

Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle

3RD EXECUTIVE BOARD MEETING MINUTES

Meeting date: 7-8 July 2014
Meeting location: Rome, Italy
Approval date: 20 August 2014
Prepared by: Marie Roseline D. Bélizaire



RATIONALE: The Executive Board (EB) is responsible of the development of the project. Face to face meetings are scheduled every semester, as defined in the Grant Agreement, for members of the EB to share their work and take necessary decisions.

OBJECTIVE: to review the progress from the beginning of the JA to present (six months), and to define next steps.

LOCATION:

Building: Istituto Superiore di Sanità (ISS)

Address: via Giano della Bella, 34, Rome, Italy

Meeting room: Aula Zampieri

ATTENDANCE:

Representatives of ISS

Fabrizio Oleari, ISS President, Italy

Stefania Salmaso, Chief National Centre of Epidemiology, ISS, Italy

EC Officers:

Anne Marie Yazbeck, Scientific Project Officer, CHAFAEA, Luxembourg

Wolfgang Philipp, Policy Officer, DG SANCO, Luxembourg

Eibhilin Manning, Policy Officer, DG SANCO, Belgium

Work package leaders and co-leaders:

WP1: Juan E. Riese (*Coordinator*), Health Institute Carlos III (ISCIII), Spain

WP1: Isabel Saiz, Ministry of Health, Social Services and Equality (MSSSI), Spain

WP1: Carlos Segovia, Health Institute Carlos III (ISCIII), Spain

WP1: Marie Roseline Darnycka Bélizaire, Health Institute Carlos III (ISCIII), Spain

WP1: Mercedes García, Health Institute Carlos III (ISCIII), Spain

WP2: Anna Gallinat, EUROHEALTHNET, Belgium

WP2 & WP5: Ingrid Stegeman, EUROHEALTHNET, Belgium

WP3: Petros Eskioglou, 1st Regional Health Authority of Attica, (YPE), Greece

WP4: Enrique Bernal, Instituto Aragonés de Ciencias de la Salud (IACS), Spain

WP4: Ramón Launa, Instituto Aragonés de Ciencias de la Salud (IACS), Spain

WP5: Thomas Kunkel, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany

WP6: Graziano Onder, Agenzia Italiana del Farmaco (AIFA), Italy

WP6: Federica Mammarella, Agenzia Italiana del Farmaco (AIFA), Italy



WP6: Rokas Navickas, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP6: Elena Jureviciene, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP6: Zydruke Visockiene, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania

WP7: Marina Maggini, Istituto Superiore di Sanità (ISS), Italy

WP7: Angela Giusti, Istituto Superiore di Sanità (ISS), Italy

WP7: Jelka Zaletel, National Institute of Public Health (NIJZ), Slovenia

AGENDA: the agenda is available at http://www.chrodis.eu/wp-content/uploads/2014/07/FINAL-AGENDA_-3rd-EB-meeting-7-8-july-CHRODIS-JA_LastV1.pdf

DAY 1: 7 JULY 2014

WELCOME SESSION AND PRESENTATION

Fabrizio Oleari, President ISS:

Mr. Oleari welcomed participants to ISS. He reminded the consequences of chronic diseases in the European Union (EU) and their importance for the European Commission (EC).

Wolfgang Philip, DG SANCO:

Mr. Philipp thanked to the Italian hosts for organizing the meeting at ISS. He remembered the 1st EB meeting in Madrid in January 29th to 30th 2014 associated to the kick-off the JA: an event with more than 100 people eager to start working on the JA. He also mentioned the 2nd EB meeting in Brussels, in the margins of the Chronic Disease Summit on April 3-4th, 2014 that was a good opportunity to get things fixed, in particular among WP4 and the other operational WPs. The 3rd EB meeting in Rome is to see where Work Packages (WPs) stand and where the problems are.

The Commission expects that we all run a successful JA. Madrid (first meeting) was a promising start in a spirit of enthusiasm and motivation. He reminded that € 9.5 million

Euros are a huge sum in a restricted Health Programme. Thus, there is the need to make CHRODIS also an example and a source of inspiration for future JAs. He informed that during the same week of the meeting the United Nations (UN) review



process meeting on Non Communicable Diseases (NCDs) at the UN in New York City (NYC) was taking place. The JA is an important deliverable of the Commission in response to the commitments taken in 2011.

