Communication in Public Health

Winter Meeting 2022

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EURONET MRPH

SUMMARY

EUR NET MRPH

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Editorial

Dear EuroNetters,

the Winter issue of EuroNews is finally here and it's bursting with news!
At the time you read, the elections of the Board and Leads 2022-2023 will have taken place: for all new members of our great network, we thus start by presenting EuroNet, its aim and functioning.
EuroNet is now counting more than 2000 residents and 10 member countries: we started presenting the public health residency systems of some of these countries in last newsletter, where we illustrated the training programs of Spain and Portugal. As promised, we continue our exploring regarding this matter: in this newsletter you can read about the public health specialization programs of France and Italy.

A relevant part of the newsletter is – of course – dedicated to news: in the current issue, we thus disclose where the Spring Meeting 2023 will take place: you'll see some good ones!
In the last months, a lot has happened also outside the network. Let the skilled pens of the newsletter team members lead you through the latest events in Public Health, such as the Day of 8 Billion, the Mental Health Day and World AIDS Day, the World Antimicrobial Awareness Week and a recent call by the World Federation of Public Health Associations to ban alcohol advertising from the Netflix platform.

Our team is not the only one writing on EuroNews though. We are incredibly proud of the success the Your Voice column garnered again: we here present eight contributions from fellow colleagues across Europe, who wrote about their research and their reflections on public health.

The newsletter ends with some suggestions for good reads, spanning from One Health, to family planning, to a Lancet's reflection on whether we need a European Health Union.

With this issue, the current Communication Lead and Newsletter Team greet you: from next one, a new Lead and Team will have taken the reins of EuroNews.

We hope you'll have a nice read, and do not hesitate to write to communication@euronetmrph.org if you want to contribute to the next issue of EuroNews!

Francesca Zanni
EuroNet Communication Lead 2022

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EuroNet Communication Team 2022

EuroNet: what is it and how does it work?

What is EuroNet? The Network organisation and functioning

EuroNet MRPH stands for the European Network of Medical Residents in Public Health. It constitutes the network of European National associations of Public Health training programs, including young medical and non-medical residents.

It is a non-profit, international, independent and non-governmental association.
EuroNet MRPH aims to create a professional network among young European residents in Public Health in order to share information on educational programs, to facilitate exchanges and common activities, as well as to develop a body of scientific research.

EuroNet MRPH achieve its goals through:

- international meetings;
- internship placements in active members;
- scientific studies/research among working groups.

The idea of a network of European associations first emerged in 2008 when French and Italian residents started a collaboration on a qualitative project exploring the satisfaction of residency programs in the two countries by a self-administered questionnaire.

The success of this initiative encouraged the residents to continue the collaboration and to extend it to Public Health residents from other European countries. Spanish residents joined the network in 2009.

EuroNet MRPH was officially founded on June 30th, 2011 in Paris by the CliSP (College de Liaison des Internes en Santé Publique) for France, SItI (Società Italiana di Igiene e Medicina Preventiva e Sanità Pubblica) for Italy and ARES (Asociación Española de residentes de medicina preventiva y salud pública) for Spain.

SRC (Specialty Registrar's Committee) of the Faculty of Public Health for the United Kingdom joined the network on November 12th, 2011 in Zaragoza (Spain). The Portuguese Public Health Residents Committee joined the network in April 2012. It was followed by the APHRI (Association of Public Health Medicine Registrars of Ireland) for Ireland on March 1st, 2014, in London, and HDJZ (Hrvatsko društvo za javno zdravstvo) for Croatia on March 21st, 2015 in Milan (Italy).

Losgio (Landelijk Overleg Sociaal-Geneeskundigen in Opleiding) for The Netherlands joined the network on November 20th 2015, during the Barcelona meeting, and OSJZ (Odsek specializantov javneg zdravja pri Sekciji za preventivno medicine) from Slovenia joined on November 26th 2016, during the Dublin meeting. The youngest member is Turkey who joined during the Valencia Meeting, on July 13th 2018.

Besides 10 national associations representing resident physicians and trainees in public health, residents whose national associations are not eligible to join the network can apply for individual memberships. EuroNet MRPH currently has individual members from four European countries – Austria, Bosnia and Herzegovina, Poland and Malta.

What is EuroNet?
The Network organisation and functioning

Francesca Zanni (Italy) - President

Ambrogio Cerri (Italy) - Vicepresident

Lucia Rodriguez-Borlado Salazar (France) - General Secretary

Kate Ndocko (France) - Treasurer

Inge van de Luitgaarden (The Netherlands) - Research Lead

Enrico Antonio Errico (Italy) - Communication Lead

Maryoli Antonella Veloso Fraigola (Spain) _ Interships Lead

Bertrand Galet (France) - Webmaster Lead

Governance and Organization

The network is run by the Board and Leads and the National Commissions (NCs).

The Board is made up of four EuroNet MRPH members who assume the roles of President, Vice- president, General Secretary and Treasurer. Board members are chosen by election within EuroNet MRPH. The Board is in charge of the administrative and representative function of the network.

The board does not represent the countries or the associations taking part in EuroNet MRPH and thus the nationality of its members is irrelevant. Board members can be National Commission members, though it is not mandatory.

Leads are responsible for the coordination of the work of the network in specific fields. The purpose of their work is to enhance the development of the network in scientific, communication, social and cultural domain. Currently there are 4 Lead

positions:·

Research Lead: coordination of research projects within the network.

· **Communication Lead:** communication of the network which comprises of quarterly newsletters, maintaining mailing lists and social media.

· **Internship Lead:** looks for new internship opportunities to propose to the members of the network but also monitors and records activity of the network in this respect.

· **Website Lead:** responsible for the maintenance of internal server and email affairs, as well as update and enhancement of the website.

National Commissions are made up of a maximum of six members, representing their own national associations. Members of the NC are chosen according to the rules of their national association. The NCs have full decisional power and are asked to vote on specific issues (see the Policies and Procedures documents) where each NC will count for one single vote.

Active members can only elicit a vote through their respective NCs.

If a vote is solicited by a NC, the Executive Board must be informed to allow the Board to express its opinion and response prior to such vote. The Board must act in accordance with the result of the NC voting outcome.

·Proposals are accepted by a majority of completed vote. In the case of proposed changes to the statute a three-quarter majority is required. For all other matters, a 50% + 1 majority only will be required.

Any NC not present at the time of the original vote will be given an additional time period to complete an online vote as described in full in the policies and procedures document.

Once the deadline has expired, the absence of vote from a National Commission is considered as absence (and not abstention) and it is not counted in the voting procedure. Any abstention is also not counted in the voting procedure.

Though a vote is carried through by majority within EuroNet MRPH, NCs are free to adopt their own voting model. Regardless of whatever model is adopted within individual NCs, each NC will only have one vote within EuroNet MRPH.

General Assembly

The General Assembly, taking place at least during one of the annual meetings of the network, constitutes the central decision power of the association. It reunites the Board and all the National Commissions.

Leads

The present statute expressly recognizes the role of Lead figures. Leads are responsible for the coordination of the work of the network in a specific field. The purpose of their work is to enhance the development of the network in scientific, communication, social and cultural domain. Leads are members of the National Commission and they are elected by the General Assembly. Nationality is not a criterion for the election.

What is EuroNet?
The Network organisation and functioning

Leads hold decisional power in their domains of competence. However, decisions must be aligned to EuroNet values and principles and must be discussed with a member of the Board prior to enactment.

Legal Administration

Legal administrator is a member of the network must live in France. The legal administrator is in charge only of those administrative functions that have to be carried out in France.

Membership

Residents in Public Health from the countries taking part to EuroNet MRPH with their National Association are automatically considered as members.
Members have the right to attend the annuals meetings, participate in working groups, apply for internships proposed by EuroNet.

Members taking part in the activity of the association will be registered as 'Active members' on a specific mailing list in order to keep them up to date with news concerning the association and its work.

· attendance to at least one meeting
· active participation in network activities either through newsletter contributions, working group participation or promoting EuroNet MRPH activities on a national and international level

Post-residency

Post-residency participation is limited to one year and they will be allowed to take part to EuroNet MRPH as National Commission member, board member and leader. An alumni section may be developed in the future.

Honorary members

Honorary members title applies to those resident physicians, trainees or physicians in Public Health who distinguished themselves for their work in the association and for their career.

