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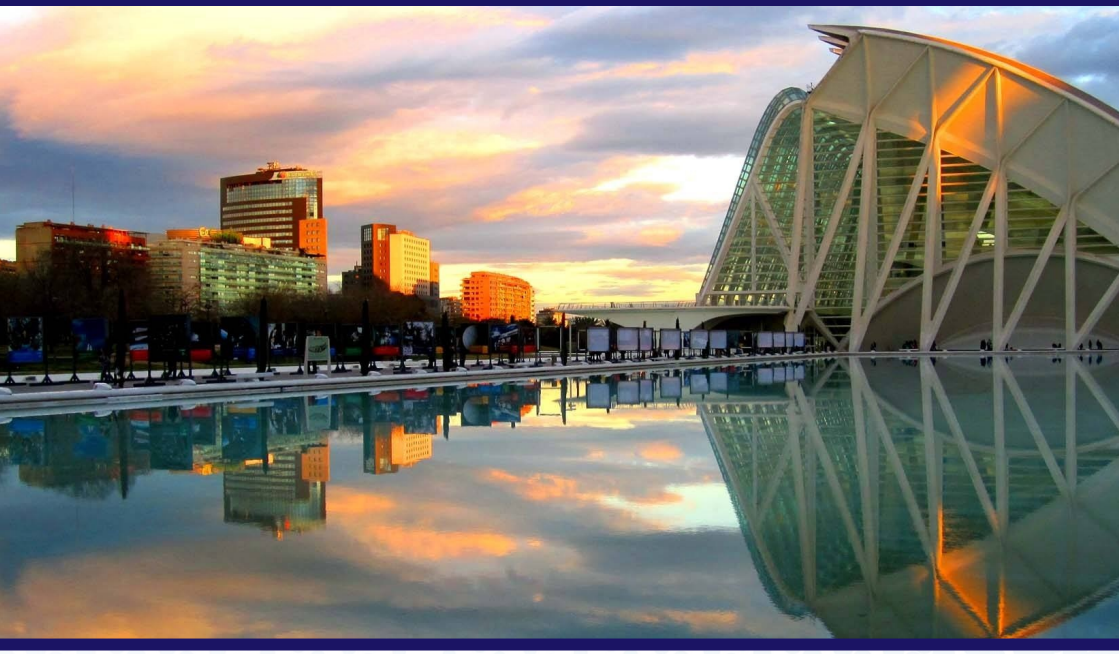

EURONEWS MRPH

The Newsletter of the European Network of Medical Residents in Public Health

EuroNet Summer Meeting

Valencia, 12-13 July 2018

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Editorial

Not a lot of time has to pass for EuroNet MRPH to produce enough activities to fill a whole number of newsletter. We have been active on many fronts. Starting with the very distillate of EuroNet, we are presenting a triplet of articles from our latest meeting in Nancy. There is a general report of the meeting and a story from the meeting centred on activities (we plan to develop) on the topic of promotion of Public Health. If you're not into reports, check the insightful interview with Auldric Ratajczak from French Regional Health Agency Grand-Est.

Between meetings EuroNet machine keeps churning. Our working groups made some significant steps toward the final goal of publishing the results of their ambitious research. Lead researchers of a selection of working groups are very happy to report their activities. We spend a lot of time on our working groups and arranging new meetings, but that does not mean we are not aware of what's happening on a grander scale. Since big majority of Associations of Public Health residents come from EU member countries we felt obliged to voice our opinion on the future of Public Health in Europe. If you are a less talk, more action type of person you might want to skip to the invitation you can't refuse for Valencia meeting

and a short piece on a conference our Italian colleagues are organising in Catania where EuroNet will host a workshop!

And then there are the big issues that actually matter for the public health. Our fellow residents with their nimble fingers and industrious minds delivered a series of articles addressing topics ranging from vaccine hesitancy, pertussis vaccination in pregnancy, importance of drinking water, impact of climate change, value and structure of local health plans and a report on residents activities in the field of health and migration. Range of issues tackled in this number of newsletter is already impressing.

But there is more. A fresh resident from Portugal offered us his reflections on public health and a (more seasoned) resident from Spain provided us with her thought provoking view on ethics in public health.

In case you are left with a strong urge for Public Health action after you finish reading those two brain teasers, check out the selection of meetings and training opportunities in EU we have compiled for your convenience. Maybe you want to go beyond EU? Then read the Global Health Next Generation Network presentation or an internship report from Healo & Salford Royal Foundation Trust in UK (we're joking, we know UK is still in the EU :-)).

EuroNet MRPH Board & Leads

#EuroNetNancy

#EuroNetNews

#ThroughTheNet

Nancy Meeting

Damiano Cerasuolo, Damir Ivankovic, Gisela Leiras, Clément Massonnaud, Lois Murray

Almost one year on from the Strasbourg meeting, EuroNet MRPH is back in France! The 2018 Spring meeting (occurring disturbingly early in March, from 7th to 10th) was hosted by the beautiful city of Nancy. It was excellently organised by a Nancy local, Hélène Rossinot and the French EuroNet MRPH National Commission, on the theme of prevention and health promotion. The meeting was held in the Nancy Museum Aquarium, a natural history museum including over 60 aquariums and a zoology gallery. But, to avoid any fishy business, the sessions were held in the Lucien Cuénot amphitheatre, originally created in 1933 and beautifully restored with the original furniture in 2013.

1st day

The morning session of the meeting's first day was dedicated to EuroNet working groups. After an the motivating opening welcome message by our President, Alberto Mateo, the participants split in four working groups. "Promoting Public Health as a career choice" working group was led by Damir Ivankovic. It was mostly a brainstorming exercise on how to promote Public Health among medical students, delightfully sprinkled with philosophical insights. Further discussion is needed to determine what role EuroNet could play in this matter, and if this should be formalized with a permanent working group. A second group was led by Matej Vinko, EuroNet MRPH Vice-President, aiming to edit the position paper "On the future of Public Health in the European Union", as the deadline was that same day. We are proud to say that this was a successful attempt and we managed to submit the paper before the time ran out. A third group was the "LGBT+ Residents' Health and working environment" working group, led by Damiano Cerasuolo. It carried on the work already started in Lisbon, during the Euronet winter meeting, by reviewing a questionnaire for medical and Public Health residents concerned by this subject across Europe. The last group, led by our communication lead, Gloria Raguzzoni, set up a plan to improve the way we promote our internships and discussed innovative ways of improving our communication channels.

The afternoon session commenced with the official inauguration of the meeting, in the presence of local authority head figures. The welcome speech was given by André Rossinot, president of Grand Nancy Metropole, Laurent Hénart, mayor of Nancy, Bruno Boyer from the Conseil National de l'ordre des médecins (National Board of Doctors), Auldric Ratajczak from the Agence Régionale de Santé Grand Est and François Werner who is in charge of the coordination of European policies in the Grand-Est region and vice president of Nancy Metropole.

