



EURONEWS MRPH

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

Next EuroNet MRPH Meeting

April 2019, Torino, Italy

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Editorial

Dear EuroNeters,

Welcome to this new issue of the newsletter and the last of 2018! If 2017 was the year of EuroNet's greater expansion, this year has been characterised by consolidation and further growth. Consolidation because we have kept working with our successful partners in projects that aim to improve public health in Europe, because we have been more present than ever in the two biggest conferences in Europe and because we have advanced in creating a more successful Research portfolio, among other things. We have, as well, grown by adding one country (Turkey) to our network and by making our social media sites and website more popular than ever.

These successes have been possible due to a fantastic team and to the work of many active EuroNet members who have spent hours working

on the network. I would like to take the opportunity in my last Editorial as president to thank, particularly, the Board members and Leads who have done so much for EuroNet, I am really grateful.

A few days ago, we held our winter meeting at the Velika Planina, in Slovenia, after many of us enjoyed the EPH conference in Ljubljana. The Slovenian Team had the challenging task of bringing 50 people, most of them with hand luggage and inappropriate shoes to the Alps. I think that I speak for all when I say that they did an amazing job. We will never forget chairlifts, beautiful views, outdoor hot tubs, sausages and the most important thing: friendship. There were many remarkable moments during the meeting which you will be able to read in this issue, but I would like to highlight the introduction of an EuroNet-athlon, where 3 teams came up with innovative improvements for the network which we will try to introduce in the following months.



As usual in our Winter Meeting, we announced the results for the 2019 EuroNet Board and Leads' positions. Let me first congratulate all the candidates, particularly those who weren't successful, for their effort and motivation, we hope you keep involved in our network. I would also like to congratulate the elected Board (President - Laura de la Torre, Vicepresident - Gisela Leiras, Treasurer - Maria Francesca Manca and Secretary - Ana Mihor) as well as the new Leads (Research - Angelo D'Ambrosio, Internship - Robin Thomas, Communication - Flavia Rallo and Webmaster - Joana Miranda). I am sure that, in spite of the challenges ahead, you will do a great job for our network.

I would like to spend my last remarks highlighting the values of EuroNet. We are a group of young professionals who share a love for public health and Europe. We all have the same goal: to improve EuroNet. Sometimes there may be disagreements in how to achieve that goal but we must learn (me being the first one) to not let such differences divide us or confront us. To learn to listen and to empathise with each other, using reflection as a way of improving ourselves individually and collectively as an organisation, because, as the great philosopher J.F. Monteagudo once said: ***Together we are stronger!***

Alberto Mateo
Euronet president 2018

Edited by Euronet MRPH Communication Team
18/12/2018

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Euronet at the European Public Health Conference

[Euronet_MRPH](#)

A big group of Euroneters joined the 11th European Public Health Conference in Ljubljana! EuroNet MRPH as in the previous conference was hosted by ASPHER's stand, that accepted to show our never missing roll-up.

EuroNet MRPH co-organised the workshop "Put the PRO back in the public health professionals: PROactive and PROslient" with EUPHA, EUPHANxt and ASPHER. Damiano Cerasuolo, as representative of the association, gave the point of view of medical residents in Public Health around Europe about residency programmes and education. He tried to answer the questions



about how we can encourage medical residents to be more active in the wide field of Public Health, how we can help them to develop new skills and competences to be the future leaders and how to become aware of the resilience they already developed throughout the years of medical education and practical learning of medicine and how to convey it. Education programmes should be adapted to the new challenges of Public Health and Health Systems and to the new requirements of multidisciplinary and practical learning, accompanied by a renewed mindset.

The workshop saw the participation of distinguished personalities of the European Public Health milieu: Ádány Róza and Kuhlmann Ellen presented their point of view of 'pro-active' and 'pro-resilient' education in Europe, providing the audience with a few key messages; Giacomo Scaioli gave his feedback as young specialist in Public Health. Dineke Zeegers moderated the round table, while EUPHA president, Natasha Azzopardi Muscat, took actively part to the discussion.

Špela Vidovic presented the EuroNet project about satisfaction of education programmes. As the association of medical residents in Public Health in Europe, EuroNet MRPH is highly involved in the study of education programmes. By leading this wide survey, the association aims to better understand the pros and the cons of each programme and to advocate for future changes and improvements. Špela's project has been welcomed with curiosity and interest for its outcomes.

Last but not least, during this conference Euronet MRPH also tried to enhance its presence via marketing materials, handing out bookmarkers, stickers, keyrings and stylish pins among the attendees.



EuroNet MRPH is really looking forward to the [2019 EPH Conference](#): “Building bridges for solidarity and public health”, that will be held in Marseille, France, 20th - 23rd November 2019.



Winter meeting report

Velika planina 2018

[Euronet Organizing Committee Slovenia](#)

For a brief moment Ljubljana was the center of European public health. From November 29th until December 1st it hosted the biggest European public health conference. The EPH conference is - among other things - a meeting point for residents, recent residents and those who wished they could still remember how it felt like to be a resident.

But they are simply too far into their careers and those feelings and memories are getting harder and harder to recall. Let us all take a

minute of mindful meditation to sympathize with our experienced colleagues.

Having an event of such a scale hosted by one of the EuroNet MRPH member countries made a solid case for organizing one of the regular meetings EuroNet members cherish so much in Slovenia. Many residents from EuroNet countries were attending the conference and we could feed two birds with one scone if we organised the winter meeting back-to-back with EPH.

The only problem, if we can put it this way, was that most of the residents planning to come to the winter meeting were experiencing the city of Ljubljana, listening to presentations, and sitting in lecturing halls already for at least 4 days of the EPH conference. We assumed they could use a change of scenery and so we

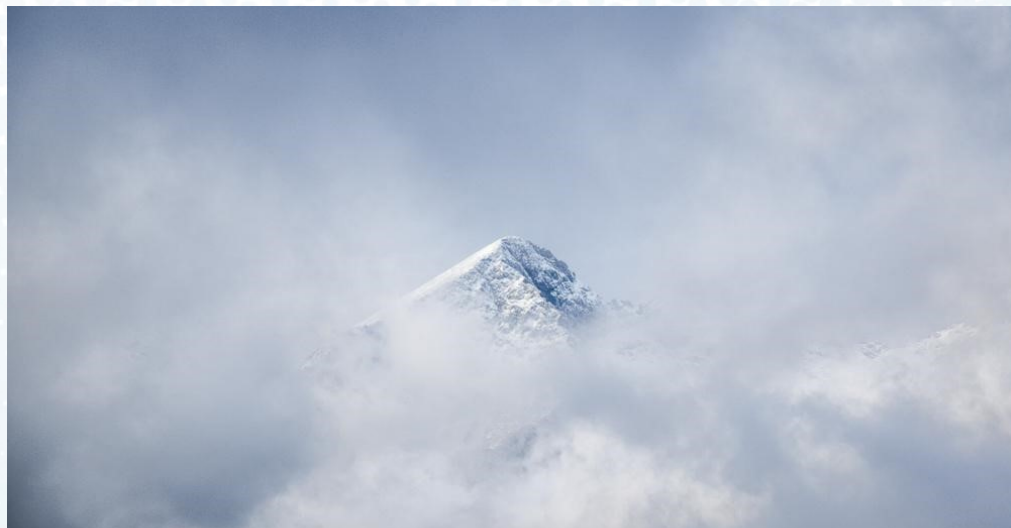


Figure 1. *You are surely lost. Stand still. The mountain knows, where you are, you must let it find you. (adapted from "Lost" by David Wagoner)*



