The information contained in this publication does not necessarily reflect the opinion or the position of the European Commission.

Neither the European Commission nor any person acting on its behalf is responsible for any use that might be made of the information in this report.
This publication puts together 31 projects which were funded under the 2nd Health Programme of the European Commission and are presented to the public in a scientific poster exhibition at the European Health Forum Gastein 2014 and the 7th Annual European Public Health Conference 2014.

The 2nd Health Programme came into force on 1 January 2008 and is implemented through various actions namely, projects, Joint Actions, operating grants, conferences, direct grants to International Organizations and service contracts. The total budget of the programme rises to € 321.5 million. The Programme aims at increasing solidarity and prosperity in the European Union by protecting and promoting health. The Programme is intended to complement the national actions and policies of the 28 EU countries by adding a European layer. This means that they involve actors from different countries and that the project outcomes are beneficial for several countries and can be applied to other countries as well.

The projects presented here cover a wide range of health themes, from health promotion to health security. They cover topics such as rare diseases, HIV/AIDS, good health in older age, antimicrobial resistance and organ donation to name a few. Although progress has been made with the previous and the existing Health Programme, the work is not concluded yet - an ageing society needs to concentrate on improving the health and safety of its citizens consistently. This is why the European Commission has proposed a new Health Programme which started in 2014 that continues the path we have taken with the first two Health Programmes and will help to face future health challenges all over Europe.

European Commission
Director-General for Health and Consumers
Consumers, Health and Food Executive Agency
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Health Promotion
Reducing health inequalities: preparation for action plans and structural funds projects
Tatjana Krajnc-Nikolić, Mateja Žajdela, National Institute of Public Health Slovenia

SUMMARY
ACTION-FOR-HEALTH project is aimed at improving health and lifestyle of EU citizens by means of health promotion. This is achieved through combination of inter-sectoral approaches. (1) Capacity building of public health professionals at regional and local level in fields of health inequalities, health promotion and structural funds. (2) Raising awareness and making intersectoral partnerships on regional/local level and implementation of one objective in 7 EU regions. The implementation of one strategic objective in each region is an evidence of effectiveness of the action plan to stakeholders as well as to target groups, since the implemented activities are mostly directed to promotion of healthy lifestyle among vulnerable groups. This bottom-up approach can be transferred horizontally from one region to another, as it was the case in Slovenia, and serving as an input for national strategic action plan to reduce health inequalities.

INTRODUCTION AND OBJECTIVES
Although increasing, health inequalities are not very high on political agenda of EU states. EU has identified insufficient capacity at regional and local level as an important obstacle in approach to European funds. The objectives of the project are to increase capacity of public health professionals and stakeholders at regional and local level to tackle health inequalities by means of health promotion. This has been achieved through the preparation of strategic/regional action plans and implementation of one objective. Regional stakeholders have been involved in the preparation of action plans enabling shared ownership of action plans, stronger commitment to its implementation and also increased comprehensiveness of strategic objectives.

METHODOLOGY
We have used health promotion as an overall approach. We have performed situation analysis by using all available data and information, needs assessment and priority identification. The training and summer school for public health professionals have increased the capacity in health inequalities, health promotion theory and application, structural funds and strategic planning. In each of 7 EU regions the regional action plans have been prepared and one objective implemented. We have produced 5 project publications, where each project phase has been explained. We have prepared the distance learning tool with basic lectures on project topics and presentation of implementation of objectives. The distance learning tool is available on-line for free.

RESULTS
The main results are: increased capacity on regional level in the fields of health promotion, health inequalities and structural funds; 7 regional strategic mid-term action plans; implemented objectives as evidence of effectiveness for stakeholders; reached end-users from identified vulnerable groups; 5 project publications and the distance learning tool, serving to other public health professionals as a useful guide and tool to implement this bottom-up approach.

WP DISSEMINATION
The outputs of the project were disseminated in a number of ways:
- The project website (visitors from 120 countries), leaflet, five project publications, training, summer school and reports. Public health professionals disseminated information in their broad environment to next target group (NGO’s, stakeholders, decision makers, organizations etc.) using available and appropriate tools and channels. Academic community was reached by final conference and peer reviewed paper. Vulnerable target groups were reached using culturally adjusted and health promoting approach in 7 countries. Distance learning tool is available on project web site free of charge.

www.action-for-health.eu

THE PROJECT
The management structure is simple and transparent. Project coordinator was responsible for overall achievement of objectives, milestones and deliverables. WP leaders were responsible for achievement of WP deliverables and milestones, each partner for project management in its own country. Project steering group was responsible for scientific soundness and strategic consensus based decision making. Communication and dissemination plan have been prepared and implemented as planned. Project internal evaluation has been performed throughout the project, with periodical feedback to coordinator and all partners, interim and final evaluation report.

CONCLUSION
The ACTION-FOR-HEALTH project achieved all objectives. The bottom-up approach based on Slovenian good practice is transferrable to other environments. Unlike many other action plans, this one is not completely dependent on political will, actual policies and legal acts. The capacity of public health professionals and partners on regional level as well as the commitment is crucial for the success.
SUMMARY
A range of interventions exist for the prevention and treatment of alcohol-related risk and harm. In particular, screening and brief intervention for alcohol has emerged as a (cost-)effective preventative approach, which is relevant and practicable for delivery in primary care, but has wider potential implications as a tool for implementation across medical and social settings.

BISTAIRS has: (1) produced evidence synthesis for SBI effectiveness in primary care, emergency care, workplace, and social services; (2) outlined good practice for SBI implementation in each setting; and (3) developed and field-tested a set of tailored SBI concepts in primary care, and beyond. Next, the project will develop recommendations and guidelines for tailored SBI approaches and will disseminate specific concepts to support a widespread implementation of SBI in medical/social primary care settings.

OBJECTIVES
BISTAIRS aims to foster the implementation of screening and brief interventions (SBI) for alcohol in a range of medical and social settings (primary care, emergency care, occupational health services, and social services/criminal justice systems) by identifying, systematizing and extending good practice of SBI across the EU.

METHODOLOGY
BISTAIRS conducted systematic reviews and electronic surveys at regional, national and European level to determine SBI effectiveness and the status of implementation. Drawing on this evidence, setting-specific SBI concepts were developed for field-testing in five EU jurisdictions. Following the field-tests recommendations and guidelines for the implementation of setting-specific SBI will be compiled and disseminated together with supporting material and toolkits to facilitate the widespread implementation of SBI in medical and social settings across the EU.

CONCLUSION
BISTAIRS found a mixed evidence base for the effectiveness of SBI in different settings. In non-medical settings SBI is regularly not available or not regularly implemented. For social service/criminal justice systems there is a clear lack of evidence for effectiveness and SBI is not available in these settings. On the basis of selected European and national SBI packages and in accordance with the WP 5 good practice recommendations specific brief intervention concepts were developed and field tested in 5 jurisdictions. The field test outcomes will be integrated in a guideline development process.

WP DISSEMINATION
The outputs of the project have been disseminated in a number of ways:
- The project website
- 6 International meetings and conferences at European level
- 20 Presentations at local and national events and congresses
- 2 scientific articles published
- 5 scientific articles sent to journals or in preparation

WP EVALUATION
The BISTAIRS Evaluation Plan of the on-going project includes four dimensions for evaluation:
1. Process evaluation, assessing the level of fulfillment of the project objectives, milestones & deliverables
2. Output evaluation, examining the level of compliance and value of project milestones & deliverables
3. Effect evaluation, evaluating demonstrable effects on specifically defined outcomes
4. Embedded field test work evaluation, as a key part of developing and implementing tailored field tests of

WP COORDINATION
Three annual scientific board meetings were held, supported by regular in-person/virtual work group meetings to support effective collaboration between partners and ensure that any arising issues were addressed promptly. Further, the coordinating partner, CIAR, ensures ongoing communication with partners through emails, regular bilateral teleconferences, and the website.

PRELIMINARY RESULTS
For primary health care a robust and convincing evidence base for effectiveness of SBI was found. SBI is regularly implemented on regional but not national level. For accident/emergency departments the evidence for effectiveness is limited but promising, with SBI either not available or not regularly implemented. We found an inconsistent evidence for effectiveness in occupational health services, and SBI is not available or not regularly implemented. For social service/criminal justice systems there is a clear lack of evidence for effectiveness and SBI is not available in these settings. On the basis of selected European and national SBI packages and in accordance with the WP 5 good practice recommendations specific brief intervention concepts were developed and field tested in 5 jurisdictions. The field test outcomes will be integrated in a guideline development process.

Acknowledgments:
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Total cost: € 556 837,-

Project coordinator:
University Medical Center Hamburg-Eppendorf, Germany

Partners:
- University of Newcastle upon Tyne (U/NEW), United Kingdom
- Fundació Cinc per al la Recerca Biomedica (FCB), Spain
- Instituto Superior Di Santa (ISS), Italy
- Generalitat de Catalunya (Gencat), Spain
- National Institute of Public Health (NIPH), Czech Republic
- Servicio de Intervenciones (SICAD), Portugal

European Commission
Co-funded by
the Health Programme of the European Union
SUMMARY
It is becoming clear that in many areas of medicine, integration of services is essential in order to achieve optimal results using available resources rationally. Several concepts shall be explored: the notion of a Comprehensive Cancer Care Network, improved community care for cancer patients with a greater focus on primary level care, organisational frameworks for survivorship, rehabilitation, re-integration and palliative care and guidance on screening based on best available evidence. These activities will be supplemented by discussions on cancer control topics at Member State level.

OBJECTIVES
The general objective of this Joint Action is to contribute to improvements in overall cancer control through quality-based cancer screening programmes, better integration of cancer care, community-based cancer care approaches and providing concerted efforts in all areas of survivorship, including palliative care.

These key elements will be combined with other relevant aspects of cancer control to form a European Guide on Quality Improvement in Comprehensive Cancer Control.

METHODOLOGY
The Guide will be developed through a common methodology, with the consultation process being managed, assuring the quality of the process and of the final output. All WPs will develop their own methodology for other outputs, for example, survey of existing Comprehensive Cancer Control Centers and development of distress thermometer and personalised rehab. & survivorship plans through consultation and expert workshops.

WP COORDINATION
Besides daily coordination and management of the Joint Action, the Coordination WP is responsible for the delivery of two Interim Reports and the Final Report to the European Commission.

A working group for external stakeholders, the CANCON Stakeholder Forum, has been set up for the cooperation of a wide range of cancer stakeholders, alongside a Joint Action management and meeting structure.

WP DISSEMINATION
A network analysis and dissemination strategy has been developed, elements of which include:
- Dedicated website, www.cancercontrol.eu
- Regular newsletters for partners and stakeholders
- Use of social media
- Wide mailing list of related stakeholders in the cancer control field, including journalists.

WP EVALUATION
Process, output and outcome indicators have been developed for all WPs. 2 Interim Evaluation Reports and 1 Final Evaluation Report will be prepared, with online questionnaires used to assess key meetings and events.

RESULTS
The main deliverable of the CANCON Joint Action will be the European Guide on Quality Improvement in Comprehensive Cancer Control. Chapters in the Guide will address the topics of:
- Quality-based cancer screening programmes,
- Comprehensive Cancer Network organisation,
- Community-based cancer care,
- Survivorship and rehabilitation.

The Guide will be used by Member States and other governmental and non-governmental stakeholders in the cancer field.

CONCLUSION
The CANCON Joint Action aims to provide guidance to Member States on various aspects of improving cancer control through the development of a Guide.

Partners: Institut Scientifique de Sante Publique Belgium, Federal Public Service of Health, Food Chain Safety and Environment Belgium, Association of European Cancer Leagues; Croatian National Institute of Public Health, Deutsches Krebsforschungszentrum; Cancer Society of Finland, Institut National du Cancer; Istituto Giannina Paolo II (IRCCS-Bari), Fondazione IRCCS Istituto Nazionale dei Tumori, Regione Toscana – Istituto Toscana Tumori, Ministero della Salute Direzione Generale Della Prevenzione, Rijeka East University Hospital, Stichtung Gezondheidszorg, Oncology Institute Prof. Dr. Ion Chiricuta Cluj, Institut Catal d’Oncologia, Rognes Teknisk-Naturvitenskapelig Universitet, Ministry for Health Malta, Masarykova Univerzita, Oslo University Hospital, Department of Health Ireland, Erasmus University Medical Center Rotterdam, Ministerio de Sanidad, Servicios Sociales e Igualdad Spain, Centro Superior de Investigacion en Salud Publica Valencia, National Center of Public Health and Analyses Bulgaria, European Cancer Organisation, National Cancer Institute – Lithuania

Project coordinator: National Institute of Public Health, Slovenia
Contact Person: Tina Lipušček, Project Manager, cancer.control@njz.si
Website: www.cancercontrol.eu

Project co-financed by the EU Public Health Programme 2008 – 2013
Starting date: 24 February 2014, duration: 3 years
Total cost: 5,999,985 EUR
Subsidy from the Commission: 2,999,984 EUR

Website: www.cancercontrol.eu
SUMMARY
Chronic diseases (CD) like diabetes, cardiovascular disease, stroke, affects 8 out of 10 people aged over 65 in Europe. Approximately 70% to 80% of health care budgets across the EU are spent on treating chronic diseases. There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and treating chronic diseases. There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and managing cardiovascular disease, stroke and diabetes type-2. This knowledge is however not readily accessible to public health authorities and other interested stakeholders across Europe. Joint Action on Chronic Diseases and Promoting Health Ageing across the Life cycle (JA-CHRODIS) is designed to utilize this potential.

OBJECTIVES
The general objective is to promote and facilitate the exchange and transfer of good practices between European countries and regions. The good practices address chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multimorbidity and diabetes.

