves up-to-date with the latest developments in the field of public health and to hear the inspiring speeches of public health distinguished professors. EuroNet has had the opportunity of chairing a workshop on critical thinking at the European Public Health Conference with EUPHANxt and the Young Gasteiners. Hopefully this kind of experience will repeat itself and become a recurring episode at this event.

Our last face to face meeting was held last November in Barcelona and we had the pleasure of accepting the application of the Netherlands public health association, Losgio. We now represent public health residents from 8 European countries and we are looking forward to expanding our network. Out of an open discussion during the roundtable, emerged the need of residents to share their work with peers and to exchange scientific experiences with colleagues from other countries. One of our objectives for this year is to create a scientific platform that will allow residents and public health professionals to collaborate on scientific projects that interest them across Europe.

In our field of work we need to develop all kinds of competences and soft skills like leadership, emotional intelligence or project management are making the difference between a good public health professional and an excellent one. The role of EuroNet would be to provide the opportunity for public health residents to develop these skills through trainings and workshops.

With these goals in mind and with many more, we start a hopefully productive year under the guidance of the Irish EuroNet members who will assure the Presidency for 2016.

Ask not what 2016 can do for EuroNet, but what EuroNet can do for 2016!

I wish you all a fructuous and a remarkable new year!

Anca Vasiliu, President of EuroNet MRPB for 2015

Refugee crisis management in Croatia

When natural disaster occurs, it is necessary to provide urgent assistance, and timely intervention of the international community can be a matter of life and death. The European Union and its Member States provide for more than half of the cases of emergency assistance to victims of disasters caused by human activities and natural disasters around the world and actively promote respect for international humanitarian law (<http://www.globalhumanitarianassistance.org>).

The current migrant crisis has national, regional and global aspects and surpasses the boundaries of a single country - it is a multidimensional problem that requires a multilateral solution in terms of preventive diplomacy. The European region is currently under a big pressure of income of migrants because it is surrounded by unstable regions, and the whole crisis has an important political implication because of the increase in tensions between the countries of the Balkan region that have become the main transit route for the refugees.

Since the beginning of the refugee crisis (mid-September 2015) until 23rd of October 2015, more than 227.000 refugees from Syria, Afghanistan, Iraq and other countries have entered Croatia; - men, women, elderly, children and people with disabilities. Over only a few border crossings they travel to Slovenia, Austria, Germany and other countries of EU.

The weather conditions such as rain and upcoming cold and snow, the separation of family and friends groups, lack of equipment and insufficient food reserves contribute to the gravity of the situation. Following all the grave events, Croatia has called for international humanitarian aid as well as for consensus within the EU and the assistance of some European countries.

Croatia joined the group of countries of the EU and South Eastern Europe that deal with this crisis heavily. The formation of the Emergency response center of the Ministry of Health in Croatia, which issued the Procedure book that provides measures of health monitoring and care for refugees during their stay in Croatia, which aims to regulate the public health aspects of the refugee crisis. Health measures are implemented jointly by the regional institutes of public health (in different counties) in reception centers and the medical teams are in charge of health centers in those counties, as well as Institutes for Emergency Medicine and other health care providers. The teams work 24 hours per day. The Procedure book facilitates the organization of health services on the ground and health teams conduct the triage of persons placed in a reception center in order to determine their health status and to identify acutely ill persons (triage includes clinical and



epidemiological assessment and measures, immunizations, hospitalization etc.).

The Procedure book defined all the minimum requirements for meeting the basic needs in emergency situations, related to water, sanitation facilities and food, in order to reduce risk factors for the transmission of infectious diseases - overcrowding, unsatisfactory hygiene and sanitary conditions, the conditions conducive to the development of the vector for the transmission of infectious diseases and such.

The role of non-governmental organisations and some international organisations (UNHCR, UNICEF etc.) in this refugee crisis is pivotal – they are helping refugees by gathering and organising volunteers, collecting donations and working on the spot – in the reception centers and on the border crossings. This humanitarian crisis has occurred in the wake of the parliamentary elections in Croatia, and this fact makes the whole situation more complex because every step of the Government is being closely monitored. Some of the political parties have started to collect donations and humanitarian aid for the refugees.