Then followed the round table "Local prevention policies" that saw the participation of François

Werner, Auldric Ratajczak and Marie Catherine Tallot deputy mayor of Nancy in charge of health.

The talk focused on the strategies set up by the ARS (the local health agency) and the local institutions to promote health projects, addressing main issues and needs of the population.

2nd day

The theme of the second day of the meeting was prevention in hospitals. First, we had the presentation of the "Health Promotion Corner in the Hospital". Le cercle sens & santé is a "think-to-do-tank", created in 2014 as an ideas generator and processor. Its goal is to develop better hospitals for the future (www.cerclesensetsante.com).

Prevention actor club is an association created in 2014 whose main goal is to transform waiting times in hospitals into recreational time and provide opportunities to promote healthy lifestyles, providing "Health for all" in the hallway. Example of activities included Zumba; yoga and cooking classes in hospitals; monthly activity program; leaflets; a photo booth with the prevention slogan; banners for public health campaign promotion, to name just a few. This project is undergoing a trial phase and will be launched in May at Paris HealthCare Week. We then had a round table with a hospital infection control committee responsible officer, occupational health physician and Nancy's Hospital manager to discuss the risks of occupational diseases in hospitals and preventive measures.

The afternoon was dedicated to the traditional assembly of the association. Lois Murray, from the UK, presented a possible EuroNet partnership with EuroNGOs for sexual and reproductive health and rights advocacy opportunities. It is an organization in which she worked and proposed to be the liaison lead. We then shared ideas for EuroNet participation in World Health Day. Finally, the climax of the meeting was the presentation of the candidacy of Valencia to host the 2018 summer meeting. It was thoroughly prepared by Julio Muñoz, and although he was not present, it is safe to say this performance will be remembered for decades and will inspire future generations of EuroNeters.

Social events

As part of the social programme, we had the chance to explore the beautiful city of Nancy and discover a bit of its rich history. The main square is the famous Place Stanislas, sometimes humbly referred to as "the most beautiful square in the world". It is named after Stanisław I Leszczyński, former Ruler of Polish-Lithuanian Commonwealth (and father-in-law to King Louis XV of France), who acquired the Duchy of Upper Lorraine, of which Nancy was the capital, after the War of the Polish Succession in 1737.

On the first evening, we were invited to a typical French restaurant called “Vins et tartines”. We tasted different kinds of toasts and local wine. We were also encouraged to taste some local whisky, and a liquor of a fruit called “Mirabelle” (which literally means “beautiful to see” by the way). Damir pointed out that this schnappsy liquor with a fancy name is basically what they call šljivovica in the Balkans, which is not considered fancy at all. After that, the whisky/liquor-resilient comrades went to wander around to experience Nancy by night.

The second evening took place in another typical French restaurant, where we had the chance to taste some fine cuisine. Despite a poultry problem, it was a very nice experience. As the night was still young, most of us went out once again to enjoy Nancy by night. There was music, there was fire, and people danced like they got out of jail, together in a beautiful communion of the nations!

To conclude, it was once again a wonderful meeting, thanks to Hélène and the French National Commission, for all the organisational efforts, thanks to the welcoming people of Nancy and thanks to the wonderful residents who attended it!

Interview to Auldric Ratajczak

EuroNet MRPH

At EuroNet Spring meeting we had the opportunity to ask a few questions to Auldric Ratajczak, medical counsellor at the Agence Régionale de Santé Grand-Est, Nancy.

How did you get involved in Public Health?

I started being involved in Public Health after graduating as general practitioner (GP). I did a normal post-residency course as a GP: I worked in France and then I moved to the UK, where the company I was working for had a massive engagement in Public Health. It was a non profit organization, doing a lot of interventions around sports coaching, gym sessions around community information centers and that was in fact the branch. So I was there as a GP, I was involved in the management side and it all just came out naturally, so I have always had to follow Public Health courses to get there.

Why do you consider Public Health important?

Well, the important thing in Public Health is the impact you can have on diseases, on factors that make people getting ill, or dying younger, due to certain diseases. And then your thoughts go back to what you do as a GP, where you see people walking through your clinic's door and you can only try to treat them. It is a matter of time and you start thinking "What brings them to me? For which reason, as GP of this community, of this neighbourhood, I deal with a lot of diabete cases while, walking 300 meters down the road I wouldn't see any diabete case". It is just because populations are different and there are different social backgrounds too. So Public Health has a chance to influence all that. And, actually, it is only by influencing "that" we are going to save the Health Care System. Because we are spending too much, and not necessarily in the right way, and Public Health has got to be the big driver in trying to make sure that our resources matches the demands that we are going to face in the future.

How do you integrate Public Health in your daily work?

I'm in charge of strategy at the moment, so it is probably the ideal position; the last few years have been in a very commercial business-settled environment, so I was coming through a whole transition, from pure GP practice in a small organization, in something larger: managing other GPs, larger clinics, being in charge of budget and planning. I have to make decisions on how to spend them,to return the investments. So, when you are driving policies, it is not just about what you want to do, how you are going to plan it for the next few years, but it is also "where am I going to focus most of my efforts and and how am I gonna solve the problems in front of me?". All of this by being very concrete, managing it really like it is your own project and not like a bigger, intangible, idea that is going brainstorm your mind and then

suddenly stopping. If you do not try to influence that project properly, if you do not have the right team around you, your ideas could be great, but they just will never see the light of day.

Do you have any advice for Public Health Residents?

Mainly two things. If you are in Public Health involved in the scientific branch of it - communicable disease, diseases monitoring - it is actually fine, great! You will really going to enjoy yourself. If you want to do the political side of it, which is a big part of it, try to get as many competencies you can, in as many possible scenarios. You need to be good as clinician, you need to have a good scientific knowledge, and you also need to understand how these organizations work, how do you get people to work with you, so team building is essential, coaching is really important, anything you can do around project management it is actually advisable. Trust me, when it gets political all the grade of theories about why we should be doing something and Evidence Based Medicine have to be weighted against what people want and what they understand, so you are always back talking to the patients again, so you go from something that is fact driven to try and negotiate with someone that really does not want to listen. This is why you need as much experience you can get elsewhere, even political projects, or private enterprises. Everything is definitely worth trying.

A story from Nancy

Manon Burgat
Public Health Resident, Dijon, France

Shortly after I joined France's Public Health team in October, I heard about Euronet mainly through CLISP (National Public Health Resident Association in France), and I was quite curious about European Public health Association. My name is Manon Burgat, I live in Dijon and I am a French resident.

At the beginning, my main interest in Euronet meeting was to do a training course in a European Country and to improve my English vocabulary.
But it turned out to be more than that. Euronet leaves its marks, physically (probably just the Nancy's one) and in your heart. Nancy's meeting occurred in March, from the 8th to the 10th. It's a beautiful city, known for "La place Stanislas", listed in the UNESCO world heritage and also for "macarons" French biscuits. Moreover it's not far from Dijon. (173 kilometres to be precise)

I am not going to write about the food poisoning, the disease we've all survived, the amazing people I met, the 2018 women's day, the general assembly or the crazy nights we've spent. I just want to write you about Public health promotion.