METHODOLOGY
JA-CHRODIS includes four core work packages (WPs). Three are focused on the identification of good practices: WP5 Health Promotion and Chronic Disease Prevention, WP6 Multimorbidity and WP7 Diabetes. The fourth is cross-cutting: Platform for Knowledge Exchange (PKE). Criteria for assessment of good practices are being developed based on a Delphi consultation scheme in cooperation of all WPs. Once adopted, these criteria will be the basis for the creation of the PKE, with a help-desk and a clearinghouse. These criteria will then enable the identification of innovative experiences and potential candidates for “scaling up and transfer” from original settings to new ones. In addition, the WP of coordination includes a Forum for Representatives of Health Ministries.

WP COORDINATION
All the Work Package Leaders meet twice a year to review progress in all the work packages. All Partners, Associated Partners, Collaborating Partners, Advisory Board and Governing Board meet once every year during the project in General Assembly. The coordinating partner, ISCIII, maintains contact with partners mainly through emails, teleconferences and provides technical support to them for data collection and for the administrative management.

WP DISSEMINATION
The outputs of the project are being disseminated in a number of ways:
- The website
- Stakeholders forum
- Presentations at local events and congresses
- Exhibition at national and international events
- Presentation at international meetings
- Distribution of materials
- Links with networks and other projects

WP EVALUATION
All the project aspects are being evaluated. Questionnaires are circulated after meetings in order to investigate the level of satisfaction of each partner. Final deliverables are evaluated by the Advisory Board before dissemination. The external impact of JA-CHRODIS will also be analysed.

RESULTS
1. A Platform for Knowledge Exchange, including a help-desk and a clearinghouse.
2. A methodology for scaling up and transferring good practices on health promotion and chronic diseases prevention.
3. A selection of most cost-effective practices to address multimorbid patients to be transferred to other settings.
4. A training programme for healthcare professionals to address multimorbidity.
5. A set of best practices on primary prevention, early detection, secondary prevention, management of diabetes, and patient empowerment programmes, and the methods for transferring them.
7. A Forum of Representatives of Health Ministries to discuss the continuity of JA-CHRODIS after the end of this Joint Action.

CONCLUSION
The results of this JA will be the basis for recommendations on the best analysed information necessary for the optimal care of the selected CD across the life cycle and will be available to policy makers, healthcare professionals and managers, elderly population and the society as the main recipient of healthcare. JA-CHRODIS aims strongly contributes to reducing the burden of the referred CD and to promote healthy ageing in Europe by making use of the PKE for good practice.

AKNOWLEDGEMENTS
To all persons participating in the Joint Action and to EU Commission for co-financing it.

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5. National Institute of Public Health, Slovenia
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15. Ministry of Health, Portugal
16. National Health Institute, Italy
17. European Patients Forum, Belgium
18. Ministry of Health, Care Services and Labour, Portugal
19. Ministry of Health, Spain
20. National Health Institute, Portugal
21. National Health Institution, Spain
22. National Institute of Health Research, Spain
23. Health Education and Diseases Prevention Centre, Lithuania
24. Health Education and Diseases Prevention Centre, Hungary
25. National Institute of Health Research, Spain
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28. European Regional and Local Health Authorities, Belgium
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75. Institute of Public Health Research, Italy
EUCERD Joint Action: Working for Rare Diseases

V. Hedley, S. Lynn, K. Busby - Coordinator of EUCERD Joint Action, Institute of Genetic Medicine, Newcastle University, UK

SUMMARY

The challenges and specificities of rare diseases (RD) single them out as a unique domain of high added-value at the European level. Defined as conditions affecting no more than 5 per 10,000 citizens, patients with any single RD are, by definition, rare; however, the fact that there are 6-8,000 RD means that collectively around 30 million Europeans are directly afflicted. RD were a priority area for action in the Public Health Programme 2008-2013. A Communication of the European Commission (EC), entitled "Rare Diseases: Europe's challenge," was adopted on 11 November 2008, followed by a Recommendation from the Council to the MS and the Commission adopted on 11 June 2009. These texts identified key areas for collaborative action, and also proposed specific tools and instruments, further defined within a Roadmap document. The EC was assisted in this work through the creation of an EU Committee of Experts on Rare Diseases (EUCERD) 2009-2013. In its place, the EC set-up an Expert Group on RD in 2015.

RESULTS AT M25

- Engaged representatives of national (and other competent national authorities) in the development of the project
- Organised 25 EURAPLAN National Conferences to run between 2012 and 2015 and created a "Best Practice" List
- Held 17 "TechTalk" sessions with competent authorities following the conferences, generating "Proposals for Support" and "Lessons Learned" and presented for validation the EUCERD Recommendations on Core Indicators for RD National Plans/Strategies

OBJECTIVES

The EUCERD Joint Action supports the mandate of EUCERD/CEGRD Commission Expert Group on RD: to assist the EC in formulating and implementing the Community’s activities in the RD field, and to foster exchanges of relevant experience, policies and practices between the MS and stakeholders.

METHODOLOGY

The project incorporates various methodologies to achieve the aims and objectives of each WP, including dedicated workshops (37 in total), national RD conferences (25), literature surveys, Delphi methods and questionnaires. Methodologies are tailored to each WP, e.g., WP4 integrates with WHO procedures to develop an acceptable RD nomenclature and collect data. Feedback on implementation, whilst WP7 engages in hands-on ethnographic and qualitative research concerning centres of expertise and networking.

CONCLUSION

The outputs of the project to-date have contributed significantly to the definition of collaborative European policy pertaining to rare diseases: the EJA has drafted and presented 3 sets of Recommendations to date. All WPs have made substantial progress in engaging broad stakeholder groups to ensure the relevance and impact of outputs.
Equity Action – a European-wide Joint Action programme to address health inequalities

The Equity Action Team led by UKHF
http://www.equityaction-project.eu/

“Do something, do more, do better”
Michael Marmot – Equity Action Final Conference January 2014

Problem statement: The Commission published a Communication on Health inequalities “Solidarity in Health” which identified that avoidable inequalities in health exist in all countries of the European Union. Where these are avoidable by reasonable means, they are unfair and unjust. Equity Action aimed to assist Member States to move beyond analysis to take action on Health Inequalities. It is recognised that health inequalities are complex, persistent and pernicious, and require concerted effort across the whole of government to address their causes.

Equity Action Programme
Equity Action was a Joint Action led by UK Health Forum and the Department of Health, England involving the ministries of health or their delegated partners from 15 Member States and Norway and 30 regions. It ran from February 2011 to February 2014 and with a budget of approximately €3 million. Its remit was to address health inequalities at EU, national, regional and local levels with a range of stakeholders across a range of policy areas. The focus of Equity Action was on developing evidence and knowledge to support practical action through four ‘Work Packages’.

Tools – promoting equity in cross-government policy by developing tools, providing training and encouraging creativity in their use:
• Health Impact Assessments (HIA)
• Health Equity in All Policies
• Health Inequalities Audit

Knowledge – facilitating transfer of knowledge from scientists to policy makers through establishing a Scientific Reference Group and the commissioning of 10 literature reviews and policy briefs on topics including early years, employment and debt.

Knowledge

Quotes from policy leads:
“...it’s significantly helpful, just the feeling of being part of a big project and that you are not alone in the fight of tackling health inequalities. In this sense, the sharing of case-studies, methodologies, obstacles and challenges among Member States was really rewarding and useful.”

“... Equity Action has contributed to a more sustainable field of expertise on how to improve public health and reduce social inequalities in health.”

“... Its legacy will be the visibility of health equity in the EU agenda, that will have an impact in the different Member States and the shared knowledge and networking in this area of work.”

Regions – using the EU’s Structural Funds programme to support Regions to tackle health inequalities through meetings, the development of case studies and a Structural Fund Guidance Tool.

Knowledge

Stakeholders – developing stakeholder engagement between sectors through EU-wide stakeholder debates, national workshops and guides on inter-sectoral cooperation on education, built environment and welfare.

Solutions

Emerging Issues
Impact:
• Working together – facilitating a co-operative process
• Sharing the vision – placing health inequalities on political agendas
• Building capacity – equipping partners with knowledge and skills
• Increasing visibility – through final conference, website and ‘brand’
• Building a legacy – securing further funding for building on project
• Fulfilling outcomes - broad success

Lessons learned:
• Partners valued opportunities to learn from each other
• Value in learning about new approaches (including HIA)
• Importance of dialogue, cooperation
• Need to enhance allocation of Structural Funds
• Need to heighten visibility of health inequalities
• Value of practical resources to inform policy development

Messages to Member States and EU Commission:
• Take a strong lead on addressing health inequalities
• Build on the success of Equity Action
• Maintain a practical, strategic focus using HIA
• Support inter-sectoral co-operation
• Stimulate comparative research
• Foster education and dissemination good practice
• Maintain the network created by Equity Action
• Continue to provide financial support
• Reduce the bureaucracy associated with EU funding

SUCCESS
The efforts of Equity Action have not only enhanced the capacity of EU Member States and equipped them with resources to address health inequalities, but have also secured a commitment from the European Commission to invest new resources to support a successor programme across all Member States.

Equity Action received funding from the European Union in the framework of the health programme 2008–2013
The sole responsibility for this work lies with the author

Starting date and duration: February 2011 to February 2014 (36 months) Total Cost: €3 million
Lead Organisation: UK Health Forum on behalf of Dept. of Health, England chris.brookes@ukhealthforum.org.uk, Website: HTTP://WWW.EQUITYACTION-PROJECT.EU/
Other Partners: European Network/EuroHealthNet, Belgium, FPS, Czech Republic, SZU, England, Dept. of Health, Finland, THL, France, DG Santé, Germany, DAZV, Greece, Uni of Athens, Hungary, OEF, Ireland, IPS, Italy, ADIVAS, ASL, TO3, Aganas, Latvia, CORD, Netherlands, BVM, Norway Directorate of Health, Poland, NPM-NH, Scotland, Scottish Executive, Spain, SWISS, BVID, Sweden, SNPM, Västra Gotaland, Wales, Welsh Government

With thanks to PHAST: http://www.phast.org.uk/ for the evaluation and assistance in producing this poster.
European Haemophilia Network project
EUHANET
E. Gilman, M. Makris, A. Bok, K. Fischer, A. Gatt, R. Hollingsworth, T. Lambert, R. Lassila, P. Mannucci, F. Peyvandi, J. Windyga

SUMMARY
EUHANET involves health professionals and patient organisations in Europe working together on a number of related projects to improve the care of European citizens with inherited bleeding disorders. It has 4 main areas of work: assessment and standardisation of the quality of care of haemophilia centres; Haemophilia Central website; European Haemophilia Safety Surveillance (EUHASS) adverse event reporting; and Rare Bleeding Disorders Database (RBDD). The project began in June 2012 and is co-funded by the European Commission until May 2015.

OBJECTIVES
The general objective of this project is to harmonise and improve the care received by European citizens with inherited bleeding disorders.

METHODOLOGY
Criteria were developed for the definition of levels of care provided by haemophilia centres. Centres were invited to apply for certification and are being assessed according to which criteria they satisfy.

The Haemophilia Central website is a public website providing a single location for key information on haemophilia and other rare bleeding disorders for patients, their carers and health professionals.

EUHASS (an adverse event reporting system monitoring the safety of treatments for people with haemophilia and other rare bleeding disorders in Europe) was expanded to include reporting of adverse events in acquired haemophilia, acquired von Willebrand’s disease and severe inherited platelet disorders.

The RBDD (a database of retrospective information on the non haemophilia rare bleeding disorders) was extended to collect prospective data on the bleeding and natural history of afibrinogenemia and factor XIII deficiency. Central specialised coagulation factor and genetic testing is offered and an external quality assessment scheme was established.

MANAGEMENT & CO-ORDINATION
EUHANET has 6 partners: the lead partner (University of Sheffield) and 5 associate partners. It also has many collaborating partners including 12 key institutions and 84 haemophilia centres across Europe. It is managed by a Steering Committee composed of representatives of all partners which meets every 6 months to review progress. The project is divided into 8 work packages (WPs) and partners meet and communicate as necessary relating to the WPs for which they are responsible. The lead partner also co-ordinates activities through email, telephone and teleconferences.

DISSEMINATION
Project outputs are disseminated by:
• project website
• annual meetings of project participants and stakeholders
• quarterly EUHASS adverse events reports and annual incidence reports
• presentations at local and international events and congresses
• publications in peer-reviewed journals

EVALUATION
Each project objective has a set of process, output and outcome indicators which are regularly reviewed by the project manager and the Steering Committee. Every 6 months questionnaires are sent to the associate partner leading each WP to collect information on progress. Responses are reported to the Steering Committee and used to monitor progress in achievement of project deliverables and objectives. Yearly reports are sent to the funding body. An independent external expert will provide an external evaluation report in November 2015.

RESULTS
1. Guidelines produced for designation of haemophilia centres as either European Haemophilia Comprehensive Care Centres (EHCCC) or European Haemophilia Treatment Centres (EHTC) and online application process up and running – see screenshot

2. Haemophilia Central website live and under continuous development http://www.euhanet.org

3. EUHASS currently has 85 centres reporting events from 27 European countries caring for over 32,000 people with bleeding disorders (including Glanzmann Thrombasthenia, Bernard Soulier’s syndrome and platelet storage pool disease).

4. RBDD is collecting prospective data on patients with afibrinogenemia (85 patients) and factor XIII deficiency (110 patients) from 26 centres. External quality assessment scheme for FXIII screening/assay carried out and results being analysed from 21 centres. Central specialised genetic testing of patients with fibrinogen deficiency and with FXIII deficiency has begun.

