



EURONEWS MRPH

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

Nancy EuroNet Meeting
March 8th — 10th 2018

Editorial

Dear Friends and Colleagues,

Welcome to the 13th edition of our newsletter and the first issue of 2018. Here you will find a description of some of our most relevant activities, as well as some interesting information about public health training programmes around Europe.

As you will be able to find out, the last months of 2017 were a busy period for EuroNet members. In September, we organised and attended a public health advocacy workshop delivered by the European Public Health Alliance (EPHA) in Brussels. In October, three of our members were present at the European Health Forum Gastein, where they presented an award-winning poster about EuroNet's past, present and future. November started with the European Public Health Conference in Stockholm, where a large representation of EuroNet had the opportunity to promote our network from a shared stand with ASPHER through posters, leaflets and the special edition of our newsletter. The month finished with EuroNet's winter meeting in Lisbon, which was a total success. A record attendance enjoyed three days of lectures and productive working group sessions.

We, of course, combined it with a fantastic social programme in which we enjoyed the sights, the bars, the "pasteis de nata", made new friends and strengthened existing friendships. It was all possible thanks to the hard work and dedication of the Portuguese team, thank you very much!

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During our winter meeting we also held our annual EuroNet elections. The new Board (Alberto, Matej, Lilian and Viola) and the Leads (Gloria, Duarte, Julio and Damir) would like to let you know that we are excited and motivated to keep working and improving our network. We have already published our Working Plans for the year.

Without going into detail, our work will be focused on strengthening and expanding our three pillars – networking, internships and research – as well as building up on the work done last year with regards to communication and collaboration with other European institutions.

During the first two months of the year, work has already begun in all these areas. In our last teleconference we voted in favour of accepting the application of Dmitry, a public health resident from Moldova, to become an individual member. Welcome! We will work with him to explore the possibility of Moldova joining our network.

In summary, we are keeping up the momentum built last year to carry on improving and expanding our network. We will keep you updated with our latest developments, which I am sure they will be many after our Nancy meeting, which will take place on the 8th-10th of March. Thank you to the French team for the hard work, we are sure it will be a success!

Let us dedicate the last paragraph to thank the 2017 team, and particularly those Board and

Lead members who are not part of the 2018 team. Damiano, Fatima and Sorina, thank you so much for your dedication, it was a pleasure working with you!

Also, special thanks to our former president, Damir Ivankovic, a fantastic leader and friend who knows more than anyone how to combine hard work with having fun. Thank you for all you have given to the network and for what you are going to give this year as research lead.

That's all, enjoy our newsletter and do not hesitate to either visit our website or contact us directly for more information.

À bientôt à Nancy!!!!

EuroNet MRPH 2018 Board (Lilian, Viola, Matej and Alberto)



European Health Forum Gastein (EHFG) Report

Alberto Mateo, Damir Ivanković, Matej Vinko, Rafaela Tripalo

Gastein is a bridge. In many ways. Forum's mantra is "bridging the research / policy gap" but the bridging function goes much further than that, especially thanks to the Young Gasteiners' programme. Too many new terms introduced already. Let's take it one step at a time.

If you look at the EHFG's, very nice and informative, website, the homepage says that the Forum is "a key annual event, bringing together politicians, senior decision-makers, representatives of interest groups, and experts in the field of public health and healthcare". The EHFG was founded in 1998, which made the 2017 edition the "jubilee" 20th one. Recordings, summaries and photos from almost all the sessions in the previous Forum's editions are a really nice touch. But what the website perhaps does not say or show so clearly is that this event:

- Takes place in an absolutely stunning alpine bliss village of Bad Hofgastein in Austria; (imagine the three of us like Von Trapp's in The Sound of Music scenery; a musical about medical residents in the Alps);
- Offers three days of intense business (and some pleasure) interactions between the "experts coming from public and private

sectors, civil society and science and academia", that form the four groups of stakeholders which constitute pillars of the EHFG;

- Mixes these "senior decision-makers" with an amazing scholarship programme, allowing participation to the motivated young public health professionals who are interested in health policy;
- Develops and fosters an incredible cohort of Young Gasteiners, which is more than a group of people that went to "some conference in Austria". Much more!

As stated on their website, "the Young Forum Gastein (YFG) programme started in 2007, marking the 10th anniversary of the Forum. It began as a joint initiative from the Gastein Forum and the European Commission to facilitate conference participation for the young, promising health professionals".

In practical terms, young health professionals (< 35 years old) are eligible to apply for this programme. If successful, they are awarded a scholarship for the annual EHFG conference. During the four days of the conference, they have special sessions dedicated to the Young Gasteiners. For example, last year's conference offered workshops on Global Health diplomacy, Secrets of Effective Moderation and Public Speaking, and a session with the EU Health Commissioner, Vytenis Andriukaitis. There is also an opportunity to have individual mentorship sessions with some of the public health "celebrities" at the European level, such as Martin McKee or Natasha Azzopardi Muscat.



Young Gasteiners actively contribute to the conference by writing session reports, interviewing key speakers, facilitating workshops and promoting the Forum through social media.

Last year, all three of us (Alberto, Damir, Matej) were fortunate enough to get a scholarship and attend the EHFG as Young Gasteiners. We bridged, we networked and we presented EuroNet MRPH at a special poster presentation session (legendary!). We made many of new

acquaintances which already have or soon will help EuroNet to grow larger and stronger. But being there certainly isn't only about business. Being surrounded with the wonderful young and not-so-young Public Health professionals makes it hard to leave that charming Austrian valley without a new friend.

