EU Health Programme
Selected projects
Edition 2012
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Foreword

This publication puts together 27 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 2012 and the 5th Annual European Public Health Conference 2012.

The 2nd Health Programme came into force on 1 January 2008 and has since co-funded 115 projects with an amount of about € 75 million. The total budget of the programme rises to € 321.5 million euro. 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 27 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 in this booklet cover a wide range of health themes, from health information to health security. They cover topics such as alcohol commercials, fighting obesity, AIDS and organ donation.

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 to start in 2014 which will continue 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
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Health Promotion
HANCPtool.org, a tool for small and medium sized companies to reformulate processed foods and meals. FOOD PRO-FIT

**Beneficiary** Regional Ministry of Health of the Balearic Islands, Spain

**Associated partners** University of Vienna, Austria • Institute of European Initiatives, Poland • European Business Centre, Germany • Ministry of Health, Cyprus • Region of Crete, Greece • Agency for the Support of Regional Development, Slovakia • Hotel Faculty of the Balearic Islands, Spain

**SUMMARY**
The European FOOD PRO-FIT project contribute to the prevention of obesity and overweight problems by stimulating food innovation and reformulation among SMEs working in food service provision, thereby offering a wider choice of healthy food products to consumers and companies. Besides, it allowed users to make a better decision concerning their health.

**CONCLUSIONS**
The European FOOD PRO-FIT project increased knowledge and awareness of healthier food by both enterprises and consumers. http://hancptool.org Web2.0 tool empowers SME users to reformulate food, especially food delivered by mass caterers, supporting the characterization of the health effect in salt-reduction programs as well as fat tax initiatives.

**RESULTS.**
Reduction of nutritional risk by 100g of average recipe and diet

**WP COORDINATION**
Mainly, these tasks were carried out:
- Guarantee the project objectives fulfillment.
- Connexion among the partnership and the EAHC.
- Leadership of partnership and pilot meetings.
- Creation of the corportative image of the project.
- Involvement in related events and other meetings of EU projects.

**METHODOLOGY**
The project performed a study of consumer habits, awareness food production conditions and developed a computer tool based in the Hazard Analysis and Critical Control Points methodology applied to the nutrients qualitative and quantitative food composition.

**OBJETIVES**
- Evaluating nutritional risk in Saturated Fatty Acids, Free Sugars and sodium
- Improving the nutritional profile of products and recipes
- Making easier the healthiest choices selection

**WP DISSEMINATION**
The Communication Strategy Plan, established the general parameters that guided the communication developed in the project. The main ideas were identified; this way, the mission, vision and values were defined together with the general and specific objectives.

**WP EVALUATION.**
With more than 3,600 visits to the website and its tools, 2,000 recipes were added across the world from Dec. 2009 to Nov. 2010 showing that the implementation of the HANCP tool for SMEs was very successful is strengthening its importance as a tool to improve in the future the diet quality in Europe but with a new approach.

**WP EVALUATION**

<table>
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<th>SPA</th>
<th>Diet 100g</th>
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<tr>
<td>2.8%</td>
<td>6.7g</td>
</tr>
<tr>
<td>2.7%</td>
<td>6.6g</td>
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**CONTACT PERSON:**
Toni Colom

**WEB SITE:**
www.foodprofit.org • www.hancptool.org

Project co-financed from the EU Public Health Programme 2006
Duration 38 months, Nov. 2007 to Dec 2010
Cost: 1,264,762€
60% Co-funding from the Commission

AKNOWLEDGEMENTS
Ingrid Keller & Antoinette Martiat
EAHC– DGSANCO Commission

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Contact Person: Toni Colom
colomanton@gmail.com
ACTIVATE: capACity building and Training in hIV/Aids Treatment and management across Europe

Summary: Despite major advances in knowledge and techniques in the area of HIV/AIDS, there is still a large knowledge and capacity need in HIV/AIDS treatment, especially in new Member States and Non-EU European states. Moreover, there is a lack of European standardisation in tailored HIV/AIDS training curricula. The coordinating centers of the four major European clinical HIV/AIDS networks PENTA, CASCADE, EuroSIDA and EuropeHIVResistance have joined forces to put their expertise, networks and experience in training healthcare professionals in the broad range of HIV/AIDS to the benefit of developing common training curricula and capacity building programmes in HIV/AIDS. The trainings will cover a broad range of relevant topics in HIV/AIDS treatment and management, combining on-site training with on-line distance learning methods. After piloting the curricula will be incorporated in the networks and disseminated to a broader stakeholder audience.

Objectives
1. Development of the content of training curricula based on the latest available knowledge and techniques - acquired within the affiliating networks - and tailored to the needs of target professionals dealing with PLWH.
2. To develop a combination of distance learning tools, classroom sessions and on-site practical training courses tailored to specific target groups to be adapted for different countries needs.
3. To assure that the project succeeds in capacity building of healthcare professionals within the specified target groups.
4. To effectively disseminate the results of ACTIVATE within the four HIV/AIDS networks, to relevant stakeholders groups including the general public, national and international organisations active in HIV/AIDS, European educational institutions.

Results & Conclusion
The direct results of this action will be the training curricula on HIV/AIDS treatment and management developed and piloted within the four European HIV networks. The results will be disseminated within and across the four HIV networks (international stakeholders, including the general public. All modules and training courses developed will be piloted and evaluated at representative pilot-groups, after which they will be filed at EACCME for accreditation. The HIV clinical networks combined cover over 1,000 professionals at over 200 healthcare and research organisations in over 30 European countries. The training curricula developed will be incorporated within the regular training programmes between the four networks.

Work Packages and deliverables

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<td>Trainings courses in Rome, Minsk, Glasgow, Stockholm for HCWs</td>
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<td>WP3: Evaluation and quality indicators</td>
<td>Data collection and evaluation of knowledge and participants feedback</td>
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<td>WP4: Content development</td>
<td>Development of training curricula according to the analysis of the needs and course participants feedback</td>
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<td>WP5: Tools development</td>
<td>Distance learning materials</td>
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Partnership:
Penta Foundation – Italy (Coordinator)  
Medical Research Council – United Kingdom  
Hvidovre Hospital – Denmark  
Universitair Medisch Centrum - Netherlands

Project cofinanced from the EU Public Health Programme 2003-2008

Starting date and duration of the project: 01/04/2007; 36 m.  
Total cost: 597,488 €
Leader Organisation: FONDAZIONE PENTA ONLUS  
Subsidy from the Commission: 356,056 €
Web site: http://www.eurocoord.net/  
Contact Person: Carlo GIAQUINTO, CollaborativeProjects/ACTIVATE  
giaquinto@pediatria.unipd.it
AIDS Mobility Europe 2008-2011

Authors: Ramazan Salman, Dr. Matthias Wiemold, Matthias Wentzmann, Martin Müller, Ahmet Kini (EME, Hannover); Ilaria Uccella (NIHMP); Anna Lucia Cardoso (EATG, Brussels); Paulo Jorge Vieira, Dyana Amorim dos Santos.

Project co-funded by the European Union under the Programme of Community Action in the Field of Public Health 2003-2008/2008-2013

Contact Person:

Total cost: (EUR) 832,949.84

Start date and duration of project:

Results

The associated partners themselves, under the guidance and with the support of the EME, the National Institute for Health, Migration and Poverty (NIHMP) in Rome (WP leader), and supported by an independent consultant, evaluated the project on several levels. Firstly, NIHMP conducted a preliminary review of similar models and paper methodologies. Secondly, it produced a process evaluation of mediator training implementation including the quality of coordination, collaboration and communication among the partners.

Conclusion

This systematic approach builds the capacities of individuals and organizations to meet HIV prevention challenges for mobile populations and other vulnerable groups. The project utilized professional methods in a wide range of settings. Effectively educating young migrants has the potential to lead to more sustained investment. The A&M Master Toolkit provides all the necessary documents for local adaptation of the transcultural mediator approach and should be used strategically across the WHO-Europe Region. Increasing efforts in community-based HIV prevention can provide a platform for mobile young migrants to commit to promoting health in a wider sense among their communities. The IDR (Policy Development WP leader) has developed recommendations for EU member states and for the EU as a whole stressing, among other things, the research into its impact or behavior at the individual level. A Master Toolkit including a guidebook on HIV/AIDS in 26 languages was developed.

Acknowledgements

We thank the following organizations and individuals for their valuable work and contribution: AIDS & Mobility Europe associated project partners: National Institute for Health, Migration and Poverty – NIHMP (Italy), European AIDS Treatment Group (EATG, Brussels); EuroCoord, WP 14), Paulo Jorge Vieira, Dyna Amorim dos Santos.

Summary

The AIDS Mobility Europe project 2008-2011 (A&M) was co-funded by the Executive Agency for Health and Consumers (EAHC) at the European Commission, the State of Lower Saxony, the City and Region of Hannover as well as the Portuguese High Commissariat for Health, Associated project partners in 28 European cities worked with migrant communities using capacity building through transcultural mediators to reduce HIV infection risk. Each site convened a group of relevant local stakeholders to serve as a platform for recruiting mediator trainers and for ensuring that local efforts are well integrated into related local activities in the fields of health, social services and migration in general, and HIV and young migrants in particular. The transcultural mediator approach aims to improve health literacy and HIV awareness by involving migrants themselves in undertaking research and delivering health promotion in their own communities. After participating in training and ensuring their transcultural mediators’ certification, this group initiated, organized and conducted education sessions in twenty community languages overall, informing over 1,000 communities about HIV/AIDS prevention and related topics. The Ethno-Medizinisches Zentrum e.V. (E-MZ) centrally evaluated the training and the community education sessions using standardized questionnaires. Separate overarching work packages on evaluation, networking, capacity building, dissemination and policy development support the model and continue the work of previous A&M projects.