CONCLUSION
EUHANET is making an important contribution to improving the care of European citizens with bleeding disorders.
Joint work force planning and forecasting today for better healthcare of tomorrow.

JOINT ACTION ON HEALTH WORKFORCE

Michel Van Hoegaerden, programme manager
Federal Public Service, Belgium

SUMMARY
The Joint Action Health Workforce Planning and Forecasting is a 36 months project (from April 2013 to March 2016). A shortage of 1 million health workers is expected by 2020 in Europe. This Joint Action targets to support collaboration among Member States and tackle the challenges of understanding work force terminology, update information on mobility, estimate future skill mixes and needs and increase impact of planning on policy decision making.

OBJECTIVES
The general objective of this project is to provide a platform for collaboration and exchange between Member states to support them to prepare the future of the health workforce. This will increase Europe’s capacity to take effective and sustainable measures. The project seeks to collect the essential data for health workforce planning, empower exchange of good practices in planning methodologies, support the use of horizon scanning and make sure that the results will be delivered to relevant target groups.

METHODOLOGY
Different methodologies were applied throughout the different work packages (WP). Common feature in methodology was literature reviews in each of the core WPs and conduction of surveys leading to better overview of existing situation in terms of data collection, planning methodologies and future needs.

COORDINATION
All of the project partners meet once a year at the Plenary Assembly meeting to review the progress of all work packages. So far there was one Plenary Assembly held in Bratislava and we are expecting to host two more. Besides this core WP leaders, under leadership of the coordinator, are organizing thematic workshops relevant to the work packages’ work plans and deliverables. Invited WP partners and experts have the opportunity to discuss, exchange/share/gain knowledge and network intensely. Information on already conducted workshops held under Joint Action and workshops to come are fully available on our Joint Action website: http://euhwforce.weebly.com/events.html

DISSEMINATION
The outputs of the project are disseminated in various ways:
- The project website www.euhwforce.eu
- First JA Conference in Bratislava
- Upcoming JA Conferences in Rome and in Sofia
- Presentations on various national and international events
- Distribution of JA leaflet to partners
- Conduction of Stakeholder Analysis identifying various stakeholders at different levels of impact

EVALUATION
All the project’s deliverables are being evaluated by team of experts using the process and outcome indicators. These were predefined for every WP individually.

RESULTS
1. Increased capacity in planning and forecasting by adopting fit-for-purpose models
2. Identifying Minimum data set for planning and forecasting models
3. Increased capacity in data collection and analysis
4. Improvements in the field of data understanding
5. Improved use of these models and data resulting in more evidence based health workforce planning
6. Implementation of WHO Code of Practice

ACKNOWLEDGEMENTS
The results of the project will be used for policy recommendations on European and regional level and decision making processes.

We thank the European Commission for providing financial support and all of the partners for their active and dedicated involvement.

www.euhwforce.eu

Project co-financed by the EU Public Health Programme 2008 – 2013
Starting date: April 2013
Total costs: 5 872 911, 34 €
Subsidy from the European Commission: 2 936 366 €
Currently we have 30 associated and 45 collaborating partners covering most of the European countries

Work package leaders:
WP1 – Federal Public Service of Health – Belgium
WP2 – Ministry of Health – Slovakia, EHMA
WP3 – Ministry of Social Affairs and Health – Finland
WP4 – Semmelweis University – Hungary
WP5 – Ministry of Health, AGENAS – Italy
WP6 – Centre for Workforce Intelligence – UK
WP7 – Medical University of Varna – Bulgaria

Project coordinator: Federal Public Service of Health, Belgium
Contact persons: Michel Van Hoegaerden, programme manager, Lieve Jorens, project manager
e-mail: EUHWForce@health.belgium.be
Project website: www.euhwforce.eu
European Heart Health Strategy II
long-term prevention of cardiovascular diseases

SUMMARY

Aiming at addressing cardiovascular disease (CVD), EuroHeart II (European Heart Health Strategy II) analysed the latest figures and trends on CVD. It identified and shared the most effective ways and policies for preventing these diseases. It produced and published four reports, organised a high-level European conference, three regional conferences and seven national meetings. EuroHeart II completed this work in 36 months.

The broad partnership and wide-ranging impact of the project will ensure that it continues to influence policy making and prevention practice in Europe for many years to come.

KEY FINDINGS

• CVD accounts for over 1.9 million deaths each year in the EU and the cost to the EU economy is more than €136 billion each year.

• Previously falling CVD mortality rates are now plateauing in some age groups in some countries, and are even rising in young people in Greece and Lithuania.

• The problem of CVD could worsen as a result of a growing incidence of high blood pressure and cholesterol levels, obesity and diabetes.

• Policy interventions to decrease salt and saturated fat intakes are vital and could reduce CVD mortality by up to one third.

OBJECTIVES

EuroHeart II focused on six specific objectives identified in the European Heart Health Charter:

• Provide up-to-date data on CVD, establish mortality trends since 1985 and determine the costs of the disease
• Build capacity in the cardiovascular patients’ community
• Evaluate existing guidelines on CVD prevention in diabetic patients
• Share knowledge on nutrition, physical activity and CVD prevention in Europe
• Identify the most effective and cost-effective CVD prevention policies – reviewing public health nutrition policies
• Predict future trends in coronary heart disease in Europe

METODOLOGY

To achieve the specific objectives, EuroHeart II engaged with 30 partners from 17 countries. Partner organisations spanned academia, research centres, NGOs, patients’ organisations and health professionals.

MANAGEMENT AND COORDINATION

Central management and coordination of EuroHeart II was undertaken by the main partner, the European Heart Network, assisted by the European Society of Cardiology, one of the work package leaders. The two partners were in contact on a weekly basis. Communication was through email and teleconference.

The project was guided by a steering committee, consisting of all work package leaders and benefited from input from an advisory board made up of representatives from the European Commission and the European regional office of the World Health Organization. The steering committee met six times during the project to review progress, adjust the schedule and elaborate on the dissemination plan.

DISSEMINATION

EuroHeart II has been and continues to be widely disseminated:

• Via dedicated webpages on the websites of the European Heart Network and the European Society of Cardiology
• Via European, regional and national conferences, meetings and workshops
• Via presentations at international and national conferences and seminars
• Via publications in peer-reviewed journals

The main conclusions from the evaluation report were that the EuroHeart II project was extremely productive. The project partners produced literally hundreds of outputs (reports, papers, meetings) that helped to stimulate discussion on CVD prevention policy. EuroHeart II was very successful in building outstanding collaborations. It is highly likely that these collaborations will continue to work together. The actual impact of the outputs on the awareness and knowledge of stakeholders was extremely difficult to assess. The policymaker survey implied that there was little or no increase in stated awareness of project outputs among policymakers. However, it is important to note that the sample was very small and probably unrepresentative. It is also difficult to measure impact within the duration of the project. Many of the outputs have a shelf-life beyond it and will continue to influence the work of stakeholders and policymakers.

RESULTS

Significant reductions in CVD mortality have occurred over the last three decades, but CVD remains the leading cause of death in Europe – accounting for over 1.9 million deaths each year in the EU and over 4 million deaths in Europe. The cost to the EU economy is more than €136 billion each year.

Interventions that address the whole population are the most cost effective and cost saving. Such policies, however, are not widely implemented across Europe. The problem of CVD could worsen as a result of a growing incidence of high blood pressure and cholesterol levels, obesity and diabetes. Policy interventions to decrease salt and saturated fat intakes are vital and could reduce CVD mortality by up to one third.

Substantial differences in mortality rates were found across EU Member States. Previously falling CVD mortality rates are now plateauing in some age groups in some countries, and are even rising in young people in Greece and Lithuania.

The problem of CVD could worsen as a result of a growing incidence of high blood pressure and cholesterol levels, obesity and diabetes. Policy interventions to decrease salt and saturated fat intakes are vital and could reduce CVD mortality by up to one third.

CONCLUSIONS AND RECOMMENDATIONS

The main recommendations in the evaluation report were that policymakers should continue to work together. The actual impact of the outputs on the awareness and knowledge of stakeholders was extremely difficult to assess. The policymaker survey implied that there was little or no increase in stated awareness of project outputs among policymakers. However, it is important to note that the sample was very small and probably unrepresentative. It is also difficult to measure impact within the duration of the project. Many of the outputs have a shelf-life beyond it and will continue to influence the work of stakeholders and policymakers.

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HIV-COBATEST Project:
HIV COMMUNITY-BASED TESTING PRACTICES IN EUROPE (HIV-COBATEST)

J. Casabona, C. Agustí, L. Fernández, Centre for Epidemiological Studies on HIV/AIDS and STIs of Catalonia (CEEISCAT), Barcelona, Spain.

SUMMARY
Although some European countries have universal access to health care, many individual from most-at-risk groups face important barriers to HIV testing within the standard health care system. Community-based voluntary counselling and testing (CBVCT) services are recognized to improve all aspects of HIV testing, including a better access to those vulnerable and hard-to-rich population. The COBATEST project has obtained a deep understanding of these CBVCT across Europe, and contribute to standardise protocols and indicators to improve their implementation and evaluation.

OBJECTIVE
The general objective was to promote early diagnosis of HIV infection in Europe by improving the implementation and evaluation of CBVCT practices.

METHODOLOGY
Three of the core WP consisted in cross-sectional studies on:
- The implementation of CBVCT services in 22 countries (quantitative data, WP4),
- The good practices in CBVCT from 8 countries (qualitative data, WPS),
- The acceptability and feasibility of oral rapid HIV tests in CBVCT from 9 countries (quantitative data, WP5).
The others score WP consisted in:
- Identifying a core group indicators for monitoring and evaluating CBVCT activities (WP6),
- Formalizing a network of 59 CBVCT services in 16 countries, and building a common tool (questionnaire and data entry system) to collect standardized data in this network.

COORDINATION
Three face to face steering committees were held during the project, but also 4 general project meeting and 9 teleconferences. Within each WP, periodical face-to-face meetings as well as teleconference have been organized between.
The coordinating partner, CEEISCAT, maintained contact with all partners mainly through emails and provided technical support to them for data collection and for the administrative management.

EVALUATION
The majority of targets have been achieved, some to a larger extent than expected. The project was evaluated with 13 process indicators, 11 output indicators and 11 outcome indicators. Overall, only 5 indicators have not been validated: 1 of the process indicators, 3 of the output indicators, and 1 of the outcome indicators.

RESULTS
HIV-COBATEST has provided detailed information on how CBVCT programmes are being implemented in Europe, and has increased policy awareness on CBVCT by facilitating alliances between NGO-GOs academic institutions.
In particular, HIV COBATEST has:
- Established a functional network of 59 CBVCT services in 16 European countries,
- Provided harmonized data collection instruments and indicators for monitoring the activity of these CBVCT,
- Introduced oral rapid test for the first time in countries where it was no accepted or allowed. Such testing offer was well accepted, but finger prick testing was preferred in many countries, particularly when this concordant skeptical.
The HIV-COBATEST project has also developed:
- A guide to do it better in our CBVCT services,
- A core indicators and guidelines to monitor CBVCT,
- A standardized data collection form and a web-based data entry tool to monitor and evaluate HIV screening activity of the CBVCT services.

CONCLUSION
The HIV-COBATEST project facilitated the emergence of a consensus around CBVCT services across Europe with the adoption of a common definition of what a CBVCT centre is.
HIV-COBATEST also impulse the creation of a network of CBVCT services across Europe, allowing collection of harmonized data in order to better monitor and evaluate their activity, and to bring actualized information to policy makers in various European countries.

NEXT STEPS: EUROPEAN HIV EARLY DIAGNOSIS AND ACCESS TO TREATMENT (EURO HIV-EDAT PROJECT)
Purpose: to generate operational knowledge to better understand the role and impact of Community Based Voluntary Counselling and Testing services (CBVCTS) across Europe, as well as to study the use of innovative strategies based on new technologies networks, to increase early HIV/STI diagnosis and treatment among the most vulnerable groups.
Specific objectives:
1. To monitor and evaluate CBVCT services in Europe; 2. To identify determinants for HIV test seeking behaviour and seroconversion in Europe; 3. To describe and improve approaches of point of care and linkage to health services for HIV/STI among MSM in Europe; 4. To improve the implementation of CBVCT services specifically addressed to MSM in Europe; 5. To describe HIV testing patterns and identify barriers to testing and care among migrant populations in Europe; 6. To assess acceptability and feasibility of innovative strategies and interventions aimed at increasing HIV counselling and testing.
Joint Action on Monitoring Injuries in Europe (JAMIE)

Wim Rogmans, coordinator of JAMIE. European association for Injury Prevention and Safety Promotion (EuroSafe), Amsterdam

Why focus on injuries?
Injuries due to accidents or violence constitute a major public health problem also within the European Region.
In spite of the magnitude and the severity of the problem, injury surveillance systems are not yet sufficiently well developed to accurately quantify the burden of injuries on individuals, health services and society in Europe.

Objectives
The JAMIE project aimed at having by 2014 common hospital-based injury surveillance systems in at least 24 EU/EFTA member states, reporting on external causes of injuries due to accidents and violence for upload in the EU-Injury Data Base (IDB).

Country specific work plans were developed by each of the partner countries and executed over 2012-2014. All partners received bi-lateral support in the process of implementing an appropriate infrastructure for injury data collection at national or regional level. Counselling was provided on implementation challenges and technical issues.

Methods
- records containing greater detail as for the circumstances of the injury event, allowing these to be collected in a relatively small number of hospitals. These data should provide information for a wide range of policy makers and health, transportation and consumer protection authorities.

Results
26 participating countries (see figure) developed and implemented a national action plan, documenting the initial situation and targeted efforts to implement JAMIE/IDB standards and to meet the objectives of JAMIE at national level.