Public health promotion was the title of one of the working groups we had during Thursday morning. It was led by Damir, a Croatian

resident. Only French people attended this working group, supposing public health had a poor reputation among French students.

A lot of ideas were developed. We began our work with the premise that there is no common definition of"Public health". What is it? What is the daily routine of a public health doctor? Do you define public health by quoting the different possibilities of work?

In France for example, students don't choose medical studies to be a public health doctor. They choose it to cure, to save, and to help patients. To study clinic's. (Public spirit :)). The speciality is not well known, and it is just at the end of the medical school that French students start to think about choosing public health speciality. Furthermore, there is no public health work experience during the first years. And at the final exam, public health is one of the last specialty chosen.

After this analysis, what can we do to make public health more glamourous or attractive? We can take for example a look at what they did in the United States. They had a campaign "this is public health " created by the Association of Schools and Programs of Public Health in order to "brand public health and raise awareness of how public health affects individuals, families, communities, and populations". In the US, public health is very attractive among students! From there, we talked mainly about having "public health promoter" in cities who can talk about public health, in conferences for example. We can do European leaflets with a cool headline, distribute them in each country. We could have a reference website, where public health work is described...

We are at the beginning of this project and there is so much left to do to promote public health. And not only in France! All your ideas are welcome! Go to Valencia and share them with us! :)

Research Working Groups – Updates

Damir Ivankovic, Clement Massonnaud
EuroNet MRPH Research Leads in 2018

"I love to be free to explore, research, and evolve." [1]

Research work is one of the three main pillars of EuroNet activities, alongside networking and internship facilitation. Besides an opportunity to work on interesting topics with motivated and smart public health colleagues from different European countries, it also offers a unique, engaging and safe environment to improve our competencies in scientific work – methodology, scientific writing as well as publishing. Multinational, and often multi-time zone, setup of the working groups also offers an opportunity for individual group leads, but also all members, to "engage others, build relationships, manage conflicts, encourage contributions and sustain commitment to deliver shared objectives."[2]

Currently, there are seven active research groups in EuroNet MRPH:

1. "Conflict of interest"; Stefano Guicciardi (Italy),
2. "Resident burnout"; Sorina Mihailescu (France),
3. "Post-residency employability"; Julio Muñoz (Spain) and Adrian Hugo Aginagalde Llorente (Spain),
4. "Residency educational climate"; Špela Vidovič (Slovenia),
5. "Public health informatics"; Francesco D'Aloisio (Italy),
6. "LGBT+ residents"; Damiano Cerasuolo (France) and
7. "E-cigarettes"; Pietro Ferrara (Italy).

These working groups are all in different stages of "maturity" and progress but overall 2018 so far has been a very fruitful year for research in EuroNet. A couple of surveys have already been launched and a few abstracts sent for the EPH Conference in Ljubljana. We've tackled new methodologies and learnt a lot about ethic committees' work in different countries. All through countless teleconferences!

For more info on specific research topics and how to get involved, please visit EuroNet website's section on research. [3]

As a real research-focused section of the Network, we need to have…references:

1. Issey Miyake. A Hiroshima-born Japanese fashion designer. Also famous for designing Steve Jobs' turtlenecks.
2. Pretty sure this is a quote from one of numerous "core public health competency frameworks". Unfortunately, could not find the exact reference. So much for research
3. Available at: http://euronetmrph.org/current-projects/

EuroNet MRPH Working Group on e-cigarettes and tobacco harm reduction: A research to assess competencies amongst Residents in Public Health

Pietro Ferrara

Department of Experimental Medicine University of Campania "Luigi Vanvitelli", Naples, Italy

The fight against smoking is an international problem and, in many cases, it is far from being adequately implemented. An essential starting point to perform a comprehensive and accurate medical program for smoking cessation is the healthcare professionals' awareness about smoking products and smokers' habits. In fact, in the last years, customers have changed their behaviours and tastes, switching from consumption of normal cigarettes to electronic cigarettes (e-cigarettes) or other nicotine and tobacco products.[1]

Available literature shows that the actual healthcare professionals' level of knowledge on this issue is sub-optimal, with likely negative implications on chances to help users to undertake cessation or harm-reduction pathways.[2]

Public Health workforce – current and future – has a major role to play here, as on the identification of better prevention policies and strategies. Hence, the idea underpinning this Working Group with EuroNet MRPH. This research comes from a proposal joint with Prof. Josep Maria Ramon Torrell of the University of Barcelona, Spain (Hospital Universitari de Bellvitge): with him, we designed the study protocol, with the aims to evaluate, through a European cross-sectional survey, the current level of knowledge about e-cigarettes and tobacco harm reduction strategy, and to highlight possible weaknesses in public health residency curricula in order to enhance Public Health Residents' competences on these topics.

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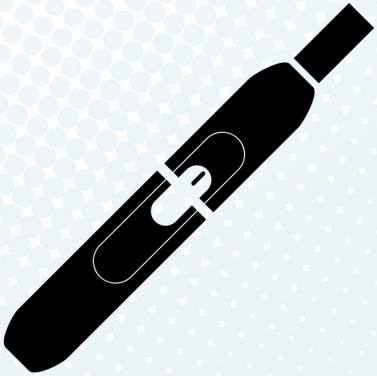
1. Farsalinos KE, Romagna G, Tsiapras D, et al. Characteristics, Perceived Side Effects and Benefits of Electronic Cigarette Use: A Worldwide Survey of More than 19,000 Consumers. Int. J. Environ. Res. Public Health 2014;11:4356-4373. doi:10.3390/ijerph110404356
2. Moysidou A, Farsalinos KE, Voudris V, et al. Knowledge and Perceptions about Nicotine, Nicotine Replacement Therapies and Electronic Cigarettes among Healthcare Professionals in Greece. Int J Environ Res Public Health. 2016;13:514. doi:10.3390/ijerph13050514

More information at: euronetmrph.org/current-projects/wg-public-health-residents-perceptions-towards-e-cigarettes/



Created by Dong Ik Seo from Noun Project

Multinational survey assessing learning climate and satisfaction during Public Health residency: an update from the Working Group

Špela Vidovič
National Institute for Public Health, Slovenia

Learning climate has an important impact on knowledge and skills we acquire during residency. It encompasses many important aspects, such as the quality of supervision, professional relations between colleagues, quality of formal education and others. Numerous studies in the literature have sought to assess quality of training in different areas of medicine. However, in the area of public health training, there are no published studies on learning climate assessment or residents' satisfaction during the residency.

The lack of literature in the area of assessing Public Health training inspired us to start a working group, which will perform a multinational study assessing learning climate and satisfaction during Public Health residency. The purpose of the study is to prepare the basis for evidence-based improvement of public health training in Europe.

Literature review was performed to identify tools currently used to evaluate learning climate during medical residency. Of all the questionnaires available, the working group chose D-RECT as the most applicable for our study. With author's permission, we modified the questionnaire to suit Public Health residency. The new adapted questionnaire consists of 50 questions divided into 12 subscales. We proposed a new name for the modified questionnaire: European Residency Educational Climate Test (E-RECT).