Figure 2. Hard-working EuroNet-athoners

decided to organize the winter meeting in a secluded snow-capped mountain not that far away from our green capital. And so we booked buses, funiculars, chairlifts (yes, chairlifts) to take us up to the mountain called Velika planina where chalets with wood-burning fireplaces awaited us and kept us warm for the 3 days we've spent there.

Programme of the meeting had a clear focus on EuroNet inner workings and projects of our fellow residents. General assembly was split in two parts this time. We started the meeting with a dinner and continued with the first part of the general assembly in the same restaurant

which happened to be the only closed space on the mountain big enough for 45 people to occupy at the same time. The second day was the day when majority of work was done. First on schedule were pitch presentations where some of the work EuroNetters are involved in was showcased.

Topics covered ranged from surveillance of communicable diseases, public health advocacy initiatives to ethics of vaccine hesitancy. Afternoon sessions kicked off with working groups focusing on internship facilitation, communication and research activities. A new format of session was introduced during the

meeting as we conducted the first ever EuroNet-athon (mimicking the well-known hackathon format). Three teams were tackling three challenges of further EuroNet growth identified by a committee comprised of old and new board members. Winner of the EuroNet-athon was announced during the second part of the general assembly.

Even though not everyone followed our advice on warm clothing and footwear we managed to end the winter meeting with 0 casualties. We would even go as far as to say that the winter meeting we held at Velika planina was a big success. The idyllic location and the programme of the meeting had little to do with it.

It was a big success primarily because of the people who attended. And with this in mind we are looking forward to new success stories ahead. Because EuroNet MRPH is nothing more than people that represent it.

And, to borrow a line from the great James Brown, those people look like success, smell like success, feel like success and they make success happen.



Figure 3. EuroNet MRPH winter meeting at Velika planina group photo

Euronet meeting First impressions

[Yves Adja](#)

Public Health resident in Italy

My first EuroNet meeting. In Velika Planina I had the opportunity to attend my first EuroNet meeting. My colleagues who previously participated told me some stories about EuroNet -meetings so I was really looking forward to being a part of it and connecting with new people.

Having the opportunity to meet colleagues from other countries and get to know them was definitely a great experience and my expectations were matched. I was able to meet great people enthusiastic of our work and exchange ideas, views and see first hand the commitment and the willingness to cooperate and how they can lead to a great teamwork. The

work groups give the possibility to everyone to suggest new ideas and see who is on board with them or to give your own contribution to work groups that already exist and need some extra help. Of course the social programme is an important part of the meetings and fun is assured!

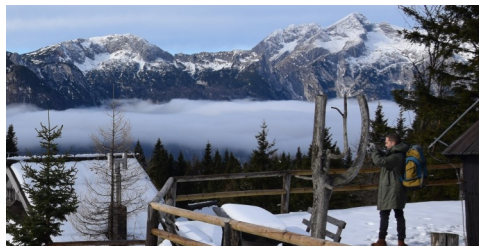
[Alice Vadre](#)

Public Health resident in France

As a fresh new resident in Public health, I had the great opportunity to attend the Euronet MRPH Winter Meeting in Velika planina, Slovenia. I couldn't imagine a better way to begin the residency and to discover EuroNet.

I would like to thank the warm and welcoming Slovenian team, everything was there to spend an unforgettable week-end: a wonderful landscape, a great atmosphere, tasty Slovenian food (and wine), cozy cottages, snowball fights and more important all the great people who were there and made this time amazing.





It was so rewarding to discover EuroNet, all the projects and workgroups in progress between different countries. There were many interesting topics discussed, demonstrating the wide diversity of Public Health residency around Europe. It was also very stimulating and inspiring to see what can be done and to hear different professional experiences and initiatives during the pitch presentations.

I came back to France with my head full of nice memories, ideas for the internship, and the aspiration to learn more about Public Health.

To conclude, thank you so much EuroNet and all of its members for this beautiful meeting and nice moments, hopefully there will be plenty of others!

[Mattia Quargnolo](#)

Public Health Resident in Italy

Recently I attended my first EuroNet Meeting in Lubiana and it greatly exceeded expectations. Firstly, I had the opportunity to informally know about other public health residency programs, different directions and trajectories, new topics and interesting projects in the field. I especially liked the open organization of the working groups and now I'm very willing to participate.

Moreover, I got to know amazing people and colleagues that shifted my research horizons and my way to intend what a public health professional may potentially be. And of course, networking was fun! Snowy chalets, cozy rooms and very nice people, what else?

I would certainly recommend the experience to anyone interested in EuroNet and its activities and in networking to other public health residents across Europe. The richness of confronting with them is something I will bring home preciousely.



EuroNet MRPH spring meeting in Torino

[Euronet Organizing Committee Italy](#)

Dear Euronet people,

It's with our hearts still full of memories of the winter meeting (some blurry, some others extremely vivid) that we are honoured to invite you all to the next meeting in Torino.

Speaking of organisation, numbers, contents and participation, the 2018 meetings were very successful, and we'd like to say another huge Thank You to those who made them possible.

One of the main outcomes of such a result is that at every meeting we get to see new Public Health residents, especially at their first year, joining & enjoying the network, which is also one of the key aims Euronet should focus on. Thus, our first wish for this Italian meeting is to reach and involve as many residents as possible.

We are still figuring out the precise dates, although we know for sure that it will be on the first or the second week of April. As soon as we know more (hopefully by the end of December) we will provide you with more information, together with some transport and logistics tips.

WHAT TO EXPECT

Talks, workshops, working groups brainstorming, fine wine&food, Italian coffee, probably rain, breath-taking squares, buildings and monuments, electric night life, Angelo's big data, possibly a daily trip on the hills where the magic happens (do Barolo, truffles and Nutella ring any bell?), a lot of FIAT cars.