Source
Emergency departments (EDs) at hospitals served as the preferred source for gathering data on injuries.
The JAMIE approach allowed participating countries to deliver ED injury data at two levels of detail:
- records collected in a representative sample of ED’s containing limited information on the injury circumstances, but sufficient for developing the accurate estimates of population incidence; AND
- records containing greater detail as for the circumstances of the injury event, allowing these to be collected in a relatively small number of hospitals. These data should provide information for a wide range of policy makers and health, transportation and consumer protection authorities.

Figure: Map of the 26 injury data reporting countries and approximate starting date of data collection.

While at the start of JAMIE only 13 countries provided injury data to the IDB today 26 countries provide such data at least at MDS-level and 17 counties do so also at FDS-level. A total number of over 1.3 million injury reports were collected over the year 2013 at MDS level, of which 340.000 reports contain also FDS-level detailed information about the circumstances and causes of these injury events.

The way ahead
In June 2014 the Commission announced a new action from 2015 onwards to make health information capacity and resources within the EU, including those in the field of injury surveillance, more sustainable.
As for the use of injury data for consumer product safety policy purposes, the Commission is currently also examining the feasibility of a public Consumer Product Safety Information Database, which could include a platform for the exchange of data on product related injuries.

More information:
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+31-20-5114511
www.eurosafe.eu.com
Amsterdam 26-11-2014

Project financed:
EU Public Health Programme 2008-2013
Years of the Project:
2011-2014 (40 months)
Total cost: 1.581.283,16 € (EEC: 781.098,39 €)
Project coordination:
European association for Injury Prevention and Safety Promotion, Amsterdam - NL

JAMIE-partner countries:
Austria, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Latvia, Luxembourg, Malta, the Netherlands, Norway, Portugal, Poland, Romania, Sweden, Slovenia, Spain, Turkey, and the United Kingdom.
The main methodological steps were:

- Developing Handbooks
- Improving access to appropriate MHP tools
- Testing and evaluating the Handbooks

Focus was maintained via internal and external evaluation of the Handbooks.

The Handbooks were targeted for use by people who work regularly in the 3 settings of interest, e.g. teachers, health and safety staff, carers rather than at professionals in mental health.  The design of the Handbooks and related materials for people wishing to promote wellbeing in each of these settings.

OBJECTIVES

The project had a number of specific objectives.  The main ones were:

- Development of MHP implementation Handbooks
- Improving access to appropriate MHP tools
- Testing and evaluating the Handbooks
- Disseminating as widely as possible the Handbooks and related materials

METHODOLOGY

The Handbooks were targeted for use by people who work regularly in the 3 settings of interest, e.g. teachers, health and safety staff, carers rather than at professionals in mental health.  The design of the methodology reflected these target groups – the needs analysis concentrated on potential users and the methods used were interactive, while evaluation by the target groups was a key part in developing the Handbooks.

The main methodological steps were:

- A multi-method needs analysis survey in 6 countries with 65 expert users to assess the kinds of needs that practitioners and stakeholders might have in relation to implementing MHP
- Literature reviewing
- Development of the 2nd version of the Handbooks and associated training materials
- Field evaluation with user experts
- Development of the final version of the Handbooks and training

Quality was maintained via internal and external evaluation of the developing Handbooks.

SUMMARY

MHP-HANDS (Mental Health Promotion Handbooks) is a recently completed 36 month project (from March 2010 – to February 2013). The project is concerned with the promotion of mental health and wellbeing in 3 settings: workplaces and older people’s residences.  MHP-HANDS has produced Handbooks and related materials for people wishing to promote wellbeing in each of these settings.

The Handbooks were targeted for use by people who work regularly in the 3 settings of interest, e.g. teachers, health and safety staff, carers rather than at professionals in mental health.  The design of the Handbooks and related materials for people wishing to promote wellbeing in each of these settings.

MANAGEMENT

WP CO-ORDINATION

The project was led by WRC and all partners met every 6 months during the project.  Project management was aided by an external advisory group and by an external evaluator.  Workshop leaders took a major role in quality management and all partners actively participated in all management activities.

WP DISSEMINATION

Dissemination is of major concern to the project and is being achieved in a number of ways:

- Developing the project website through the European Network for Mental Promotion (ENMHP) Portal
- Dissemination through European networks such as ENMHP and the European Network for Workplace Health Promotion and through national networks
- Presentations at national and international conferences
- Presentations to policy makers
- Publications
- Brochures and promotional material

WP EVALUATION

Evaluation played a central role in the project, both from the perspective of ensuring the highest possible technical and scientific standards, but also in order to ensure the usability and utility of the Handbooks.

Evaluation activities involved:

- Expert workshops
- Field trials of the developing Handbooks
- Internal evaluation by project partners
- External evaluation by an MHP expert
- Inputs from an external Advisory Committee

RESULTS

The main results from the project were:

- Development of 3 highly usable and validated Handbooks for mental health promotion in schools, workplaces and older people’s residences
- Development of an integrated project website
- Integrated of project outputs with related tools for training and MHP tools
- Widespread dissemination through European and National Networks

CONCLUSIONS

Though not primarily a research project, many conclusions can be drawn.  These include:

- The concepts of mental health promotion and mental illness prevention are not clearly understood
- Confusion of the need for settings specific tools to support MHP
- There are significant differences between the settings
- The Handbooks need to be backed up by training for users in most instances

There also appears to be significant demand for the Handbooks from users - since the Handbooks have been made available through the website, there have been significant numbers of requests for downloads of the Handbooks.

ACKNOWLEDGEMENTS

The Project partners wish to acknowledge the kind support of the European Commission in enabling this project.  We would also wish to acknowledge the 33 project team members and the external support received throughout the project.
SUMMARY
Recreational settings are privileged spaces to reach synthetic drug users. The project proposed answers to new challenges in the field of harm reduction to synthetic drugs usage, such as partygoers’ mobility (party tourism), new youth cultures and drug uses/trends, necessity of improving nightlife community empowerment as well as filling the gap in terms of geographic coverage.

OBJECTIVES
1 - To improve field work interventions: improving and standardizing existing interventions reducing synthetic drugs related harm, facilitating their transferability and implementation.
2 - To adapt responses to partygoers mobility, increasing harm reduction behaviours among tourist partygoers, improving the capacity to respond to crisis situations.
3 - To develop innovative responses adapted to youth cultures: developing individual harm reduction strategies through the use of interactive technology tools and emerging media.
4 - To develop community empowerment: improving health settings and harm reduction through community empowerment among European night clubs and events, implementing “Party*” labels within EU cities or regions and involving big summer festivals organizers.
5 - To implement new projects and to enlarge the network: initiating and supporting emerging harm reduction projects for synthetic drugs users in nightlife settings.
6 - To improve the rapidity and quality of field responses in relation to new trends, new substances and adulterants.

RESULTS
- 4 good practice standards were produced (Peer Education, Labels and Charters, Serious games and Drug Checking) as well as Training guidelines and Safer Party guidelines for party organizers.
- The International Conference “nights 2013” with 161 participants and all WP’s had coordination meetings that allowed good practice sharing. The Party+ workgroup carried 12 expert visits and their seminar and info sessions were attended by 685 participants. The Good Practice & Standard seminars had 42 participants. The Exchange and Training workgroup organized 4 training sessions with over 100 applicants and the different guidelines produced will be extremely useful for new projects.
- The Party+ network improved health settings and harm reduction in EU clubs and nightlife events. 171 stakeholders were involved in labelling processes and summer festivals. A total number of 220 nightclubs from 65 cities and 16 European countries are part of a safer party label offering different health services to 7,771,733 partygoers every year. Since 2011, 1,576 workers of nightclubs retrained 9,346 of the staff trained claims to have acquired useful information to respond to a health related crisis.
- 7 field interventions took place in 5 different European countries (Germany, Romania, Hungary, Croatia and Portugal) together with several New Media interventions in Italy, reaching 45,913 partygoers via info stand and 6,913 partygoers with new media contents. The results show that 76% of partygoers declare positive behavioural intentions.
- The interactive game called “What the dope” was translated in 5 different languages (English, Italian, French, German and Spanish). 51 volunteers and social workers were trained in New Media as well as 18 nightlife professionals. Since the game was launched in the field, 6,959 (1,033 active players and 5,886 passive players) partygoers were reached by new media contents.
- The TEDI workgroup involves 12 projects, 4 trends reports/newsletters were distributed, 193 persons receive each newsletter and trend report directly and 2873 people visited the TEDI website. 7 contributions were made to the early warning system.

CONCLUSION
The project has shown the growing interest of various types of stakeholders and the results demonstrate the importance to keep on developing health promotion and harm reduction-based approaches and interventions within nightlife settings; i.e. by disseminating existing tools, supporting new innovative projects and sustaining networks based on “Good Practice sharing.”
PaSQ Joint Action is co-funded and supported by the European Commission within the Public Health Programme. Its focus is to improve Patient Safety and Quality of Care through sharing of information, experience, and the implementation of good practices. 28 EU Member States plus Norway are involved around PaSQ National Contact Points (NCPs), who are also the contact persons for PaSQ matters in their respective countries.

WP COORDINATION
Five coordination meetings have been organised and the Executive Board (work packages leaders plus EC and CHAFEA) met every month by teleconference.

Work Plan:
- Data collection: Nov. 2012 – Feb 2013
- Recommendations: Feb – March 2015

RESULTS
Implementation in 18 countries (211 HCOs).
- Surgical Safety: 77 HCOs
- Medication Rec: 102 HCOs
- Hand Hygiene: 73 HCOs
- PEWS: 34 HCOs

Exchange of good practices in Patient Safety and Quality of care
400 good practices available in the PaSQ website with relevant contact details
35 events (international meetings, workshops, webinars, study tours) organised in the EU MS to:
- exchange information regarding selected clinical and organisational good practices
- build relationship between experts and practitioners and decision makers to promote the implementation of good practices in different settings

OBJECTIVES
The main objective of PaSQ is to support the implementation of the Council Recommendation on Patient Safety. PaSQ unites representatives of the European medical community, and the institutional partners involved in Patient Safety and Quality of Care in the Member States of the European Union

WP DISSEMINATION
The outputs of the project will be disseminated in a number of ways:
- PaSQ website www.pasq.eu
- Dissemination of 8 Newsletters to 400 EU stakeholders
- Presentation of interim and final reports
- Presentations at local and international events (i.e. International forum on Quality and Safety in Health Care)
- 3 open coordination meetings (500 invitations sent for each meeting)
- A publication in preparation

WP EVALUATION
The 6 PaSQ specific objectives will be evaluated through 8 process indicators, 10 output indicators and 12 outcomes indicators.

CONCLUSION
The results of this project have been used to make a proposal for a permanent network patient safety and quality of care in the EU focusing on:
- patient involvement/empowerment
- reporting and learning / rapid alert systems
- quality improvement systems: peer review
- implementation of good clinical practices

Acknowledgments:
- to all persons who have participated in the project and have given information.
- to EU Commission for co-financing it.

Project coordinator: HAS, France
Communication, dissemination: AQAH, Croatia
Evaluation: NKUA, Greece
Patient Safety Good Clinical Practices: DSPS, Denmark
Patient Safety Initiatives Implementation: AQuMed, Germany
EU collaboration for healthcare management systems: MSSIL, Spain
Sustainability: SKMOH, Slovakia

57 Partners:
44 institutions (mainly Ministries of Health) from 29 Member States
10 EU stakeholders representing health care professionals, patients, health care organisations
3 International organisation
RARECAREnet project
Information network on rare cancers
Gemma Gatta, PI and Annalisa Trama coordinator of RARECAREnet.
Fondazione IRCCS Istituto Nazionale dei Tumori, Milano (Italy)

SUMMARY
RARECARE (Surveillance of rare cancers in Europe) data provided a first indication of the size of a public health problem. Due to their low frequency, rare cancers pose particular challenges such as late or incorrect diagnosis, lack of access to appropriate therapies, dearth of clinical trials. Against this background, a key goal is to build on a network of cooperating organizations collaborating in research, promotion and implementation of appropriate solutions to address rare cancers challenges. RARECAREnet aims at building an information network to provide comprehensive information on rare cancers to the community at large (oncologists, general practitioners, researchers, health authorities, patients).

OUR MAIN OBJECTIVE
1. To collect centres of expertise for rare cancers in Europe.
2. To develop the healthcare pathways for rare cancers.
3. To develop clinical databases on very rare cancers.
4. To increase awareness amongst general practitioners about rare cancers.
5. To disseminate information tailored to the needs of patients and carers of all concerned stakeholders.
6. To describe the distribution of European Reference Networks.
7. To support patient organisations.
8. To spread knowledge and best practice on rare cancers.
9. To disseminate information tailored to the needs of patients treated in all concerned stakeholders.
10. To support patient organisations.
11. To promote quality criteria for centres of expertise on rare cancers.

RESULTS
The list of rare cancers was revised by the experts and defined a list of 196 rare cancers. The information on incidence, prevalence, survival and trends for all the 196 rare cancers were estimated and will be available on the project web-site by November 2014.

Clinical information on rare cancers for professionals and for patients are available on the project web-site. New chapters of the clinical management for rare cancers have been produced (n=3) and additional chapters will be produced by the end of the project.

A list of patients associations per each rare cancer and per EU country was developed and is available on the project web-site.

A repository of information for patients already available was developed and will be accessible on the project web-site by the end of October 2014.

New information on rare cancers of common sites (such as rare cancers of bladder, kidney) will be produced by the end of 2014.

A list of quality criteria for centres of expertise for rare cancers will be provided together with a list of centres for rare cancer treatment.