For more information on EHFG and YFG check their [website](#) and the [report from the last year's conference](#).

10th EPH Conference in Stockholm - Euronet MRPH Point of View

Jo, Mariana, Helene, Francesco, Alberto, Matej, Luis, Stefano, Stefan, Damir

With the “crazy” tempo of EuroNet in 2017, there is, in fact, not much time to relax and think about our participation at the 10th European Public Health (EPH) conference in Stockholm between November 1st and 4th. Therefore, we will try and use this brief report as an opportunity to 1) reflect on the Stockholm conference and 2) inform you on what happened during those 4 “action-packed” days.

To set the scene, we would like to introduce the main venues of the 10th EPH conference: Stockholmsmässan, Stockholm City Hall and the

wonderful “Casa EuroNet”. Stockholmsmässan conference venue was where all the serious work took place. Lectures, seminars, workshops, meetings and presenting EuroNet in the conference’s exhibition area. A welcome reception at the famous Stockholm City Hall made us feel like Nobel prize winners; probably in economics - for managing to achieve such a successful conference participation with almost zero budget. In our communal living place - “Casa EuroNet” - we discussed work and life... and slept a bit. We even found a sauna and spent great time all together enjoying relaxing on comfortable sofas and armchairs, listening to music thanks to an amazing sound system and great EuroNet DJs.

The days were not boring at all. For example, one of us forgot his ID card in the airplane. After checking with the airport, we realized that they did not find it, but at least they knew that one



day it was probably in Austria and the day after it would have gone somewhere in the world (Taiwan?). In any case, a piece of EuroNet was travelling around the world and this in some way made us proud of EuroNet potential.

Stockholm gave us the chance to once again meet “old” colleagues and friends and strengthen several collaborations with other young public health professionals’ networks, like ASPHER and EUPHANxt. We also had the opportunity to meet fellow Young Gasteiners, to interact with EUPHA and other associations to talk about new potential internship positions.

Euronet had the fantastic opportunity to share a stand with ASPHER for the whole of the conference. This proved to be a great success. We distributed dozens of newsletters and made useful contacts that will, hopefully, end up in new countries joining the network (e.g. Cyprus and Romania) and new partnerships (e.g. New Zealand). One of the highlights of the EPH conference were our stickers, which were placed in every possible badge, chest or forehead by our passionate Euronetters.

As usual, Euronet didn’t take a passive role in the conference. On contrary, we were present in several sessions. Mariana and Damir presented their posters on migrants and perinatal health in Portugal as well as on politics and public health policies in Croatia during the [ASPHER Young Researchers’ Forum](#), on the pre-conference day. Francesco gave an interesting [oral pitch](#) about a systematic review on digital health interventions

he carried out and Jo chaired one of the sessions on infectious diseases topic. But it was the last day when Euronet was most present in the conference programme. We had five EuroNet’ers presenting [posters](#): Damir described EuroNet’s internships, Matej explained the results of the Slovenian satisfaction survey, Helene presented EuroNet Platform, Jo outlined the innovative and comprehensive Welsh public health strategy and Stefano talked about an Emergency and Preparedness project he carried out with international partners.

The Conference finished with Alberto chairing a workshop co-organised between Euronet, YFG, EUPHANxt, in which Helene explained, very successfully, her thesis to a non-scientific audience. And only in three minutes!

Our “flying” member from Malta - Stefan - was always around ready to stream the conference events live to the rest of the world.

It was really a great experience, we look forward for the next EPH and invite you to Ljubljana next year. Join us to make the Euronet group larger than it was in Stockholm. In 2018 the main theme of the conference will be [Winds of change: towards new ways of improving public health in Europe](#). Could there be an EPH conference theme more suited to EuroNetters? One of the most green and livable cities in Europe that should be on your travel itinerary next year!

Lisbon Meeting - Young Public Health in Europe

Mariana Carrapatoso, Viviana Santoro, Melchior de Giraud d'Agay, Matt Robinson

The challenge was not only to organize the next Euronet MRPH Winter Meeting in Lisbon, but also to create the first Medical Residents of Public Health Conference in just 4 months and with a very low budget!

The Euronet's Portuguese team was very enthusiastic about this idea, as the country has experienced an increase in the number of MRPH in the last few years; Lisbon is also now a very popular city for tourism and Portugal had not hosted a Euronet meeting since the end of 2014. Also, there was no better way to celebrate 5 years of Portuguese Euronet MRPH membership - a network that is also having an excellent year so far!

The YPHE - Young Public Health in Europe (Euronet MRPH Winter Meeting) took place in Escola Nacional de Saúde Pública/Public Health National School, from the 30th November to the 2nd December. There were 71 participants, from 9 member countries, of which 33 were Portuguese, making it the biggest meeting in Euronet history.

The well-prepared, rich and detailed Scientific program was great! The first session on 30th November - "From data to knowledge" - presented the importance of using data, especially in the emergency field. This was

followed by two workshops: one about communication, with a fascinating journey through high-impact communication and some key points when storytelling; the other workshop was titled "inside the mind of an epidemiologist". A session on training and professional development in Public Health raised a very interesting debate, where questions and interventions from participants were welcomed. Other stimulating workshops included: the using of social media in research; how to get what you want from meetings; and drug monitoring and effectiveness. The quality of the workshops caused the young MRPH some difficulty when choosing between sessions!