WHAT NOT TO EXPECT

Crème fraiche on carbonara (we won't feel responsible if you ask for it in restaurants), cappuccino alongside other meals than breakfast (see before), clean air, the sea (although there is a river), casually meeting Cristiano Ronaldo on the streets (he lives up a hill).

Hope we'll all see you there!!



Working Groups Update

[Gisela Leiras](#)

Public Health resident, Portugal

Research is one of the main projects of Euronet Medical Residents in Public Health (EuroNet MRPH) and its members represent an important part of the network workforce.

These groups constitute a great opportunity to develop disruptive works at an international level and allow the residents to work with colleagues from different European countries, and learn from their experience. The benefits you can take from participating in this unique and challenging work are unlimited.

Beside the working group established to provide the Association of Schools of Public Health in the European Region (ASPHER) with European residents' feedback on the Professionalisation and Workforce Planning agenda, six research

groups are currently active in the Network:

- **“Post-residency employability”** led by Daniel Alvarez (ES);
- **“Conflict of interest”** led by Stefano Guicciardi (IT);
- **“Residency educational climate”** led by Špela Vidovič (SL);
- **“LGBT+ residents’ outness and work environment”** led by Damiano Cerasuolo (FR);
- **“E-cigarettes”** led by Pietro Ferrara (IT);
- **“Public Health informatics”** led by Francesco D’Aloisio (IT).

All working groups are in different stages of work (Figure 1), some still gathering a team, others piloting questionnaires, and the more advanced ones are analyzing the collected data. Three of the WG are still accepting new members to collaborate (marked with a green star in the figure).

During the past meeting, at Velika Planina, we organized one workshop where all WG were

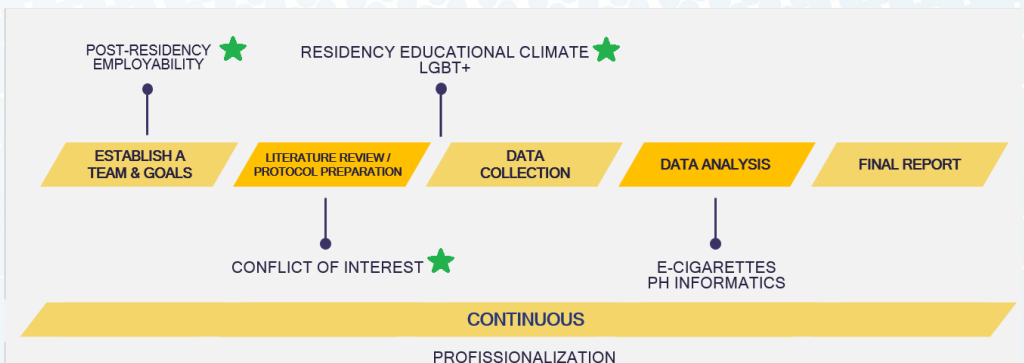


Figure 1. EuroNet MRPH Working Groups Workflow

presented by their leads or co-leads. It was an important moment to exchange ideas and get some feedback on their ongoing work. To the new members it was explained how to join one WG or submit a new one. Together we did some brainstorming and concluded that one of the preferred topics for forming a new WG was “Influence of Politics on Health”.

The challenges and strengths of a WG are several, and were also discussed:

- **Work at international level:**

- Cultural and linguistic barriers (we’ve learnt some of the difficulties and strategies to translate a questionnaire for example);
- Communication problems;
- Acquire motivation, teamwork and leadership skills;
- Be able to replicate a research in different countries;
- Learn more about health systems and PH residency in other countries;

- **Perform a research work:**

- Ethical approvals have proved to be one of the biggest barrier to some groups;
- Time management and planification skills;
- Generate knowledge;
- Promote PH.

At the end, you can even end up presenting your work at a big conference, like Špela Vidovič did during the European Public Health (EPH) Conference in Ljubljana (Figure 2).



Figure 2. Špela Vidovic presenting main conclusions of her WG in the EPH Conference 2018

Don’t waste this opportunity and get more involved in this project. You can get more information about each WG on the website, or by sending an email to research@euronetmrph.org.

You can participate to a currently active WG or suggest a new one.

Sexual and reproductive health and rights in Europe: the case of abortion

[Maria Francesca Manca](#)

Public Health Resident, France

Sexual and reproductive health and rights (SRHR) are at the intersection of health care and the legal and moral system of a country. Issues related to SRHR are not only under the control of the woman herself, eventually her partner, and healthcare professionals, but also of lawmakers and often religious leaders. Matters as abortion, contraception, fertility and reproduction, the definition of consent, the choice of a partner, are hence both extremely intimate and public, influenced by power dynamics and contextual factors.

Of abortion, in 1992 H. David wrote: “Although universally practiced, no other elective surgical procedure has evoked as much divisive public debate, generated such emotional and moral passion, or received greater sustained attention

from the media”¹.

Abortion is indeed universally practiced, but an estimated 25% of the world’s population lives in the 66 countries where abortion is either prohibited or permitted only to save a woman’s life². Of these, eight countries are in Europe: Northern Ireland in the United Kingdom, Ireland, Monaco, Liechtenstein, San Marino, Poland, Andorra and Malta. In the first six countries, abortion is forbidden outside extremely limited circumstances, for example, depending on the country, to avert a substantial risk to a woman’s life, in case of severe foetal impairment or if the pregnancy is a result of a sexual assault. Andorra and Malta do not allow it in any situation³.

A report published in December 2017 by the Council of Europe details the effects of restrictive laws on women in Europe³. In countries with restrictive laws, women are forced to travel outside the country to receive care, or they have to access illegal abortion, for example by buying abortion pills online, with the fear to seek post-abortion care, because of the legal implications. Travelling outside the country in fact is not always an option, for administrative and financial barriers, especially for adolescents, undocumented migrants or women at risk for domestic violence.

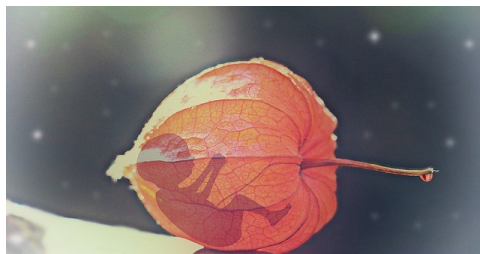
Restrictive laws can have tragic effects on the health and lives of women, as we know from the most covered country with restrictive laws in Europe, which is Ireland. In Ireland, the 8th amendment of the Constitution, which was



introduced in 1983 to recognise the right to life of the unborn as an equal to that of the mother, was repealed by referendum, on the 25th of May 2018. The repeal came after appalling events like the death by sepsis of Savita Halappavananar in 2012⁴ and the stories of some of the around 3'000 women who every year travel to the UK to access abortion services and the efforts of grassroot activism. Activism that extends across the border to Northern Ireland, in support of the women who may theoretically face a life sentence if found guilty of having an abortion⁵.