Methodology

Within the three-year project, the network adopted evidence-based transcultural mediator training on HIV to local circumstances and implemented it in six sites across the EU and Turkey. This process was then evaluated for its impact. Project partners adapted the initial model according to their circumstances and implemented it in six sites across the EU and Turkey. This process was then evaluated for its impact.

Work Package Coordination

The EMZ had the overall coordination of the A&M work packages. The objective of the coordination was to provide overall and management to the project related activities of A&M, to establish the management transparent and coordination the work streams, to monitor compliance with guidelines, timeframe and budget, to provide financial management, to report to the EAHC and to secure and enhance the sustainability of the network.

Work Package Evaluation

The associated partners themselves, under the guidance and with the support of the EME, the National Institute for Health, Migration and Poverty (NIHMP) in Rome (WP leader), and supported by an independent consultant, evaluated the project on several levels. Firstly, NIHMP conducted a preliminary review of similar models and paper methodologies. Secondly, it produced a process evaluation of mediator training implementation including the quality of coordination, collaboration and communication among the partners.

Work Package Dissemination

The project made significant efforts to publicize its intentions and activities in relevant circles at the national and at the European level. Project partners presented abstracts and reports on the project at a range of international and European conferences, meetings and through their own networks. The 12 issues of the A&M newsletter were not only distributed to the mailing list which grew from 900 access email addresses at the beginning of the project to 1078 at the end of the funding period, but also to a wide range of relevant conferences and events, including the European AIDS conferences in Vienna 2009 and Tallinn 2011 as well as the International AIDS Conference in Vienna 2010, and the European HIV think Tank and Civil Society Forum meetings and at the project’s final event in the European Parliament in Brussels. Further the project was presented at the Commission I Network final conference 2011 in Jilboho and the EUPHA Conference 2010 in Prague and 2012 in Milan.

Conclusion

This systematic approach builds the capacities of individuals and organizations to meet HIV prevention challenges for mobile populations and other vulnerable groups. The project utilized professional methods in a wide range of settings. Effectively educating young migrants has the potential to lead to more sustained investment. The A&M Master Toolkit provides all the necessary documents for local adaptation of the transcultural mediator approach and should be used strategically across the WHO-Europe Region. Increasing efforts in community-based HIV prevention can provide a platform for mobile young migrants to commit to promoting health in a wider sense among their communities. The IDR (Policy Development WP leader) has developed recommendations for EU member states and for the EU as a whole stressing, among other things, the research into its impact or behavior at the individual level. A Master Toolkit including a guidebook on HIV/AIDS in 26 languages was developed.

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The EPODE EUROPEAN NETWORK (2008-2011): An integrated approach to prevent childhood obesity

1. SCIENTIFIC EVALUATION AND DISSEMINATION COMMITTEE
Chaired by Jaap Belders, Vrije University, Amsterdam, The Netherlands

2. METHODS AND SOCIAL MARKETING COMMITTEE
Chaired by Luis Mouroño, Zamora University, Spain

3. PUBLIC/PRIVATE PARTNERSHIP COMMITTEE
Chaired by Marga Havermans, Life University, Hawaii

4. INVOLVEMENT OF LOCAL AUTHORITIES

DELIVERABLES
- The EEN book of Recommendations including key strategies to be obtained by teams willing to set up and implement an EPODE-like initiative.
- From 3 to 6 countries implementing the Methodology across Europe.
- Publications.

CONCLUSION
A 5th pillar could be added to these recommendations: healthcare for children detected with overweight and obesity during programme follow-up. This pillar is the next step for the EPODE methodology as healthcare should be strengthened in order to provide the necessary care for the children detected overweight or obese.

This pillar is already used in some EPODE programmes, as the JSSG programme in the Netherlands and will be developed in a new national initiative.

Following the success of the EEN, the non-profit international organization the EPODE International Network has been created on April 2011, becoming the worldwide largest network aiming at preventing obesity and its related communicable diseases. The EEN is at supporting Community-Based Programmes (CBPs) through experience sharing and providing technical support to continue. Its inaugural event, the Global Obesity Forum, was held on June 27th to 29th, 2012, in New York City.

REFERENCES
- "From a local to a global obesity prevention policy and project: the EPODE approach can bring order and homogeneity to policies and programmes.

KEEP IN TOUCH
For more information, please contact the EEN Coordinating Team.
EPODE INTERNATIONAL NETWORK COORDINATING TEAM - PROTECENS:
11 rue Galien - 75017 PARIS / Tel: +33 1 42 12 81 81 / Email: contact@epode.be
www.epode-europe-network.com
A CAMPAIGN AGAINST OBESITY IN CHILDREN AND ADOLESCENTS

Univ.-Prof. Prim. Dr. Robert Bimbacher, MMag. Kathrin Brugger,
Sanicademia – International Training Academy for Health Professionals EEIG

Management
Leader Organisation: Sanicademia
Duration: 38 months (start date Oct. 2008)
Total cost: 1,054,317,79 EUR
Co-funding from EU: 582,159,30 EUR

Summary
The project “In Form – a campaign against obesity in children and adolescents”, an interdisciplinary EU-funded project, aimed at finding ways to combat obesity in children and adolescents. In the course of the project a social marketing campaign was implemented and based on a manual for prevention, diagnosis and therapy an interdisciplinary obesity trainer course was developed and implemented, including the necessary training materials as well as a summer camp for children and parents.

WP-coordination
- 11 partners from 8 countries
- management structure:
  - project Executive Committee (PEC)
  - coordinator/project manager
  - workpackage leader
- management structure is based on:
  - fast, direct and open communication
  - mediation and consensus

WP-Dissemination
- project website containing
- general information about the project
- social marketing campaign
- projectlibrary for partners
- information packages
Making the project visible in the public and disseminating the results to stakeholders via:
- Articles
- Public conferences
- Information pack
- Educations
- Website

Results
- prevention/diagnosis/treatment manual
- network of competence centers
- obesity trainer course materials
- pilot obesity trainer course
- two week summer camp for families
- social marketing
- social marketing website
- project website
- articles in local newspapers
- pr-folder
- cookery book in 4 languages
- local prevention event
- 2 international conventions

Conclusion
- common strategies for partner countries
- raise awareness about the importance of healthy lifestyle
- multidisciplinary nature
- intercultural team
- implementation of new media
- Innovative prevention materials
- motivation for:
  - intensive local work in future
  - building networks with
  - new local trainer courses planned
  - further prevention programs
  - further common projects

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- Articles
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Evaluation
questionnaires and interviews with:
- network members
- children (participating summer camp)
- parents (participating summer camp)
physical evaluation of:
- children (participating summer camp)
- parents (participating summer camp)
- children and parents participating in the
The results were evaluated by Sanicademia and UMC and presented in the final report.

Metholody
obesity trainer course
social marketing website
conferences
summer camp in UK
...and further more.

Objectives
The general objective is to develop integrated overweight/obesity prevention and treatment strategies for children and adolescents. Implemented beyond project time in the participating countries, these will contribute to combating the childhood obesity epidemic in Europe.

Specific objectives:
1. european interdisciplinary manual
2. european interdisciplinary training course
3. social marketing campaign at local levels
4. network of competence centres

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www.inform-sanicademia.org
www.informactive.eu

* Project co financed from the EU Public Health Programm 2008-2013
Building Policy Capacities for Health Promotion through Physical Activity among Sedentary Older People

The PASEO Project

Recent years have seen the development of many programs geared at promoting physical activity for older people – but by far not all of these programs get implemented. The EU-sponsored PASEO Project intends to improve the implementation of programs by helping build the necessary policy capacities. In 15 European nations, researchers and political institutions are teaming up to forge national alliances in order to improve capacities within and between relevant organizations.

The Framework

PASEO assumes that the implementation of physical activity programs can be improved by increasing the policy capacities of relevant organizations. The project focuses on strengthening capacities in two key areas:

- **Intersectional Capacities**: Linking organizations across multiple policy sectors, e.g. health, social care, sport
- **Intra-Organizational Capacities**: E.g. personnel, resources, cooperation within organizations

Capacity building involves the following steps:

**Partnership**: Researchers team up with a strong partner (e.g. a national ministry) to enhance prospects for the capacity building process

**Assessment**: Researchers assess existing capacities using the ADEPT framework, which conceptualizes capacities with four determinants: goals, obligations, resources, opportunities

**Forging Alliances**: PASEO partners lobby relevant organizations in the field of physical activity promotion for older people to undertake a joint effort at capacity building

**Cooperative Planning**: National alliances conduct a series of six pre-structured meetings to build capacities

**Monitoring**: Researchers continue to track the development of the alliances to ensure the sustained development of capacities

Select Results:

- National or regional alliances have been forged in all 15 countries. More than 130 organizations and institutions from all relevant sectors are involved.

- Ministries involved include the French Ministry of Health and Sport, Flemish Ministry of Sport, the Bavarian Ministry of Health, and the Regional Government of Extremadura. The alliances function as a platform for close collaboration of various ministries via the national alliances in Austria, Belgium, Finland, and Lithuania.

- National alliances are linked to national physical activity action plans in Finland, France, Germany, the Netherlands, and Norway. The cooperative planning process underway in all countries, national action plans for all countries are expected by fall 2013.

www.paseonet.org
Eating at a restaurant can be compatible with a balanced diet within the context of professional life. The FOOD project aims at promoting healthy eating by influencing both offer and demand.

It was launched in 2009 in 6 member states: Belgium, the Czech Republic, France, Italy, Spain and Sweden.

Based on a public-private partnership, the richness of FOOD lies in the complementary skills and expertise of its participants. The consortium ended up with 36 partners whose contribution was essential in designing and implementing the project. An External Advisory Board of experts enabled a qualitative follow-up of the project.

The coordination of the project was built on simple yet efficient tools in order to foster exchanges such as a newsletter, Steering group meetings and a more sophisticated working platform where all preparatory documents are available as well as deliverables, progress reports and calendar of activities. Objective: make sure the results are reached and timetable respected.