Honorary membership can be proposed by a National Commission or by a Board member and voted by the National Commissions.

We look forward to seeing you !

David Peyre-Costa
EuroNet's President 2022

Medical Residency in Public Health: programs in comparison

MRPH in France

Pre-training requirements

The candidates to the residency program have to pass a national exam (ECN). This exam takes place in June every year and the inscriptions are closed around march. It can be accessed by :

- All of the French medical students after the completion of the 6 years of medical studies
- All of the European medical students after the completion of the 6 years of medical studies (or during their 6th year of studies)

You may pass this exam just once and during the same year as your graduation (end of your 6th year of medical studies). This exam can only be done a second time under certain circumstances:

- For French students, after approval of a motivated request by a jury.
- For French and European students, once they already work as a resident and after approval of the department that they're attached to for the first semester of their residency.

Another exam (ETR) is established for non-europeans medical students with different modalities from the ECN (more information –in french- on the CNG website.)

The students that passed the ECN are ranked and choose, starting from the best ranked :

- The specialty
- The city/region

About 100 placements are available for Public Health residency. In 2020 the first person to choose Public Health was ranked 419 and the last one was ranked 8818.

The residency begins on November 2nd.

Duration of training

The duration of the Public Health residency is 4 years, which are divided in 8 semesters. The semesters go from november to april and from may to october.

The Public Health residency can be longer than four years if the resident choses one (or more) of the following options :

- A gap year (from six months up to two years) which is usually used by public health residents in France to do a masters degree. During this time residents are NOT receiving a salary.
- A « FST » (Specialized cross training) or an « option », which are one year long training programs to deepen the knowledge of the residents in one public health topic (nutrition, addictology, health administration...). During this time residents are receiving a salary.
- A research year which has a determined length of one year starting in november. During this time residents are receiving a salary.

Medical Residency in Public Health: programs in comparison

The curriculum of the public health residency consists of 3 phases:

- Core" phase : Acquisition of basic knowledge and skills in 4 domains :
  - Biostatistics
  - Epidemiology and clinical research
  - Health economics, health administration, health policy
  - Health promotion

- "In-depth" phase : Acquisition of basic knowledge and skills in 4 other domains :
  - Informatics and e-health
  - Quality, safety and risks management
  - Social sciences and humanities
  - Health & environnement

During this phase more advanced knowledge and skills are to be developed in 4 domains chosen by the resident out of the 8 presented above. This is also the moment where the residents write and present their thesis.

- "Consolidation" phase : During this phase the resident shall be autonomous (with supervision of a senior doctor).

Mandatory educational requirements

Theoretical education is mostly acquired in the first 2 phases. Residents have to acquire skills and knowledge in the 8 domains mentioned above. To achieve this, online courses are available on a national platform, and each region proposes different courses (compulsory or not) throughout the year.
The CLISP (national association of public health residents in France) orginises two yearly conferences to help residents achieve these knowledge and skills. Other conferences and « summer schools » are also organized in France. Residents have two half-days per week destined to this « theoretical education » that they can use whenever they wish to (with the approval of their tutor).

Moreover, residents usually attend a non-specialized master program in Public Health (Master 1). A specialized, more focused second master program (Master 2) usually follows. The topic of this second master degree is chosen by the resident.

Mandatory training requirements

Residents rotate between different services every semester, for (at least) a total of 8 rotations in four years.

The first two semesters will be dedicated to rotations that allow acquiring basic skills training (hygiene, statistics, informatics, epidemiology...). From the third semester, residents are encouraged to do rotations in departments where more advanced skills can be demanded but also learnt.

Residents can do a part of their residency in non-public health departments (one semester during the « core » phase and one semester during the « in-depth » phase).

Up to three semesters of rotation can be done outside the region or the city where the resident has been assigned (after validation of a commission).

Medical Residency in Public Health: programs in comparison

All of the rotations are followed by an evaluation of the resident by their tutor.

End of training assessment method

French residents as they start their training, do not hold the degree in medicine. It is mandatory to defend a thesis, closing medical studies, during the residency. This can be done from the third semester on, and before the start of the "consolidation" phase.

On the other side, residents are asked to defend a second thesis (called "memoire") in order to obtain their specialization diploma during their last year of residency.

Post-training careers

Public health specialists have a wide range of possibilities regarding their career choices:

- Research, both in universities and national institutes
- Public health specialists in public institutions (ministries, regional health agencies, municipalities)
- Health promotion specialists, in national and local institution or on the field (schools, child and maternal protection)
- Disease surveillance and epidemiology in hospitals or health agencies.
- Private enterprises and start-ups
- nternational organisations and NGO's
- ...

Lucia Borlado Salazar

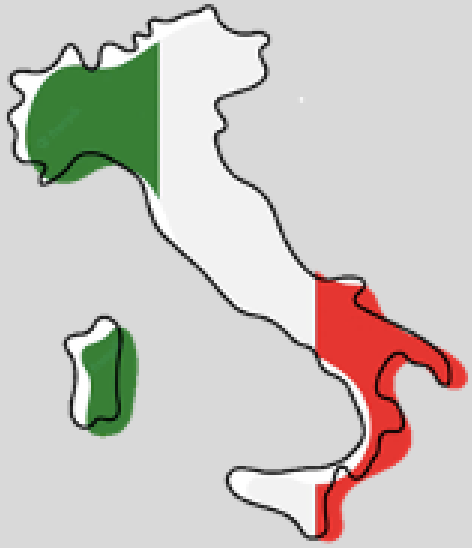
Residency in Italy

What is the official name of the specialization?
Scuola di Specializzazione in Igiene e Medicina Preventiva

How many years is the specialization?
4 years

How do you get in?
After your Degree Course in Medicine and Surgery there's a national medical multiple question exam that includes 140 questions with 5 possible options, being only one right. It lasts 210 minutes and it contains questions related to the Degree Course in Medicine and Surgery and on topics related to the scientific-disciplinary sectors of reference of the various schools. This exam is the gateway for any specialization in any part of Italy.

The overall score attributed to each candidate included in the ranking is a maximum of 147 points: it is calculated by adding the score attributed to the degree in Medicine (maximum 7 points) to the test score (maximum 140 points).



Medical Residency in Public Health: programs in comparison

How many slots per year are there for Igiene e Medicina Preventiva ?
The number of slots for our specialization, and all the others, varies depending on the year. The year of 2019-2020 there where 575 for 'Igiene e Medicina Preventiva'.

To who is the residency associated?
As a resident in 'Igiene e Medicina Preventiva' (or for that matter any resident of any specialization) you are associated with a university since the hospital that you will working in is linked to it as it cannot be considered a center to form residence without this partnership.

What are the goals to obtain during the residency?
According to the decree of the Ministry of Education, University and Research the resident ought to have obtained knowledge on the following fields:

- preventive medicine
- health education and health promotion
- planning, organization and evaluation of technologies and health services (health management)
- food and nutrition hygiene
- environmental hygiene and safety
- hygiene and safety in the workplace
- civil and health building
- medical statistics, epidemiology, demography
- health information systems
- health legislation
- evidence of the effectiveness of prevention and health care.

Must acquire professionalism and skills related to:

- organization of primary care
- hospital organization
- organization of primary and secondary prevention (screening programs) in communities and health facilities, both public and private.

All these techniques and abilities have to be insured by the institute that you are working for. If your institution cannot facilitate certain services you can obtain an 'exchange' and learn about those topics in another institute.

Are all the 'Scuola di Specializzazione' the same?
Not all the institutes that offer the residency are the same, in the same that all of them will offer you the requirements stated by the decree of the Ministry of Education, University and Research (seen above) but these institutes will differ in the areas where they excel. When looking into the possibilities to do your residency take into account your preferences and see what schools can offer you the chance to grow more in that area.

How many 'Scuole di Specializzazione' are there in Italy?
There are 36 'Scuole di Specializzazione' in the whole of Italy.

How much do you earn as a resident in 'Igiene e Medicina Preventiva'?
The net salary is approximately 1,650 euros per month for the first two years and approximately 1,750 euros per month for the following years.

Marta Russo Sanjuanbenito

Save the date!

The Spring Meeting 2023 will take place in Genova (Italy) between June 21 and 23

Mental Health Day

October 10th is World Mental Health Day. Its overall objective is to raise awareness of mental health issues around the world and to mobilize efforts in support of mental health.
The Mental Health Day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide (1).