The study will start after receiving the Ethics Committee approval. At this stage of the study, the questionnaire is being translated via a back-and-forth process into the language of each country. The piloting and validation process will follow, before we distribute the questionnaire to all public health residents in each country.

The data obtained in the study will provide the opportunity to compare results between different countries and see what are the differences, the good practices and the opportunities to improve national residency programs. We encourage residents to respond to the invitation, when they receive it - fill in the online questionnaire to ensure that your voice is heard.

More information at: http://euronetmrph.org/current-projects/wg-satisfaction-study/

Professionalisation project

Joanne McCarthy
Public Health Wales , Cardiff, UK

The Professionalisation Working Group was set up in 2017 to work alongside the Association of Schools of Public Health in the European Region (ASPHER) on their Professionalisation and Workforce Planning agenda.

Projects the working group has contributed to so far have been part of the WHO Coalition of Partners work programme for 2017-18, and have included the development of a European Competencies Framework for Public Health Workforce, a Professionalisation Road Map and working on Public Health Accreditation.

In June 2018 several members of the working group will attend the Expert Meeting on Professionalisation of the Public Health Workforce hospital by WHO/Europe and ASPHER. EuroNet also now has a place on the ASPHER board, and Damir Ivankovic (EuroNet President 2017) is working as the Croatian Representative in the WHO Coallition of Partners.

It is important that, as residents in Public Health in Europe, we participate and contribute to these projects and discussions, and continue to work with ASPHER and WHO on this important agenda. We are looking forward to continuing this work throughout 2018 and beyond!

"FUNI" Workshop

EuroNet MRPH

Thanks to our Italian members, EuroNet has been given the opportunity to organise a workshop at the Giornate degli Specializzandi in Igiene e Medicina Preventiva, which will take place on the 15th of June in the beautiful city of Catania.

Our president Alberto Mateo and E-RECT's WG lead Špela Vidovič will lead the workshop, titled "FUNI" (Facilitating residents' mobility, Undertaking research, Networking, Improving residency programmes). For one hour and a half, they will lead a discussion on how training programmes work across Europe; what the strengths and weaknesses of each programme are; how we can improve them and what EuroNet is already doing.

The workshop will be a fantastic opportunity to present and promote our network, as well as some of the work that we are doing, particularly in relation to the E-RECT study and the Professionalisation Working Group.

Our Italian members will be facilitating the workshop, making sure it is a success. They will also be in charge of showing the city to Alberto and Špela, as well as making sure they try some of the finest Sicilian food and wine. Pictures and report will follow the workshop. So, stay tuned!

On the Future of Public Health in the European Union

EuroNet MRPH

European Network of Medical Residents in Public Health constitutes a network of European National associations of Public Health training programs, including medical and non-medical residents. We are a non-profit, international, independent, non-governmental association and a prime example of how much can be achieved with European integration. During current discussions on multi-annual financial framework, taking place on the level of European union, we feel the need to address the topic of health in our shared European future.

Although health is in the competence of each member country, there is a great number of issues and opportunities that require united European response to be addressed appropriately. If our shared goal is to continue the success story of EU, committed to European values, health is not a topic to be left behind in the future agenda. Health of the population is the driver of economic and social well being. Health promotion and health protection are key, if we aim to live in economic and social prosperity. Public health issues we are facing today and the ones that are to be faced in following years can only be effectively dealt with through collaboration and cooperation of the whole EU. Much can be done at member state level, but there are challenges that are too complex or too big in scope to be handled by individual countries acting alone. EU leadership on those challenges is needed. Such leadership cannot be achieved without public health placed high on the European agenda.

As young professionals in the field of public health we identify multiple complex issues, that we will face at the peak of our careers, which will demand collective response on behalf of the EU. Advances in information technology, for example, will provide us with opportunities to gather in explore data on health of population. But the biggest benefits of technological advances will only be possible if data is secure, interoperable and treated with highest ethical standards. Since data knows no borders, it is hard to imagine we could get there without working together on EU level. But it is not only data that knows no borders. Climate change is another phenomenon even more ignorant of human-set lines and boundaries. Common and coordinated response to crisis and health threats they bring is vital. Another relevant global phenomenon we recognise is migration of populations. Migrants are especially vulnerable and need our special attention if we want to make it possible for them to integrate and also contribute to our European society. A society which is ageing and is burdened by multiple preventable lifestyle diseases. And even with a considerable burden of lifestyle diseases, communicable diseases still represent an important issue. The epidemiology of communicable diseases is changing. With

movement of people and goods, and with climate change we are experiencing, diseases that were once considered tropical diseases are now emerging in Europe. Epidemics of diseases re-emerged because of unwarranted scepticism toward vaccines.

Common leadership on the issues we presented is necessary to develop innovative and effective strategies to tackle them. EU should take the lead and stand firmly for health also on political stage - in terms of finance as well as governance.

SAVE THE DATE
EuroNet Summer Meeting
12-13 July, Valencia

Julio Muñoz
Spanish EuroNet Team

It has become a habit of mine to pitch EuroNet MRPH whenever I am approached by future or new Public Health residents. This is very much how I was introduced to the organisation by a certain Mr Pantoja in the autumn of 2015. The idea isn't hard to pitch: whether you're interested in engaging in some international research collaboration or just plain old multicultural interaction and travel it's an easy sell. Despite this it has always stricken me as odd how most residents that are initially interested in joining EuroNet never actually end up participating in any of the activities.How many Vinkos, Del Pretes or Scandalis have we lost to this lack of engagement? Although I can't speak for everyone I can say that, for me, meetings were the real game changer. It's one thing to hear the stories, to Skype with some faceless foreigners with internet connections of varying quality, and an entirely different one to exchange ideas over coffee or wine. To participate in a Melting Pot where fresh ideas from all over Europe are shared. Some say that you are the average of the people that you surround yourself with, and I can say that at some of these meetings is where I have felt at my best. Euronet meetings have definitely evolved over the past few years. From tiny mountain top towns to empire capitals. Taverns to town halls. Organizing a EuroNet meeting today means you have very big shoes to fill.

We are willing to accept that challenge. The Spanish EuroNet and National Commission are happy to invite you to the 2018 EuroNet Summer Meeting in the city of Valencia, where we hope you will be inspired, motivated and perhaps even have a little fun.

Valencia 2018
Come for the Paella.Stay for the Net.