Out of all the refugees passing (and in some moments around 1000 people per hour) through Croatia, until 18th of October 2015, only one person applied for asylum in Croatia. According to the statement of the Croatian Foreign Minister, Croatia has applied all of the available humanitarian standards; nevertheless, it needed to keep track of the number of refugees entering the Country. Some of the border crossings are closed (due to Hungary closing its borders with Croatia) so now most of the refugees are moving north and crossing the border from Croatia to Slovenia.

The prompt responses are needed to harmonize the EU and individual policies about the admission of refugees and border control. Speed and efficiency are needed to avoid the possible catastrophic consequences of the refugee crisis - public health, humanitarian and political.

Vesna Štefančić and Maja Vajagić, EuroNet MRPH Croatia

The Paris WHO Simulation

At the end of September, the first edition of the Paris World Health Organization Simulation (ParisWHO) was organized in the heart of Paris by students from the EHESP, the French public health school. It was a great success and gathered more than 100 participants from all over the world, with various academic and professional backgrounds. This event aimed to introduce and educate students with the realistic roles of a WHO World Health Assembly meeting. By engaging in fruitful discussions, each one of the regional groups produced bold resolutions on the topic of Health & Innovation – Challenging Health Inequalities and Creating Sustainable Development.

The opening of the ParisWHO was a Global Health Fair organized by the Public Health residents from Paris. This event allowed all participants to meet and discuss with representatives of Global Health organizations. EuroNet MRPH and the CLISP were present, along with EUPHAnxt, UAEM, the French Agency for Development, and several innovative startups who presented their projects.

Stay tuned for the next edition of this fantastic conference! More information on pariswho.org.

Myrtille Prouté, EuroNet MRPH France



Ireland's next step towards universal health coverage

The Irish government introduced free primary care for all children under six years of age from the first of July of this year. This is the first step towards universal health coverage in Ireland.

The current Irish health system is a two tier system with mixed public/private funding. In 2012-2013, approximately 42% of the population had private health insurance and 40% had a medical card entitling them to free medical care. The remaining approximate 18% of the population incurred out-of-pocket expenses.¹ Within this system, private patients can get faster access to treatment and some public patients can be experiencing serious financial pressures when they seek treatment.

This current healthcare system is not only inequitable but also unsustainable, with the existence of two parallel health systems resulting in significant duplication and inefficiency. Thus, the Irish government hopes to move towards universal health coverage. Under the new service agreement, all children under six are entitled to free visits from participating primary care physicians. In addition those children with asthma, will also be provided with specific preventative assessments at age 2 and 5 that include charting age, weight and height and provision of a written action plan.

As of the 30th of June 2015, 79,000 children had been registered for this scheme.²

This initiative is not only a positive development towards achieving universal health coverage but, the preventative asthma component included in the service agreement, may also signal a greater focus on prevention by the Irish Government.

EuroNet MRPH Ireland



1. Health in Ireland. Key trends in 2013. Department of Health.

2. Press statement at :<http://www.hse.ie/eng/services/news/media/pressrel/Archive/under6commences.html>

Reforming the "health benefit package" in Italy: work in progress

After 15 years from their institution, Italy is finally considering of updating the "health benefit package" (HBP). HBP could be defined as a list of services, activities, and goods that are provided and covered by National Health Services (such as Italy) or a mandatory insurance schemes.

Italy has a National Health Service (NHS) based on principles of universalism and comprehensiveness. In fact, article 32 of the Italian Constitution of 1948 states that "The Republic protects health as a fundamental right of the individual and as a concern of collectivity and guarantees free care to the indigent." In 1978, the Italian NHS was created and HBP was provided to all citizens irrespective of age, social condition, or income. Since then, the NHS was fund mostly from general taxation, and each service from the HBP was delivered for free. The National Health Plan 1998–2000, together with the health reform approved in 1999, updated these criteria, including that should inform their definition: human dignity, effectiveness, appropriateness, and efficiency. Moreover, the Italian Constitution was revised in 2001 and introduced the HBP as the "essential levels of care" (Livelli Essenziali di Assistenza, LEAs), which are set by central government. LEAs are classified in three items: "public and occupational health care system", "community care services" and "hospital care services".