However, the possibility to access safe, prompt abortion care can be limited even in the European countries with liberal laws, meaning where abortion is accessible on request, for reasons of distress or on broad socio-economic grounds. For example, a mandatory waiting period, with or without mandatory counseling, exists in many countries, such as Germany, Italy and The Netherlands, and was recently reintroduced in countries in Central and Eastern Europe,⁶ while it was suppressed by the health law of 2016 in France⁷. The mandatory waiting period does not fulfill any medical purpose⁸.

Lack of professionals who provide abortion services is another barrier to access. The lack of professionals can be due to a shortage of professionals who are trained in this practice or because of the refusal to provide abortion services on grounds of conscience or religion. Some solutions to the shortage of trained professionals exist: for example, France faces a lack of gynecologists, especially in rural areas, so the health law of 2016 introduced the



possibility for midwife to provide medical abortion.

When refusals of care on grounds of conscience or religion are not well regulated, or the mechanisms to oversight the respect of regulations are not functional, the access to legal services is not guaranteed. For example, in Italy, in some regions more than 80% of gynecologists are objectors, and only 60% of the health care structures of the country provide abortions^{9, 10}.

These circumstances can induce European women to travel to other countries, a theme that is being studied by a research project called Europe Abortion Access Project. The first results about cross-country travel will be available in the winter of 2018, while the results on in-country travel will be available in 2020¹¹.

These elements invite public health professionals to remain vigilant on abortion. The situation is ever changing and, in some cases, it is developing for the best, as we saw in Ireland, where representations on abortion have finally been shifted after years of reflections and advocacy¹². In others it is stagnating or there is even a real risk of retrogression, as in Poland, where since 2016 there have been different attempts at hardening what is already one of the most restrictive abortion laws in Europe^{13, 14}.

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Treatment of HIV and viral hepatitis in the prison population

[Tiago Carvalho](#)

Public Health Resident, Portugal

[José Rodrigues](#)

Public Health Resident, Portugal

Access to health services in the prison system is conditioned by legal barriers, social marginalization and stigma which can increase infectious diseases among the prison population¹.

The prison population is different from other populations and it's in a situation of increased vulnerability. There are several factors that contribute to this, mainly: more exposure to violence; transmission of infectious diseases; increased unprotected sexual, confinement and overpopulation; difficulties in the patients flow up¹.

The number of prisoners in Portugal is about 14.000 on 2017, for a theoretical capacity of approximately 13.000, generating, thus, a panorama of indisputable overcrowding of the prison system. In addition there is also a high turn-over of inmates². The most relevant characteristics of Portuguese prisoners are summarized in Table 1 and Figure 1.

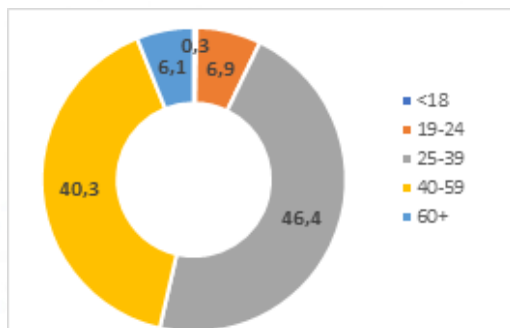


Figure 1. Prisoners, by age. Portugal 2017²

Characteristics of the Portuguese Prison Population, Portugal, 2017^{2,3}.

In order to achieve the goals to 2020 outlined on Onusida/Unaid's and reduce the morbimortality of viral hepatitis, the General Directorate for Reinsertion and Prisional Services (Direção-Geral da Reinserção e dos Serviços Prisionais) and 28 hospitals of the National Health Service (SNS) will sign a protocol for the treatment of human immunodeficiency virus (HIV) and viral hepatitis infections in the prison population, extending to the whole country the pilot project that runs between the Hospital de São João in Porto and the prison of Cústóias.

This pilot project started on January 2017, in order to promote appropriate diagnostic procedures and to provide medication to cure hepatitis C.

This initiative enabled the elimination of Hepatitis C in prisons in Custódias and Santa Cruz do Bispo and is now being expanded geographically and to include other viral hepatitis and HIV⁴.

Up until now, prisoners were subject to security

93,6% are male

≈70% are drug users

4,5% is infected with HIV.

1,2% is infected with hepatitis B

10,1% is infected with hepatitis C

Table 1. Characteristics of the Portuguese Prison Population, Portugal, 2017^{2,3}

procedures when traveling to healthcare facilities, which caused constraints to clinical observation. From now on they will be treated in the prison itself. This new model will allow physicians - infectiologists, gastroenterologists and internists - to move to prisons to care for the HIV-infected, hepatitis B and C prison population of 45 prison facilities across the continent. In addition, screening will be done at the entrance, during and at the end of the sentence.

Thus, it is expected that this protocol will shape a new approach to health care for infectious diseases in prisons.

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The Government's Role in Health Promotion

José Carlos Flores

*Masters in Public health student at the Universitat
Pompeu Fabra in Barcelona*

Nowadays many people die from weight related diseases, these can normally be prevented by improving eating habits and lifestyle choices. But, how easy is it for people to choose better?

As a dietitian and public health professional I find myself promoting healthy eating very often. However, I have realised that it is not just up to the people to try to get healthier. It is the government's job to make it easier for everyone to make these changes.

A year ago, I found myself moving to Barcelona, a city full of life and full of bars and restaurants. Asking for tap water in Barcelona is impossible as waiters argue that tap water is not drinkable in Spain. In fact, Barcelona's water is safe to drink as it follows EU regulations and the company in charge of water in Barcelona has many ISO certifications that secure the water's innocuousness. In addition to this, a bottle of water in Barcelona is sometimes either the same price or more expensive than a beer or sugary drinks. In contrast, countries in the European Union like the UK and France make it mandatory for bars and restaurants to give free tap water to customers, making it easier for people to choose healthier.

By the same token, in consultation, I always suggest patients to choose whole meal bread

and pastas over white ones. Many of them stick to refined grains given that wholemeal products are normally more expensive. It is a fact that eating refined carbs lead to increased risk of obesity and type 2 diabetes, such as it is a fact that it is cheaper to make wholemeal products than to make heavily processed ones, and still people need to pay more for getting the healthier option.