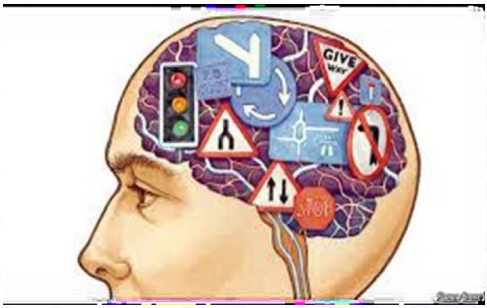
Vaccine Hesitancy - How to communicate with hesitant parents: the C.A.S.E. approach

Davide Pezzato, Stefania Bellio
School of Specialization in Hygiene and Preventive Medicine
University of Padua, Italy

The SAGE Working Group on Vaccine Hesitancy concluded that vaccine hesitancy refers to delay in accep-tance or refusal of vaccination despite availability of vaccination services. It is characterized by different factors in different contexts (political, ideological, social, etc.). Vaccine hesitancy is complex and context-specific, varying across time, place and vaccines. [1]

When approaching a hesitant parent, one must never forget that all his doubts are dictated by a strong perception of risk and by the consequent concern for the safety of his offspring. In this context, information concerning the "danger" or the factor considered as such, is connected and elaborated not only at the cortical level, but also in the limbic system which, thanks to its connections with the pre-frontal cortex, comes into play in the decision-making process, based on emotional reactions.

For this reason, any information you want to transmit to the defaulting mother or father, this must be simple, immediate and preferably proposed using the visual means (eg: simple graphs or sample images that can visually



reproduce what you intend to explain), according to the rules of cognitive ergonomics. [2] n the United States in 2010 Dr. Singer developed a communication model that, referring to Aristotelian rhetoric, provides an effective and efficient approach to communicate with the hesitant parents (C.A.S.E. approach). C.A.S.E. is an acronym that identifies the four phases of the communicative approach, Corroborate, About me, Science, Explain / advise (Fig.1). [2,3]

The first phase, Corroboration, which coincides with the Aristotelian technique of pathos, consists in proving empathic towards parents who do not want to vaccinate their children, that is to listen, welcome and understand their doubts and their fears. Parents must perceive that who they are in front of is not an enemy whose purpose is to oppose them and impose on them a different way of thinking and acting, but it is a person who shares their primary interest, the health of the child. To achieve this, it is very important to find a point of agreement from which to start. [3,4]

In the second phase, About me, or ethos according to Aristotle's rhetoric, the health worker should explain to parents what is his

working mission (e. g. to advance the health of all people, the children's sake) and what path he has taken to realize it (the studies, conferences or courses in which he participated, various studies). [3,4]

on all the knowledge about the subject.

Finally, to conclude the interview, the explain / advise phase should allow to sum up what has been said and give advice to the hesitant parents based on scientific evidence. [4]

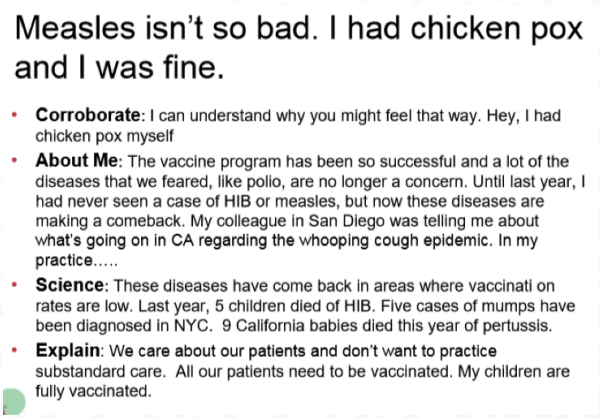


Fig. 1 Example of C.A.S.E. approach proposed by dr. Singer (2010)

The objective is to qualify the speaker, increasing its credibility and making it an authoritative source of information.

The logos of Aristotle is taken up again in the Science phase of Dr. Singer, in which the scientific evidence about the vaccines is presented to the parents. [3,4] It is in this phase when the cognitive ergonomics, mentioned above, comes into play strongly. To make the interview less dispersive, it is advisable for the doctor, already in the corroboration phase, to let the parents express the factors of greatest concern. This on one hand allows to partially reduce the anxiety of mothers and fathers, on the other hand allows the doctor to focus only on some aspects related to the vaccines and not

The effectiveness of the C.A.S.E. method against hesitant parents has not yet been evaluated in any study. Therefore, assessing effectiveness in the field would be appropriate.

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Pertussis vaccination in pregnancy in Ireland

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Between 2011-2017, pertussis notifications in Ireland were most commonly notified in infants and young children. The age specific incidence rate among the 0-5 month age group peaked in 2012 (ASIR 395/100,000) with smaller peaks in 2016 (235/100,000) and 2017 (225/100,000) Between 2012-2017, of all infant cases, 67% were hospitalised and several infant deaths due to pertussis were notified. None of the mothers of these fatal cases were vaccinated during pregnancy.

Vaccination of pregnant women has been shown to be safe and effective in preventing pertussis in infants. Evidence from data published in England[1] and Spain[2] indicates that protection against pertussis is as high as 90% or more in infants whose mothers were vaccinated in pregnancy.

Antenatal care in Ireland is delivered in three ways: either private care through a maternity unity, free public care through a maternity unit or as free combined care between maternity units and general practitioners (GP). Since 2012, pertussis vaccination in pregnancy has been recommended in Ireland and is available free of charge to maternity units and general practitioners.

However, though the vaccine itself is free, all patients still incur a fee for administration. There is also no clarity or definition regarding where the vaccine should be administered, whether by a GP or in the maternity units. This is thought to contribute to the very low vaccine uptake seen. An audit of maternity units conducted in 2013 showed an uptake rate of 6.2% amongst pregnant women in Ireland. This is far lower than the uptake rate in the UK (73%) where pertussis vaccine is available to pregnant women free of charge.

The lack of a defined pathway for administration and full funding of pertussis vaccination in pregnancy represents a key barrier to increasing uptake. Clarifying a pathway of vaccine delivery and reimbursement should be a priority issue for the Irish health service to ensure that vulnerable infants are protected. Pertussis is a vaccine preventable disease and, as such, every effort should be made to prevent further infant morbidity and mortality.

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Environmental Health – Climate change and impact

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Climate change is not a new issue in global agenda, as well as environmental adverse effects on health. Climate consequences are not limited to low and middle-income countries, and Europe will not be spared in such global threat. It is expected that climate change will cause over 250000 additional deaths per year between 2030 and 2050.[1] Globally it is urgent to include a new ecological public health attitude, in which sustainability becomes part of daily practice. [2] Quality evidence is required to mitigate through inclusive strategies undeniable climate outcomes. One health through a cohesive concept, addresses environment and human health sinergically with animal welfare and veterinary medicine. By moderating consequences through multiple tactics, it is possible to achieve objectives in their whole dimension.[3] Besides total environmental related deaths have been constant, in the last decades a shift from infectious diseases to non-communicable diseases was seen both in environmental fraction and burden, translating years of development in water safety and sanitation in low and middle-income countries. By estimating burden of disease that can be attributable to environmental risks, we can predict how measures can have impact on safeguarding people's health – population attributable fraction. The acknowledgment of which factors can be amendable is crucial to support evidence in order to locate resources in actions that have a quantifiable benefit. [4] [5]