Looking back to the 1st ever meeting in January 2012 in Luxembourg to discuss the general idea of CHRODIS, it quickly became clear that several Member States were really interested in taking leading roles and in coordinating the JA and the work packages. This interest now needs to be translated into action and the roles of both, the coordinators and the WP leaders bear a high level of responsibility. They must assume that colleagues and partners assigned to their tasks actually deliver on time.

One of the slides of the Luxembourg meeting explored the question why a JA and not several projects to respond to chronic diseases in Europe? The answer was because the JA-CHRODIS family reaches a critical mass in resources, experiences, knowledge; it integrates and links more issues at the same time under one umbrella; it reaches and includes more relevant stakeholders from different fields and it develops a coherent work plan in a joint development process.

He also pointed out that in the absence of an EU policy framework on chronic diseases, the JA is an important show case for a coherent and useful activity in response to Chronic Diseases (CD) challenges and other associated aspects herein in Europe.

The Chronic Disease Summit has been instrumental in driving this agenda forward, but the JA stays for the time being the anchor activity and show case in the field.

The JA work plan is well defined with milestones and deliverables: this is the minimum that must be achieved on time. This concerns all WPs, the core WPs, and the horizontal WPs. Communication and Evaluation are crucial WPs for the presentation and the demonstration of valuable and meaningful progress. They must therefore perform to the best possible standards. Opening the JA website, for example, should be a pleasure and should be informative. Information must be interesting for both, the public and the involved partners.

EB members belong to the leaders in their respective fields. It is their responsibility to push this JA forward through a smooth internal and external cooperation. All will be held accountable for the progress and success but also for the failures.

This JA is unique and will create an important impact in a wide range of fields related to chronic diseases. This JA is embedded in the EU health architecture, legislation and policies. It has links to other relevant activities including the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) and the work on the major risk factors for chronic diseases.



The Commission reminded the participants that instruments are there, money is there, commitment is there and another two and half years to go on. The Commission expects to have a productive and constructive communication among partners and to establish a strong network of European leaders in the response to chronic diseases. It is therefore important to communicate well among all partners and with the outside world; to report on progress, achievements, news and developments; to guarantee through the JA work a sustainable response to CDs in Europe and to manage a network of health specialists pushing the European response to CDs as the proof that the JA makes a difference.

Eibhilin Manning, DG SANCO:

She focused on the interaction between EIP-AHA and JA-CHRODIS. She applauded the opportunity to have them linked and working together.

Juan E. Riese, Coordinator of JA-CHRODIS:

The JA Coordinator welcomed participants to the meeting, thanked the ISS President, Chief National Italian Centre of Epidemiology and Marina Maggini, WP7 leader, for hosting the meeting. He also thanked the representatives of DG SANCO at the meeting and introduced the new scientific officer Anne-Marie Yazbeck. He apologized for Olivia Dix (WP3 leader) who, due to private reasons, could not attend this meeting.

Tour de table: personal presentation and expression of satisfaction to participate to the meeting.

PRESENTATIONS AND DISCUSSION SESSION

Chairwoman: Isabel Saiz, Spanish Ministry of Health, Social Services and Equality

JA-CHRODIS OBJECTIVE

Speaker: Juan E. Riese

The coordinator, Juan E. Riese, in a short presentation, reminded the main objectives of JA-CHRODIS, the structure, and the division of WPs. He focused on what the JA-CHRODIS should be and should not. He also emphasized in definition of guidelines, practices and good practices. The Platform of Knowledge Exchange (PKE) will constitute an important exchange activity as is the interaction with all WPs and EIP-AHA. It is crucial in order to reach the main objective of the WP4 in charge of the PKE development. He further described the sustainability activity in the JA-CHRODIS, which is led by the Spanish Ministry of Health.



Debate:

Enrique Bernal made emphasis in the necessity of a good dissemination plan such as webpage, meetings and explained that the concept of practitioners as was mentioned in the slides is not only about clinicians but everybody working in the field of health.

Carlos Segovia proposed to make this concept clear and maybe including it in the amendment to the Grant Agreement.

TERMS OF REFERENCE OF THE ADVISORY BOARD (AB)

Speaker: Marie Roseline Darnycka Bélizaire

She presented the documents in the folder. She explained that the glossary is a draft to be completed all over the project. She encouraged participants to send words to be included in the glossary. The document named “activities update” is also a draft to be completed with the part from WP4.