The idea that to eat better is necessary to spend lots of money is a problem I have encountered many times. The current trend of organic foods makes it seem like eating healthily is only for those who can actually afford it. People from a low socioeconomic status find it impossible to eat the so-called organic products. Showing people that healthier does not necessarily mean organic or more expensive should be a public health priority.

Given these points, it is evident that support from the government is essential in order to make it easier for people to choose the healthier option.

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A roadmap for Non-Governmental Associations' cooperation in Public Health

[Duarte Brito](#)

Public Health Resident

Public Health Unit Lisboa Central, Portugal

"Proudly by ourselves" - this was a Portuguese nationalist slogan advertised before April 25th 1974 revolution. However, globalization changed the paradigm of international relationships and communication technologies connected the whole world by a simple click. We no longer live in a place where our actions have no consequences, but rather influence people and the environment around us - both as individuals and through organizations.

As you know, Public Health was defined by Acheson as *"the science and art of preventing disease, prolonging life and promoting health through organized community efforts"* and Ottawa Charter for Health Promotion called for "community health partnerships, health alliances or socio-ecological approaches to prevention and health promotion".

Therefore, non-governmental organizations (NGO) play an interesting role in promoting community development while remaining independent from governments. Currently, some of the most important European NGOs in Public Health area are ASPHER (Association of School of Public Health in Europe), EHMA (European

Health Management Association) and EUPHA (European Public Health Association)¹. The aim of most of these kind of organizations is to bring together experts to develop innovative health research and implement it through effective policy making.

Another perfect example of cooperation between European public health professionals is the European Network of Medical Residents in Public Health (EuroNet MRPH), which gathers 10 national based Public Health associations training programs.

Following its mission, EuroNet MRPH aims to promote the sharing of educational opportunities, facilitate exchange internships and develop international scientific research. Euronet-like networks are keen on knowledge transferring, research collaboration and they create a unique environment for ideas to develop, encouraging the rapid spread of information in Europe.

The lack of bureaucracy (but not organizational anarchy) among networks is one of its strengths when comparing to *governments and institutions, which makes it* so useful in creating knowledge, exchanging information and spreading good practice². Individuals from different organizations and areas can collaborate free from the constraints that exist in more hierarchical models³. Also, collaborative papers tend to get cited more often, which is an important "bonus"⁴.

Summing up, networks should focus on five specific pillars:

- A **common purpose** that promote a sense of belonging of its members and a commitment in moving in the same direction;
- A **cooperative** structure that allows people to work together across organizations;
- A **critical mass** that increases value for members and society;
- **Collective intelligence**, as members share and learn from each other and;
- A sense of **community** built through relationships.

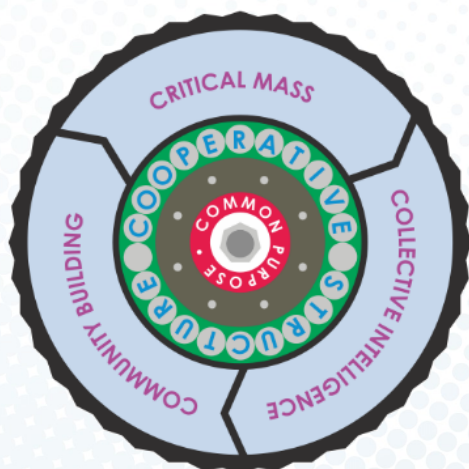


Figure 1. The 5C Wheel, including core features of an effective network⁴

Right now, in my opinion, EuroNet MRPH follows the main essentials for a successful network. That is amazing in such a short period of time, while having room for development, especially regarding partnerships and cooperation. Networks are just the bottom level of a collaboration hierarchy, gathering a huge

potential for development and expansion for the following years, until they achieve a full collaboration status⁵.

Partnerships can be defined as “*contextually relevant peer-to-peer collaborations which offer a platform for sharing knowledge and growing expertise globally, working towards a common goal, across disciplines and perspectives*”⁶. This allows organizations to explore their differences and find solutions beyond their limited visions⁷.

Similar to networks’ main pillars, partnerships also need⁶:

- **Focus:** a common goal that keeps partners focused on their objectives;
- **Values:** a commitment and trust between partners;
- **Equity:** adequate sharing of resources and respect for different capacities;
- **Mutual benefits:** based on knowledge exchange and skills development;
- **Communication:** through meetings, agendas and reports shared on time;
- **Leadership:** accountability and delegation of roles to organize common efforts and;
- **Resolution:** determination and mediation in conflict resolution between partners.

As discussed in 2018’s Winter Meeting, communication and partnerships are fields where EuroNet MRPH needs to invest some workforce and time, in order to develop proper foundations for the future. As referred by Rahman, EUPHA added value to members association through contact to other European Public Health Associations and more ideas for

research and collaboration, among others¹. Therefore, members of both organizations in a partnership also expect to develop future collaborations through existing ones.

Addressing the big elephant in the room, there are hundreds of public health related institutes and NGOs in Europe. Many of them are already connected but it's crucial to align most important NGOs agendas in Public Health, strengthening integration policies and influence⁸. While integrating activities in a single network is already a complicated task, integration of activities between different organizations it's even more problematic - but when well coordinated, they have a bigger impact.

Challenges in Public Health collaboration will be hard to tackle, but young professionals willingness to act and innovate play a crucial role. Today, in my opinion, Euronet MPRH is a successful network with a clear direction, encouraging innovation and quality improvement. There is a potential in advocacy for Public Health residents and promoting community driven initiatives which still remains on hold, while a broader influence in European Public Health can also be addressed through more meaningful and structured partnerships.

In the Velika Planina winter meeting, Euronet MPRH members discussed the role of partnerships for the future of the network and there was a call for reviewing Euronet MPRH partnerships in an objective way, highlighting the need for meaningful and relevant benefits

for enrolled public health residents, like scholarships, reduced fees and opportunities for research collaboration. But most of all, is crucial to gather feedback from residents and understand what they expect from partnerships.

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But most of all, is crucial to gather feedback from residents and understand what they expect from partnerships. There will be many challenges in the future and it's up to us to prepare and embrace the opportunities that they will bring.

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Perspectives: Public Health Workforce Development in Slovenia and Wider

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Introduction

History of modern society is riddled with public health breakthroughs. Advances based on the notion of prevention of disease and promotion of good health allowed for better living conditions, safe transportation, diverse and nourishing diets, and numerous other standards of developed societies most of us take for granted.