EXPECTED OUTCOMES
The proposed network is expected to contribute to:
- Promote better classification of rare cancers complementing the EU dynamic inventory of rare diseases developed by the portal for rare disease Orphanet
- Produce and disseminate information material about rare cancers building a knowledge system involving all concerned stakeholders
- Ameliorate diagnosis, treatment and referral of patients with rare cancers to appropriate centres of expertise
- Promote international collaborative groups to foster research on very rare cancers
- Identify determinants of variations in survival across Europe
- Empower patients

HOW?
Updated incidence, prevalence and survival figures for Europe will be provided using the most recent EUROCARE database. Information on the hospital of treatment will be collected by cancer registries (CRs) in a subset of countries. The association between outcome and hospital care volume will be analyzed. The quality criteria to identify centres of expertise for rare cancers, in accordance with the European Reference Network on all rare diseases, will be defined by a specific working group including all concerned stakeholders. For a subset of rare cancers, the criteria identified will be tested collecting relevant information in collaboration with CRs. From the identified criteria, a list of centres of expertise will be developed by the European Cancer Patient Coalition (ECPC) conducting a survey among members. Information on diagnosis and treatment of rare cancers will be developed by the project State-of-the-Art Oncology in Europe (START). New knowledge on very rare cancers will be produced developing a prospective clinical database.

EVALUATION
An internal evaluation is performed by the coordinator and the SC. In addition, an external evaluation, is asked to the Advisory Board (AB). The AB has developed an evaluation plan with process, output and outcome indicators that are annually discussed with the coordinator.

COORDINATION
The project is overseen by the Steering Committee (SC) which includes all work packages (WP) leaders. The SC meets every year to discuss WP progresses. The coordinator, INT, maintains contact with partners mainly through emails, conference call and ad hoc meetings. INT provides scientific and administrative support to all partners.

DISSEMINATION
The results of the project are and will be disseminated in different ways:
- The project web-site www.rarecerenet.eu
- Publication in major public health and clinical journals
- Presentation at conferences of major scientific societies (ESMO, ESSO, ESTRO)
- Reports at the meetings of the EC Expert Group on Rare Diseases
- European Parliament Cancer Patient Interest Group
- European School of Oncology educational instruments (e-Grand Round, Cancer world magazine)
- Policy brief
- EU Joint Action on Cancer Control (CANCON) meetings
- Information will be developed in formats adapted to the needs of professionals and patients.

Contact Person: Gemma Gatta, Annalisa Trama coordinator of RARECAREnet.
Contact: Gemma Gatta, Annalisa Trama (gemma.gatta@istitutotumori.mi.it; annalisa.trama@istitutotumori.mi.it)
Web site: www.rarecerenet.eu

Project co-financed from the EU Public Health Programme 2003-2008
Starting date and duration of project: 1 May, 2012 (36 months)
Total cost: 1.705.007,70
Co-funding from the Commission: 1.000.630,70
Leader Organisation: Fondazione IRCCS Istituto Nazionale dei Tumori, Milano (Italy)
SUMMARY

HIV infection remains an important public health issue in Europe, with evidence of continuing transmission in many countries. Men who have sex with men (MSM) continue to represent a population at higher risk of HIV infection.

In this context, HIV diagnosis has become a key surveillance activity for monitoring the HIV epidemic especially in hard-to-reach MSM.

Few studies have targeted MSM using outreach methods collecting behavioural and biological data in line with Second Generation Surveillance System (SGSS) criteria and Global AIDS Response Progress Reporting (GARPR) indicators.

PROJECT COORDINATION

All project partners meet twice during the project and two last meetings are foreseen. The coordinating partner maintained contact with all WP leaders and all the partners through emails, telephone conferences and site visits (when needed), and provided technical support to them for data collection and for the administrative management using also a specific Web-based Monitoring Tool.

EXPECTED OUTCOMES

• Evidence for MSM prevention campaigns and for effective epidemiological surveillance
• Increased comparability of data in E.U. and neighbouring countries
• Implementation of effective public health strategies and policies
• Strengthening of a wide network (including WHO, UNAIDS, ECDC)
• Development of culturally sensitive HIV/STI prevention policies

WP EVALUATION

Process, output and outcome indicators were assessed for each specific objective according to an Evaluation Logical Framework. Two progress reports were drafted and a final report is foreseen. One of the components of the SIALON II evaluation consists of a small evaluation study aimed to assess the experience and impact of conducting bio-behavioural surveys in commercial gay venues and the quality of the process of data collection in SIALON II studies.

WP DISSEMINATION

Results will be disseminated at international, European and at national/regional level to healthcare and social professionals, decision makers, public health professionals, epidemiologists, HIV and gay communities, through institutional websites (www.sialon.eu), gay magazines and websites, international conferences, press releases and final conference. Key documents to be disseminated will be the “Prevention needs assessment report” developed for prevention action and a public version of the “Final report” on bio-behavioural survey and related prevention strategy.
The Youth Sexual Aggression and Victimization (Y-SAV) project was formulated based on evidence that youth sexual violence is highly prevalent in many European countries, and that young people’s sexual health is strongly endangered by it. The project has contributed to expand and harmonise the knowledge base on sexual health and enhance multi-country and multidisciplinary dialogue, and encouraged member states to learn from each other and develop, (joint strategies towards) context-sensitive responses to youth sexual violence.

The project:

• Offer care and support for young victims;
• Improve prevention programmes;
• developed and pre-tested tools and guidelines aimed to strike a balance between the need for harmonisation of methods and findings on the one hand and adaptability to specific cultural contexts and research questions on the other;
• Recommendations for policy and practice. The consultations produced recommendations to improve responses to youth sexual aggression at both the EU level and the level of individual member states.

leader partner: Rutgers WPF, Utrecht, The Netherlands (Prof. dr. Ine Vanwesenbeeck, Nathalie Kollmann, Franny Parren)

Associated partners:
Department of Psychology, University of Potsdam, Germany (Prof. Dr. Barbara Krahé, Paulina Tomaszewska edyryszak, P.); Faculty of Law, Stockholm University, Sweden (Prof. dr. Christian Diesen, Katrin Lainpelto); MTVC - Training, Research and Development Centre, Lithuania (Dr. Liliusus Murauskiene, Dr. Marija Venickaite); Department of Social Work of the Technological Educational Institute of Crete, Greece (Prof. Joannes Chliaoutakis, Maria Papadaki)
Health Information
Advancing Care Coordination & Telehealth Deployment (ACT)
Cristina Bescos, coordinator of ACT programme
Philips Healthcare, Hospital to Home, Germany

Background and Motivation

Telehealth potentially brings
- 15% reduction A&E visit reduction
- 20% emergency admission reduction
- 14% elective admissions reduction
- 14% bed days reduction
- 8% tariff cost reduction
- 45% mortality reduction

Why is CCBTH not fully implemented yet?
- From pilots to implementation
- Barriers in translating telehealth into routine care

Telehealth needs to be integrated into a local care delivery process
- Re-structuring towards care coordination
- Promoting education of care providers
- Tailoring to disease state and acuity level
- Engaging patient self-care and adherence

Organisational & structural changes are needed

Objective

"Identify 'best practice' organisational and structural processes supporting integration and implementation of telehealth in a care coordination context for routine management of chronic patients."

Outcomes

The main outcome of ACT is the evaluation of key drivers and indicators of effective deployment at scale of CCBTH services in the five participating regions. These results will be published in a best practice Cookbook specifying how these insights can be leveraged to expedite deployment of CCBTH in other European healthcare regions.

Methodology

- Gather data and good practices from different regions (Catalonia, Basque Country, Lombardy, Groningen and Scotland) and affiliate collaborators.
- Determine a baseline for how care coordination and telehealth works in these regions
- Conduct an iterative evaluation of care structures and procedures
- Select best practices
- Disseminate findings to ensure transferability to other regions

ACT Regions and Programmes

Become an AFFILIATE Member !
If you are an European Healthcare region and interested in our activities, we would like to welcome you as an Affiliate Member of the program.

What are the benefits?

- Project financed: EU Public Health Programme.
  - Grant Agreement: 0122100
  - EC Funding: 1.6 M Euros
  - Budget: 2.7 M Euros
  - Start: 31 May 2013
  - Duration: 36 Months
  - Coordinator: Philips Healthcare Boeblingen
  - Web site: www.act-programme.eu

For more information, contact Cristina Bescos, Philips Healthcare: Cristina.Bescos@philips.com

The program is fully aligned with the European Innovation Partnership on Active and Healthy Aging (EIP on AHA) objectives to deploy integrated care for chronically ill patients. ACT is an active member of the B3 Group on Integrated Care.

We acknowledge the contribution of the following researchers participating in ACT:

- Hitchcock (Philips Healthcare), S. Mayer, W. Stillachberg (Philips Research)
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• Domains
- Subdomains
- Indicators

- Literature
- Clinical experts
- Regional experts

The Evaluation Engine

- What works and why care providers do, best evidence
- What works and why care providers do, best evidence

Values of key outcomes

- Better adherence
- Better patient satisfaction
- Better cost savings
- Better health

Coordinated care programmes

- What works and why care providers do, best evidence
- What works and why care providers do, best evidence

- Literature
- Clinical experts
- Regional experts
Evaluation of population newborn screening practices for rare disorders in Member States of the European Union

Luciano Vitozzi1, Peter Burgard2, Martina Cornel3, Georg F. Hoffmann2, J. Gerard Loeber4, Tessel Rigter3, Domenica Taruscio1

Introduction: Neonatal screening has been extended in many European countries to a variety of newborn screening programs after the introduction of tandem mass spectrometry technique. With the aim of informing national and EU policy-makers on the status of neonatal screening, this work provides the first comprehensive overview of the NBS process in Europe, spanning from the supporting legislation to confirmation diagnostics and start of treatment. For each step it addressed existing guidelines, actual practices, quality assurance and training schemes. Ethical aspects and the systematic evaluation of the screening programs have also been investigated.

Methods: The process steps of a complete NBS program were investigated with a web-based questionnaire organized in 5 modules (A, B, C, D, and E) as shown in the Figure on the left. As the different modules required different expertise, respondents for each module were identified in each EU Member States, Candidate, Potential Candidate and EFTA Countries and contacted via the corresponding European professional organisations and national health authorities. Final approval of the national data sets was achieved during a conference of EUNENBS members held in Luxembourg on 20-21 June 2011.

Results

In spite of the wide variety of screening panels adopted in the EU Countries, there is a remarkable uniformity in the approaches used to make decisions.

The patterns of communications on neonatal screening are rather different among countries. The practice of informed consent and opting-out is not uniformly applied.

Quality control and quality assurance schemes are applied satisfactorily at the laboratory test stage, whereas subsequent steps of the process draw lesser attention and therefore their performance relies essentially on the general quality control systems operated locally.

Training of professionals in communication with parents varies across diseases. Training for psychologists and social workers are rare. Training is mostly offered for cystic fibrosis (25%), followed by metabolic (20%) and endocrinological (17%) disorders.

For haemoglobinopathies, training is offered only for the clinical nurse specialist and the geneticist.

But for the feedback of confirmed diagnoses to the screening laboratory, other activities of use to assess the effectiveness of NBS programs are loosely regulated. It is remarkable that epidemiological evaluations and the monitoring of long-term outcomes of many screened diseases are carried out as spontaneous initiatives.

Conclusions

This work highlighted that:

• Proximal steps of the programs (information of parents and laboratory procedures) are better regulated than distal steps (epidemiological evaluation by registries and evaluation of the outcome of treatment).
• Training of professional groups involved in NBS programs is poorly developed and offers opportunity for substantial improvement especially regarding the communication with parents.
• The systematic assessment of the procedural and clinical aspects as well as the cost-effectiveness of neonatal screening programs would benefit from the development of systems coordinating the collection and exchange of data (e.g. registries).

For more information: http://www.isc.it/cmm/prog/content.php?id=16218&lang=it&tipo=64

Bibliography

European Best Practice Guidelines for Quality Assurance, Provision and Use of Genome-based Information and Technologies

Angela Brand* and Jonathan A. Lal* for the Public Health Genomics European Network (PHGEN II)

* Institute for Public Health Genomics, Cluster of Genetics and Cell Biology, School for Oncology and Developmental Biology (GROW), Faculty of Health Medicine and Life Sciences, Maastricht University, The Netherlands.

Summary

The EC asked to develop "European Best Practice Guidelines for Quality Assurance, Provision and Use of Genome-based Information and Technologies" to support Member States, Applicant and EFTA-ESA countries to more efficiently and effectively work together at a European level in addressing the challenges deriving from emerging genome-based information and technologies (GBITs) and to prepare for the paradigm shift of personalized healthcare in time, which requires modifications of public health and health governance systems on all levels. PHGEN II fulfills this task, which recently produced the first edition of these European best practice Guidelines. The guidelines will assist all stakeholders with evidence-based guidance on the timely and responsible integration of GBITs into healthcare systems for the benefit of population health. They build on the extensive work of PHGEN I (DG SANCO 2006–2008) which identified the need for European best practice guidelines (mapping exercise). These European best practice guidelines used the concept of "genome-based information and technologies" (Bellagio-Model). In this concept, genome-based information is very holistic, which means includes not only all "omics" data but also environmental, socioeconomic and lifestyle factors, as well as information on health systems. On 19 and 20 April 2012, experts from across the field of public health genomics representing key European and national organizations and institutions from policy making, academia and private sector came together at the final PHGEN II meeting in Rome to endorse the Declaration of Rome on 19 April 2012, a summary of the "European Best Practice Guidelines for Quality Assurance, Provision and Use of Genome-based Information and Technologies".