The 1st December was the highlight of the scientific programme: a session about how data will shape our cities from a PH perspective and then the last big challenge: "the elevator pitch". Delegates were divided into small groups and tasked with looking for creative solutions for PH problems. It was an incredible adventure, every group prepared a 3 minute presentation. Some observations? Suffice to say, we loved developing HEALTH4ALL in this friendly, funny, amazing way. The afternoon provided the perfect opportunity to show so many of the 1st year MRPH the Euronet style and its pillars: networking, internship and research.

However, what would be a Euronet meeting without the social events?

The social programme aimed to create strong bonds between Euronet's members and facilitate cultural exchanges and discoveries.

And because we were in Portugal, the programme was as “quente” as the weather!

The first two social events occurred in the restaurants of Lisbon. During the first one, we listened to Fado, which is a popular kind of music with melancholy themes and strings instruments. The second night involved an European Public Health quiz! We split into mixed -country teams to try to answer the 30 questions and compete for the prize! (For the winning team: special thanks to Damir and the Croatian wine lovers.) Each event progressed to partying in the bars and clubs of the city.

For the third social event, the nightlife was traded for a cultural visit to the neighbourhood of Belém, accompanied by two guides. We walked through Belém, learning about all its history: from the big earthquake of 1755, to the

story of boats leaving the harbours to discover the world, expanding the Portuguese empire; from the story of the royal family to the presidential palace of today. And of course the history of the “pastéis de Belém”, that we not only listened to but also tasted!

The consensus was that the 2017 Euronet meeting had been an enjoyable success. The choice of Lisbon allowed us to enjoy the sun and the Portuguese team did a fantastic job of organising an array of interesting speakers and workshops, information, lunches and other things. A lot of new faces joined the network in this meeting and we hope that more will continue to do so, to help the young European Public Health community flourish. Can’t wait to see 2018!



Don't miss the Spring Meeting Nancy, 8-10 March 2018

Helene Rossinot

Nancy Meeting Organizing Committee

EuroNet Spring Meeting will take place in Nancy from 8th to 10th March 2018! The main theme will be prevention. Join us and discover the many ways of promoting prevention policies!

On the first day, we'll start by our working groups. Then, the official inauguration will take place at 13.30 (don't miss it, there might be surprises!). Afterwards a round table of experts will discuss local prevention policies in a city. How do a metropolis, a city, a regional health agency all interact to develop prevention policies on a territory in France? Then you'll see two examples of prevention projects, lead by different actors: a company and an association.

On the second day, we'll talk about prevention in hospitals. How to educate patients? But also, how to reach healthcare professionals with prevention? In the afternoon, a very exciting part: a member of the French parliament will talk about France's view on Europe and public health, on how to develop a social Europe and how to better European health policies.

Then two members of the ETHIK IA group of reflexion (a national group of experts on Artificial Intelligence) will discuss the impact of big data and AI on the future of Public Health in Europe.

Finally, saturday will be of course our traditional EuroNet day.

You like the program? You'll like the social events even more! From typical French breakfasts (hello baguettes and croissants), to lunches in typical restaurants, your stomach surely will be happy!

Thursday, march 8th 2018

9.00 - 12.30 : Working groups

12.30 - 13.30 : Lunch break - local food tasting (offered)

13.30 : Official inauguration

14.00-17.30 : « Prevention in a city »

- Round table : « Local prevention policies »
With a representative from the Metropole, a representative from the city of Nancy, a representative from the Nancy School of Public Health
- Different actors - same goal : presentation of local projects
- A company project : « 36 months more at home » or how Artificial Intelligence can help the elderly stay at home longer
- An associative project

18.30 : welcome drink at the government palace

Social event : diner in a typical french restaurant

Friday, march 9th 2018

9h30-12h : Prevention in hospitals

- Presentation of the project « corners of prevention » of the Club des Acteurs de la Prévention - Stéphanie Pizore
- Round table : « Prevention in hospitals : how to target patients but also health care professionals »
with a representative from the French Public Hospitals Federation, a representative from the Nancy School of Public Health, a representative from the board of doctors

12.30 - 13.30 : Lunch break - address of the restaurant not confirmed yet

13.30 - 18.00 : The future of prevention in Europe

- Round table : « How to build a social Europe and reinforce public health ».
Waiting for the confirmation of Madame la Ministre des Affaires Européennes Nathalie Lodsou. With : French Member of Parliament Carole Grandjean, member of the commission of European Affairs and of the commission of social affairs.
- What will be the impact on Europe and Public health of Artificial Intelligence?
With a representative from Ethik IA

Social event : wine tasting

Saturday, march 10th : EuroNet Day

Social event : Lunch in a typical restaurant (Offered)

So stop hesitating, fill in the [registration form](#) and book your flight/train right now! **Welcome to Nancy!**

8 - 10 March
Nancy, FR

EUROPEAN CONGRESS
OF MEDICAL RESIDENTS
IN PUBLIC HEALTH
EURONET spring meeting

PUBLIC HEALTH & PREVENTION

January 15th

Opening of registration
limited posts available

Information and registration:
<http://euronetmrph.org/nancy-meeting-2018/>

Public Health Masters in the context of Public Health Resident Training in Europe

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Preventive Medicine and Public Health resident at Hospital Universitario de Cruces - Spain

Nowadays, large disparities are still present among the different Public Health Masters (MPH) included in the training programmes of public health residents in Spain. Moreover, the impending changes in our training programme may result in a reduction of specific public health training for public health residents from four to two years, with the likely exclusion of MPHs as part of these changes.(1)

The Spanish Association of Residents in Preventive Medicine and Public Health (ARES MPSP) is concerned about these discrepancies and their consequences within the European context. Our aim was to characterize the disparities present among the different public health resident training programmes across the European Countries. A survey was developed to this end.