The dissemination strategy was twofold:
- Visibility of the project through a complete website and participation in conferences (oral presentation + posters)
- Dissemination of the results and transfer of best practices in other countries.

Besides, strong press relations were built, participating to the dissemination of the project.

The project has been assessed following a complete evaluation plan. Management was followed-up thoroughly while special evaluation activities were executed:
- Questionnaires were sent to min. 52,000 employees and 5,000 restaurants
- 150 ‘mystery’ site-visits in restaurants

The evaluation highlighted the necessity of such projects to connect the offer and demand sides.

RESULTS OF THE PROJECT:
- 102 communication tools in the 6 countries
- 1300 visitors in 7 days at the Road show in October 2009
- 320 articles (TV, radio, web, press)
- Targets reached
- 352,000 restaurants
- 4.2 million employees
- 185,000 companies
- Creation of a FOOD Network with 2200 restaurants (end of 2011)
- 36 partners at the end of the project
- FOOD was presented in 50 conferences and as a best practice at the XIth World Congress on Safety and Health at Work
- A transition conference at the European Parliament in May 2011 attracted 160 participants and high level speakers from European and International organisations.

The partners have decided to continue developing and disseminating the project after the end of the funding period.

The methodology developed and the many deliverables act as an incentive to encourage new partners from other countries to join the consortium.

The 2 new countries that joined the FOOD programme are the Slovak Republic and Portugal.
POLICY HEALTH AND FAMILY LEARNING

POHEFA.EU

SUMMARY: IN ORDER TO ENSURE THAT HEALTH PROMOTING ACTIVITIES HAS A BETTER AND LONG LASTING EFFECT, THE POHEFA PROJECT SEeks TO INCREASE THE AWARENESS ON HOW THE SOCIO-CULTURAL CONTEXT HAS AN EFFECT ON HEALTHY LIFESTYLE CHOICES AND THE HEALTH STATUS WITHIN FAMILIES.

Based on a close collaboration with academic partners and 12 pilot local authorities, The PoHeFa Method has been developed, tested and disseminated showing how to improve local health strategies, programmes and implementation practice.

- A conceptual paper, presenting the project strategy and a theoretical evidence base.
- A conceptual framework consisting of tools and methods to assist local authorities to improve their health promoting activities.
- Practical examples and inspiration material on how to work strategically with health promotion from the participating local authorities.
- Policy Recommendations and Key Messages.

Please find all relevant material including the project evaluation at: www.pohefa.eu

AIMS AND OBJECTIVE: Reduction of social inequality in health may be one of the biggest challenges in the Western World.

Wishing to contribute to the reduction of social inequality, the general objective of the project is to increase the awareness on how the socio-cultural context has an effect on healthy lifestyle choices and the health status within families.

Three aims are set out:

- To make municipal health strategies more coherent and initiatives more efficient and effective.
- To create better coherence between projects and programming.
- To improve local implementation processes of practical health promoting initiatives.

METHODOLOGY: The process runs in 2 parallel phases.

Phase 1: Based on a theoretical, cultural, structural and methodological framework a mapping of local planning procedures and implementation procedures are accomplished in 12 local authorities. 12 in depth analysis and recommendations for future policy, strategic and implementation practice are presented. Selected recommendations from the analysis are implemented and evaluated through a trial out period in 12 local authorities.

Phase 2: Tools and methods are developed and serve to advance and improve local processes. All material are conceptualised into the final conceptual framework. The project and its results are disseminated through a European web site.

DISSEMINATION: The project dissemination has been carried out through a number of different activities.

The main instruments for dissemination are:
- A project website to be found on www.pohefa.eu
- Promotional brochures and electronic newsletters.
- Articles in magazines with European relevance and in national and local press.
- A national or regional conference promoting the project in each participating country.
- A final European conference.
- Presentation of the project and its results at national and international conferences, e.g. The 9th European IUHPE Health Promotion Conference in Tallinn.

RESULTS: The PoHeFa Project has contributed to initiate health promoting processes in the participating municipalities – processes that in the long term are expected to have a positive effect on citizens' health.

Through individual local policy analysis's, the needs of each local authority has been highlighted which has ensured that the PoHeFa project has provided concrete results and benefits on local level.

“Because of the PoHeFa project, health has been integrated into the local regeneration project, as it has become a priority area for the city", Stefan Leyk, Stadt Lüneburg, DE.

“The timing of the PoHeFa project is really good for us in the UK at it gives us some concrete instructions and directions on how the new structures can be formed and create strategies in a time where "localisation" is on the political agenda", Mark Patterson, Department of Health, UK.

CONCLUDING REMARKS: The PoHeFa Method is not only relevant for the participating partners but has a high European transfer value.

Following a few examples of the recommendations that have been acquired through the project:

- Create a common understanding among local politicians and practitioners about the concept of health.
- Include staff and users more actively in development and implementation processes.
- Install a structured cross-organisational and cross-disciplinary approach, through a closer collaboration and dialogue between different groups of professional practitioners.

Project is financed from the EU Public Health Programme 2008-2013
Start date and duration of project: 15th of July 2009 - 31th of July 2012
Total cost: 949,860 EURO
Co-funding from the Commission: 500,000 EURO
Leader Organisation: University College South Denmark
Contact Person: Anette Schouz, anse@ucsd.dk
Web site: www.ucsd.dk
Other Partners:
- Communication manager
- South Denmark European Office, Danish Innovation Industry, Engenhalsbroenmark丹麦
- Partners:
- Langsted Municipality, Denmark
- National Institute of Adult Continuing Education, UK
- South West Strategic Health Authority, UK
- Henriette Stilling Schraut-Holm, Germany
- Landesverwaltung für Gesundheit/Verbrauch, e.V. in Schleswig-Holstein, Germany
- JAMK University of Applied Sciences, Finland
- University of Oppea
- Regione Abruzzo, Italy, ASIA Ausilia, Italy

European Commission
EUREGIO III: lessons learned about improving investment in regional health systems using Structural Funds

Authors: Prof Jonathan Watson*, Barrie Dowdeswell** and Edit Sebestyen***

Main beneficiary - Health ClusterNET* (United Kingdom)
Associate Partners - ECHAA** (Netherlands), EMK-SU (Hungary), U-Maastricht (Netherlands), U-Liverpool (United Kingdom), REGEN (Italy)

Summary

The project was focused on exploring and assessing the use of Structural Funds for health investments in a post 2013 and post 2007 programming period. Using the project funded survey, the study assessed the efficiency and effectiveness of Structural Funds (SF) use for regional health systems in passenger rail and airports. The project had the following specific objectives:

1. To identify and assess the main drivers for implementing SF investments for health in the passenger rail and airport sectors.
2. To understand SF investment strategies and processes and to identify the main factors that influence the effectiveness of SF investments.
3. To assess the extent to which SF investments contribute to improving the efficiency and effectiveness of passenger rail and airport systems.

Analysis of evidence

Although the project involved a diverse range of case studies, thematic analysis demonstrated consistent themes across all case studies.

1. The SF structure and processes tended to fail to meet the needs of projects, as a result, projects were often delayed or abandoned after failing to meet the requirements of the funding program.
2. The process of evaluating SF investments was often subjective and biased, leading to inconsistent results.
3. SF investments tended to focus on operational effectiveness and delivery, rather than addressing the needs of regional health systems.
4. The SF structure and process tended to limit the scope of projects, in particular, projects tended to focus on short-term, technical solutions rather than long-term, strategic investments.

Conclusions

SF investments have the potential to improve the efficiency and effectiveness of regional health systems, but they need to be carefully planned and managed. SF investments should focus on long-term, strategic solutions that address the needs of the health sector, rather than short-term technical solutions.

Impact

Project findings have informed the following:

1. SF investments need to be better understood by policymakers and stakeholders.
2. SF investments need to be better aligned with the needs of the health sector.
3. SF investments need to be better integrated with other funding sources.
4. SF investments need to be better evaluated to ensure that they are meeting the needs of the health sector.

www.euregio3.eu

Objective

To contribute to improving the effectiveness of the SF process within the health sector.

Methods and means

Several work packages were undertaken to assess the effectiveness of SF investments in the health sector.

Analysis of evidence

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www.euregio3.eu

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3. SF investments need to be better integrated with other funding sources.
4. SF investments need to be better evaluated to ensure that they are meeting the needs of the health sector.
DEVELOPING COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION CAPACITY BUILDING IN EUROPE (COMPHP)

The CompHP Project aims to develop competencies, professionals standards and an accreditation framework for health promotion in Europe.

Summary

The project engaged in consultation with Health Promotion practitioners, policymakers and educators across Europe and beyond, to build a consensus on the core competencies and professional standards and an accreditation system for health promotion in Europe.

The project build on (European and international experience, including research undertaken by the International Union for Health Promotion and Education/European Region (IUHPE/ERUHE) on health promotion practice and training in Europe and on the feasibility of implementing a Pan European Accreditation framework for health promotion.

Objectives

To identify and agree professional core competencies for health promotion practice, education and training in Europe.

To develop and publish competency-based professional standards for health promotion.

To promote quality assurance through the development of a European-wide accreditation system.

To map competencies and standards in academic courses across Europe and link to accreditation for academic settings.

To pilot competencies, standards and accreditation with practitioners in a range of settings across Europe.

To engage in consultation with key stakeholders and disseminate information on the project outcomes throughout the 27 member states and all candidate countries.

Methodology

The Project uses a consensus building approach and works in collaboration with Health Promotion practitioners, policymakers and educators across Europe. Methods used in the consultation processes include Delphi studies, online surveys, focus and discussion groups, indepth testing in academic and practice settings.

The project also used social media as both research and consultations tools.

WP Coordination

The project is structured into 8 inter-related Workpackages and is managed by a team comprising the Project Leader (Prof. Margareta Barry, NUI), Project Coordinator (MedimInfo) and Workpackage Leaders.