In retrospect, we praise much of those advances as prototypal public health measures. Did ingenious minds behind those actions perceive themselves as public health pioneers? One might even argue that they needn't identify as such (1). John Snow, Louis Pasteur and Robert Koch transformed the world through their work and for that they only had to subscribe to the ideal of public health - not to the profession. They were inventors that spawned a health revolution. But times have changed. We are faced with globalised world, global warming and regular political tantrums with possibly perilous consequences (2). Nations of the world are putting health high on the agenda with concerted actions such as Millennium

Development Goals and Sustainable Development Goals (3). Further advancement of public health demands a different toolset and approaches from those of past eras. This holds true for public health practice on international as well as on a national or even local level (4). Modern challenges of public health require a workforce with capacities to address and overcome them (5,6). Public health practitioners of today and tomorrow need to be leaders as much as scientists and inventors (7). Development of such a workforce is the common theme of following reflections provided by a group of professionals with deep insight into education and training practices in public health.

The collection of reflections starts with an overview of current status and recent initiatives in public health workforce development in the European region written by **Robert Otok**, **Katarzyna Czabanowska**, and **John Middleton** who are all active in Association of Schools of Public Health in the European Region, a key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research.

Alberto Mateo, president of the European Network of Medical Residents in Public Health, further reflects on the topic of international cooperation and on importance of internationally harmonised curricula in public health education. Afterwards authors focus on

analysing and reflecting on public health workforce development in Slovenia. Tit Albreht from National Institute of Public Health addresses the challenge of diversification of public health workforce in Slovenia. In his commentary, he stresses the importance of standard education as well as continuous professional development. Recognising the importance of having a modern and comprehensive public health educational programme for medical residents, **Lijana Zaletel Kragelj** from Faculty of Medicine at University of Ljubljana provides us with a summary of the transformation of Slovenian public health specialty training programme from its conception and offers us with a glimpse of what we can expect in near future. **Ivan Eržen** from National Institute of Public Health completes the overview of graduate and postgraduate programmes which offer public health topics in their curriculums. Acknowledging the limitations of current landscape of educational opportunities in public health he points out the need for a school of public health which has yet to be established in Slovenia. In the following commentary, **Marjan Premik**, one of the main protagonists of establishment of school of public health in Slovenia, introduces arguments for school of public health as an integral part of health care system. Putting the emphasis on the wider public health workforce, **Mitja Vrdelja** from National Institute of Public Health, gives his view on working in public health in Slovenia from a communications expert perspective and complements reflections on workforce developments from previous authors with

challenges that could be solved with appropriate education and training of public health workforce. Current Perspectives are rounded up with a playful note by a discussion I had with **Damir Ivanković**, a former public health resident from Croatia who is presently a researcher at the Academic Medical Center in Amsterdam. Since both of us are a young public health professionals from relatively small countries we take a look at benefits and drawbacks of starting a career in such an environment.

Keep reading the article at:
http://www.nijz.si/sites/www.nijz.si/files/uploaded/vinko_jz_03-06.pdf

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Which Social Platform is preferred between Turkish Public Health Residents' for Communication?

[Ferhat Yildiz](#)

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Aydin Adnan Menderes University, School of Medicine
Department of Public Health

Merhaba (Hello)!

I suppose that this is the first article from Turkey in EURONET-MRPH Newsletter. So, I want to share our experience for communication as first. It is very exciting and important to communicate between European students for us.

It is also very important to provide a good communication medium between Turkish residents.

However, it is very difficult to choose best social medium, especially if there are hundreds of residents. For example, it is estimated that there are about 500 public health residents in more than 50 medical schools in Turkey. We use **google mail group** and **whatsapp** application to get in contact. Well, most of the residents have hesitations to write or to ask to the mail group, and they find whatsapp more practical then the mail group.

They think that they could get answers to their questions rapidly in whatsapp. Although, whatsapp is preferable for notifications, all residents couldn't participate to residents' group due to participant limitation.

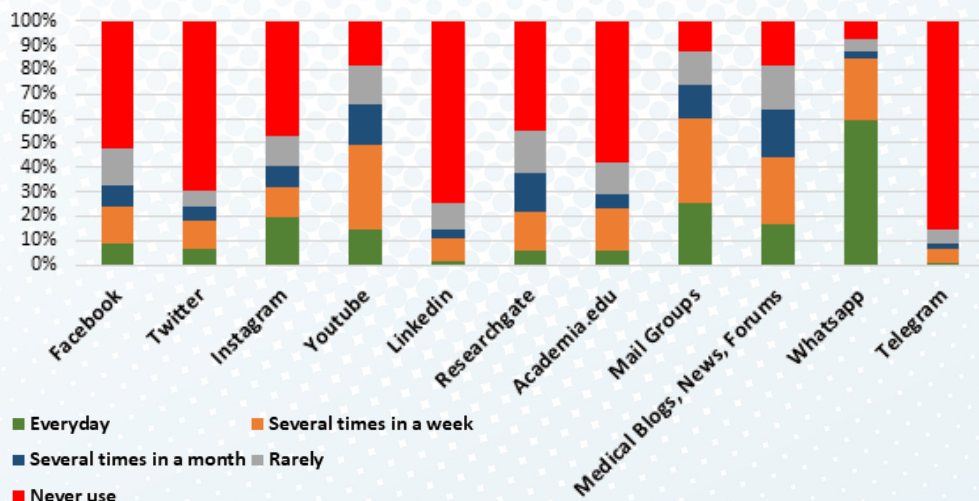


Figure 1. Social Media Use of Public Health Residents for Academic Purposes

As a representative of residents in HASUDER (Turkish Society of Public Health Specialists), i had carried out an online survey to choose the best social medium / media which had continued for ten days in November 2018. Then, we discussed the results to decide communication media in Medical Residents Session of 20th National Public Health Congress, Antalya.

Total 156 residents completed the online survey (about 1/3 of all residents). Mean age of participants was 29.3 ± 3.2 years and mean duration of residency was 23.5 ± 15.6 months. About three quarters of the residents (73.7%) was female. Please don't worry; it is not an error, there is apparently female predominance in Turkish public health residents. Most of the

participants (84.5%) specified that they used social media every day. More than 90.0% of residents could interest in social media several times in a week. However, only 76.3% of residents specified that they could interest in social media for academic purposes several times in a week.

Youtube, mail groups and whatsapp application were the most used media for academic purposes (Figure 1).

Residents preferred to communicate mostly with mail groups, whatsapp, telegram and instagram for academic communication (Figure 2).