Essential Benefits	
Per package	Individual plans
Amount	
HHS Approved	% Package Requirement
Ambulatory patient services	10 %
Emergency services	10 %
Hospitalization	10 %
Maternity and newborn care	

Due to the decentralization process of the Italian NHS, the LEAs are to be guaranteed by every Regional Health Service to all, both Italians and foreigners, both residents and migrants, with equal health care coverage through-out the country. In other words, as stated by the Constitution, “to set objectives for eliminating geographical differences in social and health care conditions”.

At present, the decree of 2001 is the pivotal element of the Italian health benefit catalogue. However, the Italian Government is considering to update LEAs. A draft of the new decree with the hypothesis of amendments is available from the beginning of 2015. This draft revisits the description of typology of assistance and services given by Italian NHS in the area of public and occupational health care system, such as surveillance and prevention of infectious and chronic disease. Moreover, it updates the list of available specialist and prosthetic assistance on the basis of technology evolution, the lists of chronic and rare diseases for which the assistance is free, and the protocol for the assistance of pregnancy. In addition, the draft better characterizes the typologies of domiciliary and residential assistance.

However, in these last years there is a debate, regarding LEAs, that animates the national congresses of many Italian scientific societies, such as Italian Society of Health Technology Assessment (SIHTA) and National Association of Hospital Medical Directors (ANMDO). These societies wish for an implementation of the New National Information System (NSIS) and for a better characterization of the needs of the Italian population, and a for a system of indicators more efficient than the existing, finalized to determine if these health needs have been satisfied. Moreover, the concept of benefit packages is evolving in the characterization of paths of care specific and appropriate on the basis of the kind of the disease and of the patient, getting over the existing list of services that are guaranteed by Italian NHS.

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Migrant health: a quick overview and Milano perspective

The rise in the number of arrivals by sea put much pressure on Italy and other coastal countries, such as Spain, Malta and Greece. Thousands of lives were lost and the Mediterranean has sadly turned into Europe's sea of death. Europe needs to face this humanitarian disaster on its borders, but unfortunately has not found any effective method to prevent migrants dying at sea. The atrocity of both war and increasing inequality has killed too many human beings. This is one of the most evident sharp edge of the world north-south divide of wealth and poverty.

The increase in numbers of refugees arriving in and travelling across the European Region does not indicate any sign of reducing, hence migration is recognized as a growing social, economic and public-health issue. Refugees and asylum seekers can be characterized in several ways but governments are more likely to separate between asylum seekers, whose claims for refuge are still under consideration, and refugees, whose claims have already been admitted. By the way they can be considered as those who did not voluntarily make the choice to leave their own country and therefore cannot come back home safely. Asylum seekers and refugees mostly have differential access to welfare, notably to health services. It is necessary to raise awareness of humanitarian emergencies and promote equitable public attitudes towards migrants, but also to improve communication and coordinate action as long-lasting solutions are a priority.



A recent fit-for-purpose Italian publication aims to investigate some distinctive aspects about migrants, supporting access to appropriate health care and addressing health care needs. The epidemiological observatory referent for both the two local health units covering the metropolitan area of Milano (ASL MI 1-ASL MI 2) has realized a thematic report : “Analysis of health status and access to health care of migrants”. This document shows that migrants living in this area are a young population (among these, approximately one third is aged 25-39, while a quarter is still underage) whose main health problems are due to acute diseases, therefore they mostly go to hospitals through emergency admissions. Regarding ordinary admissions, there is not significant difference when compared to the Italian population (except for earlier child-birth admissions among migrants women) and, regarding chronic diseases, results represent a migrant population healthier than the Italian one. Moreover the study shows that in the investigated area there is not inequality in accessing the health services.

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It.DRG: the project of the Italian Ministry of Health

In Italy, the adoption of the Diagnosis Related Groups (DRG) as a system to classify hospital admissions and their related costs, within the National Health Service, dates back to 1994. The current system is essentially based on the U.S. model (with the related software) with few minor adjustments to the Italian context.

The General Directorate of Health plans to pass, by the end of 2016, to a system based on italian data, fully independent and made in Italy (It.DRG). In the current experimental phase of the project there are 20 hospitals involved. During 2016 there will be a structural sharing of the results with the scientific societies.