Achieved outcomes

•wide ranging consultation with practitioners, policymakers, educators and other key stakeholders across Europe and beyond

•stakeholder workshops and reports which inform capacity building for professional practice in health promotion across Europe including:

- The Core Compets V2.0 (2013)
- The Core Compets V2.1 (2014)

•Publications in professional journals in English, French and Spanish

•Consultative review and reports on the development of the Handbook

All Handbooks and reports are available on the project website:

http://www.uhpe.org/index.htm?page=614

Conclusion

The work of CompHP creates a new dimension in European health promotion by establishing the means and methods by which agreed core competencies and quality standards can be implemented across Europe to stimulate innovation and best practice.

The development of a Europe-wide system of competency- based standards for health promotion provides a basis for building a competent and effective health promotion workforce capable of putting into action the key priorities identified in recent European health strategies.

While the CompHP project ends in October 2013, the Project Partners are actively exploring the sustainability of its work and products at Global, European, nation and local levels.

Acknowledgements

We acknowledge the support of the CompHP project partners, collaborating partners, National Expert Advisory Group and project stakeholders who have contributed to the development of the Project and the European Commission who provided the funding for the CompHP Project.
The reference portal for information on rare diseases, expert services and orphan drugs in 38 countries

An inventory of rare diseases and an encyclopaedia

- Classifications of rare diseases
- Cross-referencing with genes and other databases
- Epidemiological data
- Clinical description and search by clinical signs
- Encyclopaedia for professionals & patients

- Bi-monthly newsletter: latest political and scientific news on rare diseases
- Thematic studies and reports of the "Orphanet Report Series"
- Orphanet Journal of Rare Diseases www.ojrd.com (IF=5.07)

A directory of expert services in Europe and beyond

- Disease-related healthcare resources
- Disease-related research activities
- Patient organisations
- Free-access web service to download data: www.orphadata.org
- Orphan drugs on the market and in development
- Clinical trials

A collection of reports and articles

- Orphanet teams present in 38 countries to collect information on expert services and R&D
- 20,000 users per day from over 200 countries

Project co-financed from the EU Public Health Programme 2008-2013

Start date and duration of project: 01/04/2011; 36 months
Total cost: 7,229,749.00 €
Co-funding from the Commission: 3,295,857.00 €
Leader organisation: INSERM (Institut National de la Santé et de la Recherche Médicale)
Contact person: Ségolène AYME, segolene.ayme@inserm.fr
Web site: www.orpha.net

An inventory of orphan drug R&D

Orphan drugs in development
Building consensus and synergies for the registration of rare diseases patients in Europe: the EPIRARE project

Domenica Tarasco1, Sabrina Gianetti1, Emanuele Mojal1, Ykka Kodrit1, Luca Volpato1, Monica Ermini2, Manuel Posada3, Ana Vilas-Boas3, Ignazio Anhalt3, Manuel Hsieh3, Fabrizio Bianchi4, Anna Michiel4, Michele Santoro4, Michele Lopiano4, Angelo Brandi5, David Townsend5, Taiska Mitrovnik, Rumen Stefanov.

National Centre for rare Diseases, Italian National Institute of Health, Rome, Italy; 2) EURORDIS; 3) Instuto de Salud Carlos III, Spain; 4) Consiglio nazionale delle Ricerche, Italy; 5) University of Maastricht, Netherlands; 6) Bulgarian Association for Promotion of Education and Sciences, Bulgaria.

SUMMARY: EPIRARE identifies the regulatory, ethical and technical solutions and the agreements necessary to promote the registration of rare diseases (RD) patients and to establish a European platform for RD registries.

OBJECTIVES:
• Assess the organizational features of EU rare disease registries: scope and type of data collected; compliance with legal and ethical requirements; quality assurance; IT measures; human and financial resources.
• Prepare a proposal for a legal basis to allow data sources integration and RD patient data sharing at the Community level.
• Elaborate guidance documents for quality control and agree on a minimum Common Data Set to conduct epidemiological research at the EU level.
• Identify scope and mechanism of governance and long-term sustainability of a platform for RD registries.

COORDINATION AND MANAGEMENT
EPIRARE is coordinated by the National Centre for Rare Diseases of the Italian National Health Institute. The Advisory Board is composed by Members of Institutions from Italy, Belgium, Bulgaria, France, Germany, Greece, Hungary, Netherlands, Spain and UK, EURORDIS.

DISSEMINATION
EPIRARE launched an open network for the consultation of all stakeholders to build consensus on the project proposals and results. EPIRARE is strongly connected with EU-CERD to ensure that the health authorities of EU countries are prepared to consider the implementation of the project proposals. The public is informed of the project activities and results with a brochure and a website (www.epirare.eu).

RESULTS
1) A survey of organizational features of RD Registries has been carried out. Data have been collected between October 2011 and January 2012 and 220 “active registries” (collecting data) replied to at least the first 20 questions. Survey results show a general lack of standardization in registries activities, in technical issues and in legal and ethical practices.
2) A position paper is being prepared on the revision of the personal data protection directive and the needs of RD patients and care.
3) A document analyzing the stakeholders’ interests and proposing services and outputs of the EU platform of RD registries is being prepared.
4) An International Workshop is scheduled at the Istituto Superiore di Sanità (Rome, Italy) on October 8-9, 2012 to discuss the draft documents.
5) EPIRARE supports the exchange of information among the authorities currently planning national initiatives for the registration of RD patients.

EVALUATION
The achievements of the project will be evaluated by process, outcome and impact indicators. The satisfaction of the intended stakeholders for the project deliverables will be assessed.

www.epirare.eu

METHODOLOGY
EPIRARE has carried out a survey (online questionnaire) on the activities and needs of existing RD registries in the EU (n=220).
Starting from survey results and from the available literature, EPIRARE will propose common standard of quality for the registration of RD patients, a common data set, a legal basis and a governance framework in Europe to regulate registration activities for RD patients.

CONCLUSION
Considerable work has to be done to promote standardisation in RD registration activities. The platform to be developed by EPIRARE will consider the interests of different stakeholders and offer tools and services to help data sharing and exchange.

Health and Consumers
Project co-funded by the EU Public Health Programme 2008-2013
Start date and duration of project: April 15, 2011, duration 30 month
Total cost: 1.102.717 EUR, Co-funding by the EU Commission: 661.402 EUR
Leader Organisation: Istituto Superiore di Sanità, Italy Contact Person: Dr. Domenica Tarasco (domenica.tarasco@iss.it)
**Objectives**

- Creation of a European Reference Network (ERN) of Expert Centres in Rare Anaemias
- Harmonization of procedures & Epidemiological surveillance
- Continuous medical education & public awareness
- Promotion of relationships with patients’ associations
- Promotion of experts research and cooperation
- Consolidation of the ENERCA website services

**Methodology**

**Core Work Package**
- WP1 Networking of expert centers
- WP2 Quality of patient care
- WP3 Education and training

**Public health issues / management of patients with**
- WP4 Sickle Cell Disorders
- WP5 Thalassemia
- WP6 Very Rare Anaemias

**Horizontal Work Package**
- WP7 Project Evaluation
- WP8 Project Dissemination
- WP9 Project Coordination

**Acknowledgements**

Project co-financed from the EU Public Health Programme 2008-2013

Start date and duration of the project: June 1st 2009 – 3 years

Total Cost: 2.022.625 €

Co-Funding from the Commission: 1.193.800 €

Leader Organization: Hospital Clínic de Barcelona

Contact person: Prof. J.I. Vives Corrons

Website: www.enerca.org

Other Partners: 24 associated partners and 24 collaborating partners

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**Summary**

ENERCA started back in 2002 with the purpose of offering an improved health service for patients with rare anaemia. ENERCA 3 (2009-2012) aims to create a European Reference Network of Expert Centres on Rare Anaemias and provides both information and services in every aspect of rare anaemia to health professionals, patients, citizens, authorities and pharmaceutical industry managers.

**Management**

- Executive Agency for Health and
- Coordination (Hospital Clinic of Barcelona)
- Executive Committee (Work Package)
- Steering Committee (all partners)

**WP Coordination**

- Project management, quality assurance and assessment of progress and results.
- To guarantee the compliance with the work plan and to achieve the real coordination.

**WP Dissemination**

- To get the critical mass of interest necessary for the project success.
- To organize two European Symposiums on Rare Anaemias.
- Promotion of ENERCA website services.

**WP Evaluation**

- Monitoring the general Project’s management and evaluating its progress.
- Evaluation programme for detecting partial progress failures or weak points in order to implement corrective measures.

The achievement of objectives, outcomes and impact of the project is very satisfactory.

**Results**

- Publication of a White Book for the recognition of centres of expertise and creation of an ERN on rare anaemias
- Production of a catalogue for External Quality Assessment schemes available in Europe and implementation of new ones
- Contribution with the ICD-11 classification of rare anaemias
- Creation of up to 62 rare anaemias’ card including definition, diagnosis, treatment and inheritance in seven languages, ORPHA, MIM and ICD codes.
- Inventory of centres, health professionals and patients’ associations through Europe
- Publication of ENERCA recommendations on diagnosis and/or therapeutic procedures in rare anaemias
- Organization of three European and two national training courses on specific rare anaemias diagnosis and management
- Celebration of two European symposium on rare anaemias co-organized with national patients’ associations (Spain and Bulgaria)
- Creation of educational material: video on haemoglobinopathies, comics
- Creation of a Intranet with collaborative diagnostic tools for the project partners

**Conclusion**

The consolidation of a ERN of Experts Centres in Rare Anaemias is a crucial step to improve the services for clinical management of these diseases. The opportunities to undertake innovative and useful actions based on the ERN are enormous. After 10 years of work, ENERCA offers a solid platform to develop multidisciplinary initiatives for tackling rare anaemias.
SOCIAL-ECONOMIC BURDEN AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH RARE DISEASES IN EUROPE (BURQOL-RD)

INTRODUCTION

BURQOL-RD is a 3-year project under the Second Programme of CommunityAction in the field of Public Health, promoted by DG Sanco in Europe that started in April 2010. The main aims is to generate a model to quantify the socio-economic costs and Health-related Quality of Life (HRQoL) of both patients and carers, for 10 rare diseases (RD) in 8 European countries (Spain, France, UK, Italy, Sweden, Germany, Hungary, and Bulgaria).