Youtube, researchgate, linkedin and academia.edu were excluded for academic

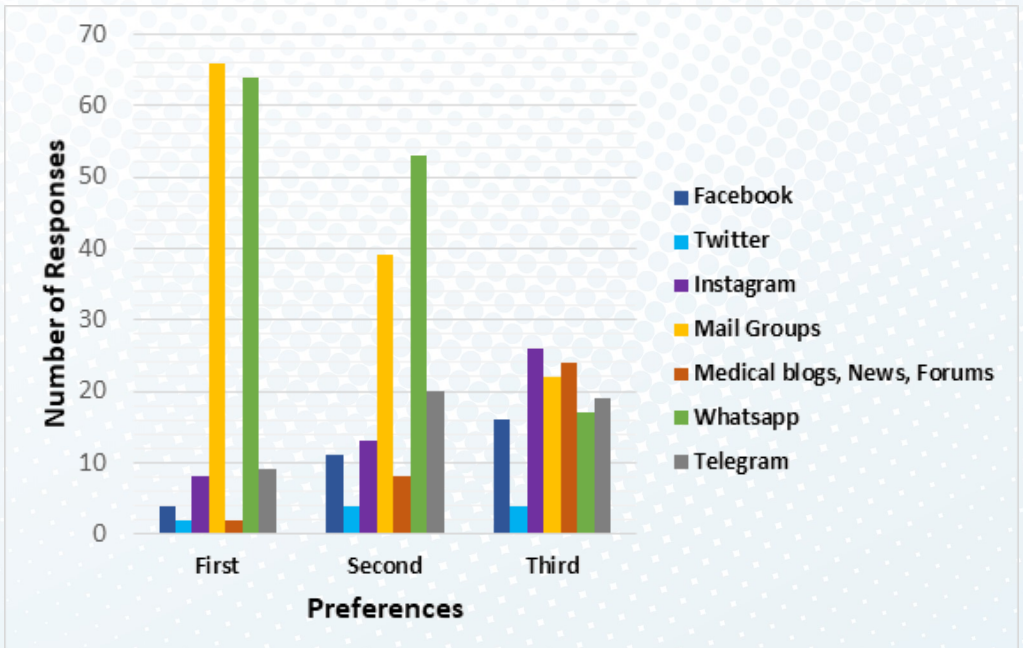


Figure 2. Social Media Communication Preferences of Public Health Residents for Academic Purposes

communication preferences. Because, they were not suitable for mutual and group communication. Few residents chose medscape and discord under the title of “others” for both in Figure 1 and 2.

It could be concluded that mail groups and whatsapp are trending media. In public health conference, we discussed that whatsapp was not enough, maybe it would be better to change it to telegram according to survey results. Instagram was a surprise in this survey. Perhaps, it might have a function in the future in terms of the public health.

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Travel medicine: why Europe is becoming a more interesting destination?

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Travel Medicine is not a recent discipline (references to quarantines already exist around the fourteenth century)¹. However, with more than a million international tourists traveling around the world in 2015, and with an increasingly interconnected world, the discipline of travel medicine has never been more important in the prevention of travel-related disease in individuals and populations². Traditionally, the focus of travel medicine was on people from developed countries who cross international borders to tropical or subtropical destinations, with preventive advice addressing exposures to diseases that are typically uncommon in the developed world³. Nevertheless, Europe is a good example of how globalisation and climate change are changing the tradition.

In Europe, climate change has already impacted the transmission of a wide range of vector-borne diseases and it will continue to do so in the coming decade⁴. Climate change has been implicated in the observed shift of ticks to elevated altitudes and latitudes, notably

including the *Ixodes ricinus* tick species that is a vector for Lyme borreliosis and tick-borne encephalitis (TBE)⁴.

In 2016, 2 876 cases of TBE were reported in Europe (0.6 cases per 100 000 population), which represents an increased in the notification rate by 50% compared with 2015, with large increases reported in many countries in central Europe and the Baltic states. The notification rates were higher among males and among adults aged between 45 and 64 years, possibly due to higher exposure to outdoors activities (e.g. berry picking) and most cases (78%) were reported between June and September⁵. People who live in, or travel to, regions where TBE is endemic should be aware of the risk of exposure to ticks, protect themselves against tick bites and consider immunisation prior to exposure, which offers the most effective protection (only 1.6% of the reported cases were in immunised people)⁵. The pre-travel consultation is an important moment for risk assessment of these travelers.

Climate change is also thought to have been a factor in the expansion of other important disease vectors in Europe: *Aedes albopictus* (the Asian tiger mosquito), which transmits diseases such as Zika, dengue and chikungunya, and *Phlebotomus* sandfly species, which transmits diseases including Leishmaniasis.

In Europe, recent dengue outbreaks were recorded in France and Croatia while outbreaks of chikungunya were recorded in France and Italy. Not surprisingly, all these events took place in Southern Europe (Euro-Mediterranean region), where a stable and extensive

colonization by *Aedes albopictus* creates permissive conditions for transmission⁶.

In addition, highly elevated temperatures in the summer have been associated with outbreaks of West Nile Fever in Southeast Europe⁴. This year the high temperatures followed by wet weather that were observed in Europe have been associated with a sharp spike in West Nile Fever infections: the number of West Nile infections reported so far exceeds the total number of infections in the previous five years, which suggests a high level of virus circulation in affected countries⁷.

In conclusion, Europe is facing a growing threat of tropical disease outbreaks, as rising temperatures linked to climate change cause illnesses brought by travelers to spread more easily, and these are the main reasons why Europe is becoming a more important destination for travelers in terms of health risk assessment.

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Benzodiazepines consumption: the Portuguese reality and the European context - new challenges to face?

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The benzodiazepines (BZDs) are among the most commonly prescribed medicines globally, mainly because of their many indications as anxiolytic, sedative, hypnotic, muscle relaxant, anticonvulsant, and anaesthesia-inducing¹. Even though BZDs are known for their potential risk of dependence and abuse¹, Europe is the continent still with the highest rate of BZDs consumption², with Portugal being one of the countries with the highest level of use²⁻⁵.

A descriptive study about BZDs consumption in Portugal estimates that 1.9 million citizens, approximately 18.5% of the total population, used at least one BZD or analogue in 2016⁶. These users were mostly women (70%) between 55 and 79 years old⁶. The proportion of the population that used these drugs increased with age, corresponding to more than half of the residents in Portugal over 85 years old⁶.

The prescription of BZDs and analogues occurs mainly in the primary health care setting (82%)

and the most prescribed BZDs are lorazepam, diazepam, followed by ethyl loflazepate⁶.

In addition to the classic potential adverse side effects of BZD consumption, such as dependence and abuse, new challenges have emerged. There is a significant concern with BZDs misuse patterns, especially the BZDs intake in a polydrug abuse context. This misuse regards potentiating euphoriant effects of opioids, reducing the offset of cocaine, or interacting in a complex way with other drugs of abuse²⁻⁷. This misuse pattern is undoubtedly one of the most hazardous concerning Public Health and has been associated with a higher risk of overdose, potentiation of the depressant effects of alcohol, criminal acts, higher risk of acquiring HIV infection, experiencing anxiety and depression, and having poorer treatment outcomes and poorer social functioning¹⁻⁸.