Mental health is a big issue in Europe: in 2019, 7.2 % of the EU population aged 15 years and over reported having chronic depression. Sadly, the efforts and financing of these health matters, is not equal to the importance, which leads to dramatic situations such as the 3.9 % of all deaths in the EU in 2017 that resulted from mental and behavioral disorders. This numbers are on the rise since the covid pandemic, that has, and continues to, take its toll on our mental health. Estimates put the rise in both anxiety and depressive disorders at more than 25% during the first year of the pandemic (2).

It's important to rekindle our efforts as public health professionals, to protect and improve mental health, because the situation is far from perfect (falling numbers of psychiatric beds in hospitals, bigger social and economic inequalities...). Commitment and investment by all stakeholders needs to be made, in order to end stigma, implement prevention programs that are accessible and tolerable for all communities and individuals.

There is no health without mental health. We need to make it a priority and advocate for its defense, prevention and promotion.

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Lucia Borlado Salazar

World Antimicrobial Awareness Week 2022: 18 - 24 de November

World Antimicrobial Awareness Week

The theme of this year´s WAAW, 2022, was "Preventing Antimicrobial Resistance Together."

As it has been mentioned during the last years, antimicrobial resistance (AMR) is produced when bacteria, viruses, fungi and parasites are modified by persistent exposure to medications. These alterations "protect" the microorganisms, giving rise to the ineffectiveness of the antibiotics and other medicines, increasing the difficulty to treatment infections and increasing the risk of propagation of illnesses. Researchers estimated that AMR in bacteria caused an estimated 1.27 million deaths in 2019.

The World Antimicrobial Awareness Week (WAAW) is an annual campaign promoted globally that stimulates the awareness and understanding of AMR. This campaign is aimed not only at the general public but also to One Health stakeholders and policymakers. The latest play a crucial role in reducing the further emergence and spread of AMR as well as introducing projects to the community with the aim of improving awareness and understanding of AMR. This strategic plan was endorsed at the 68th World Health Assembly in May 2015 encouraging the divulgation of information through effective communication, education and training.

Some of the main international entities that have taken part in the WAAW 2022 were the FAO, CDC, WHO, UNEP, WOAH as well as many more. Even though this problem receives more attention during just one week per years it's a problem that has to addressed throughout the whole year.

All year round, there are institutions around the world, such as the Wellcome Collection, in London, that have exhibitions on antimicrobial awareness as well as centres that work for this cause such as the Antimicrobial Resistence Centre of the LSHTM.

For more information:

- https://www.who.int/es/campaigns/world-antimicrobial-awareness-week/2022
- https://www.cdc.gov/antibiotic-use/week/index.html
- https://www.fao.org/antimicrobial-resistance/world-antimicrobial-awareness-week/en/
- https://www.unep.org/events/unep-event/world-antimicrobial-awareness-week-2022
- World Antimicrobial Awareness Week 2022 - WOAH
- https://wellcome.org/what-we-do/infectious-disease/projects/drug-resistant-infections
- https://www.lshtm.ac.uk/research/centres/amr

Marta Russo Sanjuanbenito

Day of Eight Billion – A glimpse on some challenges, and a perspective on our role as Medical Residents in Public Health

The international day of the Eight Billion is celebrated on November 15, 2022. According to United Nations (UN) Secretary-General, António Guterres, it is a day to "celebrate diversity and advancements while considering humanity's shared responsibility for the planet"(1).
But what is this day really about?

The day of Eight Billion is the day when, according to several projections, world population is expected to reach the number of 8.000.000.000 people. I decided to write the number this way just for you to have a good perspective of how many people we are talking about: It is an eight followed by nine zeros! But, as any resident in Public Health knows, not having a dynamic time component to understand the development of this phenomenon means that it is not possible to understand how fast this growth is.

Therefore, let's take an example. And because everyone always makes the comparation between your cellphone having the same computer power as all computers used during the Apollo program, I will use the year of 1969 as a reference, the same year when mankind set foot on the moon for first time, an historical landmark, let's say.
In 1969, the entire world population was around 3.600.000.000, which means that in 53 years our world population more than doubled(2).

Considering public health "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals", it is not a stretch at all to consider that this huge population will be accompanied by new challenges to the health sector(3).

Firstly, and focusing specifically on Public Health, it is important to remember that our work lies on several functions that ultimately contribute to get our populations closer to the United Nations Sustainable Development Goals (SDG). They are a set of 17 goals that are combined as a universal call to action to end poverty, protect the planet, and ensure that by 2030 everyone in the world can enjoy peace and prosperity. An ambitious goal, indeed. But it will become even more ambitious with a global growing population(4).

For starters, as an example, let's take goal 3, the SDG most directly related to health. This goal (Good Health and Well Being) stresses the importance of having a universal health coverage to everyone(4). Nevertheless, after a world pandemic, we know how difficult it is to keep health services running in periods of stress, and ensure that professionals can stay healthy (physically and mentally) and are recognized for their work(5).

Going now to the SDG 1 (No Poverty), which has been and, because of overpopulation, will remain being a tremendous challenge(4)(6), it is clear that its eradication requires a multidisciplinary combined effort of all areas of society to be definitely solved.

Another big obstacle to tackle is urbanization. Just to contextualize, it is important to have in mind the fact that in the XX century, the proportion of people living on urban areas more than tripled, a trend that is expected to continue in the XXI century(6). Nowadays, more than 50% of world's population lives in cities, some of them experiencing rapid growth. This is a challenge that won't be easily solved, and that requires unsurmountable levels of planning. Therefore, it is expected that SDG 11 (Sustainable cities and communities) will also be harder to achieve with growing populations(4).

This raising urbanization is highly linked with another of today's major worldwide problems, which is climate change. Cities contribute up to 80% of greenhouse emissions worldwide. Countries with rapid urbanizing may see its growing population shifting from agricultural towards an industrial labor force, which will increase even more those emissions. These emissions will lead to further climate change, a worldwide event that will drastically condition the way people live, where they live and for how long they live.

The current state of climate has been studied using model simulations combined with several lines of investigation. There is a consensus regarding causation. It is clear that the increase in concentration of greenhouse gas in the atmosphere since the 1750s is a biproduct of human activity(7).

Adding to that, population growth is one of the factors, alongside changes in production and consumption patterns, that most have contributed to rising greenhouse gas emissions to the atmosphere(8).

For the reasons listed above, and to face this continuous cycle, the SDG 13 (Climate Action) was developed. To achieve this goal there is the need to support vulnerable regions, integrate disaster risk measures and develop systems of sustainable natural resources management(4). These challenges presented in these last few paragraphs are just a small example of the consequences we can expect from this bigger world population and what has been made to tackle this issue in a macro level.

But what is our role in all of this? Can a Medical Resident in Public Health do anything about any of these issues?

For starters, our core Essential Public Health Operations (EPHO) combine a set of activities that will be required to improve health on a planet Earth with both a bigger number of inhabitants and higher levels of stress over natural resources. Those EPHO are: activities of intelligence (which include surveillance, monitoring and preparedness for response, and informing health assessments) and Services delivery (which include Health Promotion, Disease Prevention and Health Protection)(9).

With a bigger world population, new challenges

regarding disease transmission will show up, and, for that reason, our role as Public Health doctors will be fundamental to quickly identify new outbreaks, emergent and reemergent diseases and monitor currently identified communicable and non-communicable pathologies.

On the other hand, there are our Enabler EPHO, which include Governance, PH Workforce, Funding, Communication and Research. Our broad skillset will be fundamental to investigate new health-related phenomenon, work on interventions to tackle new health obstacles, promote good health habits, among other undertakings.

Our knowledge in health systems, health policies, and health economics will also be crucial to help stakeholders in taking the right decisions for the implementation of new health interventions capable of promoting salutogenic environments, empower health services to remain functional and create an as equitable as possible world for all of us(10).

In the end, our training will be fundamental to create a better future for our planet. It is true that difficult times will come, with all the challenges associated with having more inhabitants on planet Earth, but all of us know by experience that it is in adversity that Public Health doctors shine the most!

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Nuno Do Amparo

World AIDS Day

World AIDS day is celebrated each year on December 1st. Its purpose is to unite people worldwide to show support for individuals who were infected by Human Immunodeficiency Virus (HIV) and remember those who lost their life because of Acquired Immunodeficiency Syndrome (AIDS)(1).