She also explained the AB selection process: an E-mail will be sent to WPs 2 and 3 to propose candidates. In the meantime, candidates in the list will be contacted to confirm their availability, to sign the declaration of interest and the availability commitment. Once candidates confirm their willingness, the final candidates list will be sent to EB to vote according to the process describe in the terms of reference. A teleconference will be set up to finalize the process on September 12, 2014.

Debate:

Participants disposed of five minutes to read the ToR of the AB. Enrique Bernal made some changes replacing “chronic diseases” by “chronic care”. Marie Roseline D. Bélizaire proposed to have an AB only with Scientifics. Carlos Segovia said that in the agreement the AB is for conceptual and strategic advice in the JA-CHRODIS. Anne-Marie Yazbeck committed to have the new version of the ToR of the AB in the same day.



WP1: SIX MONTHS OVERVIEW, ACHIEVEMENTS AND NEXT STEPS

Speaker: Juan E. Riese

Juan E. Riese made a brief overview of the last six months of JA-CHRODIS for the WP1. He underlined some of the most crucial Teleconferences (TCs) with EB, WPs and also with CHAFEA. All activities of WP1 are listed in the document report for the last six months of the project. A preliminary review of the financial situation pointed out the person/days of a number of partners in WPs does not match with the work they are supposed to produce. The payment to partners was effective on May 30th 2014 but two of them, National Institute of Public Health NIJZ (Slovenia) and National Institute for Health and Welfare THL (Finland), were impossible to deliver due to some problems between the Spanish bank and the banks and these countries. The Financial Manager is trying to solve this issue.

The coordination team committed to launch the management tool on the mid-September.

Isabel Saiz intervened about the composition of the Governing Board (GB). The first meeting will be on February 2015. Eleven countries already nominated their representative: Austria, Belgium, Cyprus, Croatia, Estonia, Finland, Germany, Lithuania, Slovenia, Spain and United Kingdom. The Spanish Ministry of Health, via its General Secretary sent invitations to permanent Country Representations in Brussels on April 9th, 2014.

Debate:

Anne-Marie Yazbeck asked Isabel Saiz to share the GB invitation with the EB as it can help maybe to get the countries representatives for the GB. Graziano Onder and Marina Maggini identified the Italian representatives as Daniela Galeone and Giovanni Nicoletti. Wolfgang Phillip recommended contacting with them directly.

Regarding the person/days, Petros Eskioglou asked if it is possible to move budgets between third parties. Ingrid Stegeman emphasized on adapting the person/days in WPs and also noticed that some partners have more person/days with the same tasks due to their public function. Carlos Segovia proposed a recompilation of person/days from partners till September 30th 2014 and to send it to the coordination team in order to include them in the amendment.



WP2: COMMUNICATION STRATEGY AND WEBPAGE

Speaker: Ingrid Stegeman

Mrs. Stegeman presented the work of WP2 insisting on communication as a responsibility of all partners involving in the JA. She made a brief overview of the webpage, the content and the promotional material about JA-CHRODIS.

Debate:

Marina Maggini asked if the JA-CHRODIS template is also valid for national workshops and proposed to include a section about important events in the webpage. Carlos Segovia emphasized on the dissemination of the Platform for Knowledge Exchange (PKE) and identified possible stakeholders for it. Enrique Bernal indicated that one the WP4 tasks, is to design a business model for the PKE. Jelka Zaletel proposed to share information with all countries, ministries, patients, institutions involving in health services. Juan E. Riese proposed to inform partners about possible JA-CHRODIS presentations. Marie Roseline D. Bélizaire indicated that the extranet will be linked to the webpage. Graziano Onder proposed to publish JA-CHRODIS originals in open access journals.

WP4: CRITERIA FOR ASSESSING PRACTICES AND TIMELINE

Speaker: Enrique Bernal

Mr. Bernal explained that the PKE will be performed in collaboration with the Telemedicine Unit of the Institute of Health Carlos III of Spain. He detailed the DELPHI consensus process with its components for the PKE. WP4 will recruit around 20 experts per DELPHI, based on area of expertise, type of stakeholders and types of health systems, also taking into consideration country and gender balance.