All members present at the Strasbourg meeting, representing eight of the nine countries that are part of EuroNet-MPRH, participated at the survey, which consisted in a single question “Is MPH a compulsory course part of the residency

programme?”. Ireland, the remaining country, received the survey via email.

All countries, except Italy and Ireland, declared to have a MPH programme as part of their residency training programme. In Ireland, MPH is optional (See figure 1). Regarding commitment and time-dedication, 33%(3/9) of the surveyed countries reported the presence of part-time MPHs, while 44% (4/9) reported full-time commitment programmes.

Fees are more often covered by the employer than students, except in France, where trainees

Is MPH a compulsory course part of the residency program?

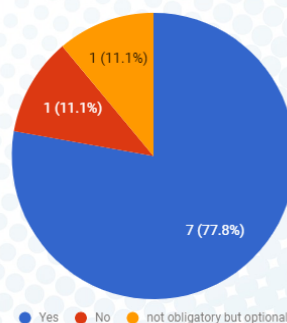


Figure 1. MPH is part of the residency programme.

must sustain the fees by themselves. In three countries costs are covered by the ministry.

All countries except Portugal and Slovenia have an official MPH title. Although Croatia has an official MPH title, they are unsure about the accreditation status.

Schools in Portugal are encouraged to consider MPH programmes as the academic part of a master programme, where students pay an extra fee to present a thesis and to obtain a degree. Slovenia hopes to have one in the future (See figure 2).



Figure 2. Euronet countries with an official certificated MPH title

The residents satisfaction with the training received during the MPH was assessed with the question “How satisfied are you with the training you have received?”. The results show a median satisfaction of 3.5 points out of 5 [IQR: 2 -5] (See figure 3). Moreover, residents were asked about what kind of changes they would like to observe inside the MPHs programmes (Table 1).

As presented, there are great disparities among different MPH programmes across Europe. It

would be desirable to further unify MPH criteria in order to increase training quality and mobility.



Figure 3. Satisfaction level among Euronet members with their MPH training

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Table 1. What changes would residents welcome in order to improve their MPHs programmes?

Croatia	Quality. New professors and not the ones from our undergraduate school. "Refresh" the programme - at least to 21st century.
France	Integration of the master's degrees to the residency programme.
Slovenia	We would like to have an official certificate after finishing the course (MPH). We would like to see some changes in the content being taught at the course - it needs to be updated.
Italy	The chance to do it during our residency - as in Italy we are not allowed to - and we perceive it as a disadvantage when compared to residents from other countries.
United Kingdom	None
The Netherlands	None
Portugal	We currently have 3 institutions that provide such training. They all have different strengths and weaknesses. In general, a common complaint about the course is the lack of practical application of the acquired knowledge.
Spain	The legal requisite is the completion of a 900h superior course in public health of exclusive dedication. The most adopted model is the equivalence of this course to a non-university certified MPH (60 ECTS) in those units comprising the ENS-ISC III and a University MPH (between 60 - 120 ECTS) in other units around Spain. It is most often of exclusive dedication, being compatible in some situations with working extra shifts. However, in some cases the MPH is of partial dedication, with lessons only in the afternoons.
Ireland	Needs to improve the quality. They are thinking about changing to just some of the modules of the masters, but I do not think anything is confirmed. There is disparity of quality between institutions.

Why we need a Public Health professional journal in Slovenia and how we run it

Matej Vinko

National Institute of Public Health, Slovenia

A professional journal is a collection of articles which range from research articles, reports to practical articles applicable to a profession. What separates it from scientific journal is its emphasis on practice. Although professional journals can be a source of research, they primarily address practices with feasible implementation possibilities or practices with important implications to the current state of work. Public Health is quite a specific field of work with many different stakeholders of diverse professional backgrounds. It is not unusual to see, for example, medical doctors, anthropologists, and economists working on the same public health topic, all employing different theoretical backgrounds, research methodologies, and professional networks to distribute their findings. Public Health is notorious for adopting theories and methods from other, more basic, sciences. Publishing practical and, also, research articles from researchers and practitioners from different fields, all working on health topics, should therefore widen the horizon of readers with interest in public health issues. That is more so the case in countries where (new) Public Health is not yet a universally acknowledged and accepted profession. Such is the case of Slovenia. Empowered by the idea presented

above, we started to work on a journal where professionals working on Public Health issues would be able to publish and read about work being done in their own country. And all of this in their mother tongue, thus maintaining and developing Slovenian Public Health terminology. Apart from research and practical articles, we decided to publish two specific types of articles. In an article type named Perspectives, professionals from different fields of science deconstruct a public health issue and write a short piece on how the issue is dealt within their scientific or professional domain. The main author of the article summarises their perspectives on the issue and reveals possible conflicts or synergies among different professional and scientific fields. The second type of an article is Methodological conversation where a researcher and a methodologist discuss various methodological issues that often arise in Public Health work. The article is written in the form of a dialogue with the purpose of making often confusing statistical and methodological discussions accessible to a wider audience. In the last issue of the journal the topic of Perspectives is alcohol use disorder and Methodological conversation is on the topic of developing a questionnaire for research purposes.