SPECIFIC OBJECTIVES

- To generate a framework to measure the socio-economic burden and the HRQoL of RD.
- To develop unified instruments to gather information on the socio-economic burden and HRQoL of RD throughout Europe.
- To perform a pilot study measuring the socio-economic burden and HRQoL for selected RD.
- To refine and package the tools for the continued study of the costs and HRQoL of RD.

METHODS: Survey

Questionnaires for patients and their carers were developed for measuring the direct and indirect costs and HRQoL. The survey been launched in all countries between September 2011 and July 2012.

Main features: anonymity, on-line form (and traditional form if necessary).

The collaboration of national patients’ associations and federations for the specific rare diseases is fundamental to ensure that all the objectives are successfully reached.

The survey in all 8 countries is expected to finish in October 2012.

FIRST RESULTS IN SPAIN

567 responses were received. Annual average socio-economic costs for each patient were calculated. Costs were divided in 4 categories: direct healthcare costs, direct non-healthcare formal costs (professional fees, social services), and direct non-healthcare informal costs (unpaid carers), indirect costs (productivity loss). Both patients and their carers completed a generic scale to measure HRQoL with the EQ-5D questionnaire.

EXPECTED OUTCOMES

The expected outcomes of BURQOL-RD are an integrated and harmonized set of instruments to assess socio-economic burden and health-related quality of life of patients affected by rare diseases and their caregivers. The tools developed by BURQOL-RD will be used in the EUROPLAN project and will also improve Rare Diseases awareness and literacy among European citizens.

www.burqol-rd.eu
2

Health Information
**EUROCAT: European Surveillance of Congenital Anomalies**

**Introduction**
- The European Surveillance of Congenital Anomalies (EUROCAT)
- Established in 1979
- Funded by the European Commission
- Network comprising almost all population-based congenital anomaly registries in Europe

The EUROCAT Joint Action aims to facilitate the reduction of the public health burden of congenital anomalies by epidemiological surveillance through the EUROCAT network of population-based congenital anomaly registries.

**Project Aims and Objectives**
- Evaluation of the public health impact of congenital anomalies, enabled by accessible/updated epide miological information on the EUROCAT website
- Detection, investigation, and reporting of clusters/ trends in congenital anomalies, improved capacity for rapid response and establishment of a new task force for evaluation of clusters
- Assessment of teratogenic impact of new/ changing environmental exposures
- Evaluation of potential linkage of databases and electronic exposure information to enable surveillance/etiological analyses of congenital anomaly risk
- To establish a strategy on primary prevention of congenital anomalies implemented in national plans for new diseases
- Evaluation of progress in preventing neural tube defects by risk periconceptional folate and folic acid in women of childbearing age
- Evaluation of the impact of delayed childbearing, changes in prenatal screening, and policy on Down syndrome
- To contribute to development of a pharmacovigilance system
- Improved coding and classification of congenital anomalies (training/review of International Classification of Disease)
- To establish new registries - provide guidelines/software

**Methodology**
- EUROCAT currently surveys more than 1.7 million births per year in Europe, covered by 39 registries in 31 countries
- Cases of all major structural congenital and chromosomal anomalies among livebirths, stillbirths and terminations of pregnancy following prenatal diagnosis of a fetal anomaly, are registered using multiple sources of information
- Using common software, each member registry transmits a standardized dataset to a central database at EUROCAT Central Registry, where further quality validation and annual statistical monitoring are undertaken
- EUROCAT also provides a framework whereby data can be accessed upon request to conduct collaborative specific ad hoc research in relation to congenital anomalies

**Dissemination**
- Purpose: to raise awareness of the importance of registries and databases of congenital anomalies, currency of EUROCAT data

**EUROCAT Joint Action aims to facilitate the reduction of the public health burden of congenital anomalies by epidemiological surveillance through the EUROCAT network of population-based congenital anomaly registries.**

**Results**
- EUROCAT publications entitled "Recent decrease in the prevalence of congenital heart defects in Europe" has been accepted (June 2012) the publication in the Journal of Pediatrics

**EUROCAT**
- Preventive care detection data are available at http://www.eurocat-network.org/registries/clinical/practitioner/clinicaldata.html
- EUROCAT prenatal detection data are available at http://eurocat-birthdefects.eu/registries/clinical/practitioner/clinicaldata.html

Key findings from pan-European (all EUROCAT registries) combined analysis were:
- The number of babies born with birth defects (major congenital anomalies) across Europe has fallen (2000-2009)
- The overall occurrence of spina bifida and heart defects have declined by 12% and 24% respectively (2000-2009)
- The proportion of pregnancies affected by Down syndrome has increased by 3% and currently around 22 out of every 10,000 pregnancies. Analysis has shown that the increase in Down syndrome is a consequence of the trend in Europe for women to delay childbearing until later in life. Older maternal age is a known risk factor for Down syndrome
- The proportion of pregnancies affected by gastroschisis - an abdominal wall defect that requires babies to have corrective surgery - is also continuing to rise, going up by 19% per year to a peak of about 10,000 pregnancies

As part of the Joint Action, the EUROCAT Coding and Classification Committee has been actively involved in the development of the classification matrix for the International Classification and Classification System for Congenital Anomalies (ICD10 C84.0).

A primary proportion is a major goal of the EUROCAT Joint Action (2011-2013). WP1 is collecting data on current policies in the European Union Member States (EU-28) for primary prevention of congenital anomalies and is currently liaising with EUROPAN to identify the areas that Member States could target in their strategies for Primary Prevention of congenital anomalies.

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**20th Registry Leaders Meeting/EUROCAT Symposium, Budapest, 2011**

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**20th Registry Leaders Meeting/EUROCAT Symposium, Budapest, 2011**
DETERMINE builds on and stimulates action on the social determinants of health and on health inequalities in the EU and its Member States, by bringing together a Consortium of over fifty bodies within the EU. The Consortium advances EU work on Health Equity and on Health in All Policies (HiAP).

In all EU countries with available data differences in life expectancy typically amount to five years or more and a difference in healthy life expectancy to ten years or more between people with higher and lower educational, occupational or income levels (EuroThine, 2007). In addition a systematic correlation between health status and social class has been identified in all EU countries with available data. This means that even in relatively wealthy EU countries, a large portion of society does not enjoy the right to the highest attainable standard of physical and mental health.

The Consortium’s activities are undertaken in the context of seven work packages (WP), led by different organisations. Overall work is coordinated by EuroHealthNet and the Czech National Institute of Public Health (contract holder), in collaboration with an executive group of WP leaders.
Self-regulation is not the answer

Conclusion of the AMMIE research project:

"Self-regulation codes are not able to protect young people from exposure to large volumes of alcohol marketing."

To appeal or not to appeal

The result of independent monitoring in Bulgaria, Denmark, Germany and the Netherlands (2009-2011)

Project Organization:

Coordinates: Dutch Institute for Alcohol Policy (STAP). Project leader: Wim van Dalen (STAP)

Participants:

- Alcohol & Society Denmark
- German Centre for Addiction Issues (DZS), Germany
- Foundations 'Horizont 21', Bulgaria
- Euromarc Italy, Italy
- Euromarc, Belgium

Objectives:

The AMMIE project aimed to monitor alcohol marketing practices in Europe by bodies independent from the commercial interest.

It also evaluated the effectiveness of existing marketing regulations in Bulgaria, Denmark, Germany, Italy and the Netherlands.

It will allow the European Commission and the Member States to formulate advice in order to improve the existing regulations of alcohol marketing on MS and EU level.

Summerized results:

1. The project shows innovative ways of alcohol producers to circumvent existing alcohol marketing regulations, especially self-regulation.

2. Hard exposure data show that especially vulnerable young people between 13-15 years of age are expressly targeted by alcohol commercials compared to adults.

3. Television time bans on alcohol marketing have limited protective power for young people.

4. Especially top clubs in football are often sponsored by alcohol producers. Alcohol brands attempt to be associated with sport, the sport club, its sportive success, the loyalty of its fans.

5. Differences in opinion between youth opinion panels and the decisions of the Advertising Code Committees illustrate the incompliance of Advertising Committees to prohibit alcohol marketing practices that are appealing to minors.

Conclusion:

Data collection within the AMMIE project shows that existing self-regulation codes are not able to protect young people from exposure to large volumes of alcohol marketing practices and appealing alcohol advertising. Alcohol marketing is recommended to be monitored systematically by independent monitoring bodies.

Methodology:

Five independent national NGOs monitored alcohol marketing practices in a comparable and systematic way based on the experience of the Dutch Institute for alcohol policy. The content of the alcohol marketing practices were recorded and analyzed. Questionable ads were put into the jurisdiction systems of the national advertising bodies. The same ads were rated by national youth panels. National statistics were gathered in order to define the percentage of young people in the applicable countries that are exposed by alcohol marketing practices in order to compare these figures with the relevant regulations in the national self-regulation systems.

Acknowledgements:

The project was evaluated by Prof. Hastings of the University of Sheffield. Successfully the final deliverables were disseminated by EUROCARE towards all relevant NGOs and to the commercial and political stakeholders.