Introduction

Genomics is a highly dynamic field and, as such, represents a moving target for public health. Public health is shifting from a focus on the population towards an emphasis of the individual as a means of supporting the well being of the population. In particular, we are entering the era of predictive, participatory (P4) medicine supported by advanced technological infrastructure. These changes represent a paradigm shift in our approach to healthcare and will go hand-in-hand with a major reclassification of diseases. The challenge now is to understand how all of these changes will impact public health and how to ensure that they are translated effectively into benefits for individual citizens and society as a whole. Thus, there is a need to develop guidelines aiming not to close doors. Instead, the goal is to create a vision that allows for flexibility and adaptability in their implementation in order to have a maximum impact on health, the healthcare infrastructure, health technologies and economic growth in the health sector.

Method

This meta-level guidance was achieved by ensuring that the 10 essential public health tasks, as described within the public health wheel over the domains of assessment, policy development, assurance, can be adequately fulfilled in each jurisdiction on the basis of a common understanding of best practice guidelines for each task. Within these best practice guidelines, translational research considerations had been combined with system management under the holistic concept of public health genomics.

Management

The project was divided into 9 work packages (WP) with 12 deliverables divided among them to handle both content, management & dissemination of different aspects of the project. Each pillar met face to face every 3 months via Skype or face to face. Core management tasks for the three pillars Quality Assurance, Provision and Use had been handled by a group of 5 Associate Partners (APs) and the Main Partner. For each WP the project had appointed 2 APs ensuring a constant work flow. The management followed content responsibility. Due to the communication and dissemination structure the project was always open and transparent to input from external experts and stakeholders via a Wiki page, which was publicly accessible, and website. An external steering was updated every 6 months, and the Steering Committee met once a year to assess the progress/status accordingly. There were 5 consortium meetings among the partners, in which to all the EC was invited, and the final PHGEN II conference in Rome in April 2012 for the endorsement of the guidelines by the key stakeholders. Over the project duration publications, workshops, posters and presentations were given at various international conferences on the progress and results of PHGEN II.

Results

PHGEN II produced over 50 publications in international scientific journals and disseminated the results in over 100 international conferences and policy meetings. Several key European policy papers, organizations and institutions such as the Irish EU Presidency report, the EC DG SANCO Success Stories, the ESP Forward Look on Personalized Medicine, the EAPM Manifesto, the INNOVATEALTH report, the Hipcrise journal, the WHO Europe Policy Framework, the ECDC, the EFPIA, Statements regarding the Data Protection Directive, EUFPA among others have taken up the PHGEN best practice guidelines.

PHGEN II also coordinated with several other projects like HTAI, ITFON, PSM, GRAPHiNt, RHML, EUvsiRNA, EuroScreenText, MUTANOM, OnciTrack, Epirene, RareBestpractices, PerMed, Orphanet among others.

The developed guidelines address current problems on a truly European level and were endorsed by over 100 key European stakeholders. They answered perfectly the need of DG SANCO for a "new overarching, strategic framework".

Conclusion

The proposed list of best practice guidelines under the Declaration of Rome (DoR) is crucial for the implementation of GBIT amongst European Member States in order to improve public and personal health. Future PHGEN activities will continue to build on previous work to provide a platform for the developments indicated in these guidelines. We therefore strongly recommend that PHGEN activities continue to be supported on European and regional levels within the applicable healthcare framework. Thus, as the next step a Joint Action "Public Health Genomics and Personalized Healthcare: Implementing the European Best Practice Guidelines for Quality Assurance, Provision and Use of Genome-based Information and Technologies in rare diseases and cancer" is planned to achieve inclusive growth by guiding the transition to personalized healthcare in all EU Member States. Many of the EU Member States expressed already their interest and support.
EISAH project
Cooperation between the EC and WHO Regional Office for Europe on further development of joint data gathering and common knowledge base relating to the alcohol situation and alcohol policies in EU Member States

L. Møller, J Brummer, WHO Regional Office for Europe

SUMMARY

The general objective of this project was to further develop joint work by the EC and WHO to monitor alcohol-related trends and developments in Member States. The project also aimed to update the knowledge base relating to information needs identified in the EU alcohol strategy, including the health, social and economic impacts of alcohol, in order to underpin the development of effective policies to curb alcohol-related harm to individuals, communities and the society.

OBJECTIVES

The specific objectives were to develop a functional and sustainable system for monitoring trends in alcohol consumption, harm and policies across the EU and Europe by developing survey instruments and performing surveys among Member States. A further objective was to continue the development of the European Information System on Alcohol and Health (EISAH) and parallel European Union Information System on Alcohol and Health (EUSAH) and to enhance the capacity of national focal points to contribute to and make use of alcohol information systems.

METHODOLOGY

The project involved collaborative work between WHO headquarters, WHO Regional Office for Europe, the EC, external experts and consultants to conduct surveys among Member States to monitor alcohol consumption, harm and policies; update and further develop EISAH/EUSAH; conduct meetings among focal points; and produce reports featuring collected data and analysis.

RESULTS

The first report, Alcohol in the European Union: Consumption, harm and policy approaches (Fig. 1), presented results of the 2011 survey and summarized recent research related to the health, social and economic impact of alcohol in the EU and the impact and effectiveness of alcohol policy measures. The second report, Status report on alcohol and health in 35 European countries (Fig. 1), presented results of the 2012 survey and included alcohol policy timelines for each Member State.

Fig. 1. Reports presenting results of the EU Survey on Alcohol and Health and updating the wider knowledge base

DISSEMINATION

The outputs of the project were disseminated through the WHO Alcohol programme website; reports and launch events; presentations at focal point meetings and WHO events; email notifications; flyers; press releases; and social media.

EVALUATION

The project was evaluated using process, output and outcomes indicators that included satisfaction survey ratings, meeting attendance, and Member State participation in major surveys.

CONCLUSION

There is a growing demand for effective monitoring of alcohol-related trends, with cross-national strategies requiring comparable and reliable data across Member States to evaluate progress and for comparative analysis between countries. To address this need, projects supporting close collaboration between WHO Regional Office for Europe and the EC in the administration of surveys and analysis and presentation of data must be maintained. Such joint actions are necessary to provide a sustainable system for monitoring progress in reducing the harmful consequences of alcohol use, as well as to minimise overlap and thereby ease the burden of reporting for Member States.

Project co-financed from the EU Public Health Programme 2008-2013
Years of the Project: 2011-2013 (36 months)
Total costs: 1,017,600,00 €
Co-funding from the Commission: 600,000 €
Leader Organization: WHO Regional Office for Europe
Contact Person: Lars Møller
Websites: http://www.euro.who.int/alcohol
http://who.int/gho/eisah
http://who.int/gho/eusa
Acknowledgements: This project was made possible thanks to the financial assistance of the EU.
Health
Security
The ARPEC project
Antibiotic Resistance and Prescribing in European Children
M. Sharland, J. Bielicki, H. Bird, T. Munera, ARPEC project team

Summary
ARPEC is a 40-month project (from September 2010 to December 2013) with the overall aim to improve surveillance of antibiotic use and antimicrobial resistance in the European childhood population. This is achieved by building on existing relevant European networks and bringing together key partners from across European Member States.

Core objectives were to
1) develop and validate surveillance methods for childhood antibiotic prescribing,
2) adapt and validate surveillance methods for antimicrobial resistance to children,
3) collect and evaluate existing treatment guidelines across European Member States,
4) develop a dedicated training programme to improve antibiotic use in neonates and children.

Methodology
The project identified, adapted and validated approaches to the surveillance of antibiotic consumption and antimicrobial resistance in children. The findings and recommendations are communicated to relevant authorities and will be fed into an educational tool.

Dissemination
The outputs of the project are disseminated through:
• A dedicated project website
• Presentations at international and national meetings as well as local events
• Regular communications with key European agencies such as ECDC
• Peer reviewed publications.

Evaluation
The project undergoes formal evaluation twice with a detailed report. Feedback was gathered continuously through face-to-face meetings, email and phone contact to improve the implementation of the project.

Acknowledgements
The project partners would like to thank the commission for their financial support and all participants for engaging with the project.

Management & Coordination
The partners of the project met face-to-face annually. The coordinating partner, SGUL, was in regular contact by email and telephone to provide support for the administration of budgets and reporting. Technical support for individual WPs was provided by the WP leads.

Results
1) Overview of European outpatient and inpatient childhood antibiotic consumption.
2) Overview of antimicrobial resistance patterns in key bloodstream isolates from neonates and children in Europe.
3) Summary of the current landscape of guidelines for the use of antibiotics in neonates and children.
4) Educational tool to improve antibiotic prescribing.

Conclusion
ARPEC successfully built on existing networks in Europe to develop a unique alliance to tackle antibiotic use and antimicrobial resistance in European children. Partners from within the ARPEC network have gone on to successfully develop further European projects to improve the knowledge of treating infections in children.
The EpiSouth Plus Project: strengthening the control of public health threats through a Mediterranean and South-East European network

Dente MG, Ricardo F, Fabiani M, Alfonsi V, Nocca G, Ronghiasi A, Meduri F, Tancredi P and Dechit S on behalf of the EpiSouth Network*

Italian National Institute of Health (ISS), Rome, Italy

* AdBITA, Tuscany Institute of Public Health; AGENA, Agera (Pharmaceutical Institute of Public Health); KOSMA & HEBERDGEON (Institute of Civil Alliances, Santorini, Ministry of Health; and Social Welfare, Bari East, Republic of Smyrna; Public Health Institute, Naples); MARE DI,迷失on (Ministry of Health, Italy); ANGELA, North-Eastern Crete, Institute of Public Health (IPHS); PAMELIA, North-Eastern Crete, Institute of Public Health; LIZ, Institute of Public Health, Calabria, Italy; IEMED, Institute of Public Health, Sicily, Italy; ISLAM, Institute of Public Health, Gela, Italy. The Project was led by the Italian National Institute of Health (ISS) and counselled by an Advisory Board composed by EC, EOC, ENSA, WHO-IHR, and other international experts.

**The contents of this poster are the sole responsibility of the Italian National Institute of Health and can in no way be taken to reflect the views of the European Union.**

## Background and Aim

Countries around the Mediterranean Sea share epidemiological characteristics and public health problems. In order to share knowledge and develop joint activities, in 2006 a Mediterranean collaborating framework, called the EpiSouth Network, was established.

The EpiSouth Network progressively expanded from including 9 EU MS to 10 EU MS and 17 MS from South Europe, the Balkans, North Africa and the Middle-East. It was therefore the biggest inter-country collaborative effort in the Mediterranean Region.

In order to increase health security in the Mediterranean Area and Balkans, it is necessary to enhance preparedness, detection and response capacity at national/regional levels to face threats to public health of the International Health Regulations (IHR) is particularly useful in this effect because it is not only legally binding for all MS but also a declaration of a set of tasks and responsibilities that need to be met, including a mechanism for information exchange and response collaboration under the umbrella of WHO.

Between 2010 and 2014, the network implemented the EpiSouth Plus Project with the aim to increase the health security in the Mediterranean area and South-East Europe by enhancing and strengthening preparedness to common health threats and bio-security risks and at national and regional levels and in the framework of the WHO-IHR.

### EpiSouth Plus activities

In addition to WP1-Coordination; WP2-Dissemination; WP3-Evaluation, EpiSouth Plus activities were articulated in four WPs:

WP4-Establishing a Mediterranean Regional Laboratories Network; WP5-Preparing common procedures in Generic Preparedness and Risk Management Plans; WP6-Enhancing Mediterranean Early Warning Systems (EWS) and cross-border Epidemiological and WP7-Facilitating IHR implementation.

### Management

The Project was led by the Italian National Institute of Health (ISS) and counselled by an Advisory Board composed by EC, EOC, WHO and other international experts. Each country participating in the EpiSouth Network was represented by two national EpiSouth focal points (FPs). Each WP was a WHO health officer working in the country’s MoH or IFHQ officially selected among those involved in preparedness and risk management of Communicable Diseases and other Public Health threats. Most WPs were also WHO International Health Regulations (IHR) and/or EU Early Warning and Response System (EWRS) focal points. Participation to the Network activities was on a voluntary basis. Staff from participating countries were not paid for their contribution, however all costs related to their involvement in the Network activities were covered by the project. Each EpiSouth Plus WP, with the exception of WP3 evolution, was led by two co-leaders (one from an EU and one from a non-EU Country/International Organisation). In order to facilitate countries’ participation and WPs activities implementation, Steering Teams (WFTs) were established for each WP to identify the countries’ needs, develop the tools and the conducive project environment in accordance with the specific objectives and requirements of the related WP. The project activities and achievements were disseminated through a multilingual website and quarterly bulletins. EpiSouth Plus underwent both an internal and external evaluation.

## Results

The EpiSouth Plus Regional Laboratories Network was established to facilitate common threat detection and build regional capacity on the diagnosis of Dengue, West Nile Viruses and on Biosecurity. This network was consolidated through trainings, site visits and an External Quality Assessment (EQA). A capability building process on preparedness to common health threats was set up with training modules and workshops culminating in the implementation of the Nautilus Simulation Exercise and the preparation of the EPREP Tool (Emergency Preparedness Planning) aimed at supporting EpiSouth Countries in setting up their Preparedness Plans. The focus of EpiSouth Plus bio-intelligence (BI) activities has been an information sharing, the publication of bulletins and thematic notes and residential stages on Event Based Surveillance. In order to facilitate information sharing, the EpiSouth Network set up and facilitated a dedicated secure platform.