The first meeting of the editorial board of our new journal was held in November 2016. Our first issue was published in October 2017 and the second one in March 2018. As an editor-in-chief I hope our effort will advance the state of the art in Public Health in Slovenia and consequently in the wider European area.

Portuguese seasonal influenza 2017/2018

Mariana Perez Duque

Public Health Resident, West Porto Public Health Unit, Portugal

Based on the analysis of influenza virus activity in previous seasons, every year WHO launches a recommendation on the strains to be included in the trivalent and quadrivalent influenza virus vaccine (in March for the Northern Hemisphere and September for the Southern Hemisphere). The need to update this vaccine is due to phenomena of antigenic derivation of the virus that, like the previous issue, obliges the annual

study of the vaccine that will present greater coverage. Based on circulating types and subtypes, this year a viral strain A (H1N1)pdm09 identical to A/Michigan/45/2015 was recommended for the trivalent vaccine; a virus strain A (H3N2) identical to A/Hong Kong/4801/2014; and a viral strain B (Victoria strain) identical to B/Brisbane/60/2008. The quadrivalent vaccine contains the three viruses described above, and in addition another strain of virus B/Phuket/3073/2013. (1)

Evaluating sentinel sites until December 2017, there was a dominance of virus B circulating in relation to type A. Of the latter, the most



prevalent subtype with about 2/3 of detected cases was A (H3N2), and the remaining third H1N1 subtype. In the same surveillance period last year, type A (H3N2) virus circulated almost exclusively, with high immunity expected; however, the presence of emerging sub-strains and variants that were not covered by this year vaccine could be possible the source of suboptimal coverage. Among B viruses, type B/Yamagata was almost exclusive with 85% and the remaining 15%, type B/Victoria. For the 4th consecutive year, the trivalent influenza vaccine does not correspond to the circulating B virus subtypes, since most of the prevalent B virus strains, Yamagata, are antigenic and genetically related to B/Phuket, which is only included in the quadrivalent vaccine. In this sense, and to increase vaccination coverage of the type B virus in the coming years, ECDC advises the use of the quadrivalent vaccine. (2,3)

Another factor to be discussed that may be among the causes of lower vaccination coverage is due to the use of eggs in vaccines production. This substrate may interact with different groups of amino acids present and consequently, alter proteins responsible for the antibody receptors, creating minor viral amendments that may change the effectiveness of the vaccine. (4) Influenza virus vaccine is the most effective prophylactic measure against influenza severity. Thousands of vaccines are distributed in primary health care, completely free of charge to priority groups such as population over 65 years of age, chronic and immunosuppressed patients, pregnant women, health professionals and other caregivers.

During flu season and up to the first week of 2018, approximately 478.291 influenza vaccines were administered in Portugal northern health region. Along with this measure, it is also recommended to conduct respiratory etiquette and hand hygiene, as well as the use of appropriate face masks for patients diagnosed or with symptoms suggestive of influenza. (3,5,6)

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Modern slavery

Karen Buckley

Public Health Specialty Registrar, UK

Modern slavery is the illegal trade of human beings for the purpose of commercial sexual exploitation or reproductive slavery, forced labour, or a modern-day form of slavery.

British and foreign nationals can be trafficked into, around and out of the UK. Children, women and men can all be victims of modern slavery. Reasons for trafficking of individuals include sexual exploitation, domestic servitude, forced labour including in the agricultural, construction, food processing, hospitality industries and in factories, criminal activity including cannabis cultivation, street crime, forced begging and benefit fraud, and organ harvesting. It distinguishes human trafficking as a crime against an individual, and smuggling as a crime against the state where there are illegal border crossings.

There are an estimated 13,000 modern slaves in the UK. To tackle modern slavery in the UK, the Modern Slavery Act 2015 has been introduced. This is the second piece of anti-slavery legislation in 200 years. The Act gives law enforcement the tools to fight modern slavery, ensure perpetrators receive suitably severe punishments for these crimes, and enhances support and protection for victims. The UK government has a scheme of assessment and support for trafficked people, but currently only a small proportion are getting this support; approximately 20-25% of victims.

Those who present in healthcare settings may

have little or no engagement with any other services. Health professionals therefore have an important role to play in identifying and caring for trafficked people and in referring them for further support and by being able to support them to report to the appropriate authorities.

As part of this, Public Health England is rolling out training to the PHE workforce on identifying and supporting victims of modern slavery, of which some of the lessons are available [here](#) to further raise awareness.

The relevance to public health is multitude and includes long term multiple injuries, mental health, physical health, sexual trauma, sexually transmitted infections, late access to maternity care, unplanned pregnancies, disordered eating or poor nutrition, self-harm, dental pain, fatigue, post-traumatic stress disorder, psychiatric or psychological distress, back pain, stomach pain, skin problems, headaches, and dizzy spells.

As public health professionals and as citizens in our countries we all have a responsibility to look for the signs of modern slavery and to seek support for these vulnerable people. It is usually a combination of triggers, an inconsistent story and a pattern of symptoms that may cause you to suspect trafficking. Signs to look for in an individual include being accompanied by someone who is controlling, being withdrawn, submissive, vague, inconsistent, old and untreated injuries, no registration with a GP, nursery, or school, frequent movements of location, neglect, or poor English. Importantly, trafficked people may not self-identify as victims of modern slavery, can feel fear or shame in revealing their experiences or may be

limited through language barriers. Support and advice is offered by the Salvation Army for adults and local safeguarding leads for children in the UK.