How to get the AMMIE reports? The results of AMMIE are described in 2 European and 30 national reports. These reports can be found on the website of the European Centre for Monitoring Alcohol Marketing (EU-CAM): www.eucam.info/AMMIE


Co-funding from the Commission (€ 125,547). Led by STAP (STAP), National coordinators: Institute for Alcohol Policy (The Netherlands), Contact Person: Wim van Dalen. Website: www.eucam.info/AMMIE

European Commission
The European Health Literacy Project 2009-2012

1. Summary
The HLS-EU project aimed to estimate the state of the art of health literacy in Europe and to establish a sustainable approach to the advancement of health literacy in the region.

The outcomes include:
- the European Health Literacy Survey (HLS-EU)
- the network ‘Health Literacy Europe’
- national advisory boards in Austria, Bulgaria, Germany, Greece, Ireland, Netherlands, Poland, and Spain.

The outcome of the HLS-EU project provides new grounds for innovation in research and practice to develop people’s health literacy and meet the needs for new solutions in healthcare.

2. Introduction
Health literacy is identified as a critical empowerment strategy, which constitutes the ability to make sound health decisions in the context of everyday life. According to the HLS-EU consortium: Health literacy is linked to literacy and entails people’s knowledge, motivation and confidence to access, understand, appraise and apply health information to make judgments and take decisions in everyday life in terms of healthcare, disease prevention and health promotion, to protect and maintain quality of life during the life course.

People with limited health literacy are at risk of losing less health knowledge, lower health status, higher utilization of health services, and higher healthcare costs. For the first time the HLS-EU survey provides a trans-national overview of the situation in Europe.

3. Methods
The HLS-EU survey applied the conceptually-based HLS-EU-Q measurement tool designed by the HLS-EU consortium. It contains 47 items covering 12 sub-dimensions of health literacy. The tool was pre-tested in focus groups in three countries and field tested using face to face interviews in two countries.

The survey was conducted with face to face interviews in summer 2011 according to European survey standards. It reached a total of 8000 participants in eight countries: Austria, Bulgaria, Germany, Greece, Ireland, Netherlands, Poland, and Spain.

The results refer to a four-level health literacy index indicating health literacy to be: Excellent, sufficient, problematic or inadequate.

4. Results
The survey has provided crucial information in terms of health literacy related to healthcare, disease prevention and health promotion.

The results show that 47% on average have risk of limited health literacy, and that there is a social gradient, which need to be addressed. Vulnerable groups are identified and include people with no or low education, socio-economic deprived and people with self-reported ill health.

The cross-national comparison shows that health literacy levels differ substantially across the eight countries (Figure 1). The Netherlands provides the best national results.

5. Conclusion
The HLS-EU project has contributed to the field of health literacy with a new definition and concept of health literacy accompanied by a tool to measure health literacy in populations. It has generated first time data on health literacy (n=8000) for comparative analysis across eight European countries and built up eight national advisory groups and an international network with European and global representation to assure validation of the results.

The HLS-EU consortium recommends on basis of the survey results and the profound review of global research, health literacy to be a public health issue, which need to be treated in its own rights by decision-makers in healthcare and educational sectors.

6. The HLS-EU consortium
- Maastricht University (NL)
- Ludwig Boltzmann Institute for Health Promotion (AT)
- Faculty of Medicine, Sofia (BG)
- National Centre for Health, NRW (DE)
- National School of Public Health (GR)
- University College Dublin (IE)
- National Institute for Health and Environment (NL)
- Institute of Cardiology, Warsaw (PL)
- University of Murcia (ES)

7. Project details and contact
The HLS-EU Project was co-funded from the EU Public Health Programme 2003-2008, grant 2007-113. It took place from 1 January 2009 – 29 February 2012.

The total costs were approximately 1.1 million Euros, and 47% was co-funded by the European Commission.

The HLS-EU consortium was lead by Maastricht University/CAHR.

For more information please contact the HLS-EU project coordinator: Kristine Sorensen
K.Sorensen@maastrichtuniversity.nl or link to www.health-literacy.eu
Introduction

Representative and valid population level health information is needed for the evidence based health policies, planning and evaluation of health prevention programs and health services. For many health indicators reliable information can be obtained only by health examination surveys (HES). National HESs have been carried out at regular intervals only in a few European countries. Comparability between these surveys is limited due to lack of joint standardization.

EHES

The European Health Examination Survey (EHES) is a collaboration to collect nationally representative, high quality health data which are comparable between countries and over time. EHES consists of national HESs and activities of the EHES Reference Centre (RC). EHES RC is responsible for the European level coordination, development and maintenance of the standards, training, evaluation and reporting. EHES Pilot Project in 2009-2012 focused on the measurement of the important modifiable risk factors of major chronic diseases in the adult population.

EHES Joint Action

The EHES Joint Action (JA), as a part of the EHES Pilot Project, focused on the national activities needed to build the capacity in each of the country. It aimed

1. to test the EHES standards in different countries and survey settings, and
2. to plan and prepare for a full-size HES in these countries, including the fieldwork of a pilot survey.

Results

Twelve countries prepared for and planned all aspects of national HESs and completed the national HES pilot fieldwork. Standardization of the measurements was successful. Standardization of the questionnaire items turned out to be more difficult. The biggest challenge in all countries was achieving a high participation rate, which is a prerequisite for accurate population estimates of the health indicators.

Conclusions

The EHES Joint Action demonstrated that health examination surveys which follow the EHES standards can be adapted to countries with different cultural settings and economic status. It was possible to maintain the comparability with previous surveys and hence to follow trends in countries with existing survey systems.

The EHES Pilot Project has created a structure for the European Health Examination Survey. The structure is supported by the interest and need indicated by potential survey organizers in most of the EEA countries. A prerequisite for the sustainability of EHES is the European level coordination, support to countries in planning the national HES, sampling design, training, external quality assessment and reporting.

Project co-financed from the EU Health Programme 2009-2013

Starting date and duration of the project: 1 January 2010, 24 months
Website: http://www.ehes.info
Total cost: €1,683,681.50
Co-funding from the Commission: €814,837.08
Leader Organisation: National Institute for Health and Welfare (THL), Finland
Contact Person: Project Leader, Kari Kuulasmaa (kari.kuulasmaa@thl.fi)
Other Partners: National Institute of Public Health, Czech Republic; Robert Koch Institute, Germany; Hellenic Health Foundation, Greece; Hellenic Center for Disease Control and Prevention, Greece; Istituto Superiore di Sanità, Italy; Department of Health Information & Research, Malta; Rijksinstituut voor Volksgezondheid en Milieu, the Netherlands, Norwegian Public Health Institute, Norway; The Cardinal Stefan Wyszynski Institute of Cardiology, Poland; Instituto Nacional de Saúde Dr. Ricardo Jorge, LPT, Portugal; Regional Public Health Authority, Slovakia; Pretrudningar d’assistance Medica, Spain; University College London, UK

European Commission
3 Health Safety
ELIPSY is a project co-funded by EU Public Health Programme which aim is to contribute guaranteeing high quality of living organ donation programs by creating an assessment model for the Living donor’s (LD) psychosocial well-being and quality of life, including the impact of the recipient’s outcome on the donor and the donor’s perception of the process.

**OBJECTIVES**

To contribute guaranteeing a high quality of living organ donation programs by creating an assessment/follow-up model for the LD’s psychosocial well-being and quality of life, including the impact of the recipient's outcome on the donor and the donor's perception of the process.

**METHODS**

### Prospective study
- Compare the psychosocial well-being and quality of life of the donors before and 1 year after donation.
- The impact of donation, including the impact of the recipient's outcome on the living donor well-being.

### Retrospective study
- Assessing the long-term impact of donation and the impact of the recipient's outcome on the donor.
- Psychosocial well-being, quality of life and impact of recipient's outcome data will be collected to the donors who donated one, three and five years ago.

**METHODOLOGY OF THE WORK**

- Current psychosocial follow-up practices
- Recipient Follow-up
- Donor Follow-up

**WP COORDINACION**

Regular communication with the partners
Build up working plans and define deadline
Organize meetings

Project co financed from the EU Public Health Programme 2008-2013. Starting date December, 2009. Duration of the project 30 months.

Total cost: € 498,835.00. Co-founding from the Commission € 299,188.00.
Lider organization: Hospital Clinic of Barcelona, Spain. Contact person: Marti Manyalich.

Website: www.eulivingdonor.eu
Comparing and recommending good donor management practice

W.L.A.M. de Kort, I.J.T. Veldhuizen, E.T. Wagenmans

**European project**

DOMAINE is a European project, focusing on good blood donor management. It is carried out by blood establishments from 18 European countries, the Thalassaemia International Federation and the South-eastern Europe Health Network and is coordinated by Sanquin Blood Bank South East Region in the Netherlands.

The most efficient and secure way of creating a safe and sufficient donor population is the development and adoption of European good practice and cooperation between blood establishments and professionals at European level. DOMAINE aims to achieve good practice in donor management.

**Rationale**

- European population is ageing
- Demand for blood products is growing
- Number of potential donors is decreasing
- Large group of multi-gallon recipients
- Need for adequate blood donor management

**Every year in Europe**

For 509,000,000 inhabitants
- 3,800,000 patients requiring blood products
- 10,700,000 blood donors
- 19,000,000 blood donations

**Method**

- Performing a **Survey** on current practice in European blood establishments, including practices geared to promoting voluntary unpaid donations
- Developing a **Donor Management Manual** in several European languages, identifying and recommending good European practice for donor management with respect to:
  1. donor recruitment
  2. donor retention
  3. donation procedures, including deferral policy
  4. patients requiring long-term transfusion therapy
- Developing a **Training Programme** which will assist blood establishments within each EU member state to implement Good Donor Management

**Current project phase: Final Reporting**

The Donor Management Manual was published in June 2010. It was launched during the XXXIst International Congress of the International Society of Blood Transfusion in Berlin on June 26th. It is available on the DOMAINE website (www.domaine-europe.eu).