Actually, this syndrome is caused by two different lentiviruses: HIV-1 and HIV-2.
AIDS was recognized for the first time as a new disease in 1981 due to an increasing number of men that would die by unusual and opportunistic infections. By then it was found that the causal agent was the HIV-1 and the transmission was made mostly, even though not exclusively, by sexual intercourse. It was also detected percutaneous transmission and by perinatal routes.

The study of both HIV-1 and HIV-2, and their transmission led investigators to conclude that AIDS had emerged in both humans and macaques due to cross-species infection with lentiviruses from different primate species(2). Even though our memory is currently biased by COVID-19 pandemic, HIV pandemic is also classified as one of the history's worst pandemics and its spread from Africa to other regions of the globe was most likely due to human activity (globalization, for instance).

Alongside human movement, such as with air travel, the long period of asymptomatic infection (11 years in adults) also has contributed to the spread of this disease(3).

Nowadays there is a total of about 38.4 million people infected by HIV in the world. Nevertheless, this distribution is not homogenous around the world. Regarding absolute number of infected people, and with data from 2021, most cases were notified by then in Eastern and Southern Africa (20.6 million), followed by Asia and the Pacific (6.0 million), Western and Central Africa (5.0 million), Western and Central Europe and North America (2.3 million), Latin America (2.2 million) and Eastern Europe and Central Asia (1.8 million). The regions with fewer notified cases by 2021 were the Caribbean (330.000) and Middle East and North Africa (180.000)(4).

From 1990 to 2019 there was a rise in world prevalence of HIV infection (from 130 prevalent cases/100.000 inhabitants to 451 prevalent cases/100.000 inhabitants, respectively, and considering both genders). This increase was more accentuated in females than males in this same interval (from 131 cases to 493 cases per 100.000 inhabitants and from 129 cases to 410 cases per 100.000 inhabitants, respectively).

Nevertheless, there was a reduction in incidence of HIV infection in the same interval. For instance, for both genders, there was a drop of 38 cases/100.000 inhabitants to 25 cases/100.000 inhabitants. This drop was more accentuated in women (42 cases to 25 cases per 100.000 inhabitants) than men (35 cases to 25 cases per 100.000 inhabitants) (4).

Regarding worldwide mortality by HIV infection from 1990 to 2019, there was an increase from 4.05 deaths/100.000 inhabitants to 8.36 deaths/100.000 inhabitants. There were identified 8.5 deaths/100.000 inhabitants, for males, 8.21 deaths/100.000 inhabitants, for females(5).

Now, considering lethality by AIDS, the world regions where these values are higher are The Middle East and North Africa (2.83%), Western and Central Africa (2.8%), Eastern Europe and Central Asia (2.44%), Asia and the Pacific (2.33%). On the other hand, the regions with the lowest lethality are Western and Central Europe and North America (0.57%), followed by Latin America (1.32%), Eastern and Southern Africa (1.36%), and the Caribbean (1.73%)(4).

Regarding treatment, it has also evolved throughout the last three decades. The first antiretroviral agent, Zidovudine, had multiple secondary effects and was incapable of total virological suppression, which implied the emergence of multiple resistance mutations. Combination antiretroviral therapy appeared later on with the development of other kinds of drugs that allowed a complete virological suppression and is, still to this day, the basis of AIDS treatment. This treatment can be hard to manage specially because it requires unrealistic adherence (>95%) to a treatment with an already high pill burden (2 to 6 pills per day). But in this area there have been important improvements in the last years: there are currently three US Food and Drug Administration (FDA)-approved single-tablet regimens, which allow for single-tablet once daily dosing (6). In January 2021 Cabreuva, a monthly delivered drug, was approved by the FDA, making adherence way easier for patients and better outcomes easier to achieve! (7)

Other improvements have been made in the last years: a trend towards earlier initiation of treatment, co-drugs that reduce the secondary effects of the treatment (tenofovir alafenamide), PrEP (pre-exposure prophylaxis) administration to individuals at high risk, post-exposition treatment (6)... Even if some are expensive or are not allowed in all European countries.

But what is the future of AIDS? What can we expect in the next few years? The goals remain the same: suppress the viral charge, restore immune function, improve quantity and quality of life and eventually eradicate AIDS. As you could see, the treatment is evolving rapidly, and it's not without hope that research keeps moving forward.

Other long-acting treatments are being developed, but moreover new types of treatment are being the focus of the current HIV research (8). Broadly neutralizing antibodies are one of them. They're a great treatment option since they have very few secondary effects, they can be modified to last a long time in the body and they act on multiple HIV strains. Another very interesting perspective is the HIV therapeutic vaccines, that have already been shown to enhance antiviral T-cell immunity but are still under research before being commercialized (9).

However the realization that there would be no immediate cure for HIV, it is highlighted the need to scale up preventive approaches, which are also proven to be extremely cost-effective. PrEP has been a great tool in the management of AIDS and has helped diminish the incidence of this illness in the regions where it was available. Social efforts need to be made in order to make this preventive treatment available everywhere and at a cost that would allow every person to have access to it. Additionally, the general population, and more specifically individuals at high risk of contracting AIDS, should be educated in the preventive

methods to use in order to protect themselves from HIV, whether that is preservatives (inner and outer), self-screening tests for HIV, PrEP or post-exposure treatment. Equally, doctors should be offered training regarding this subject, in order to be able to accompany the preventive process of individuals at risk.

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Lucia Borlado Salazar, Nuno do Amparo

International Day of Epidemic Preparedness
27th December

The International Day of Epidemic has been established by the United Nations General Assembly in consequence to highlight the magnitude of preventing epidemics and getting ready to cooperate and respond to them.

There is an urgent call for robust and resilient health systems that reach vulnerable people or who are in situations of vulnerability.

If we do not work on it worldwide, future epidemics could have more intense and serious consequences than previous outbreaks. More public awareness, scientific knowledge and best practices, quality education and exchange of information, advocacy epidemic awareness programs at the local, national, regional and global levels are essential as key measures to prevent pandemics and a pathway to respond to them.

Cristina Cavero Esponera

Call on Netflix to exclude alcohol marketing

Netflix has announced that new ad-supported tier will be soon available. The company has committed to exclude some types of advertisements, among them those related to gambling.

The WFPHA (World Federation of Public Health Associations) considers this measure as a commendable step to protect children's rights, but not sufficient. Alcohol marketing is causally linked to alcohol cravings and it also acts as a trigger of desire to drink alcohol. There is strong evidence showing the association between alcohol use and more than 200 diseases and 3 million lives lost each year.

Young people, let alone children, are more vulnerable to marketing. If adolescents are exposed to alcohol marketing, they probably start drinking at younger age. Furthermore, the WHO (World Health Organisation) has proposed a bunch of comprehensive restrictions/bans so as to decrease significantly alcohol marketing and so linked alcohol use.

For all these reasons. the WFPHA has written a letter to ask Reed Hastings, the Chairman of Netflix, to extend the exclusion to alcohol advertising and ensure that it doesn´t take part in the platform.

Read the letter here:

https://www.wfpha.org/call-to-exclude-alcohol-advertising-from-ad-supported-netflix-subscriptions/

Cristina Cavero Esponera

Strengthening Health Systems: 15th Congress of the European Public Health Association in Berlin

The 15th European Public Health Conference this year was held in Berlin, Germany, three years from the last one, in 2019 in Marseille, due to the COVID-19 pandemic. The expectations for this conference where high and I can say that they were all more than exceeded. Everything from the venue, to the food but especially the programme was remarkable. This event was co-organized by EPH conference and EUPHA (European Public Health Association.)

The theme for Berlin 2022 was 'Strengthening health systems: improving population health and being prepared for the unexpected'. As Dr. Reinhard Busse, Professor and Head of the Department of Health Care Management at the Berlin University of Technology, mentioned in the opening speech of the conference, the title had been chosen before the pandemic, or at least part of it. The last part, 'being prepared for the unexpected', was added later on as a consequence of the world wide situation we lived due to the COVID-19 pandemic to understand what we learnt from it and what, looking back, we could have done differently as well as underlying the weakens that emerged in our systems.