To monitor these changes, a surveillance system that include both ecological and human health impacts is essential. It is not possible to address these issues without giving health systems an essential role on moderating climate impact on populations' health and societies. By decreasing their not minor footprint, the sector can be an example that transformations are accessible to all, even in segments as complex as health systems. Second and more appealing to managers and business associates is that these changes can have a serious impact on systems budgets and expenses. Remarkably, health sector can improve public health and reduce costs simultaneously. [6]

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Drinking Water – A Public Health Issue

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The access to safe drinking water is essential to health and a basic human right, as well as a structural part of an effective policy for health protection. (1)

Since 1958, aiming primarily to protect public health, the WHO has published several editions of a document, currently called WHO Guidelines for drinking-water quality, which has been regularly updated through rolling revision. This document establishes the principles and guidelines that are the base for the national programs of the United Nations members. (1)

The model for regulating water quality in Portugal has been progressively consolidated through regular legislation revisions that reflect scientific and technical progress. The consequences have been globally positive and are evidenced in a favourable evolution of the indicator on "safe water", which builds on the fulfilment of sampling frequency and the observance of parametric values (e.g. microbiological and chemical). Figure 1 shows the evolution of the quality level of drinking water; nowadays 99% of water is guaranteed to be controlled and of good quality (in 1993 this indicator was at a mere 50%). (2) (3) (4)

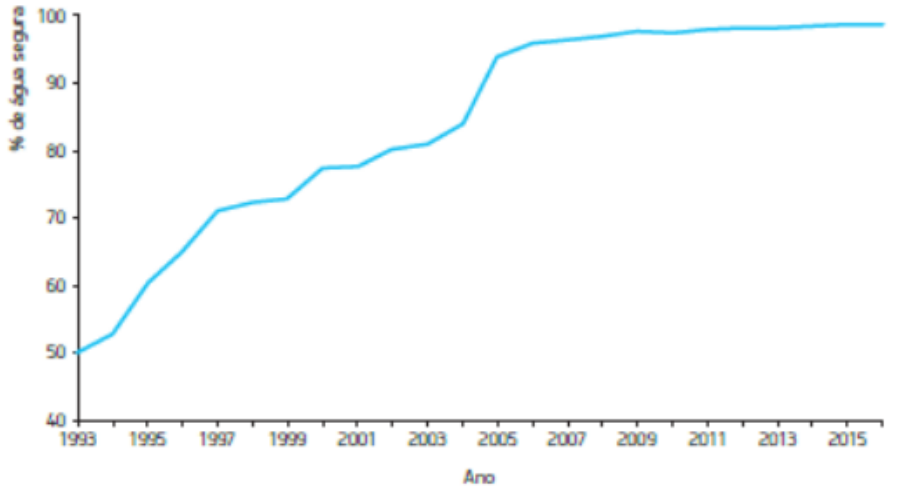

Figure 1. Evolution of the "Safe Water" indicator between 1993 and 2016. (3)

This excellence level is supported by strictly monitoring the stakeholders in this process, among them health authorities that may be integrated in Public Health Units (PHU). [3]

The Activity Plan of the ACeS Alto Ave PHU includes a program of sanitary surveillance for drinking water systems with public distribution. These systems undergo annual characterization as a way to promote risk analysis and management for health. I have recently followed my unit's environmental health technician on his visits to the drinking water systems in the Fafe area.

These visits started at a Water Treatment Station, where water undergoes a complex treatment process after catchment and is then sent to several reservoirs in the area, which then distribute the water to consumers. Besides verifying the maintenance, hygiene and safety parameters, the process also identifies the treatment types for water (e.g. pre-oxidation, decantation and filtration).

We have then visited all the storage reservoirs in the area where special care is given to the inner lining of tanks/cells, vent protection and latest sanitation date.

Some locations, due to their position and/or demographic rate, benefit from local water capture (e.g. water holes, water springs or wellheads). These Dispersed Systems have their own device for water purification with sodium hypochlorite and sometimes pH correction with caustic soda.

These visits allow us to promote the conservation and maintenance of several infrastructures of the public water supply systems by the appropriate authorities. But they also allow Public Health physicians (as Health Authorities) to intervene in a stricter and more appropriate way in the case of potential infringements of the chemical or microbiological parameters reported. It may therefore be necessary to establish measures to minimize health hazards to the population. [2]

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Reflections of a Public Health Resident

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I've been an internal Public Health doctor since January, and I'm taking my first steps in the wide-ranging medical specialty of Public Health. My unit of work covers a wide area including two small-sized cities, Santa Maria da Feira and Arouca, located approximately 40 kms south of Porto. As the first year of an internship in Portugal is focused on Community Health, my daily work is based on 5 major areas: Prevention and Health Promotion, Environmental Health, Health Authority, Epidemiological Surveillance and Health Planning.
In addition to having a particular interest in Global Health, I attend traveller's consultations in the International Vaccination Center of Porto whenever I possibly can.

I grasped the opportunity to attend the World Health Summit Regional Meeting, which took place in Coimbra on the 19th and 20th of April. The congress was held at the San Francisco Convent in a space that gathered around 600 participants and 120 speakers from more than 40 countries to discuss Global Health. A special focus was paid to the health problems faced within countries of the Community of Portuguese Language Countries (CPLC).
Besides the excellent exhibits, interesting debates and networking, which was essential for both professional and personal enrichment, it has also brought many concerns and a feeling that change is essential.

The task of countries considered underdeveloped is increasingly seen as a utopia. The high rates of maternal and child mortality in addition to the high burden of communicable diseases, these countries are facing a growing increase in noncommunicable diseases that until very recently were confined to developed countries. Conversely, developed countries are facing the resurgence of some vaccine preventable communicable diseases, such as Measles in Europe, as a result of a drop in vaccination rates due to the growing anti-vaccine movements we have witnessed. Climate change is a fertile ground for migrations of certain vectors, which may facilitate one of the greatest Public Health problems in countries considered underdeveloped, the vector-borne diseases.
Taking into consideration the future problems resulting from the constant increase of the world population with a prediction of 8.5 billion people in 2030…will there be clean water for all?

We're a time bomb, and time is counting.

According to various experts in many different areas, even if all efforts were put into practice it would be difficult to achieve the 17 sustainable development goals by 2030. The strategies and measures adopted have been scarce in dealing with the many problems that exist.

We can't continue to focus solely on the health of our communities, knowing what is happening in the rest of the world. We can't all live in Sweden (Ranked 1st the SDG's rankings), but we can replicate 157 Swedens.

Through the history of Public Health, we have a duty to try to change the world for the better, because anything is possible if someone dreams about it.

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Local Health Plans: Value and Structure

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Any health plan ultimate goal is to improve health and to reduce health inequities, with minimum resources, based on a value for health approach. A local health plan should follow strategic orientations from European, national and regional levels in order to achieve the sustainable development goals established by the World Health Organization. This idea of top-bottom guidelines is fundamental, although the usual short time frame may affect the evaluation of its implementation in terms of outcomes and impact.