The project is at its final stage. A training programme that will disseminate the manual's information to professionals in blood establishments throughout Europe has been developed. This training programme (TP) aims at executive staff in donor management. The first TP has been very successfully presented at the XXIst Regional ISBT Congress 2011 in Lisbon (P). More TPs have been scheduled already and will be scheduled on a regular basis.

**Project co financed by the EU Public Health Programme 2003-2008**

**Starting date and duration of project:** March 1st 2008, 36 months

**Total cost:** € 862,073

**Subsidy from the Commission:** € 500,000

**Leader organisation:** Sanquin Blood Supply Foundation

**Contact Person:** e.wagenmans@sanquin.nl

**Web site:** www.domaine-europe.eu

* Austria, Belgium, Cyprus, England, Estonia, Finland, France, Germany, Hungary, Ireland, Malta, the Netherlands, Northern Ireland, Portugal, Scotland, Slovenia, Switzerland, Wales  ** Thalassaemia International Federation
The COORENOR project
Coordinating a European initiative among National Organizations for ORgan Transplantation
C. Carella, P. Di Ciaccio, A. Nanni Costa, Italian National Transplant Centre, Italy

**SUMMARY**
COORENOR is a 30 months project (from June 2010 – to December 2012). The general aim of this project is to establish a coordinated network between national programmes existing in the participating European Member States in the field of organ transplantation, taking into account some major issues such as cadaveric donation, living donation and cross border organ exchange.

**OBJECTIVES**
The project is coordinating the efforts of organizations based in countries which joined the European Union during the last 20 years with those of organ donation and transplantation bodies that have a consolidated experience in cooperating together in this specific field. A main objective is the definition of shared and feasible best practices and guidelines in the field of organ transplantation. In countries in which organ transplantation is already a well-established and organized activity, the identification of best possible strategies will have a positive effect on quality and cooperation, whereas for those where some programmes are not yet fully developed the project served as catalyst of existing positive synergies.

**METHODOLOGY**
An overview of existing situations was performed under different WPs: legal and clinical conditions for death diagnosis and organ donation, parameters for clinical evaluation of living donors and existence of follow-up registries, current volumes of cross border organ exchanges. Recommendations have been drafted on each single topic, whereas a country profile was drawn up under the WP on existing transplant programs.

**MANAGEMENT & COORDINATION**
All the Associated partners met every 4 months to review progress in all off he work packages. The coordinating partner, CNT, maintained contact with partners mainly through emails and provided technical support on all work packages for the circulation of he surveys through the 27 European Competent Authorities for organ and for the administrative management of their budgets and reporting requirements.

**DISSEMINATION**
The outputs of the project were disseminated in a number of ways:
- The project website
- Presentation at international meetings
- Distribution of the project brochure to all EU Competent Authorities for organs
- Presentations at local events and congresses

**EVALUATION**
All the project aspects were evaluated. Questionnaires were also circulated during the meeting by the evaluating partner in order to investigate the level of satisfaction of each partner. Draft version of final deliverable was provided to the evaluators who gave suggestion during each meeting. Final deliverable will be evaluated by the advisory board and shared through the scientific community.

**RESULTS**
1. Overview of supranational/ national/ regional/local transplant programmes in EU and analysis of organisational systems: recommendations on further initiatives and future work.
2. Overview on the deceased donation and public campaigns within the EU member states.
3. Common strategy for enhancing Living Kidney Donation within the EU member states.
4. Setting up of an IT web portal for the cross border organ exchange.

**CONCLUSION**
The history of cooperation among the EU member states goes back to European Transplant Network activities and ALLIANCE-O projects. Starting from the membership of these previous projects, COORENOR enlarged its border establishing not only a network between National transplant Organization but becoming itself a bridge between the past experiences and the future networking of Competent Authorities in the Joint Action.

**ACKNOWLEDGEMENTS**
The Project partners are very grateful to the European Commission for providing financial support and for using the project outputs as the basis for developing further initiatives.
Improving Vigilance of Tissues and Cells applied to Patients in the European Union: the SOHO V&S Project

Summary
The EU funded project "Vigilance and Surveillance of Substances of Human Origin (SOHO V&S)" was launched in March 2010 and will finish at the end of February 2014. Co-ordinated by the Italian National Transplant Centre, it is supporting EU Member States in the development of vigilance systems for tissues and cells that are applied to humans in a wide range of treatments. The scope includes transplanted bone marrow and cord blood, skin and bone used in burns treatment and orthopaedic surgery, gametes and embryos used in the treatment of infertility and corneas, heart valves and vessels used in transplantation. It has surveyed the situation regarding vigilance in this field in the EU and has developed specific guidance for the field of assisted reproduction and suspected illegal activity. Guidance documents on vigilance investigation are under development. Training courses are being provided to EU tissue and cell Vigilance Officers.

Objectives
The key objective is to develop a shared view of how serious adverse events and reactions associated with tissue and cell donation or human application should be reported, evaluated and investigated within the EU. A series of work packages address specific areas of concern: vigilance in assisted reproduction, vigilance for living donors, how investigation of adverse incidents such as suspected virus or malignancy transmissions should be carried out, how best to encourage clinical users to notify adverse outcomes that might be associated with the quality or safety of the tissues or cells and how regulators should detect and prevent illegal and fraudulent activity in the field. The project aims to facilitate harmonisation of terminology and documentation and consensus on how information should be exchanged between EU Member States, the European Commission and third countries.

Phase I: Exploration

WP 4 Survey of EU MS
In order to carry out the SOHO V&S project, it was necessary to determine the current situation of vigilance in each country, including the situation in third countries. This was done through a questionnaire to all EU MS and third countries with a transplant centre in order to determine the current situation and methodologies used for the vigilance system. It was confirmed that vigilance in this field is underdeveloped and that the vigilance systems need to be improved and harmonised across the EU and third countries.

WP 5 Adverse Reactions in Donors
There are differing national vigils and systems for the notification of severely adverse reactions in donors. These include reactions that may lead to death, serious or life-threatening conditions, and conditions requiring hospitalisation. The project aims to improve and harmonise systems for the notification of adverse reactions in donors.

WP 6: Detection and Management of Illegal and Fraudulent Activity
The project aims to develop a shared view of how serious adverse events and reactions associated with tissue and cell donation or human application should be reported, evaluated and investigated within the EU. This will include the development of guidelines for the investigation of illegal and fraudulent activity.

WP 7: Investigating Serious Adverse Events and Reactions
A training course was conducted on the development of methods for the investigation of serious adverse events and reactions. The course aimed to provide participants with the knowledge and skills to investigate serious adverse events and reactions using standardised and validated methodologies.

WP 8: Engaging Clinical Users
The aim of this work package is to engage clinical users in the development and implementation of the project's guidance documents. This will be done through the establishment of an advisory board, which will provide feedback on the guidance documents and help to ensure their relevance and usefulness.

Phase II: Reports and Guidance

WP 9: Reporting and Communication
The project aims to develop a shared view of how serious adverse events and reactions associated with tissue and cell donation or human application should be reported, evaluated and investigated within the EU. This will include the development of guidelines for the reporting and communication of adverse events and reactions.

Phase III: Dissemination and Training

WP 10: Dissemination and Training
The project aims to disseminate the project's guidance documents and training materials to EU MS and third countries. This will be done through the organisation of a final conference and the publication of the project's findings.

Evaluation
All project deliverables have been reviewed and evaluated by an external evaluation committee composed of individuals who are not directly involved in the work of the project. Events and training courses are evaluated by the participants. Two external peer reviewers also review and evaluate each deliverable. Structured questionnaires are used for all evaluation activities and the results are analysed and reported by the work package leader, Donor Action.

Conclusions
The application of human tissues and cells in transplantation and assisted reproduction brings enormous benefits to patients across the EU. Adverse reactions and events are rare but they need to be detected, investigated and reported so that patients can be protected and repetition can be avoided. This project is supporting MS in the development of their vigilance systems, drawing on existing experience and agreeing common principles of best practice.
4 Health Threats
The overall aim of the project was to develop an integrated programme on sanitation and control of communicable diseases on passenger ships including a training programme and communication network. Moreover, the project aimed to facilitate the practical implementation of the International Health Regulations (IHR).

The partnership
Associated partners: 14  Collaborating partners: 24
EU geographical coverage: 9 EU MS, 2 EFTA, 9 EuroMed countries participated in the training courses
Cruise companies: 16
International & EU Organisations:
CDC-VSP, CLIA, IMO, WHO, ECDC, ECC

Objectives
Common standards  Common training  Communication

Evaluation
Internal and external evaluation, questionnaires, SWOT analysis (strength and weakness analysis, opportunities and threats analysis)

Dissemination
• Publications (6 articles)
• Web-portal (>18,000 visits)
• Newsletters (16 issues, 3 editors in rotation)

Conclusions
• Better prevention and management of the communicable diseases aboard ships and transnational transmission.
• Common inspection process in EU
• Promoted coordination and exchange of ship inspection results under IHR 2005

Results
Communication network platform https://www.shipsan.eu/comnet/
• used to follow up 3 real events, 2 pilot exercises in 2011
• 20 port health authorities and 10 countries participated

European Manual for Hygiene Standards and Communicable Diseases Surveillance on passenger ships
Part B includes guidelines for the prevention of influenza-like illness, of gastroenteritis and of legionellosis on passenger ships

Pilot Inspection Programme
• 42 pilot inspections on passenger ships during summer 2011
• 62 inspectors, 7 trainers, 16 ports from 9 countries, 31 cruise ship and 7 ferries participated in the pilot phase

Training
• Pool of trainers: 35 experts
• Training material: 21 presentations, 6 case studies, 2 CD-ROM, e-learning platform http://elearning.shipsan.eu/
• Training courses: 2 train the trainers courses, 1 for seafarers (50 trainees) and 1 for port health officers (50 trainees)

European information database system of International Health Regulations Ship Sanitation Certificates (IHR SSC)
http://ssc.shipsan.eu
• Currently used by 102 inspectors in 10 EU countries
• 301 inspections have been recorded

Project co-financed from the EU Public Health Programme 2003-2008
Starting date and duration of project: November 2008 – October 2011 (35 months)
Leader Organisation: University of Thessaly (UTH), Greece
Contact Person: Prof. Christos Hadjichristodoulou (chatzi@med.uth.gr), Project Leader, UTH, Greece
Total cost: 1,421,125.51 €
Co-funding from the Commission: 799,984.23 €
The European Network for Highly Infectious Diseases (EuroNHID) is an network of European experts in the management of patients with Highly Infectious Diseases (HIDs).