The main themes of the EPH where decided as the idea of the conference was to explore ways in which the public health community bringing about better population health, the growing health inequalities around the globe, including planetary health, climate change, environmental degradation, water and food security, migration, gender, vaccination and poverty.
Main themes:

- Strengthening health systems: improving population health
- Preparing for the unexpected: lessons learned from Covid-19
- European public health / Food and nutrition
- Chronic diseases
- Environment, climate and health
- Digital health and communication
- Health data, information and assessments
- Health determinants and health inequalities
- Health services and welfare systems
- Health promotion, health literacy, behavioural insights
- Health workforce, training and practice
- Infectious diseases, preparedness and vaccines
- Maternal, child and adolescent public health
- Mental health / Migration and minority health / LGBTQI+
- Policy, politics and public health
- Public health monitoring, reporting and foresight

Strengthening Health Systems: 15th Congress of the European Public Health Association in Berlin

The two chairs of the congress where Dr. Reinhard Busse, Professor and Head of the Department of Health Care Management at the Berlin University of Technology as well as one of the European Observatory on Health Systems and Policies' co-directors, Head of the Berlin hub and regular consultant for the European Commission, the Organisation for Economic Co-operation and Development, WHO and other international and national (Germany) organizations and research institutions and Dr. Verena Vogt, junior professor for health care services research and quality management in the ambulatory care sector in the Faculty of Economics and Management at Technische Universität Berlin.

During these days the cultural mix observed was magnificent. There were members of public health sectors from all around Europe: Spain, Italia, France, Netherlands, Germany and so many more countries allowing you to impregnated yourself with new and diverse philosophies. Professional acquaintances were made and new friends were found. The diverse programme allowed for the perfect overview as well as in-depth apprehension of differing branches of the public health sector as well as introducing original new research. The topics that were analysed spanned from health inequalities, to HTA to determinants of health and the entities present at the EPH congress are state of the art pillars of the PH world, such as the WHO or the LSHTM.

As a participant in this congress I could not be happier with how it turned out, of all the new material I learnt and the people I met. I can´t wait for the next EPH conference in 2023 in Dublin!!!

More information on:

- https://ephconference.eu/index.php
- Instagram:
- https://www.instagram.com/euronetmrphig/
- https://www.instagram.com/euphanxt/
- https://www.instagram.com/aresmpsp/
- Twitter:
- https://twitter.com/EuroNetMRPH
- https://twitter.com/EUPHActs
- https://twitter.com/EPHconference
- https://twitter.com/AresMPSP

Marta Russo Sanjuanbenito

EuroNet's Winter Meeting

On Saturday, December 17th, EuroNet's annual Winter Meeting took place online. More than 100 people registered for the event, whose topic was "Communication in Public Health". After the greetings from EuroNet's 2022 President, David Peyre-Costa, the European Scientific Contest (ESC) took place. Four fellow public health residents presented their work to the audience:

1) Elvira Marin Caba - Coverage and associated factors with cervical cancer screening in Spain;
2) Margaret M. Brennan - Efficacy, Effectiveness and Immunogenicity of a Single Dose of HPV Vaccine in 9-14 year olds: A Comprehensive Review of the Literature with Narrative Synthesis of Evidence Utilised to Inform National Vaccine Policy
3) Valentina Giampà - Community project in Modena: children lifestyles after educational interventions in primary school at time of COVID-19 pandemic;
4) Alessandro Catalini - The PHRASI study: a multidimensional assessment of Italian Public Health residents' mental health.
A fifth candidate, Tiziana Ciarambino, was selected for oral presentation but couldn't participate. Her presentation was about "Management of Covid – 19, Pregnancy patients".

After consulting, the jury proclaimed a winner: Margaret M. Brennan. The winner will have her work advertised on EuroNet's channels, while also having the opportunity to participate in EuroNet's Spring Meeting 2023 (which will take place in Genova) for free. Congratulations Margaret!

After the ESC, the first of the invited speakers took the floor: Professor Walter Ricciardi, immediate past President of the World Federation of Public Health Associations, Scientific Advisor to the Italian Minister of Health for the Covid-19 pandemic and President of the Mission Board for Cancer of the European Commission. Professor Ricciardi gave an inspiring talk about leadership in public health, touching upon two of the main crises of our time: the climate crisis and the Covid-19 pandemic.

Right afterwards was the turn of the second invited speaker: Alejandro Sanchez, current Communications Specialist at the University of Florida One Health Center of Excellence (USA). Dr. Sanchez has worked with a number of universities, research labs, and NGOs assisting them to effectively communicate their findings, programs, and accomplishments to the public. At the Winter Meeting, he spoke about effectively communicating science in public health, and gave a series of very practical tools for preparing speeches and presentations. You can find his power-point presentation at the following link:

https://www.canva.com/design/DAFVl99Fxyw/R1I2MA6WXaoBQBquX-SFIg/view?utm_content=DAFVl99Fxyw&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Finally, EuroNet's new Board and Leads for year 2023 was officially announced a few days after the Winter Meeting:

- Francesca Zanni (Italy) – **President**
- Ambrogio Cerri (Italy) – **Vicepresident**
- Lucía Rodríguez-Borlado Salazar (France) – **General Secretary**
- Kate Ndocko (France) – **Treasurer**
- Inge van de Luitgaarden (The Netherlands) – **Research Lead**
- Enrico Antonio Errico (Italy) – **Communication Lead**
- Maryoli Antonella Veloso Fraigola (Spain) – **Internships Lead**
- Bertrand Galet (France) – **Webmaster**

Congratulations to the new board!

The Newsletter Team

Welcome to a new space where residents will be in the spotlight, a place where you can express yourself and inspire others with your experiences, welcome to...

Residents Portraits

Today we meet **Gonzalo Sánchez**. Born in **Zaragoza** (Spain) 28 years ago, currently is in his 3rd year of residency at **Galdakao`s Hospital** in the north of Spain. After finishing his Masters Degree in Public Health and 9 months at the Preventive MedicineService in his hospital he's now into Epidemiology.

First of all, thank you for being open to collaborate with us as our first guest. I would like to ask you, why did you choose to do you residency in PublicHealth?

Thank you for invitingme. I choose Public Health because I wanted to have a role on communities improvement of health. Our residency allowsus to zoom out from the doctor-patient model and lets us focus on other dutiesthat involve thousands of people.

What do you like the most of the speciality?

To me, beinginvolved in multidisciplinary teams. Working with people from different backgrounds such asbiostaticians, sociologists, data scientists, biologists, nurses... gives the team a greater dimension and provides you new tools to add to your skillset.

Would you recommend fellow residents an internship? Where?

Definitely yes. Spain is a place where everybody is welcome. You should chooseyour area of interest whetherit is Epidemiology, Public Health, Vaccines and reach out colleagues that will provide you contacts to apply for it. You have to think also in all the good things you could get in Spain besides of work: new friends, discovering our culture, travelling and of course,our food.

In which area do you think Public Health residents should have a bigger role?

I think developing in new public health policies. The stakeholders involved should take us into account becausewe will be the ones taking over in the next 10-15 years.

What is your biggest concern regarding PublicHealth?

For me climate change is the most concerning topic we should tackle. Our world leaders should immediately put things to work in order to reduce, between others, CO2 emissions. Actions must be taken now or it will be too late.

To conclude...anything else you want to share with us?

To the new residents: get involved in as much activities you can during residency. Time goes by really fast and we´re given some opportunities during our formation time that will never comeagain.

Cultural spot

- *Favourite movie*: Big fish
- *A song:* Smile like you mean it - The killers
- *Favourite music group:* Vetusta Morla
- *Latest book you've read:* 'Territorios improbables'
- *Recommendation you want to share*: Travel as much as you can and always have your mind open.

Gonazalo Sanchez
Public Health Resident,Galdakao`s Hospital

"Medical Refuge – to make you feel at home": a humanitarian Medical Assistance Project in Primary Health Care for Refugees in hosting countries

Authors: Madalena Cabral Ferreira1; Cleópatra Almada2; Ricardo Silva2; Frederica Passos Barbizani3; Armando Felgueiras4; Catarina Portugal Gaspar5; Eduarda Moreira6; Gonçalo Espírito Santo Matos7

Affiliations: 1- Public Health Unit, Primary Health Care Cluster Pinhal Litoral, Leiria; 2- Family Health Unit "Torre da Marinha", Primary Health Care Cluster Almada-Seixal; 3- Hospital Beatriz Ângelo; 4- Family Health Unit "Cuidar Saúde", Primary Health Care Cluster Almada-Seixal; 5- Family Health Unit "Costa do Mar", Primary Health Care Cluster Almada-Seixal; 6- Family Health Unit "Vista Tejo", Primary Health Care Cluster Almada-Seixal; 7- Family Health Unit "Poente", Primary Health Care Cluster Almada-Seixal

This year the unthinkable and unimaginable happened: war in Europe. As Russia started invading Ukraine, something that we would like to think of as an issue of the past knocked on our doors, once again.