Enrique Bernal also explained the expert's panel job that will consist in a) agreeing on the list of the relevant items for a practice assessment; b) setting the scale for evaluation within each agreed item (establishing categories or levels "the good, the better and the best"); c) attaching a relative weight to each of those agreed items (how relevant each should be when assessing a practice).

About the platform development, Enrique Bernal mentioned the main components of the PKE: a User Management System (UMS), a Content Management System (CMS) with two subcomponents a Clearinghouse (CH) and Digital-resources library (DRL), and

the Help-Desk (HD) that will permit the Assessment Tools (AT) with fora, message board and video-chat.

The PKE will be piloted along the project to test its functionality. This pilot process will be composed by several layers: a) usability and accessibility, b) data and storage, and c) searching engine.

The first DELPHI consultation will start with WP5 on health promotion and prevention of chronic diseases with the launch of the first online questionnaire in November 2014. The first 4 DELPHIs will be delivered on 2015. The first one on February, the second one on March, the third on June, the fourth on December and the fifth DELPHI about diabetes will be delivered on June 2016. The business plan for the PKE sustainability will be ready on March 2016.

Debate:

Rokas Navickas asked how to approach users once the platform is ready. Ingrid Stegeman said that in the WP 5 Kick off meeting, partners began to discuss how the Knowledge Platform could serve to help countries improving policy and practice in relation to the prevention of chronic disease, since collections of good practice do not in and of themselves generate change.

Regarding the criteria for evaluation, Enrique explained that there will be 2 types of criteria: crosswise and specific. Besides, he informed that the 1st round of the questionnaire allows for additional criteria to be added to the questionnaire.

Whether the self-assessment and the reviewing process (checking the completeness of the information submitted by the individuals & organisations introducing a practice for evaluation) will be the only input needed for introducing & evaluating best practices into the Clearinghouse or whether a final editor is needed, a solution will be proposed in the “PKE user requirements” document.

Regarding how to improve “bad practices” (i.e. those practices that didn’t pass the threshold) the idea is to diagnose the practice through the questionnaire and start a quality journey, meant to help users to improve.

Regarding how to approach PKE users and stakeholders once the DELPHI process will be concluded, Enrique Bernal explained that the outreach plan will be prepared in conjunction with WP2 and included in the business model.



DAY 2: 8 JULY 2014

Chairman: Juan E. Riese, Coordinator JA-CHRODIS

WP5: QUESTIONNAIRE ON GOOD PRACTICES

Speakers: Thomas Kunkel and Ingrid Stegeman

They gave a brief overview on the outcomes of the Work Package 5 meeting in Cologne on April 28th-29th 2014 and presented the questionnaire on “Good practice in the Field of Health Promotion and Primary Prevention”.

The questionnaire was well received by participants and the WP4 representatives had the opportunity to clarify possible overlaps and synergies especially with Work Package 7, which is also about to prepare a questionnaire with a focus on Diabetes. An important role in the upcoming weeks will be the transition of the results from the questionnaire of WP5 to WP4. For this, the good practice criteria that will be identified and extracted through answers of the questionnaire will be compiled into a list and passed to WP4 probably in September and then will be used for the Delphi Panel Experts round. The schedule for the end of the Delphi Panel process got postponed from initially December 2014 to February 2015.

Debate:

Jelka Zaletel offered herself to answer the questionnaire for Slovenia seeing that her country is not participating in WP5. Marie Roseline D. Bélizaire proposed that all countries involved in JA-CHRODIS to answer the questionnaire of WP5 as for the questionnaire of WP7 to increase the data value. Juan E. Riese reminded that, according to the European Commission (EC), JA-CHRODIS is about good practices in Europe and that the definition criteria will be a result of the information collected in the questionnaire.

WP6: FRAME WORK FOR DATA ANALYSIS

Speaker: Graziano Onder

He introduced the different tasks of WP6 and which institution is leading each task. He described the databases that will be consulted. The review process is ongoing and so the data collection from other projects. The questionnaire to compile good practices is already sent to ICARE4U.



Between the WP4 and WP6: it is convened that WP6 will provide WP4 with materials and possible assessment criteria that will be used in the Delphi panel (to be developed in the first half of 2015). During the second half of 2015, WP6 will be able to evaluate practices on multimorbid patients, using the agreed criteria

A WP6 meeting is foreseen for 24-25th October 2014 in Rome. Date and location may suffer changes.