As public health professionals we have a responsibility to know the signs of modern slavery, and know where to go, and to share and inform our wider workforce and colleagues who work directly with the public.

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Non communicable diseases in humanitarian settings

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In the 21st century, we live in a world regularly affected by emergencies, often with severe local and regional health consequences. In the context of climate change and corrosive political instability in many world regions, it is probably that we will see increase in disasters or their resulting health impacts.¹ By the end of 2016, 65.6 million people worldwide were forcibly displaced from their homes. The record number includes 22.5 million [refugees](#), 2.8 million [asylum seekers](#) and 40.3 million people living in internal displacement (ID).^{2,3} The number of ID has nearly doubled since 2000 and has increased sharply over the last five years. For displaced populations health care has traditionally focused on maternal and child care and treatment of communicable diseases. While these traditional health priorities remain relevant, demographic and lifestyle changes are increasing the burden of noncommunicable diseases (NCD) in populations worldwide.

This epidemiological shift poses new challenges for humanitarian agencies and host country governments. NCD accounted for 19% to 46% of mortality in the top 5 source countries for refugees in 2015.⁴ In the absence of regular care and access to medications, NCD may result in complications requiring costly specialised care

and have the potential to seriously compromise both quality of life and life expectancy, since the risk of exacerbating pre-existing conditions or suffering acute complications, is [two to three times higher](#) than it was beforehand. In the initial response of an emergency management of NCDs should focus on treatment of life-threatening or severely symptomatic conditions. During the recovery phase after emergencies or during protracted emergencies such as long-term settlements, the management of NCDs should be expanded to include management of sub-acute and chronic presentations.

WHO recognizes the growing problem of NCDs, and in 2013 introduced the Package of Essential Noncommunicable Disease Interventions, or WHO PEN, a set of tools to early detect and manage cardiovascular diseases, diabetes, chronic respiratory diseases and cancer in order

to prevent life-threatening complications, such as myocardial infarction, stroke, kidney failure, amputations and blindness.⁵ There is a need to identified challenges and gaps in order to create a more holistic approach to effective planning, implementation and delivery of health care services to displaced populations with chronic NCD.

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Residency access in Italy: how did it change?

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In Italy, procedures of application in medical residency have been deeply re-elaborated in the last four years. Until 2013, in order to pursue their own careers, young graduate doctors had to choose the University and the affiliated healthcare facility where they wanted to specialize, and take an entree exam there in these structures, through a local competition.

A first fundamental reform took place in 2014, when the introduction of a national competition replaced the hundreds of exams in the different Italian universities. Therefore, candidates were asked to individually choose up to six different branches of medicine, as well as to locate some preferred facilities; after the competition, the Ministry of Education, University and Research (MIUR) issued several national rankings, one for each medical specialization. The examination consisted of a multiple-choice test subdivided into a first general part identical for all, a second one based on three different macro-areas (medical area, surgical area, and area of health services), and a final ten-question test specific to different branches. In the following two years, residency access competitions remained almost unchanged.

Yet, the 2017 edition, albeit being structured along the lines of the previous ones, has been developed following a new regulation adopted by the MIUR on September 6th, with the purpose of streamlining and making the test procedures more transparent. Moreover, access to the different Schools of Specialization is now regulated by an annual national multiple-choice test. This test is the same for all students throughout the country, and it consists of 140 questions about key topics related to Medical School's programmes, as well as some questions more specific to all the different medical branches. A single national ranking including all the participants is then drafted based on the test's scores. Starting from top of the list, each participant doctor who won a place as a resident is contacted in order to let him choose and declare both the preferred school of specialization and the selected city facilities. Each doctor is given the possibility of choosing up to three different kind of residencies, in order of preference. The achievement of high test scores allows to get a good ranking. The final score is calculated by summing the number



of correct answers (that are worth 1 point each, while each wrong answer means losing 0.25 a point) to “extra-test” points, represented by University curriculum, which weighs definitely less than it used to in the previous tests ; in fact, now it is less than 7 points - rather than 15 - consisting of: up to 2 points for the degree grade, up to 3 points assigned after the weighted average of university exams’ grades, 0.5 a point per an experimental graduation thesis, and 1.5 points for a previous Ph.D.

Each annual edition of this new modality of residency access has to be specifically addressed by a competition notice published around the month of May.

In conclusion, this new national test was held last November, and, starting from December 4th, the awarded candidate doctors were able to choose the preferred available facilities, in a batch process depending on their score and rank position. The last residents’ allocation was held on December 22nd.

To those who have just started their training activities, all that remains for us to do is to wish you good luck, or if you prefer, buona fortuna!

More details at [MIUR](#), Italy.

“Make it happen.” A very brief note on failure, success and strange August weather

Damir Ivankovic

Public Health Resident from and in Croatia

“Make it happen” has been the official slogan for the city of Rotterdam since 2014. So, last August, I made it happen.

Each year, Rotterdam’s Erasmus Medical Centre (MC) and Netherlands Institute for Health Sciences (NIHES) organise the Erasmus Summer Programme (ESP) that “provides hundreds of students, researchers and health professionals with the opportunity to boost their scientific careers. It is a specialized event that offers three weeks of á la carte research training in quantitative medical and health research. The programme provides its participants with a broad range of dynamic courses, both introductory and advanced, and provides the flexibility to mix and match the courses to their own individual programme.” This introductory text does a nice job of explaining the programme and was taken from [ESP’s website](#), which I highly recommend, not only because you can find photos of me there.