Building Local health plans is responsibility of the public health team and health planning is its cornerstone. Also, it represents a social commitment, since it involves collaboration between stakeholders and individuals of a community in all of its phases. These interested parties are numerous actors that play a role in the community, taking direct or indirectly action in the health of the population. Their interventions should contribute to Health in All Politics (no longer policies) concept, and represent a stronger and empowered view of the results that all actions can have on community's health and wellbeing. The plan should have a strategic format to provide all stakeholders with

the right tools to take it into action; always in a whole-of-government and whole-of-society point of view. They should be diverse in their activities, in order to reach all citizens in different life settings. However, family, school, workplace, healthcare institutions and social environment are priority contexts and require the most adequate interventions.

Local health plans are based on the stages of the health planning cycle (figure 1) and start with an analysis of the local health situation assessment, withdrawn from the local health observatory. This information allows the drawing of the first list of health problems and their determinants, which, subsequently, are prioritized. The next step involves the setting of objectives and selection of strategies in collaboration with all stakeholders, taking into account the main health problems identified. During and after the implementation of the plan, it should be monitored and evaluated, as these are important components to ensure its fulfillment, using core indicators.

The health planning cycle should never be interpreted in a two dimensional (2D) perspective. Its structure allows transforming all outputs from evaluation phase to inputs used in the next step. Therefore, from a 3D analysis, the health planning cycle is a spiral which ends in an ideal health condition (utopian perception). It may be considered an iteration cycle, a process used to make anything better over time. Therefore, a local health plan is a fundamental tool to implement the best practices available and improve population health. Its use must be encouraged and widespread. The importance of stakeholders in all course of action is their multisectoral response and their ability to build bridges between them, centered on population health and wellbeing. Thus, the interested parties should cover all society sectors based on Health in All Politics approach, leading decision makers to innovate and going beyond an ordinary policy plan.

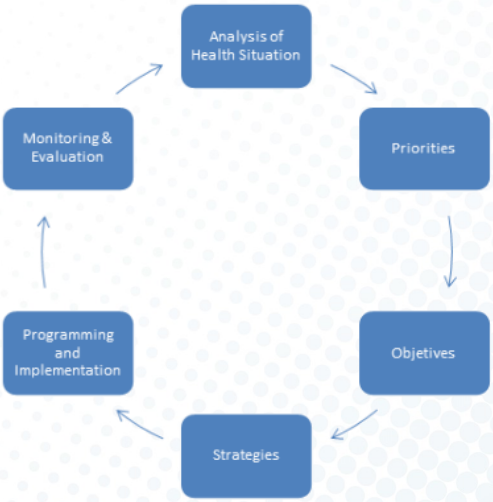

Fig. 1 Health planning cycle (Adapted from Imperatori and Giraldes 1982, Metodologia do Planeamento da Saúde, Lisbon)

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Health and migration – A public health residents project

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The 15th Conference of the Italian Society for Migration Medicine took place in Catania from April 18th to April 22th. The title was "Dynamics of health and migration: between continuity and new needs". The conference program was rich in contents and stimuli, and was a multidisciplinary and multiprofessional platform to exchange practices, ideas and field experiences. It was an opportunity for health workers, researchers and academics, operators and educators working with immigrants, activists, volunteers and common citizens, to come together, reflect and learn about "the health of immigrants" and engage in its promotion and protection.

The title of the conference encouraged to move beyond the "emergency approach", which often leads to consider simply the emergency dimension of migration, while forgetting the 5 millions of immigrants that have been living and working for years in our country. It is necessary, on the contrary, to understand the "new needs" and move away from a debate centred on the emergency, as a starting point and an opportunity to rethink the organization of the whole health systems and models of care, towards a new definition of the concept of health, centred on PHC, on health promotion and on territorial and community dimensions, with attention to migration as well as to marginality and inequality.

Together with some residents in public health from different Italian universities, we created a working group on migration medicine to address the gaps we perceived in our knowledge on the subject. The group was established as a subgroup of the Inequality Working group of the Italian Hygiene Society Committee of Residents, in collaboration with the Regional Immigration and Health Groups (GrIS) of the Italian Society for Migration Medicine (SIMM). We share the belief that, as future public health professionals, we cannot afford to lack the competences which are necessary to face and interpret this phenomenon, which is central in the current Italian and global debate.

Asylum seekers are refugees who have left their country of origin and have applied for asylum. Italy recognizes and guarantees international protection and healthcare coverage for asylum seekers. The process to apply for and be granted a residence permit may require months, and in both phases they could potentially find themselves without healthcare coverage. Each region has its autonomy in the application of national protocols. This regional autonomy is associated with different waiting times for the acceptance and formalization of the request for international protection, and this leads to discrepancy and discretion in healthcare access for asylum seekers between their arrival and the formalization of the asylum application.

We are realizing a study that we presented at SIMM conference. We wanted to describe the policies (law, regulations…) of the different Italian regions and the gaps between policy and practice, and to map the different practices, in order to highlight similarities and differences. Our goal is to investigate any inequalities between protocols and daily practices, and to deepen our understanding of the issues related to the assistance paths activated immediately after the arrival of the asylum seekers. Preliminary results show differences among regions and single Local Health Units (LHUs) as well as fragmentation of the pathways of care following the first contact with the health system.

It would certainly be useful and interesting to extend the study outside of Italy, to the European context, thus including other countries. Migration must necessarily be read as a complex, interconnected and global issue, and consequently also the analysis of policies and practices can not be limited to a small geographical area. In this, the quality and strength of the work, as well as the potential transformative power, would be positively affected by the possibility of creating a European network of resident students, who deal with the issue of migration medicine to compare approaches and identify new ways to interpret the complex reality we are trying to describe.

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Getting to know the Global Health Next Generation Network

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Multidisciplinary work is part of everyday life of any resident; living among Medical Doctors in training for Public Health could isolate us from the different perspectives that exist out there. One of the efforts of Euronet is to connect the residents of the member countries, but also to build bridges between other groups, teams and associations related to Public Health. One example is the Global Health Next Generation Network (GHNGN), which in a short time has created a network of working groups, some with common objectives with Euronet, such as empowering young professionals in trainee with practical tools.

“As the voice of the next generation of Global Health professionals, GHNGN focuses on bringing people together and foster discussion around Global Health through formal (conferences) and informal events (global health hangouts) as well as mentorship opportunities (Global Health Mentorships and Peer to Peer sessions).”

The network was created in Barcelona, with students of the Master of Global Health at the University of Barcelona, with the aim of having a platform so that young professionals from

different cultures and backgrounds can network and exchange Global Health expertise and skills; to promote trans-disciplinary teamwork, to help each other out in the transition from academic to professional careers in global health, to initiate and foster dialogue on Global Health education and to support engagement of young professionals in Global Health initiatives and projects worldwide. Currently, there are approximately 30 people in the team, working from 15 different countries.

There have been some attempts to bridge in the last years. But it was this 2018 winter, when members of Euronet and GHNGN gathered in Barcelona and pushed forward on partnering. Some ideas flew on our first exchange of emails like 'Social media visibility', 'Inviting speakers from Euronet for the Global Health Forum', 'nominating a Global Health Ambassador', 'Writing a blog/career story about people on each organization', 'Exchange of expertise', 'Internships´, etc.