Debate:

The JA-CHRODIS Coordinator proposed to have the meeting in Lithuania. The idea was well received. A new date will be determined. Carlos Segovia intervened about the definition of target population; it was previously decided to focus on quality of life, clinical outcomes and resources utilization based on available data in databases. Carlos Segovia also mentioned the International Journal of Integrated Care could be a good help and compromised himself to send the reference to Graziano Onder. Juan E. Riese asked about the trainings foreseen in this WP; Graziano Onder explained that is too soon to have them.

WP7: PLATFORM AND QUESTIONNAIRE

Speaker: Marina Maggini and Jelka Zaletel

Marina Maggini presented the WP7 platform called “Diachronics” and explained the level of access of users depending on their involvement in WP7. The platform is a useful tool to support and facilitate the WP activities and create a community. The WP7 is developing two questionnaires. They will be discussed and evaluated by all participants in this WP during the first WP7 meeting on July 9th 2014. The final version will be ready on September and available on the CHRODIS website. Basically, the questionnaire (Task1-4) is divided into four sections and it based on the expertise and experience of countries in Diabetes.

The second WP meeting will be on autumn 2014. It was considered important to have it at the same time with WP6. There are many partners involved in both WPs.

Jelka Zaletel presented the fifth task: National Diabetes Plans (NDP). She explained the baseline of this particular task using nutrition ingredients of daily living. She presented the plan and timeline for deliverables: NDP content on 2014, NDP Process on 2015 and NDP Guideline on 2016. During the two first years, a map of NDPs in Member States will be performed. To achieve this task, she suggested working with the Governing Board of MoHs that is to be constituted in order to get in contact with the relevant



persons in the respective NDPs, to work with Associated Partners (APs) and Collaborating Partners (CPs) for data collection and finally to adapt the Questionnaire and Protocol and to make a situational analysis.

Debate:

The first part of the discussion was focused on the participation of the GB in the data collection for the NDP. Isabel Saiz explained that the objective of the GB is not collection of data. Nevertheless, the GB representatives could help to identify National Diabetes Focal Point. However, the GB is not constituted yet.

The second part of the discussion was about the implication of International Diabetes Forum (IDF) and its participation to WP7 meeting in representation of European Patients Forum (EPF). The JA-CHRODIS Coordinator will contact EPF to clarify this issue.

The discussion continued with the intervention of Enrique Bernal explaining that there will be a DELPHI about improving care of diabetic patients. This DELPHI will be ready on June 2016. This DELPHI overlaps with Health Promotion of WP5. So, Enrique Bernal proposed to have one Delphi with repeated items for the different WPs and another DELPHI on NDPs.

Marina Maggini intervened to relate that the focus is the model of care delivery. Even though diabetes is the example, chronic diseases are similar. WP7 and WP6 should tightly work together.

Isabel Saiz reflected the Spanish situation about the NDP. The latest evaluation and updating of the National Strategy on Diabetes was in 2012, but she ignores if it is similar in other countries. Jelka Zaletel thanked Isabel Saiz and explained that is more probably different from one country to another but it should anyway be verified. Anne-Marie Yazbeck referred the importance of count on partners for and for this asked for an updated partner's mail list.

WP3: LOG FRAME FOR EVALUATION AND IT IMPLEMENTATION

Speaker: Petros Eskioglou

The JA coordinator introduced Petros and explained the problem confronted with WP3 about evaluation issues. The Greek partner will be co-leader of WP3.

Petros Eskioglou presented a brief overview of what will be the evaluation focusing on three pilots basically: What, How and Who. Then the evaluation will be performed in



four steps: 1) Definition of WHAT – HOW – WHO, 2) Ex-ante; 3) Interim and 4) Ex-post. The deadline to present the first step is about mid-October.

Debate:

Ingrid Stegeman asked if the external evaluation will be subcontracted. Enrique Bernal said that he had an interview with the WP3 leader (Olivia Dix) and sent to her a document (log frame) with suggested indicators for the evaluation of WP4.

Marie Roseline D. Bélizaire indicated that the evaluation should be done step by step. Every event, every deliverable should be evaluated. She also said that it is important to clarify this issue with the WP3 leader and review what she already have done with WPLs, because, the indicators to evaluate WPs should be defined in collaboration with WPLs.