In 2016, I applied for the Fellowship programme offered by ESP and failed spectacularly to be accepted. Then I consulted my favourite quote-guy, the late and always great F. Scott Fitzgerald for some top quality advice. “Never confuse a single defeat with a final defeat”, he



said. Okay, I applied again in 2017 and made it happen this time round.

So why is this ESP thing so special? Amazing programme with a rich selection of courses and topics, able to fill each public health resident's theoretical and methodological gaps. Smart, motivated and interesting colleagues from all around the world. Literally - Egypt, Colombia, Trinidad, Pakistan, Nigeria and Hong Kong, just to name a few. Top top top professors. Do names like John Ioannidis or Johan Mackenbach ring a bell? If not, ask Pedro! Oh yeah - also an ultimately bike-friendly Rotterdam in August.

Any drawbacks? Well, the cost of the courses was an issue, to start with. Also, summer in

Rotterdam is not really what I imagine when someone mentions August and weather in the same sentence. The cost problem, I managed to solve by applying for the Fellowship programme. This took time and stubbornness. It worked out from the second attempt, as I already mentioned. The *coldest and rainiest August of my life* issue, I simply solved by embracing that it is normal to wear a fleece jacket mid-Summer and get soaking wet riding your bike on *odd date* days. That's how locals do it.

For additional stories (SUP'ing around the channels, free coffee machine, chance encounters with EuroNet'ters...) plus tips&tricks how to apply, feel free to give me a call or shoot me an email.

Two weeks at the Cochrane Collaboration Center in Split

Julio Muñoz

Public Health Resident from Spain

I first considered the possibility of going to Split after I saw Livia Puljak and Ana Jerončić at EuroNet 2017 summer meeting in Motovun, Croatia. They told us about some of the projects they had worked on and also commented on some of the internships they had hosted which had apparently been very fruitful. They even mentioned the possibility of arranging accommodation for interns. I had been in Split back in 2007 and an internship at the Cochrane Collaboration Center seemed like the perfect opportunity. It was a win win.

After several weeks of contemplation I decided to formally request the internship through EuroNet Internship's work group. Through the group I contacted Damir Ivanković the rather shy but charming Croatian representative in the group, who provided me with practical information for my stay, as part of the "internship tutor" program within the work group. He enabled a first contact with both Ana and Livia so as to talk about their current projects at the time to see if any would fit my interests and objectives.

After a couple of emails we settled on some learning objectives and the possibility of future collaboration. One of the apartments that the Split School of Medicine has built into it was free

so I was lucky enough to have accommodation arranged for free.

Then the paperwork nightmare began. After receiving Ana's formal invitation I had some trouble from my teaching unit back in Valencia. At one point I realized my application form had been misplaced and I had to start the process again. Luckily, all permissions were granted in time.



My arrival was a little rough. I was going to Split right after EuroNet winter meeting, so it took three flights and several uber rides. Once I got to the right address, Ana was waiting for me (it was almost midnight) and showed me to the apartment. After a good night's sleep we met for coffee at the university's cantina.

Despite our original agreement being to do some work on regression models, we realized we had a common interest in statin therapy, and then and there decided to engage in a completely different project involving systematic review and guideline quality assessment. I am now extremely glad we did.

Croats are amazing hosts, and the people I met during my stay in Split were no exception. Ana was extremely kind and both her and the rest of the members of the Cochrane Collaboration Center and the Split School of Medicine made my short stay feel like second home from day 1. There is, however, one obvious drawback. December is not the best time for a stay in Croatia. Split is an extremely lively city during summer, with dozens of clubs just a couple of meters from the Adriatic sea and plenty of outdoor life, but during winter things change. Many of the bars and restaurants I had been told about were closed, and a strong, cold, wet wind blew angrily for days from the sea.

Looking back I am really glad I decided to apply, both for the short but intense learning experience but also for the great people I met. I am currently in touch with Ana as we continue to work on our project on the quality of cardiovascular disease prevention guidelines and hope to visit her again in the future and that she holds onto my promise and comes to Valencia to try some real paella.

French Guiana - Who is the foreigner?

Maria Franceaca Manca

Public Health Resident, France

In France, as residents, we have the possibility to do a maximum of three rotations in a different place from the one where we are doing our residency. One lazy autumn evening I went through the list of the available rotations in French overseas departments, and I chose Saint-Laurent du Maroni, French Guiana. The choice was simple: a 37 years-old public health doctor had opened a whole public health department in Western French Guiana hospital 5 years before, just out of her residency, while getting a PhD with a thesis on migrants' health. I could not ask for anything better.

French Guiana is a French overseas department, a former penal colony, wedged between Brazil and Suriname. It is a European outermost region and the only border of Europe with South American countries, it hosts a European spaceport from where Ariane rockets are launched every month and, of course, Euro is the currency.