There are 4 research lines :

- 1) Diagnosis coding and classification system: to produce the first italian revision of the 10th International Classification of Diseases (ICD-10-IT).
- 2) Procedures and interventions coding and classification system: to produce the first italian revision of the "Surgical, diagnostic and therapeutic procedures" section of the ICD-9-CM (clinical modification).
- 3) Admissions classification system: for both ordinary and daily admissions to hospitals.
- 4) A system of related weights (costs): to produce the first system of relative weights associated with the new It.DRG classes.

The ultimate goal of the project is to have fewer types of activities and admissions in order to reduce costs and to have a better tool for management control.

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Mental health in a local Portuguese authority - two successful experiences

Community Intervention Group

The most recent epidemiological studies suggest psychiatric and mental health disorders are the main cause of disability and one of the major causes of morbidity in modern society (1). Including mental health in the public health agenda and ensuring that all citizens have access to quality mental health services have become urgent goals.

In 2010, a Community Intervention Group (CIG) was created, integrating a multi-professional team of the western area of Oporto. This group responds to critical situations signalized to the Local Health Authority, through complaints concerning people that live in poor sanitary conditions and requests for compulsory detention, particularly in the fields of mental, social and public health.

The group consists of Public Health Doctors and Local Health Authorities, psychiatrists (Community Mental Health Service and Psychogeriatric Service of Magalhães Lemos Hospital, Oporto), Environmental Health Technicians, Social Service Technicians, Community Health Nurses and Community Care Unit Nurses and local NGOs.

The main objectives of CIG are to increase the efficiency of the coordination on health and social resources of the community; to identify cases of social disruption; to refer cases of psychiatric disorders to mental health services; and to promote social reintegration of individuals in follow-up.

The intervention of a multi-professional team that finds an integrated response based on a harm reduction strategy is essential to improve coordination between health units and public and social organizations, increase the efficiency of procedures and optimize the resources available, with obvious benefits to the seriously mentally ill people.

Mental health promotion in children and adolescents living in Institutions – an intervention

When physical and mental integrity and development are at risk at their home environment, children and adolescents may need to be placed in a permanent living arrangement in custody of the State. Several studies (2, 3, 4, 5) suggest children and adolescents who suffered from sexual, physical or mental abuse have higher risk to become offenders. In addition, their perception of lack of support may increase their vulnerability for criminal acts, drug addiction and suicide.

In 2013, in the western area of Oporto there were 290 children and adolescents living in Institutions in State's custody. These Institutions are the key to integrate and help young people to develop a life project that will help their healthy inclusion in society.

In order to promote mental health in children and adolescents living in Institutions we develop an intervention. Its main goals were to increase motivation and sensibility among professionals that worked with children and adolescents, to improve inter-professional work, to clarify basic concepts about sexual behaviour and how to identify and act in a case of sexual abuse.

A review of the literature about the topic was done. We built an intersectoral team composed by three medical doctors from the Public Health Unit and two psychologists from the Centre of Counselling and Diagnosis for HIV/AIDS (CAD VIH/SIDA). We defined a strategy for the intervention in coordination with the Institution's psychologist.

Three groups of mixed professionals were composed and each group had three sessions. Two psychologists and one medical doctor managed the sessions and the team used group dynamics to fulfil the intervention goals.

After the intervention, the Institution changed their procedures about how to act in case of a sexual abuse situation and in relation to hiring agreements of new professionals to work with children and adolescents. This is a practical example of a successful intersectoral work in mental health promotion.

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EuroNet-MRPH Spain at the II Iberoamerican Congress on Epidemiology and Public Health



Representants of the Spanish EuroNet participated at the round table on public health formation at the **II Iberoamerican Congress on Epidemiology and Public Health** celebrated in Santiago de Compostela (Spain) the 2,3 and 4th September. Alicia González presented the first results of the **International Health Electives (IHE) survey** in Spain. This long-term project was made possible by all the members in the IHE working group, and results from all the participant countries will be available soon.

As for the Spanish survey, a key finding was a high level of interest in doing an international internship among public health resident, despite their gender or year of graduation, and a major economical barrier opposing to this interest. The subsequent debate rose questions about how to get the heads of teaching units involved in creating mobility opportunities and sharing information about IHE for residents. Currently there are no grants or economic compensations for Spanish residents learning abroad, and most of them will refuse an IHE because they cannot afford the associated costs with a base salary. Interestingly, the main sources of information on international mobility identified by the surveyed residents were the Spanish national association of public health residents (ARES) and Euronet-MRPH Spain, followed by several international organizations as the WHO or ECDC.