Anne-Marie Yazbeck asked to resolve all the evaluation issue in a short time and indicated that the Greek partners should be co-leaders of WP3.

In parentheses, Petros Eskioglou remarked that the dissemination budget is very limited.

INTERACTION BETWEEN WORK PACKAGES

Juan E. Riese explained the goal of the session: what it was intended to be done during this session and what supposed to be the interaction between WPs in the JA-CHRODIS.

Ingrid Stegeman presented in detail the JA-CHRODIS webpage to be ready at the end of July 2014.

Debate:

Marina Maggini proposed to add “welcome to "Joint Action" CHRODIS” in the home page of the webpage and consider the image a bit religious. She proposed to add some healthy pictures and expressed the consideration of Facebook and Twitter pages for dissemination. The extranet will be ready on September 15th as referred by Marie Roseline D. Bélizaire and she asked to have all JA linked, this is some kind of dissemination and collaboration between JA.

Juan E. Riese proposed a meeting between WP2 with WPLs in order to improve the JA-CHRODIS dissemination plan and it was foreseen to be organized after the next General Assembly.



WP7 leader, Marina Maggini informed having good communication between WP7 through the “WP7 Diachronics” platform. This communication will be improved therefore with WP5.

PROPOSAL SCHEDULE FOR TELECONFERENCE AND REPORTS

Speaker: Marie Roseline Darnycka Bélizaire

The EB will have TCs every first Tuesday every month at 13:00 CET. WPLs will send short report every month to coordination team. They will receive a reminder 3 working days before the deadline to send the report. A template will be proposed.

Debate:

Anne-Marie Yazbeck proposed to use the Google calendar whilst the extranet is being set up and asked to include the EU visual identity in presentations and documents. Graziano Onder asked to change the WP6 date meeting. Marie Roseline D. Bélizaire asked WP2 to send again the template for everyone to have them with the correct EU logo.

DATES FOR NEXT MEETING

Juan E. Riese announced the possible dates for the next JA-CHRODIS meetings: EB, AB, GB and General Assembly. They are expected February 10-12th, 2015. Rooms will be available for parallel sessions.

INCLUSION OF NEW COLLABORATING PARTNERS

Four institutions manifested their interest to become collaborating Partners (CP). Juan E. Riese briefly presented their willingness to be part of the JA and will send the documents about those institutions profile to the EB before deciding on accepting them or not. According to the recommendation of Enrique Bernal, the Coordination team will send a procedure for the selection of new CPs.



COORDINATION WITH EIP-AHA

Speaker: Eibhilin Manning

Mrs. Manning presented the rationale and objectives of EIP-AHA. She also described its methodology, countries involvement and the implication of institutions.

EIP-AHA is linked to JA-CHRODIS via different WPs: WP2 linked with technical meetings and newsletter dissemination, WP4 with care integrated B3 and WP6 to adherence to treatment and multi-morbidity. A good percentage of the good practices target one or more chronic diseases (Diabetes, Cardiovascular Diseases, etc).

She related the fact that various partners of the JA-CHRODIS are also involved in EIP-AHA. A partners mapping will be done. Next EIP-AHA meetings are foreseen for September-October 2014.

Debate:

It was considered important to finalize first the mapping of partners that are involved in each action group. For this, an updated JA-CHRODIS list of participants will be sent to Eibhilin Manning.

CLOSING REMARKS

Speaker: Anne-Marie Yazbeck

She congratulated the EB and the Coordination team for having achieved an appropriated momentum that is to be maintained. September will be quite important since many goals have been set. The most important issue is to achieve the set goals and to respect the deadlines.

A JA-CHRODIS summary of achievements is presented on table 1.



NEXT STEPS (Presented in table 2)

Speaker: Juan E. Riese

- Finally, WP6 and WP7 meetings will be held in Vilnius on November 6th- 8th 2014.
- Management tool to be ready on September 15th 2014
- Amendment is to be finished by the end of October
- The selection procedure for the Collaborating Partners is to be delivered
- The Coordination Team will inform on the steps to prepare the EB meeting, first AB meeting, and General Assembly meeting on February 2015
- Before the first AB meeting in Madrid, the process of the selection of the AB is to be finished. The Coordinator will get in touch by E-mail with the candidates in order to gather their willingness and availability before starting with the selection procedure. A scoring guideline draft will be sent to the EB.