It is widely recognised that the world today has a geography without borders, which is the result of an international change (both technical and scientifical), expanding our horizons and placing us on mobility levels never seen before, thus consolidating globalization. Many of us grew up, learned and studied in schools and universities with colleagues from all over the world, making it obvious the need for understanding and respect for everyone, regardless of their culture, beliefs or habits.

However, there is something that (almost) no one has prepared us to deal with, over our path of pre- and post-graduate medical training: the health consequences of armed conflict scenarios for people arriving in hosting countries.

It is important to differentiate the concepts of refugee and migrant, as crises motivated by poverty and hunger are considered migratory crises. A refugee crisis can only be defined that way if its cause is persecution or war. Therefore, all refugee crises are migration crises, but not all migration crises are refugee crises.

Until 2019, according to the High Commission for Migration, 2 387 refugees lived in Portugal, and there were also 1 079 people seeking asylum/temporary protection. According to the same institution, in 2022 Portugal welcomed 23 930 citizens from Ukraine (10 000 arrived in the first 3 weeks since the beginning of the war).

We all remember the feeling of disbelief and helplessness when we saw the images of people fleeing in trains crammed with panicked people, painful farewells at stations, and endless queues of cars (the luckiest arriving by plane). All of this was happening in our Europe.

In the aftermath of the news that reached us

every second of every day, many people wanted to head to the Ukrainian borders to help or to bring people to Portugal, without any kind of plan for them or support upon arrival. No matter how strong it is our urge to "just do something", it is of utmost importance to remember the medical ethical principle primum non nocere – first do no harm. Before thinking about bringing people along completely random routes, increasing their vulnerability, making them easy victims of human trafficking networks, and leaving them to their fate upon arrival, it is important to ask ourselves whether we are not harming them. If the answer is "yes", then it is best to stop and plan an action towards well-doing, as ill-considered actions in large-scale scenarios, such as a refugee crisis, will perpetuate the cycle of victimization. Help is needed, but the planning of that assistance is absolutely essential.

Considering the above, a group of doctors created "Medical Refuge – to make you feel at home", a humanitarian Medical Assistance Project in Primary Health Care for Refugees in hosting countries, focusing on the first approach to the health of all citizens requesting temporary protection (regardless of their country of origin). This medical intervention project had a structured, organized, multidisciplinary and sustainable approach, aiming to promote non-discrimination and avoid the double victimization of refugees.

The "Medical Refuge" medical appointment was based on the theoretical foundations, particularities and vulnerabilities that we must be aware of as health professionals in the hosting countries. The main issues found were: injuries resulting from the trip itself (abrasions, burns, dehydration, hypothermia and musculoskeletal problems); low adherence to COVID-19 vaccination; decompensation of chronic pathology (such as diabetes or hypertension) due to lack of medication; malnutrition (acute or chronic); gynaecological alterations and sexually transmitted diseases (refugee women are in a situation of double exposure to violence, as women and as refugees); and Mental Health.

Considering the main health issues found in the refugee population, our focus was carrying out the first appointment for people with acute and/or chronic pathology; adaptation of the usual medication in the country of origin to the one available in Portugal; and update of the vaccination schedule. We also carried out surveillance of women's health, monitoring of maternal health (pregnant women) and

surveillance of child and youth health, enabling a relatively quick and complete screening of the general health status, physical and mental. With this project, we believe we contributed to better management and sustainability of the Portuguese National Health Service (Serviço Nacional de Saúde – SNS), as financial resources are finite, and knowing that acute intervention is more expensive than disease prevention.

The “Medical Refuge” was available for 6 months (from April to September 2022), in Almada (in the Lisbon Metropolitan Area). Throughout this period, there were 135 medical appointments. All the health professionals Involved were volunteers, and patients of all ages were seen, 95% of whom were women. The most common nationality was Ukrainian, followed by Russian and Pakistani. The main reasons for seeking an appointment were: child or maternal surveillance (vaccination, post-partum appointment, etc); renovation of chronic medication; respiratory symptoms; analysis of complementary exams carried out; musculoskeletal pain; anxiety, insomnia and depression

With this project, we believe we contributed to better management and sustainability of the Portuguese National Health Service (Serviço Nacional de Saúde – SNS), as financial resources are finite, and knowing that acute intervention is more expensive than disease prevention.
We hope we had our role in minimizing the health consequences of war for these people.

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Energy efficiency measures and related energy-expenditure in European Hospitals

Background

My name is José Chen and I am a PhD Candidate from Lisbon, Portugal. I am conducting research on energy efficiency measures and related energy-expenditure in European hospitals. The purpose of this study is to assess energy efficiency across institutions and provide technical recommendations to improve energy efficiency in hospitals.

This study requires the collection of historical data on energy and water consumption (from the past 5-10 years), as well as measures implemented, including HVAC measures, co-generation, building and equipment (such as photovoltaic and solar panels), new technology, and lighting. Additionally, we would like to conduct short interviews to analyse the drivers and challenges to energy management practices in general and/or environmental certification. This would be directed at hospital management services related to energy and equipment and/or environmental management departments.

For these purposes, we would like to invite your hospital institution to participate in this research.

Next steps

If you would like to join this project, please follow these steps:

- Contact the responsible for sustainability/infrastructures department at your hospital;
- Request them to complete this questionnaire, which will collect general data about the institution and energy management practices (by 31 January)
- Gather historical data regarding consumption (preferably in an Excel sheet) of water, electricity and natural gas. Templates can be provided if needed. If you also have data regarding emissions and carbon footprint, please also add this.
- Send the collected information to jc.xu@ensp.unl.pt (by 15 February)
- Prepare for the interview (information about this and consent form will follow)
- Request the responsibles from the hospital to meet for the interview online (estimated duration 45 min-1h).
-

The first three actions will depend on the availability of data within your institution, which may take just a few minutes or several hours. Once the information has been sent, an interview will be scheduled in the following weeks, depending on the availability of your institution, namely the person responsible for environment/sustainability/infrastructures and equipments.

If necessary, I will follow up with additional questions by email.

Your contribution will be acknowledged in the papers and, if you wish to further collaborate as an author, you can also contact me.
For more information, please consult the study protocol or email me at jc.xu@ensp.unl.pt.

Thank you,

José Chen-Xu
MD MSc PhD Candidate
NOVA National School of Public Health,
Lisbon, Portugal

Climate change in Portugal – The need to develop public health workforce capacities

Due to its geographical characteristics, Portugal is among the European countries most vulnerable to climate change and its effects on health, many of which are increasingly common: increased morbidity and mortality, particularly affecting the elderly (1); multiplication of mosquitoes which act as vectors for infectious diseases like Malaria and Dengue (2); compromised food safety linked to the spread of mycotoxin-producing fungi in crops (3); endangered agriculture, livestock, water availability and air quality due to record droughts and wildfires (4).

As highlighted by the latest Intergovernmental Panel on Climate Change (IPCC) report, it is urgent to adopt immediate mitigation actions, which fight the causes, and adaptation, which minimize the impacts, and work towards a carbon neutral and climate-resilient society. (5) The Portuguese people are aware of this, as more than half (57%) expect the national government to tackle climate change, which has gradually become a hot topic in political debate. (6)

The country has no shortage of legal instruments and strategic blueprints:

- in 2019, following the submission of the Portuguese Long-Term Strategy to the European Commission (EC) and to the United Nations Framework Convention for Climate Change (UNFCC), the Carbon Neutrality Roadmap 2050 (CNR 2050) was approved. The document envisions a 45-55% reduction of national emissions by 2030 and carbon neutrality by 2050. (7)

- In 2020, the National Energy and Climate Plan 2030 (NECP 2030) became the main governance instrument for the present decade, laying out practical ways of implementing CNR 2050 and establishing sectoral targets for transport, energy, agriculture and forestry. According to the EC, one of the strong points of the NECP 2030 is the coherent alignment of targets for 2030 with the carbon neutrality ambition and the strong interaction between climate and circular economy goals. (8)

- Lastly, in December 2021, Portugal approved its Climate Basic Law, a fundamental piece of legislation that hopes to contribute to national resilience and capacity to adapt to climate change, while bringing the country in line with EU targets, most notably with the European Green Deal and its Fit for 55 aim – cutting emissions by at least 55% by 2030. (9)

International organizations like the IPCC have been alerting for the widespread influence of climate change on health, a concern reflected on Portuguese climate laws. However, despite the abundance of ambitious policies, a relevant gap remains in the overall national strategy: healthcare workforce involvement, specifically public health professionals.