Participating in national and international public health congress, especially in discussions about public health training, is a good way to make visible our network's work and goals and to share the trainees' points of view, needs and barriers.

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Beginning an international internship

Acquiring experience working abroad should be taken into account in our formation as specialists in Public Health. With this objective in mind, I asked the opinion of a resident colleague in Barcelona, who is involved in EuroNet MRPH, and he recommended to consult the EuroNet webpage. According to the information obtained in the webpage, I sent an email to the EuroNet MRPH referee colleague from where I wanted to do the internship, in this case Lisbon, asking for the possibility to work there and explaining the areas and tasks I was interested in.

I had a quick reply from the responsible person informing that there was availability to do an internship in all of the different areas of my interest. Then, as agreed, I wrote a letter with the internship planning and agreement, including a proposal for the period of time I would go to Portugal, to be signed by the person in charge.

Summarizing, I could say that EuroNet MRPH facilitates an easy contact between Public Health residents across Europe which may bring a lot of opportunities for learning abroad in addition to enrich our professional skills.

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“ EuroNet MRPH facilitates an easy contact between Public Health residents across Europe which may bring a lot of opportunities for learning abroad “

Loneliness and Social Isolation in the UK

In April 2015, Public Health Registrars from the Yorkshire region of England published an edition of 'PH1' on the theme of loneliness and social isolation. PH1 is the quarterly publication from PH registrars in the UK. Loneliness is defined as the subjective feeling of the absence of a social network, whereas social isolation is an objective lack of interactions with others.

Awareness of social isolation and loneliness as a public health issue is increasing in the UK in terms of empirical research findings, anecdotal evidence and policy initiatives. Chronic loneliness affects over 800,000 older people in the UK. Increasingly it is not an experience exclusive to older people. A survey by the Mental Health Foundation found that 12% of 18-24 year olds were often lonely with 45% lonely some of the time.

A large meta-analysis conducted by Holt-Lunstad, J. et al (2010) found that those with good social links had a 50% greater likelihood of survival, which is akin to the effect of smoking up to 15 cigarettes a day for those more socially isolated. The evidence base in this area is still developing and more needs to be done to understand the causal pathway between isolation and its effects on health. Additionally interventions to address social isolation need further robust investigation to test effectiveness.

Our publication provides a broad overview of this topic and highlights the impact on front line health services and what is being done in the UK currently to address it. We try to highlight the increasing importance of this issue to public health specialists and society as a whole. Please find it at the following link - <http://goo.gl/8GXXNa>

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Oxford Public Health Magazine

The first issue of the Oxford Public Health Magazine has just been published, highlighting the journalist's perspective in public health. It includes top tips from leading health correspondents at the BBC, Channel 4 News, CNN, and ABC News.

The magazine is available online:

http://www.issuu.com/oxfordpublichealth/docs/oxph_magazine_issue_1_oct2015

Oxford Public Health is the new global network dedicated to public health leadership, innovation, practice, research, communication, and training. Its mission is to promote careers in public health, increase public health capacity worldwide, and integrate public health perspectives into the wider workforce, including but not limited to journalism, radio, television, film, law, policy, architecture, urban design, engineering, entrepreneurship, healthcare and academia. Oxford Public Health will soon be launching events, including the Masterclass and the Innovation Mashup series, as well as introducing public health consulting and career coaching services. The global network was founded by Behrooz Behbod, a specialty registrar in public health based in Oxford with an interest in EuroNet. Behrooz qualified from Leeds University Medical School in 2003, and gained further clinical experience in the UK and Cyprus, followed by a masters at the Cyprus International Institute for the Environment and Public Health and a doctorate at the Harvard School of Public Health.



Prior to returning to the UK, Behrooz served as an Epidemic Intelligence Service Officer at the United States Centers for Disease Control and Prevention (CDC). If you would like to contribute to the magazine, or to promote your services, products, ideas, or initiatives with the global audience, please email: info@oxfordpublichealth.com

EuroNet MRPB United Kingdom



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