Since late 2013, to ensure its sustainability after the end of EpiSouth Plus and interoperability, this secure platform is hosted and managed by the European Centre for Disease Prevention and Control (ECDC). In the framework of facilitating IHR implementation, EpiSouth Plus countries highlighted the need to enhance the coordination of surveillance between Points of Entry, (i.e., ports, airports and ground crossings), and the National Health Systems in the Mediterranean Region. EpiSouth Plus contributed to the development of knowledge in this area, by conducting in four countries of the Network the EpiSouth Plus Situation Analysis on coordination of surveillance between PoE and NHS (ENSAs). This study included site visits in each participating country involving both the Ministries of Health and PoEs.

The EpiSouth Plus capacity building events/activities have involved more than 200 people and include two project meetings, two workshops/trainings on preparedness, two trainings on applied epidemiology, two simulation exercises, one lab training on Dengue, one lab training on WNV, EQA for Dengue and WNV, lab experts site visits, three residential stages on Early Warning and Epidemic Intelligence and four site visits carried out in the framework of the WP7 ENSA. The main final Outcomes/ Deliverables have been three policy recommendations, the EPREP Tool; Recommendations for the Institutions and consolidation of relevant lab networks and their capacity building process; and the Report on Coordination of Epidemiological Surveillance between PoE and the National Health System in the EpiSouth Region, co-authored by WHO.

## Conclusions

EpiSouth-Plus was unique for its focus on the Mediterranean region as a whole, including all EU countries and all three WHO Regional Offices that cover the Mediterranean. In addition to facilitating epidemiological communication and coordination, this regional approach strengthened solidarity and cohesion within the European Community and between EU and non-EU countries. It also enabled information sharing in cross-border public health threats and contributed to facilitating the implementation of IHR.

Ultimately, EpiSouth-Plus has contributed to the stability of the region as well as to improve public health protection.

The EpiSouth Plus Project was co-funded by the European Union DG-SANCO/EAHC and EuropeAid together with the participating national partner institutions. The financial support of the Italian Ministry of Health and EOC is also acknowledged.

## Starting date - duration

October 2010 - 39 months

## Leader Organization

The Project is led by the Italian National Institute of Health (ISS) and counselled by an Advisory Board composed by EC, EOC, WHO and other international experts.

Contact/Website

EpiSouth Dissemination Team: episouth@iss.it

www.episouthnetwork.org
EULID
European Living Donation and Public Health
Protection, information, registry and satisfaction in living donation

Tools Developed

INFORMATION - INFORMATIVE LEAFLET
Translated in 12 languages. 2 different parts according to each organ (liver and kidney) about: options to become a donor, donor selection, surgical approach and long-term follow-up.

REGISTRY - MODEL DATA
Online login module was created; in use for research project activity.

SATISFACTION - LIVING DONOR SATISFACTION SURVEY

Dissemination

MINI-CD OF THE PROJECT
Information and deliveries are widely spread in several international meetings.

WEBSITE
It is active and updated; actually in use for further research projects.

LIVING DONOR REGISTRY
Currently there are 1550 registered Living Donors with mandatory data from 19 centres in 12 EU countries.

Conclusions

- The project contributes to a European consensus on legal and ethical issues that could lead to best practices.
- The protection of living donors should be done through laws and regulations as well as giving information and performing a follow-up.
- The consensus on common registries and the recommendation for their application are important improvements to be implemented.

Expert involved: M. Manyalich

www.eulivingdonor.eu
SUMMARY

BACKGROUND

The constant threat of emerging subtypes influenza viruses with pandemic potential imposes to European countries to prepare efficient responses adapted to pandemic planning.

Most of the European countries had pandemic preparedness plans in place when the Pandemic H1N1 (2009) strain emerged in April 2009. These plans need to be revised to take into account the lessons learned from the 2009 pandemic. The objective of the FLURESP project is to assess performance and socio-economical impact of response strategies in order to improve European public authorities ability to better respond to various categories of threats thus better preparedness planning.

METHOD

After clustering pandemic scenarios, 18 public health responses have been selected and assessed according to 15 criteria. Data collection has been carried out in France, Italy, Romania and Poland.

Multi-criteria analyses using extensive literature have been performed to compare the performance of the response strategies. In four health system (France, Italy, Romania, Poland).

Cost-effectiveness ratios have been calculated for each response strategies according to the 6 pandemic categories and two effectiveness criteria (achieving morbidity reduction by 40% or achieving mortality reduction by 30%).

Then recommendations have been proposed for public health decision making.

RESULTS

A new typology of pandemic scenarios has been clustered in 6 levels (A-B-C-O-E-F) from seasonal-like scenario (A) to severe pandemic (F).

Multi-criteria analyses suggested that mass vaccination outperformed other interventions.

Cost-effectiveness analyses established that using morbidity effectiveness criteria, mass vaccination outranked other interventions.

CONCLUSION

FLURESP is the only program developing a methodology able to assess main public health interventions according to multiple endpoints, and to compare their cost-effectiveness for public health decision making. Based on its four European health systems, this approach should be implemented in the other member states for efficient preparedness.

PROEPT MANAGEMENT

WPF: MANAGEMENT

The management of the FLURESP project includes the coordination of 12 partners located in 10 countries.

The actions undertaken to manage the FLURESP project are the following: - Ensure the general project management; - Assist and control each WP's management; - Be the interface between the project administration and the administrative structure EAHC.

WPF: DISSEMINATION

WP2 includes external communication actions ensuring that the results and deliverables of the FLURESP project will be made available to the stakeholders and a wider audience.

The general public will be reached through stakeholders and policy makers - international stakeholders will be contacted through relevant institutions and international organizations.

National bodies in charge of flu control and epidemiology from the 27 member states will be involved in the dissemination to policy makers. Flyers, posters and congress communications have been edited to promote the project.

In particular, a special FLURESP conference has been organized in Luxemburg in March 2014 to present the preliminary results of the FLURESP project to an audience composed by European stakeholders.

In addition a FLURESP dedicated symposium and a booth has been presented in the frame of the 15th ESWi influenza conference organized in Riga in September 2014.

Finally derived scientific manuscripts will be submitted to peer-reviewed scientific journal ensuring the sustainability of the FLURESP project final outcomes.

WPF: EVALUATION

WP3 has organized a systematic appraisal of the quality of the FLURESP project and has monitored whether the project achieved its objectives, based on measurable performance indicators (Timelines, objectives reached, resource management, etc.).

CONCLUSION

The integrated approach of Decision Making proposed by the FLURESP consortium constitutes a premiere at the European and global level, which would support European member states to select the most appropriate and efficient public responses to various scenarios of human pandemic.

The FLURESP project will contribute to the European Union initiatives on Health Security, in the area of preparedness and management of Human influenza pandemics.
Joint Action QUANDHIP
Quality Assurance Exercises and Networking on the Detection of Highly Infectious Pathogens
R. Grunow1 (Coordinator), D. Jacob1, U. Sauer1, B. Arnold1, A. Rohleder1, A. Di Caro2, R. Iacovino2, G. Ippolito2 (Co-Coordinator), on behalf of QUANDHIP partners

1Robert Koch-Institut, Centre for Biological Threats and Special Pathogens (ZBS 2), Berlin, Germany, National Institute for Infectious Diseases “L. Spallanzani”, Virology Department, Rome, Italy

Summary
QUANDHIP is a Joint Action Initiative set up in 2012 that has successfully unified the primary objectives of the European Network of P4 Laboratories (ENP4Lab) and the “European Network on Highly Pathogenic Bacteria” (ENHPB) both of which aimed to improve the efficiency, effectiveness and response capabilities of laboratories directed at protecting the health of European citizens against high consequence bacteria and viruses of significant public health concern. Both networks have integrated a wide collaborative consortium of currently 37 partners. The infectious agents in focus of the activities comprise B. anthracis, F. tularensis, Y. pestis, B. mallei, B. pseudomallei, Brucella species, C. burnetii as well as Filoviruses, Arenaviruses, Bunyaviruses, Orthopoxviruses, Paramyxoviruses, and recently discovered viruses.

Methodology
External Quality Assurance Exercises (EQA/EQAs):
- Exchanging experiences regarding laboratory preparedness and response capabilities by performing 5 rounds of EQA/EQAs (bacterial and viral) and 6 meetings (separate and joint for partners working on bacteria and viruses);
- To test and improve the network’s capacity for diagnostic procedures;
- To develop „Gold Standards“: Standardised European laboratory diagnostic strategies and reference materials;
- To establish data on antimicrobial susceptibility of high threat bacteria in connection with EUCAST;
- To test spectroscopic, rapid, and alternative diagnostic methods.

Dissemination
Ensure information flow and access to various prepared documents for partners and public:
- Development of recommendations, a website, an internal workspace, publications, leaflets, presentations, meetings.
- The primary target groups will be laboratory workers dealing with the diagnostics of high threat pathogens, biosafety experts, first responders, clinical staff and security forces. The targeted stakeholders will be the EU Commission, national MOH including National (Microbiology) Focal Points (NMPFP), GHSAG, WHO, ECDC.

Results
- To protect and improve citizens’ health and to bridge Security and Health by enhancing and optimizing the laboratory capabilities for diagnostics of high threat bacteria and viruses;
- To provide sustainability for European capacity and capability building in the field of detection and identification of highly infectious pathogens based on national and international cooperation;
- To ensure European laboratory preparedness for the management of natural and intentional outbreaks of high consequence pathogens;
- To provide the necessary early response capabilities to support public health authorities, control measures, clinical patient management, and epidemiological and forensic investigations;
- To further improve the laboratory preparedness for the diagnostics of highly pathogenic agents of risk groups 3 and 4;
- To support the coordination of laboratory response to cross-border events dealing with highly infectious pathogens.

Partners
Main Partners/Coordinator: RKI, Germany
- Co-Coordinator: INMI, Italy

2 Associated ENP4Lab partners:
- AGES Austria
- KUIN The Netherlands
- VAR Belgium
- USP Bi Italy
- FLI Germany
- NCPD Bulgaria
- NMR Norway
- NVL Norway
- PZH Poland
- NPHSL Lithuania
- NCE Hungary
- DGA France
- MPHL Lithuania
- MHI Norway
- DUU Denmark
- PDI Finland
- FOCP Switzerland
- BNI Germany
- PUM Germany
- ISS Italy
- FLI Germany
- VAR Belgium

1 Associated ENP4Lab partners:
- RHI Germany
- PZH Poland
- INSH Hungary
- CSH Hungary
- INSERM France
- FoHM Sweden
- IMBBw Germany
- IZSPB Italy
- RIVM The Netherlands
- INSERM France

2 Collaborating ENP4Lab partners:
- EPOC Switzerland
- MHI Hungary

5 Collaborating ENP4Lab partners:
- BIOEF Spain
- PHE UK
- ISS Spain
- BNI Germany
- NKUA Greece

Acknowledgements
We would like to thank the CHAFEA for funding and thus enabling QUANDHIP, but also all project partners for their cooperation and for the external support provided by ECDC, SANCO C3, GHSAG-LN and WHO.

<table>
<thead>
<tr>
<th>Coordinator: RKI</th>
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<tr>
<td>Co-coordinator: INMI</td>
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<tr>
<td>Contact person: Roland Grunow</td>
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<tr>
<td>E-mail: <a href="mailto:Grunow@rl.de">Grunow@rl.de</a></td>
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<tr>
<td>URL: <a href="http://www.queenhip.info">http://www.queenhip.info</a></td>
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</tbody>
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Disclaimers:
The presentation has been produced with the support of the European Commission’s Consumers, Health and Food Executive Agency (CHAFEA). The presentation is the sole responsibility of Robert Koch-Institut. CDER for Biological Threats and Special Pathogens, and can in no way be taken to reflect the views of the CHAFEA or any other body of the European Union.

Project co-financed by the EU Public Health Programme 2008-2013
Starting date: 1st August 2011
Duration: 42 months
Total cost: 6.631.963 €
Subsidy from the Commission: 3.315.982 €
OBJECTIVES

The general objective of this action is to strengthen an integrated strategy and sustainable mechanisms at EU level for safeguarding the health of travelers and crew of passenger and cargo ships and prevent the cross-border spread of diseases.

METHODOLOGY

Methods for completing the specific objectives include:

- literature review
- table top and operational exercises
- surveys and questionnaires
- site visits
- training
- inspections
- working group meetings
- development of guidance documents

WP EVALUATION

The Joint Action has a three level organization structure:

- strategic level (general assembly and the advisory board)
- executive level (coordination evaluation teams, and the coordinator)
- management and implementation level (work package leaders and teams)

WP COORDINATION

EU SHIPSAN ACT helps countries to preparedness planning and to develop IHR core capacities. It strengthens the EU’s capacity to monitor and respond to health threats by facilitating rapid ship-to-port and port-to-ship information exchange using web-based tools. It protects health of (a) ship travelling passengers in the EU, by strengthening compliance of ships with legislation, standards and guidelines and implementing an integrated strategy for epidemiological investigation; (b) crew working on ships, by providing training on ILO Maritime Labour Convention health related issues. Its actions contribute to protect the EU population against health threats and improve citizens’ security.

CONCLUSION

Acknowledgements: To the EU Commission for co-financing the Joint Action and to all participants from the EU and international institutions, the EU MS and the shipping industry.

Joint Action financed: EU Public Health Programme 2008-2013
Years of the Joint Action: 2013-2016 (59 months)
Total cost: 2,571,346€ Subsidy from the Commission: 1,799,942€
Leader Organisation: University of Thessaly (UTH), Greece
Contact Person: Prof. Christos Hadjiyiannakis (christo@med.uth.gr)
Website: www.shipsan.eu

EVALUATION

Evaluation and ongoing throughout the Joint Action.