In May 2022, the EU Health Policy Platform's thematic network "Climate action through public health education and training", led by The Association of Schools of Public Health in the European Region (ASPHER), issued a Joint Statement that underlines the bond between climate change and public health, reaffirming the need to address significant social and health inequities exacerbated by a changing environment. (10) The statement calls on EU leaders, healthcare education organizations and environmental stakeholders to bring climate change issues to the forefront of public health action. Recommendations include expanding the curricula for undergraduate and postgraduate programmes to focus on Planetary and One Health concepts; partnering with citizens and communities to strengthen climate-health literacy; supporting the creation of nature-based settings that foster mental health; reinforcing surveillance systems on environmental data related to health; and including public health professionals in decision-making processes that impact mitigation and adaptation efforts.

In Portugal, junior doctors can enrol in a 4-year residency programme to become Public Health specialists and work at a local, regional or national level to advance population health. Despite an intensive curriculum, limited training is provided on environmental health and no specific skills are outlined on climate effects on health. (11) Furthermore, it was only this year that the Portuguese Association of Public Health Doctors created a think-tank dedicated to One Health (12) and that the National School of Public Health launched its first short term course on climate change and public health. (13) And while the input of environmental or occupational health experts may be required on specific licensing projects, guiding tools like the health impact assessment are not routinely implemented in Portugal. (14)

The need for the reinforcement of public health curricula on these topics has been further stressed by a WHO-ASPHER framework which states specific competencies. (15) It recognises that although not every public health professional has to be an expert in climatology, everyone should have a basic understanding on key domains:

·*Knowledge and analytical skills:*

- Identifying the drivers of climate change;
- Identifying health impacts of climate change;
- Understanding the connection between biodiversity loss and infectious diseases;
- Knowing different levels of climate mitigation and adaptation;
- Understanding social and environmental determinants of health;
- Accessing and interpreting local, national, regional and global climate-health data;
- Developing strategies for reducing the carbon footprint of healthcare services;
- Knowing the ethical, professional and legal obligations on climate and health.

·*Communication and advocacy*

- Communicating effectively with stakeholders on climate and health topics;

- Understanding the role of public health professionals in climate-health activism and policy engagement.

·*Collaboration and partnerships*

- Working collaboratively and across sectors in local, national and regional structures on climate and health issues.

·*Policy*

- Understanding the role of national, regional and global policy frameworks and governance structures to address health risks associated with climate change.

The absence of these skills puts the Portuguese Public Health workforce at a clear disadvantage in the prevention of climate-related diseases. The Sustainable Development Goals 3 and 13 emphasize the need for good health and well-being and climate action, respectively. In this matter, Public Health professionals hold the potential for bridging the gap between policy makers and populations, between health and climate, and must have a seat at the table. It is then paramount that these professionals take advantage of the global momentum on climate data and activism, and demand the revision of its core competencies to reflect the health needs of modern Portuguese society and the challenges faced by European countries and indeed the world at large.

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Electronic Cigarettes and Health – How is Portugal handling this new paradigm

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Introduction:
Smoking is one of the most significant preventable causes of chronic disease and early mortality worldwide. [1] In Portugal, smoking is thought to be a contributing factor in 11.7% of fatalities. [2] After three decades of prevention and control strategies, with positive results, the emergence of new products, such as electronic cigarettes (EC), threaten the progress listed in the 2030 Agenda. EC are systems able to heat a solution containing propylene glycol and/or glycerin, accompanied by flavoring ingredients and do not contain tobacco. They have been marketed as innovative in minimizing risk and supporting smoking cessation. However, numerous difficulties lie ahead for the investigation of its health impacts as more and more data cast doubt on its application.

Material and Methods:
A non-systematic review of the literature was conducted on epidemiological studies and EC public policies in Portugal and around the world.

Results:
EC have compounds common to conventional cigarettes (CC) and others that do not exist in CC, containing some toxic substances in smaller amounts and concentrations. [3,4] However, they may contain nicotine, providing the addictive component of tobacco in similar or higher doses [3] and degrade propylene glycol (non-existent in CC) and glycerin into formaldehyde, acetaldehyde, acrolein and other potentially toxic carbonyls. [3] Recent studies have reported several harmful effects on the respiratory and cardiovascular system. [4] Furthermore, one third of the European population is unaware of the dangers of EC and the effects of the more than 16,000 flavors that are currently available, while the implications of prolonged intake are unknown. [5] On the other hand, the evidence does not recommend its use as a smoking cessation strategy. [6] It is also worth mentioning the marketing of the tobacco industry, marked by a diversity of colors, flavors and imagery, particularly aimed at young people. In fact, consumption in the Portuguese population aged 13 to 18 is already approaching the one for CC. [1,7] The acronym

MPOWER summarizes the impact policies proposed by the WHO Framework Convention on Tobacco Control [8], serving as a reference to the National Plan for the Prevention and Control of Tobacco Use in Portugal [1], launched in 2012. EC regulation in the country follows Law No. 63/2017, which reflects the Directive 2014/40/EU from the European Commission.

Discussion:

The labeling of these products as lower risk is worrying, especially among young people. It is essential to reinforce that the objective of anti-smoking policies is cessation and not just the reduction of consumption with products whose long-term toxicity is unknown, and which can potentiate double consumption. [9] Following public health guidelines, a precautionary approach should be adopted to promote more extensive, definitive research, as well as population literacy. Finally, it is critical to implement stricter, more thorough public policies that cover these new items as well as industry commercial and advertising activity, since the Portuguese population, particularly its youth, still reports a level of exposure to EC that by law should not occur.

Conclusions:

Taking into account the objectives of the 3rd Goal of the Agenda 2030 for sustainable development, it is essential to strengthen health policies in this area, since the reduction in the consumption of tobacco, and its derivatives, directly contributes to the reduction of premature mortality from non-communicable diseases.

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How was the experience of being an EUPHAnxt fellow at the 15th European Public Health Conference in Berlin 2022?

The 15th European Public Health Conference was held in Berlin from 9-12 November, dedicated to the topic “Strengthening health systems: improving population health and being prepared for the unexpected”. It covered subjects like building resilient health systems, qualification of health professionals, universal health coverage, as well as the positioning of governance in global health. I have the opportunity to be chosen as one of the six fellows of the EUPHAnxt Fellowship Programme, this year along with colleagues from Spain, Italy, Germany and Romania: Angela Ancona, Diana Nemes, Nora Lorenzo, Edoardo Corsi Decenti and Leonie Mac Fehr.

As you may know, this fellowship is a programme within the annual conference of the European Public Health Associatios, giving you the chance to collaborate with the EUPHAnxt team, the EUPHA office and the Conference’s behind the scenes planners. In short, you help disseminating information about the conference through various communication channels, get the conference fee waived, participate in mentoring sessions with recognized public health professionals and be part of this network of young professionals.

I would highly suggest it to any medical resident in public health because it was indeed a pleasant experience. In general, we were instructed by Monica Brînzac (EUPHAnxt Coordinator), Charlotte Myers (EUPHAnxt Communication manager) and Jinane Ghattas (EUPHAnxt Conference manager) to:

- Cover the sessions related to the subject matter on which we focused on the most; in my case, these were the sessions hosted by the EUPHA sections on “Environment and Health” and “Urban Public Health”. Therefore, we had to distribute information on each session's important message, resumes, and images on EUPHAnx social media pages (Instagram, Twitter and Facebook) throughout the day.
- Provide a recap of each conference day for the podcast "YUPT (Yesterday's Update, Plans for Today)"
- Get three excellent mentoring sessions with:

    - Dr. Peter Allebeck, editorial director of the European Journal of Public Health, who provided advice on how to publish a paper with regard to originality, validity, and scientific impact.
    - Dr. Dineke Zeegers, a public health lawyer, responsible for strategy planning, collaboration with members and partners, legal and financial issues, and representing EUPHA in the widest sense for almost 25 years.