Table 1: JA-CHRODIS ACHIEVEMENTS

| ACHIEVEMENTS | | |
|--|-----|--|
| WHAT | WHO | STATUS |
| Standard Operation Procedures | WP1 | Ready on 25 April 2014 |
| ToR for Advisory Board | WP1 | Ready on 17 July 2014 |
| Selection Process of the Advisory Board | WP1 | Ongoing till 12 September 2014 |
| ToR for Governing Board | WP1 | To be confirmed by the GB on the 1 st meeting on 18 th February 2015 |
| Constitution of the Governing Board | WP1 | Ongoing (invitation sent on 9 th April 2014) |
| Glossary of terms | WP1 | Ready on 14 July 2014 |
| Management Team | WP1 | Ready on 13 May 2014 |
| 1 st payment to Associated Partners | WP1 | Done on 30 may 2014 ¹ |
| 1 st semester report | WP1 | Editing on 9 July 2014 |
| Static webpage | WP2 | Ongoing till 30 July 2014 |

¹two Associated Partners did not receive the payments due to some administrative issue between spanish bank and theirs

| WHAT | WHO | STATUS |
|---|-----|--|
| Logo and visual identity | WP2 | Ready on March 2014 |
| Promotional materials (pens and banner) | WP2 | Ready on May 2014 |
| Social media activities (Twitter and Facebook) | WP2 | Ongoing since May 2014 |
| Draft log frame for evaluation | WP3 | Ongoing till mid-September 2014 |
| Questionnaire on good practices | WP5 | Ongoing till 27 July 2014 |
| 1 st WP5 meeting | WP5 | Done on 28-29 th April 2014 |
| Literature review | WP6 | Ongoing till September 2014 |
| Data collection from other EU projects | WP6 | Ending on June 2014 |
| Questionnaire to compile good practice/ ICARE4U | WP6 | Ready on June 2014 |
| Data analysis of data within ICARE4U | WP6 | Ongoing till mid-September 2014 |
| WP7 platform | WP7 | Ready |
| Questionnaire based on expertise and experience of countries in Diabetes | WP7 | Reviewing till end of July 2014 |
| 1 st WP7 meeting | WP7 | Done on 8-9 July 2014 |

Table 2: JA-CHRODIS NEXT STEPS FOR THE NEXT SEMESTER

| NEXT STEPS: ACTIONS TO BE TAKEN | | |
|---|----------------------------------|----------------|
| WHAT | WHEN | WHO |
| Advisory Board | 12 September 2014 | WP1 |
| Management tool | 15 September 2014 | WP1 |
| Correction person/days | 30 September 2014 | All WPs to WP1 |
| Amendment | 30 October 2014 | WP1 |
| ToR for inclusion of Collaborating Partners | 24 October 2014 | WP1 |
| 1 st Stakeholders forum | 24 October 2014 | WP1 |
| Preparation of meetings: General Assembly, Advisory Board, 4 th Executive Board meeting, Governing Board, WPs meetings | 17-19 February 2015 | All WPs |
| Monthly report | Every last week of the month | All WPs to WP1 |
| EB monthly TC | Every first Tuesday of the month | WP1 |
| Monitoring report | Every six months | WP1 |



| WHAT | WHEN | WHO |
|---|---------------------------------|-------------|
| Participation at International Nursing Research Conference | 11-14 November 2014 | WP1 and WP7 |
| Participation at EUPHA conference | 19-22 November 2014 | WP1 |
| 1st Interim report | 10 December 2014 | WP1 |
| Functional webpage | 30 July 2014 | WP2 |
| Promotional material | October 2014 | WP2 |
| Log frame for evaluation | Beginning of September 2014 | WP3 |
| 1st DELPHI consultation | November 2014 | WP4 |
| End of DELPHI panel process | February 2015 | WP5 |
| Transition of results of questionnaire of WP5 to WP4 | September 2014 | WP5 |
| Providing WP4 with materials and assessment criteria for Delphi Panel | Continuously | WP6 |
| 1st WP6 meeting | 7-8 November 2014 | WP6 |
| Data collection on expertise and experience of countries in Diabetes | Beginning on mid-September 2014 | WP7 |
| 2nd WP7 meeting | 6-7 November 2014 | WP7 |