- Indicators are used to evaluate the progress and impact of the Joint Action.
- Internal and external evaluation involving (a) interviews
(b) questionnaires
(c) SWOT analysis (strength, weakness, opportunities, threats)
- Timely feedback of evaluation results

DISSEMINATION

- National Dissemination Plans implemented by partners
- Web-portal www.shipsan.eu
  - 9,502 visits (August 2013 – August 2014)
- Bimonthly e-newsletter
  - 9 issues, >1500 readers
- Leaflets
- Presentation of SHIPSAN ACT in Events:
  - national conferences in EUMS
  - Events in Non-EU countries
  - European conferences/meetings (EC, ECDC)
  - International conferences (WHO, ANVISA)
- Exit/Sustainability Plan

PRINCIPLES

Guidelines under development for competent authorities in support to their risk assessment and response to chemical and radiological incidents on ships while the ship is at port.

TRAINING

- Pool of trainers: 83 trainers from 20 countries
- e-learning platform: 325 registered users http://learning.shipsan.eu
- Training courses (European and national) focused on IHR (2005) and EU SHIPSAN manual:
  - 96 seafarers and 101 port health officers trained via face to face courses
  - 100 port health officers received on the job training

INSPECTIONS

In 2013: 50 inspections conducted on 48 passenger ships in 22 ports from 13 EUMS based on EU standards by trained inspectors.

In 2014 (ongoing): 52 inspections scheduled.

WEB SYSTEMS

- 19 public health events on ships were followed up by competent authorities using the web-based Communication Network
  https://www.shipsan.eu/comnet/
- 4192 certificates were issued using the Information System for recording/issuing IHR Ship Sanitation Certificates
  http://iss.shipsan.eu
- Contact details of authorised ports of 19 EU countries for issuing Ship Sanitation Certificates under IHR (2005) available via the European directory
  http://www.shipsan.eu/Inspections/AuthorisedPortsShipSC.mp

OCCUPATIONAL HEALTH

Web-based risk assessment tool for occupational health risks per cargo ship type by using the European Agency for Safety and Health at Work (EU-OSHA) online Interactive Risk Assessment (OIRA) tool http://www.oira-project.eu/
Quality Action

Joint Action on Improving HIV Prevention

Matthias Wentzlaff-Eggebert & Ursula von Rueden,
Federal Centre for Health Education, BZgA (Germany)

SUMMARY

Rates of HIV diagnoses remain high among key populations and vary in different regions of the EU. Quality Action aims to increase the effectiveness of HIV prevention in Europe through the use of practical Quality Assurance (QA) and Quality Improvement (QI) tools. Quality Action is the EU co-funded Joint Action with 25 associated and 19 collaborating partners that started in March 2013 and will run for three years.

OBJECTIVES

The general objective of Quality Action is to improve the quality of the response to HIV and AIDS in Europe. Quality Action will: 1) integrate evidence-based quality assurance and quality improvement practices into HIV prevention across Europe; 2) build a network of trained HIV prevention stakeholders to apply practical QA/QI tools to projects targeting priority groups; 3) mainstream QA/QI into HIV prevention through development and dissemination of an agreed Charter for Quality in HIV prevention as well as policy guidance. Quality Action contributes to the implementation of the Communication of the European Commission: Combating HIV/AIDS in the European Union and neighbouring countries (2009 – 2013) and the Action Plan 2014 – 2016.

METHODOLOGY

Five tools for QS/QI were developed and adapted in an iterative, theory-based process. Standardized trainings for the tool application are provided. The capacity building includes practice-based learning as well as e-learning. The practical application of the tools will be evaluated and the results will be used to develop a ‘Charter for Quality in HIV Prevention’ with agreed quality principles and criteria to improve quality. A Policy Kit will promote the integration of QA/QI into HIV prevention strategies, policies and action plans at the European, regional and member state levels.

WP COORDINATION

WP Leader: Federal Centre for Health Education, BZgA (Germany)

BZgA is responsible for the overall management of Quality Action: coordination, financial management, problem-solving and reporting to the CHAFEA. BZgA also convenes the Steering Group and the Advisory Group.

WP DISSEMINATION

WP Leader: EuroHealthNet

EuroHealthNet coordinates the dissemination activities of Quality Action. This includes the development of a visual identity, website (www.qualityaction.eu) and dissemination materials. It also entails the organisation of the Quality Action conference.

WP EVALUATION

WP Leader: Institute of Tropical Medicine ITM (Belgium)

ITM evaluates Quality Action. It reports on the project’s objectives using qualitative and quantitative methods for both process and outcome evaluation, and assess the future potential of QA/QI for HIV prevention across Europe.

RESULTS

Quality Action has developed and adapted five practical QA/QI tools and support materials. Quality Action has trained more than 100 HIV prevention experts in one or more of the five Quality Action tools during European-level training workshops. National-level training reaches additional stakeholders. Quality Action provides collaboration and support to the people and organisations applying the QA/QI tools through its online forum and support network (www.qualityaction.eu).

Quality Action collects data and feedback from people and organisations applying the QA/QI tools. Their input will be used to produce a package of core materials (available in a range of languages) to support quality improvement in HIV prevention.

Quality Action will develop a Charter for Quality in HIV prevention with quality principles and criteria for HIV prevention agreed by key stakeholders. A Policy Kit will support policy makers and strategic planners to support quality improvement in HIV prevention.

CONCLUSION

The Joint Action aims at improving the planning, implementation and evaluation of interventions, as well on maximising the impact on priority populations to improve health.
Conclusions

Permanent expert working group of representatives from 11 partner countries settled, most of them are also representatives on the European Competent Authorities in Organ Donation.

• 131 Quality Criteria identified
• 30 Quality Indicators developed
• Quality Indicators were tested successfully in 12 hospitals, proving their feasibility and accuracy as evaluation tools: Vienna General Hospital, University Hospital Zagreb, Annecy Hospital, University Hospital Tübingen, Policlínico Hospital Umberto I Roma, Child Memorial Health Institute in Warsaw, Międzyzdroje Hospital, and Hospital de Santo António do Porto, Hospital Doce de Octubre, Karolinska University Hospital, Queen Elizabeth Hospital in Birmingham, County Hospital in Timisoara.

The program has the European Commission through its “Action Plan on Organ Donation and Transplantation (2009–2015)”.

Tools

Virtual Community

Quality Criteria

Quality Indicators

Dissemination activities

PHASE project
Public Health Adaptation Strategies to Extreme weather events
Paola Michelozzi and Francesca de’Donato, PHASE Coordinator. Department and Epidemiology Lazio Regional Health Service, Rome, Italy.

BACKGROUND
Considering climate change scenarios extreme weather events are likely to become more frequent and more intense. Great attention has been devoted to the health effects of high temperatures while the impact of other extreme weather events (EWEs) have been less investigated.

OBJECTIVES
The project will provide a framework of tools for preparedness and response to EWE (heat waves, cold spells, flooding) and their environmental consequences (wildfires, air pollution) in order to reduce their impacts on public health. A specific contribution of the project will be to apply new methodologies to improve knowledge on the health effects of EWE.

The objectives are:
- provide national and local governments, health and social services with tools to improve adaptation and help mitigate the impacts of EWE on health, taking into account local health care systems and infrastructure characteristics
- to increase population and institution awareness on the health risks associated to EWEs
- to identify vulnerable subgroups most at risk of the health impact of EWEs and target prevention measures to these subgroups.

METHODOLOGY
A common approach was defined for each EWE which comprised of:
- Literature review to identify research gaps and at risk subgroups
- Estimate health effects (risk) related to exposure to each EWE in case study areas taking into account temporal variations in exposure and vulnerability factors
- Survey public health plans (warning, systems, surveillance systems, prevention measures) for each EWE in EU countries
- Identify best practise public health actions targeted to high-risk subgroups

RESULTS
Extreme weather events have a significant impact on human health and are heterogeneous among population subgroups and between European cities.

For example in WP4 Heat:
- A temporal variation in the effect of heat was observed in 9 EU cities, with a reduction in Mediterranean cities (adaptation) and an increase in Scandinavian cities (higher exposure).
- Susceptible subgroups to heat/cold include: children, pregnant women (risk of preterm delivery), subjects with chronic disease, living in at risk areas (floodplains, hydrogeological instability, wildfire prone areas, polluted cities).
- Susceptibility characteristics (age, chronic conditions, socio-economic characteristics) vary over time.

WP2 DISSEMINATION
The project results were disseminated through:
- Project website
- Leaflet
- Topical newsletter
- Presentation of interim and final reports
- Presentations at local and international events and conferences
- Topical workshop on flooding
- WP and project meetings
- Scientific papers

WP3 EVALUATION
The project was evaluated with process indicators and outcome indicators every 6-12 months. The majority of indicators had a value above 80 (100 was the maximum).

CONCLUSION
The results of this project will be used to provide measures to improve best practice of emergency and public health prevention actions.

The Project has set up a collaborative network of researchers and policy makers from different countries on the climate and health topic.

Project coordinator: Department of Epidemiology, Lazio Regional Health Service, Rome, Italy
6. Fundacion para el Fomento de la Investigacion Sanitaria y Biomedica de la Comunitat Valenciana, Spain. 7. National Institute of Environmental Health, Hungary. 8. Institut de Valle Santé, France. 9. Dipartimento delle Protezione Civile, Italy. 10. WHO Regional Office for Europe

Project financed: EU Public Health Programme 2008-2013
Years of the Project: 2011-2014 (38 months)
Total cost: €1,397,889.21
Subsidy from the Commission: €744,037.82
Acknowledgments: all partners who have collaborated in the project. To CHAFEA for co-financing it.

Website: www.phaseclimatehealth.eu
Background
A specific problem for rare diseases is that their low prevalence hinders sound and representative research. As a consequence there is a lack of evidence-based guidelines for disease (and pain) management of Pediatric Rheumatic Diseases (PRD). Therefore, PRD treatment differs substantially throughout Europe and even within a single country. There is thus a need for standardized diagnosis and management of PRD throughout Europe.

OBJECTIVES
In short the aim of this project is to define what is needed in order to optimize care to children with PRD throughout Europe. More specifically we aim to:
- summarize the needs for uniform management of rare pediatric rheumatic diseases throughout Europe
- provide recommendations for management of these diseases in European countries on which optimal treatment is based
- update the existing PRINTO (Pediatric Rheumatology International Trial Organisation) website with interactive tools and updated patient information
- provide a proposal for state of the art postgraduate education and training for health care professionals dealing with these diseases

COORDINATION
Work-Package (WP) leaders of all 8 WP met twice year to review progress in all the work packages. SHARE organizes 7 international meetings dedicated to the development and execution of the project. The coordinating partner, University Medical Center Utrecht, maintained contact with all partners and invited experts on each PRD. The PRINTO office gives support on the execution of WP7.

RESULTS
WP 4 is currently finalizing the survey to map the current situation of care for children with PRD in all EU members.
WP 5 has finalized systematic literature reviews for diagnosis and treatment of PRD. Together with the input of WP 4, these data will be used for the development of best practices of care for children with PRD, including country specific recommendations to bridge the gap between the current and optimal situation.
WP 6 is currently translating the updated patient information on PRD in 11 languages for the PRINTO website (www.printo.it).
WP 8 is analyzing the comments of different ethical committees on a test proposal for clinical research in PRD in 14 Pediatric Rheumatology Centers in 8 European countries.

DISSEMINATION
The outputs of the project will be disseminated in a number of ways:
- Project website www.ucan-u.org/share
- Updated website www.PRINTO.it
- Presentation at rheumatology congresses in Europe and the US
- Organization of a patient organisation meeting (September 2014, Belgrade)
- Publications in Scientific Journals
- Organization of a Final dissemination Meeting for all stakeholders (Sept 2015)

CONCLUSION
The SHARE initiative will bridge the current differences between European countries in the care for children with PRD. This will be accomplished by inventorying the current situation, developing best practices for diagnosis and treatment of PRD, and developing recommendations in issues related to research and training of professionals. Finally, patient participation in the future care for PRD will be highly encouraged and facilitated.

The SHARE consortium consists of the following partners:
- Joost Anton (Barcelona, Spain), Tadayuki (London, France), Michael Bensfod (Liverpool, UK), Paul Brogan (London, UK), Liza McCann (Liverpool, UK), Tamás Constantin (Budapest, Hungary), Jasmin Kammert de Schmutz (Tuebingen, Germany), Paola DeZelovich (Prague, Czech Republic), Ivan Ihssen (Hamburg, Germany), Helen Foster (Manchester, UK), Joost Freinkel (Utrecht, the Netherlands), Marco Gattorno (Genoa, Italy), Claudia Gouveia (IJA Patient Organization, Germany), Veronique Hentgen (Paris, France).
- Gerd Heuer (St Augustin, Germany), Sylvia Kampschui (Rotterdam, the Netherlands), Isabelle Kone-Paut (Paris, France), Pikka Lähteenmäki (Helsinki, Finland), the Magnusson (Stockholm, Sweden), Alberto Mari (Genova, Italy), Kirsten Minde (Berlin, Germany), Sera Onen (Ankara, Turkey), Clarina Pilkington (London, UK), Bas Vastert (Utrecht, the Netherlands), Caroline Williams (Leuven, Belgium), Nicole Wullstein (Utrecht, the Netherlands), Pierre Quenot (Paris, France), Angelo Ravalesi (Genoa, Italy), Amet v. Royen (Utrecht, the Netherlands), Ingrid Rumbas (Rotterdam, the Netherlands), Nicolette Ruperto (Genoa, Italy), and Francesco Zulian (Pavia, Italy).
More information:

European Commission – Public Health website
http://ec.europa.eu/health/index_en.htm

Health-EU Newsletter
http://ec.europa.eu/health/newsletter/newsletter_en.htm

Consumers, Health and Food Executive Agency – Project database

Scientific Committees website
http://ec.europa.eu/health/scientific_committees/index_en.htm

Library publications public health