  - Dr. Iveta Nagyova, current president of the EUPHA, who spoke on the importance of resilience in public health and how we shouldn't be ashamed of our path. In fact, this is what distinguishes us from others and will govern how our interventions and other efforts in public health are received.

- Conduct an audio interview with a prominent conference speaker. I select Dr. Natasha Azzopardi-Muscat, a medical doctor, specialist in Public Health, who was Chief Medical Officer in the Ministry of Health in Malta and also served as President of the European Public Health Association (EUPHA). She is now the Director of the Division of Country Health Policies and Systems at the World Health Organization. I had the opportunity to ask some personal questions about significant battles and victories, how different was the work at EUPHA and now at WHO, and helpful critical recommendations for time management and work-life balance. If you're curious, please read it. You also check the memorable interviews conducted by my colleagues.
- Conduct a video interview with the head of the section we were covering, in my case it was Dr. Marija Jevtic, from the EUPHA-Environment section. She discussed how we can alter the paradigm and build healthy cities for both people and the environment, as well as how we can put environmental health protection and evidence-based illness prevention at the top of the global priority list.
- As a young researcher, you may also get the chance to co-chair a session with an expert. I had the pleasure to co-chair a session on the interface of climate and nutrition, with Dr. Bernard Srour.

The six EUPHAnxt fellows and EUPHAnxt team with Dr. Natasha Azzopardi Muscat (from the World Health Organization) and Dr. Matthias Wismar (from the European Observatory on Health Systems and Policies).

As a result of all the fascinating individuals I met, the interesting issues we discussed, and the amazing projects we saw, these three and a half days really felt like a complete month! It was a great experience which I truly recommend to anyone.

If you want to apply, you must first submit an abstract and have it accepted for the upcoming EUPHA conference. When the call opens, you must next submit a motivation letter outlining your career's two most significant achievements as well as a brief description of your experience in public health so far. EUPHAnxt will meet again in Dublin, Ireland, from 8-11 November 2023. Don't lose your chance!

One of the private mentoring sessions with Dr. Iveta Nagyova, the current president of the EUPHA 2000-2024.

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Happy Caregiver's Day

As a Public Health resident and researcher on informal care, I was happy to learn that November 5th was International Caregiver's Day. Not surprising, since caregiving is already one of the biggest challenges for public health in the present times and, with an increasingly ageing population, it will be even greater in the years to come.

Research findings on informal care are consistent: caring is a women's issue (up to 75% of informal live-in caregivers 50 years old or older in Spain are women according to our findings)(1). This is why the topic exceeds my professional interests and becomes very personal, since as a daughter, a wife and a mother, who has already provided care in the past, and will probably provide some more in the future, I feel deeply concerned.

Officially, International Caregiver's Day recognize the work of all caregivers, both professional and informal. However, our research has also proved that for highly involved caregivers, providing informal care is related to worse health status and quality of life (1). This finding, along with the previous one, means that informal care contributes to increase the already existing gap in health and wellbeing between men and women. So, I cannot help but wonder, what does this "Happy Caregiver's Day" really mean to informal caregivers, specifically, to female informal caregivers? Is it, in fact, a happy day? What could we wish to them in their day? What would I wish to myself and to my daughters?

Informal care is about responsibility towards others, but most of all, informal care is about being deeply human and about love. We all want a society where individuals, regardless their gender, believe in these values. But we do not want a society where positive values make people get sick and contribute to deepen gender and health inequalities.

Therefore, for International Caregiver's Day, let me wish to have a society where every individual feels concerned enough about others to be a potential informal caregiver if she or he wishes so. A society ready to provide as much formal and institutional care to dependent persons to prevent their family and loved ones from losing their health and quality of life. And a society where gender gaps do not exist, regardless of roles that we freely choose to carry out.

I wish you all, on November 5th and every single day of the year, a Happy Caregiver's Day.

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Inadequately prescribed radiology exams – a needed reflection

The discovery of X-rays made it possible to observe the inside of the human body and study certain pathologies without invasive methods. Since then, technological advances have allowed the dissemination of imaging techniques that use radiation. Over the years, this has led to increased exposure to radiation for medical purposes: in the United States of America (USA), this exposure increased from 15% to 48% (between 1980 and 2006); in Portugal, the increase in hospitals' radiological exams was from 4.9 to 13.2 million (between 1995 and 2019).[1-3]

Although one of the principles for using radiological exams is the clear advantage of their use, this is not always the case, and this increase also includes inadequately requested exams. The concern for these comes in two ways: the ionizing radiation for both patient and health workers and the increase in costs that they represent. Radiological exams are, today, the main responsible for the accumulation of radiation in humans, and even a low dosage can cause health problems, namely cancer.[4-6]

Furthermore, the costs of imaging exams represent one of the largest items in the budget of health plans, with a rapidly increasing trend: in the USA, the costs of inadequate radiology exams are 200-250 billion dollars per year; in Norway they reached 580 million euros in 2003.[7,8]

The Choosing Wisely campaign revealed that 30% of the procedures and exams were unnecessary.[9] In Portugal, a study verified a 25% inadequacy of the prescription of radiological exams, in the emergency room.[10] A recent audit to Portuguese primary care health centers observed a 51,3% inadequacy of the prescription of radiological exams for low-back pain (one of the main causes for primary care consultations in the country).[11] This means that inadequate radiological exams low-back pain alone represents an unnecessary radiation exposure of 3,04mSv per patient (equivalent to 304 thoracic x-rays) and a total extra cost of 24 million euros for the Portuguese National Health Service.[11]

Inadequately requested radiological exams clearly represent an overburden to Health Systems and Services. An investment in Doctors' formation and patients' education for health is an effective answer to this public health problem. On one hand, formation in radiology guidelines has been show to improve adherence to said guidelines and to reduce the inadequate prescription in 13-20% in Family Doctors.[12,13] Also, Clinical Decision Support systems have shown to decrease radiation exposure and increase guideline adherence and diagnostic yield, without increasing missed diagnoses.[14-16] On the other hand, patients' education has shown to reduce inadequate prescription of radiological exams, and that sometimes the will of the patient, or their caregiver, is to not be submitted to a radiological exam.[17,18]

The consequences of inadequately prescribed radiological exams represent a big impact on Health Systems and the fear of missed

diagnoses or patients' will must no longer be an excuse for overprescribing. Both patients' and doctors' education, as well as Clinical Decision Support systems, may be key-tools to reduce this impact and Public Health services should have a driving role to improve healthcare services.

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Interesting readings

- One Health: A primer for environmental public health practice: https://ncceh.ca/documents/guide/one-health-primer-environmental-public-health-practice
- New European projects on the horizon, to better protect animal and human health:https://www.anses.fr/en/content/european-projects-horizon-protect-animal-human-health
- Air Pollution and Incidence of Dementia: A Systematic Review and Meta-analysis: https://n.neurology.org/content/early/2022/10/26/WNL.0000000000201419
- Mental health at work: https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work
- WHO updates recommendations to guide family planning decisions: https://www.who.int/news/item/15-11-2022-who-updates-recommendations-to-guide-family-planning-decisions
- Global Vaccine Market Report 2022: https://www.who.int/publications/m/item/global-vaccine-market-report-2022
- Tuberculosis deaths and disease increase during the COVID-19 pandemic: https://www.who.int/news/item/27-10-2022-tuberculosis-deaths-and-disease-increase-during-the-covid-19-pandemic
- Global leaders commit US$ 2.6 billion at World Health Summit to end polio: https://www.who.int/news/item/18-10-2022-global-leaders-commit-usd-2.6-billion-at-world-health-summit-to-end-polio
- WHO launches new campaign to amplify the lived experience of people affected by cancer: https://www.who.int/news/item/18-10-2022-who-launches-new-campaign-to-amplify-the-lived-experience-of-people-affected-by-cancer
- The Evidence Commission report: https://www.mcmasterforum.org/docs/default-source/evidence-commission/evidence-commission-report.pdf?Status=Master&sfvrsn=2fb92517_5/Evidence-Commission-report
- Council adds new building blocks to European Health Union:https://www.consilium.europa.eu/en/press/press-releases/2022/10/24/council-adds-new-building-blocks-to-european-health-union/
- The Lancet Public Health: Do we need a European Health Union?: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00262-6/fulltext