Another new challenge is respecting the increasing number of new BZDs, such as phenazepam and etizolam that have appeared on Europe's drug market over the last decade and had been linked to hospitalisations and deaths. These new psychoactive drugs can cause psychomotor impairment, respiratory arrest, psychosis and delirium and are sold mostly on the internet and on the illicit market^{2,7,8}.

In conclusion, BZDs are well-established medicines for a range of short-term clinical uses. Having more evidence-based clinical guidelines for prescribing BZDs, providing information and tools to General Practitioners about the risks associated with BZDs use, and using non-pharmacological approaches, as cognitive-based therapies, as alternatives to

manage anxiety and insomnia symptoms may have a critical role in mitigating the misuse risks⁹. General Practitioners have to be prepared to identify patients with problematic BZDs use and to be able to refer these patients to specialized addiction centres. Also, there are new challenges to face. The high-risk misuse pattern, especially among opioid users, and the increasing sells of new BZDs or completely unknown psychotropic substances, at the illicit market, are a real problem and a significant concern to the Public Health Authorities. In the future, additional policies have to be considered concerning the medical and non-medical drugs obtainment by the internet and further studies are needed to understand the complexity of this subject.

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Revisiting Semmelweis in times of antibiotic resistance challenges: latest health burden and hand hygiene program's impact

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Every healthcare professional is aware of the importance of Ignaz Semmelweis in the fields of bacteriology and health protection. In 1846, maternity institutions were set up all over Europe to address problems of infanticide illegitimate children. In Vienna, there were two maternity clinics in Semmelweis's hospital. What troubled the 28 year old doctor was that the First Clinic had a much higher mortality rate due to puerperal fever than the Second Clinic, 10% and 4%, respectively. The two clinics were very similar in the techniques they used and practices they followed. Semmelweis started a meticulous process of eliminating all possible differences between that two that could account for the mortality difference, including the religious practices of both clinics. The major difference was that the first clinic was the teaching service for medical students, while the second served for the instruction of midwives only. This difference, per se, did not justify any mortality difference. After examining the mortality causes, Semmelweis proposed that medical students carried what he called

'cadaverous particles' on their hands from the autopsy to the clinic. Even though his theories were not immediately recognized, he did institute a policy of using a solution of chlorinated lime for washing hands between autopsy work and the examination of patients, dropping the mortality rate in first clinic by 90%. Why is this important? Because washing hands remains one of most important actions a practitioner can take to reduce hospital-acquired infections and mortality. In a recent *Lancet Infectious Diseases* article, Cassini and colleagues present shocking estimates on the health burden of five types of antibiotic-resistant infection. The authors estimate that there were 671.689 cases of infections with antibiotic-resistant bacteria in 2015, of which 426.277 (63.5%) were associated with health care. The burden has doubled since 2007, and the countries with the heaviest burden were Italy and Greece.

In the same volume, an article published by Prof. M. Lindsay Grayson reflects on the evolution of hand hygiene compliance in Australian hospitals in the last 8 years. The findings could not be any more obvious: Among Australia's major public hospitals (n=132), improved hand hygiene compliance was associated with declines in the incidence of health-care-associated *Staphylococcus aureus* bacteraemia (HA-SAB): for every 10% increase in hand hygiene compliance, the incidence of HA-SAB decreased by 15%. In my country, Portugal, the latest report of the national program tackling antibiotic-resistant infections and antibiotic shows that, while there has been an

increasing compliance with hand hygiene since 2011, only 64,7% of physicians wash their hands before touching a patient, and only 81,5% do so after such contact. Italy, Greece, Portugal, the European Union, Australia. The list is endless. Antibiotic-resistant infections are a global public health threat. There is no doubt that this is one of most urgent issues the international community will need to address in the near future. Cassini and colleagues call for an increased political commitment and dedicated resources. As they state it, various international stakeholders have working for many years to reduce this public health burden, with hardly any progresses so far.

Whilst there is a need for better policies, one thing is undeniable: we, clinical physicians, need to step up and improve our practice. We need to make sure that we are providing the best care to our populations. And, as Ignaz Semmelweis pointed out so clearly 200 years ago, we can start by washing our hands.

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Internship: PAHO headquarters

[Fatima Mori](#)

Public Health Specialist, Spain

During the residency programme in Public Health and Preventive Medicine, almost everyone around Europe is allowed to do internships abroad. During the last year of residency, I had to look for a place to do my internship abroad and I chose Pan American Health Organization (PAHO) headquarters. Three ways to apply: applying through WHO's official website, asking someone that went there before for a contact, use the PAHO official call for interns. I tried the first two ways.

I'm currently doing a PhD on alcohol consumption in college students, that is why my internship was at the unit of Alcohol and Drug Use in the department of Non-communicable diseases and mental health. The opportunity provided by the internship at PAHO was amazing. I learnt how things work in a supra-organizational system - which is a little bit different than "micro-", "meso-" and "macro-" regional ones. The differences are even stronger when working with representatives from different countries, coordinating interventions needed by many countries in Latin America. One important thing is the role of mentor. My mentor splitting his life between business travels and department work, always found the time to check out how my work was progressing and to offer his support whenever I wanted to start a new project. You have to be very



proactive and depending the time you will be there, you can see all the projects since the beginning, as well as their results in the different regions of the Americas. Interns and Volunteers teamed up to establish the PAHO-Interns and Volunteers Association (PIVA). The association is now developing projects to increase the interns' and volunteers' experience at the organization. They organise meetings and working sessions to allow all PIVA members, not only the headquarter ones, to assist and exchange knowledge.

So, living in Washington D.C, meeting different people, doing some great team work, make my experience incredible. Don't be afraid of your English proficiency when you have to work at PAHO - HQ: you will meet people speaking French, Portuguese, Dutch, English, Spanish and more. I would like to go on working as a doctor in preventive medicine as well as Public Health. I believe that a doctor's individual point of view of Public Health is just as important as the community's one.

For this reason, I think that it is important PH trainees to explore work in different settings: it is the best way to learn how others solve the same problems you are experiencing and then make changes when you go back. Finally, I really recommend this internship.

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 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?

- Your EuroNet MRPH Internship Lead is always looking for interesting opportunities for you. On our website you can find a list of placements and universities that you might apply to. For more information or to ask for help pursuing a desired placement please 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. 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.

Please visit our [website](#) for more information.



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- **MALTA:** *Stefan Buttigieg (individual)*
- **POLAND:** *Paulina Nowicka (individual)*
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Comissões de Médicos
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Association of Public Health
Residents of Slovenia

Asociación de Residentes de
Medicina Preventiva y
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