I vaguely imagined what expected me. I read the data: the epidemiological profile of the region is similar to that of developing countries, where communicable diseases like dengue fever and leishmaniasis persist alongside a high prevalence of cardiovascular diseases and diabetes¹. HIV is epidemic (>1%)², half of the

population is less than 25 years old and the fertility rate is 3.5%. The first thing I noticed when I arrived in Saint-Laurent, which has more than 40 thousands inhabitants and lies on the shore of the Maroni river, was the lack of public transportation. Being born and bred in cities, public transportation for me is a fundamental part of the landscape and the absence of it struck me immediately. Public transportation has practical implications, but also a symbolic meaning. It carries communities together and fights geographical isolation. In its absence, people living in the peripheries are left out of the public life. They cannot easily access services, which are historically aggregated in the city center. It did not take long to discover that isolation, lack of access to services, inequalities, structural discrimination³ would be key words of my experience here.

I participate in most of the activities of the public health department, whose mission spaces from prevention activities - an IST clinic, therapeutic patient education for chronic illnesses, cultural mediation, school interventions on sexual health... - to research and training, to international cooperation with neighboring Suriname, to providing medical missions to the health centers along the Maroni river. This allows me to have a glance at population needs and the difficulties to tackle them. There is no single cause for the particular obstacles that may be encountered in health care in French Guiana. Part of the problem are practical issues: the scarcity of means (in terms of money but above all in terms of human



resources), the complexity of the territory (the road stops 50 km south of Saint-Laurent and you can only reach further towns by boat or by plane) and the distance from the capital city, where decisions are taken.

However, it is not as straightforward as that. Working in this environment is the concrete exemplification of how determinants of health act. Here, as professionals or laypeople, we are obliged to confront with theoretical and political questions that we do not usually think about in our day-to-day life, such as the subject of decentralization, the role and responsibilities of the State, the scars of colonialism, how societies form and develop. Questions arise about migrations and nationality³. We wonder

who is a foreigner, is it the person who was born here but who does not speak French, is it the person who comes from across the river, is it the Parisian doctor, is it me, is it no one or are we all?

And the list of questions continues. How can we support sexual violence survivors, which can be count in hundreds every year? What is the best way to advocate for undocumented migrants and to provide appropriate services to mobile people? How do you tackle the complex ties between health, education, (lack of) job opportunities, social structures? What about indigenous population?

I do not have simple answers. However, I had the great opportunity to combine practice and reflection and to learn from dedicated professionals and for that I am grateful. I hope I leave you craving for more French Guiana.

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Public Health Residency: Time for Focus and Opportunity

João Paulo Magalhães

Public Health Resident, Portugal

Last month, January, I started my residency in Public Health in Oporto, at an institution responsible for all the population living or working in the oriental area of the city. I'm very pleased with my choice and I feel very welcomed by this big community. Fortunately, public health in Portugal is on the rise in the last 8 years with an increase number of all public health professionals. Even in Europe and all around the world, public health is becoming more prominent in order to have real impact in our lives and on the ones in most need. Euronet is an excellent example of the ambition and hard work of a new technological generation of public health doctors, understanding the value of a solid and robust network between different countries and cultures.



One of my first goals, after choosing public health as my profession, was to find out what it is and its objectives. Besides its fundamental actions according to WHO, promoting health, preventing disease and prolonging life, and the additional ten major interventions that we can and should address on a daily basis, I read a sentence stated by Arnaldo Sampaio, a reference figure in the development of public health in Portugal, that, in my opinion, describes the range that public health can have, "If you want you can even consider the public lighting as a promoter of better Public Health, since it gives more safety to pedestrians and decreases the probability of road accidents".

In the first residence year our program in Portugal is focused on community health. A major aim of this phase is to learn and practice epidemiological surveillance and intervention. In Oporto, we work with a population that has a big incidence of tuberculosis comparing with other regions of Portugal. It is characterized for having a low socioeconomic status and poor neighborhoods, and consequently low hygienic conditions and reduced search of healthcare treatment in due time, which are risk factors for acquiring the disease. Those conditions promote the spread of the disease between family, friends and work colleagues. Although our job's aim is towards the identification of the source of the disease and all the contacts, there are, unfortunately, some barriers and bureaucratic restrictions that not allow us to do it properly.

For example, the minimum 6 month period of treatment of tuberculosis is a huge downsize in the battle against the disease, since some cases doesn't even complete the treatment, despite its mandatory order to do it under observation. One suggestion to fight those problems could be health institutions merely for treating tuberculosis where patients could be hospitalized during it, depending on the danger to themselves or others. We have the ability to, if not eradicate, reduce considerably the incidence of tuberculosis with new and good practices, using all the information that we have available today.

In almost two months I proudly declare that public health is exceeding my expectations, that I feel highly motivated and we all should encourage each other in order to overcome all the barriers that we might face along our path. Public health gives us all the tools to make a better, healthier and more sustainable world. Together, and perhaps with Euronet and its communication assets, we can make the difference.

FAQ about Euronet MRPH

How can I be part of Euronet MRPH?

- If your country is a member of Euronet MRPH you can get in touch with your National Committee (National Committee 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 PH residents?

- Currently there are 6 [working groups](#) and you can be part of them. 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?

- Your Euronet MRPH Internship Lead is always looking for interesting opportunities for you. You can find a list of placements and universities that you might apply to, or ask for help pursuing a desired placement send an email to internship@euronetmrph.org.

Are there any regular meetings that I can attend?

- Yes, Euronet MRPH organizes 3 international meetings each year. The next one will be held in Nancy, from 8th to 10th March.

Are there any other benefits for me?

- Yes, in some particular congresses and conferences you might have access to special fees. You will also receive specific information and collaboration calls in your inbox.



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