The official presentation of the GHNGN to Euronet members was made in March, at the meeting of Nancy. In the assembly there was general approval to draft an agreement for the next meeting. This beautiful story has the next date next July in Valencia, where some members of the GHNGN will visit us to make a formal presentation of their network, pitch some ideas and party with us at our meeting organize by Euronet Spain.

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Twitter: twitter.com/globalhealthngn
Facebook: www.facebook.com/GHstudentnetwork/
Website: http://ghnetwork.org/

The Ethical side of Public Health

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Nowadays, we still deal with the ethical side of every public health program or initiative using concepts or ideas based on Kantianism or even Utilitarism. We overlight and quote Rose's paradox[1], as if the population and the individual interests were the only ones that mattered on the difficult path of deciding whether a public health measure, law or policy must be implemented or not. We sometimes strive to achieve a middle point between the population's best interest and the individual freedom. None of this is unfamiliar, however, the importance of public health as a tool to ensure the compliance of human rights is still rarely discussed.

"*In the absence of action, human rights are mere words on paper*"[2]. This, is one of the most important critics to the human rights approach (the most common approach related to human development). It states that human rights must be associated to measures that assure to genuinely safeguard human development. Nevertheless, political agendas and public health policies around the globe do not actively direct their efforts to assure human development or human rights on the grounds that if freedom is guaranteed, human rights will be guaranteed.

No more than a year ago I met an amazingly intelligent, successful, and wonderful woman that explained to me that the human rights approach is not all. That public health is not only screening, mental health, surveillance, health promotion or Antonovsky's view for health and illness. She explained that a theoretical negative freedom does not safeguard anything; that social justice could give more answers than questions, problems or debates. She recommended me a book in order for me to get the bigger picture, to be able to see with other eyes the ethical (or unethical) part of public health, to think public health. I've been reading and re-reading it ever since.

The capabilities approach [2,3] offers a list of indicators of human development. We could consider 10 central capabilities that may ensure human development (but there are other perspectives of the capabilities approach[3]). Central capabilities, or capabilities in general, are meant to be understood as a common doctrine to be considered in every policy, and more specifically in every public health policy.

Lots of public health programs focus on the power of informing the population, promoting health by every kind of activity imaginable or limiting access implicitly or explicitly to products understood as harmful. Some would define this road as a form of "desired welfarism" and not as a path to achieve human health or human development. Every piece of information, every activity, is full of ethical

principles that could affect people's preferences - and these people's preferences affect the population's health results. The Kantian's idea of community of equals, the Adam Smith's theory of the impartial spectator or even the Hampton assumption of how preferences should be examined, do not reflect that people's preferences do not consider social justice. It is not possible to identify the preferences that are the result of unfair and hierarchical circumstances without an independent ethics theory that thinks carefully about social justice.

However, it is not my role to explain to you the theory, the book, or someone's opinion. My goal is to make us all think and re-think, read and re-read, have another view for every initiative, program or plan. Let's envision every project with another approach. Let's try to make something meaningful.

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Traning experinece in the UK – Haelo & Salford Royal NHS Foundation Trust

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I am at the end of the fifth year of the school of Hygiene and Preventive Medicine at the University of Pisa and just before the end I wanted to taste some examples of the best European infection control.

Thanks to a precious man, professor Peter Lachman, pediatrician and CEO of the ISQua, I was connected with Haelo that is a quality improvement agency collaborating with many hospitals, one of which is the Salford Royal Hospital.

At Haelo they planned for me a one-day full immersion on the programs they run routinely with professionals and academics, their methodology and strategies for QI. The next day I was directly into the hospital visiting the amazing A&E Village that is the result of a recent renovation structurally and organizationally: the workflow is designed to let the patient get out of the unit in less than 4 hours unless complications, major injuries or frailty and they normally obtain the >90% patients target!

I spent the next days with the Infection Control Team, visiting wards, receiving explanations for

every question I posed them, participating to a part of the Induction Package that every new employee must pass before beginning the job. I visited the lab too, talked to a clinical microbiologist about his occupation there and sharing the differences with my country hospital system.

I followed a specialist nurse of the IV team in her activity and it was very impressive in matter of competence! Finally two running projects they showed me were the NAAS and CAAS (Nurse and Community Assessment and Accreditation System), examples for how to fix chronic problems like nurses' professional update and the link between hospital and local health authorities. Outstanding!

Among the other things, have to flag an excellent restaurant inside the hospital, very nice meals consumed during my stay.

Outside I visited the city of Manchester in occasion of the Chinese New Year, the Salford University swimming pool, very nice indeed and the surroundings of Salford, in particular it is worth of remark the most modern area that is MediaCity.

In conclusion, it has been an intense and intensive experience, deep into the world of Infection Control to lean and bring back home a different way to tackle the antimicrobial resistance and the infection transmission in the hospital setting not to mention many ready-to-use tools for my hospital!

World Health Summit Regional Meeting at a Glance

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Last month the World Health Summit Regional Meeting took place in Coimbra, Portugal. Under the motto "We are creating together the future of Global Health", it brought together a heterogeneous group of people, made up of high representatives, health workers and students, with a high representation of CPLP - Community of Portuguese Language Countries - to discuss nuclear health issues, with a special focus on the Global Health agenda priorities and challenges.

This meeting preceded the World Health Summit that will be held in Berlin, from the 14th to 16th October and will address topics as Pandemic Preparedness, Health Systems Strengthening, Antimicrobial Resistance, The Digital Healthcare Revolution, Migration and Refugee Health, and The SDGs: Health in All Policies.

"We don't have neglected diseases. We have neglected people suffering from tropical diseases."

Dr. Magda Robalo, Director of the Communicable Diseases Cluster (CDS) at the WHO Regional Office for Africa, WHS Regional Meeting, Coimbra 19th April 2018

More information about upcoming events and training opportunities on EuroNet website.

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- If your country is a member of Euro-net MRPH you can get in touch with your National Committee (National Commitee contacts are available on our website).

How can I be part of EuroNet MRPH, if my country is not a EuroNet MRPH member?

- As an individual you can apply to EuroNet MRPH, but your country won't have voting right in some decisions. But you'll still be able to take action in a lot of issues.

What can I do to collaborate with other Public Health Residents?

- Check the current working groups on our website. There is also the possibility to propose a new working group and gather a team to work with you. For more information send an email to research@euronetmrph.org.

- If you wish to be even more involved - National commission member, board member, leader - please consider contacting your National Commission. They will give you any information you need.

How can EuroNet MRPH help me to find an European internship?

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Are there any regular meetings that I can attend?

- Yes, EuroNet MPRH organizes 3 international meetings each year. Please check our website and social media for updates on meeting.

Are there any other benefits for me?

- Yes, in some particular congresses and conferences you might have access to special fees. Sign up for our newsletter to stay updated.

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