The main objectives of EuroNHID are to enhance and maintain co-operation, communication, and exchange of data and good practices on highly infectious diseases (HIDs) among infectious disease clinicians, epidemiologists and public health experts, and to enhance preparedness and response within Europe to these health threats.

HIDs are transmissible from person to person, cause life-threatening illness, and represent a serious hazard in health care setting and in the community, requiring specific control measures. These diseases/agents are: human to human transmissible Viral Haemorrhagic Fevers (Marburg, Ebola, Crimean Congo, Lassa and South American Haemorrhagic fever); SARS-CoV; Emerging highly pathogenic strains of influenza virus; Smallpox and other orthopox infections (eg monkeypox); XDR-Tuberculosis; other emerging highly pathogenic agents, including agents of deliberate release (eg pneumonic plague).

The Coordination Team is based in Rome, Italy, at the National Institute for Infectious Diseases "L. Spallanzani", the Italian national referral centre for infectious disease emergencies and bioterrorism-related pathogens. The Coordination team was helped by a Steering Committee, nominated at the beginning of the project, including project partners from France, Germany, Greece and UK, selected on the basis of their experience in the management of HIDs and/or high-level isolation units.

Dissemination of the project results
The EuroNHID consortium:
- published 7 articles on scientific, peer-reviewed journals, while other papers are currently in preparation;
- presented 11 oral communications and 9 posters at national and international congresses and meetings;
- disseminated the results through the project web-site (www.eunhid.eu, see "Documents", registration required)

Methodology
During the 42 months, many methodologies have been used in order to achieve the deliverables of the project.

EuroNHID included 15 EU countries, plus Norway who participated to the activities of the last year (see map)

For all objectives and activities, a networking approach has been used. The Coordination Team, helped by a Steering Committee including partners from 4 countries, developed drafts and proposals, that were disseminated to and discussed with all project partners. Final agreements on all issues were reached during extensive discussions at the general meetings.

Conclusion
The project gives, for the first time, an on-the-field evaluation of European resources and capabilities in the management of HIDs patients. The project identified the main existing gaps also.

Imported cases of HIDs are considered very rare events. Several specific aspects, such as the management of clinical waste or the policies for hygiene and disinfection are very rarely described in the scientific papers. For this reason, a network is essential for the sharing of experiences and the dissemination of good practices about the management of HID patients.

The EuroNHID Manual, in our intention, wants to fill an existing gap in scientific literature. Indeed, some clinical guidelines for the management of HIDs exist, but few of them specifically face the isolation, infection control, and HCW safety issues. A set of recommendations, based on the large experience gathered during the survey, on these issues are still lacking, and thus EuroNHID Manual may become an important tool for the safe and appropriate management of these patients.
**Establishment of Quality Assurances for Detection of Highly Pathogenic Bacteria of Potential Bioterrorism Risk (EQADeBa)**

**Ursula Sauer, Daniela Jacob, Anna-Maria Rohleder and Roland Grunow**

**Summary:**
EQADeBa was a project funded by the European Commission on the topic of "Establishment of Quality Assurances for Detection of Highly Pathogenic Bacteria of Potential Bioterrorism Risk". The project was led by the Robert Koch-Institut (RKI), Germany, and consisted of 23 partners from 23 European countries. The project started in May 2006 and ran for 36 months (+3 months prolongation).

**Objectives**
The general objective of the project was to design, organize and manage three External Quality Assurance Exercises (EQAEs) for high quality standard.

**Methodology**
The detection range of high threat bacteria included:
- Brucella
- Francisella
- Yersinia
- Burkholderia
- Pasteurella
- Achromobacter
- Proteus
- Escherichia coli
- Pseudomonas aeruginosa

Three EQAEs were performed with increasing level of difficulty and in a way to identify improvements.

**Acknowledgements**
We would especially like to thank the EAHIC for funding and thus realizing EQADeBa, but also all partners for their cooperation and for the external support of the project by ECDC, SANCO C3, DG ENTR, WHO and EUROVET.

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**WP Coordinations**
- **WP Coordination**
  - **The management structure and responsibilities were agreed in a Consortium Agreement.**
  - **The General Assembly** was the decision-making body of the Consortium and consisted of one representative of each partner.

**Results:**
- A clear improvement of correct positive and correct negative results could be observed over the course of the project.
- The speed of diagnostics during the three exercises could considerably be improved.
- The major impact, however, has been given by personal troubleshooting added to the results. Further important factors were exchange of best practices and approaches among the partner institutes and training offered and made use of within the network whenever appropriate.
- Development of a common detection strategy as a "Gold Standard" for the identification of high threat bacteria.
- Proficiency tests for diagnostics of highly pathogenic bacteria were recommended as a continuous process.

**Conclusions:**
The project has collected experiences on biosafety, biosecurity, and transportation issues throughout Europe.
- A repository for reference material of highly pathogenic bacteria has been set up and should be maintained on a long-term basis.
- A network of laboratories responsible for the diagnostic of highly pathogenic bacteria is required in the long run as these bacteria also occur naturally with often unknown and/or underestimated prevalence.
- The network should also be linked with other networks, e.g. on viruses and toxins.
- The impact of the project in the participating countries sets out the future prospects for European Reference Laboratories which aim to perform quality assurance exercises regularly and provide appropriate reference materials for validation of diagnostic methods and instruments.
The REACT project has been created to provide evidence and tools for an improved and better coordinated response to the outbreak of infectious diseases within the European Union. In order to use the available expertise in all areas of interest four European public health institutions from Poland, UK, Norway and Germany took over responsibility each for one area of response.

The project focussed on four areas of generic response which are crucial for the international cooperation on prevention and harmonized action:

1. Contact tracing in ground transport
2. Implementation of International Health Regulations (IHR)
3. Enhanced surveillance during mass gathering events
4. Surveillance in Health Care Workers (HCW)

The choice of the four areas of interest was inspired by the observation that in these areas little is known or done and that existing international regulations for surveillance urgently need reinforcement for effective implementation.

### REACT PRODUCTS AND TOOLS

#### Contact Tracing in ground transport
1. A risk assessment tool – the pictorial profiles "CT-RAP" – to support evidence-based decision making on contact tracing exemplified for the following infectious diseases:
   a. Tuberculosis,
   b. Measles,
   c. Meningococcal Disease
2. Disease specific fact sheets to support decision making

The tools developed:
- are innovative, scientifically well founded
- apply to a variety of contact tracing decisions
- support evidence-based decisions
- protect from unnecessary contact tracing
- help training epidemiologists in sound decision making

#### Implementation of International Health Regulations
1. A toolkit for National Focal Points that includes
   a. a guidance document and
   b. adaptable templates to improve event reporting by clinicians and laboratories.

The toolkit:
- aims of making first line health care workers think in terms of public health
- encourages reporting of events that may not meet notifiable criteria but deserve immediate public health attention

#### Enhanced surveillance during mass gathering events
1. Tool box of core surveillance capacities for mass gatherings
2. Training module “Surveillance of infectious diseases at mass gatherings”

Both tools have been tested during a pilot training in Poland in December 2010 and were applied during the UEFA Euro 2012.

#### Surveillance in Health Care Workers
1. Conceptual framework model for HCW surveillance
2. Template for pre-exposure training and education material
3. Template for a data collection tool with a data analysis guide
4. Template for a standardised hospital outbreak investigation protocol

As shown in the testing phase the tools are useful and user friendly.
HCWs are a powerful cohort for surveillance because:
- the population is well known (clear denominator),
- they are a healthy population,
- they are able to report symptoms more accurately

### CONCLUSION

In all four areas all planned products and tools – training modules, education and information material, guidelines and protocols – have been elaborated and tested.

The React tools are presented for dissemination and application on the REACT Web site:
http://www.rki.de/EN/Content/Prevention/React/react_node.html

Three years of work experience in these areas have revealed that the gaps are to some extend due to the difficulty or impossibility of effective routine contact tracing and public health action. anonymous ground travel – although very relevant in size – does hardly allow contact tracing and surveillance of health care workers is difficult, costly and in some countries even impossible due to the legal set up.

### Project Publications:


### Project co financed from the EU Public Health Programme 2008-2013

Start date and duration of project: August 2008 – January 2011 (30 months)
Total cost: 1.342,233,45 Euro
Leader Organisation: RKI (Robert Koch-Institute), Berlin, Germany
Contact: REACT@rki.de Web site: http://www.rki.de/EN/Content/Prevention/React/react_node.html
Other Partners:
GIZ (Gesellschaft für Internationale Zusammenarbeit), Eschborn, Germany
PZH (National Hygiene Institute Poland), Warsaw, Poland
HAP-Cf (Health Protection Agency, Centre for Infections), London, United Kingdom
NIPH (Norwegian Institute of Public Health), Oslo, Norway

[European Commission Logo]
More information:

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

Health-EU Portal
http://ec.europa.eu/health-eu/index_en.htm

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

Executive Agency for Health and Consumers – Project database

Library publications public health

European anti-tobacco campaign – Ex-smokers are unstoppable
http://www.exsmokers.eu/

EU Health Prize for Journalists
http://ec.europa.eu/health-eu/europe_for_patients/prize/index_en.htm