

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

Grant Agreement n° 2013 22 01

FIRST INTERIM REPORT

Period: 1st January, 2014 – 31st December, 2014

First submission: 27th of February, 2015.

Revision 1: 19th of March, 2015.

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ACRONYMS

AB	Advisory Board
AP	Associated Partners
Chafea	Consumers, Health and Food Executive Agency
CP	Collaborating Partners
Chrodis	Chronic Diseases & Healthy Ageing across the Life Cycle
CoP	Community of Practice
DG SANCO	Directorate General for Health and Consumers
EB	Executive Board
EIP-AHA	European Innovation Partnership on Active and Healthy Ageing
GA	General Assembly
GB	Governing Board
JA	Joint Action
MoH	Ministry of Health
MS	Member State
NCD	Non Communicable Disease
NDP	National Diabetes Plan
SOP	Standard Operation Procedures
TC	Teleconference
WHO	World Health Organisation
WP	Work Package
WPL	Work Package Leader

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DECLARATION BY PROJECT COORDINATOR

I, as project coordinator of this project grant and in line with the obligations stated in the Grant Agreement declare that:

- The report represents an accurate description of the work carried out under this project grant for this reporting period: 1st of January – 31st of December, 2014.
- To my best knowledge, the financial statements that are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project and, if applicable, with the certificate of the financial statement.
- All beneficiaries, in particular non-profit public bodies, have declared to have verified their legal status. Any changes have been reported under section WP1 Coordination and project management, in accordance with the requirements of the Grant Agreement.

Name of the project coordinator:

Teresa Chavarria

Signature:



Date:

20th of May, 2015

PROJECT FACT SHEET

Contract number:	2013 22 01
Proposal title:	Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle
Acronym:	JA-CHRODIS

Starting date:	01/01/2014
Duration of the project:	39 months
Reporting period:	01/01/2014- 31/12/2014

Main Partner	National Institute of Health Carlos III, (ISCIII), Spain
Number of Associated Partners	<ol style="list-style-type: none"> 1. Spanish Foundation for International Cooperation, Health and Social Policy (FCSAI), Spain 2. EUROHEALTHNET (EUROHEALTHNET), Brussels 3. European Health Management Association Limited (EHMA), Ireland 4. Aragon Health Sciences Institute (IACS), Spain 5. Federal Centre for Health Education (BZgA), Germany 6. Italian Medicines Agency (AIFA), Italy 7. National Institute of Health (ISS), Italy 8. Dresden University of Technology (TUD), Germany 9. Vilnius University Hospital Santariškių Klinikos (VULSK), Lithuania 10. National Institute of Public Health (NIJZ), Slovenia 11. National Center of Public Health and Analyses (NCPHA), Bulgaria 12. National Institute for Health and Welfare (THL), Finland 13. Heinrich Heine University Düsseldorf (UDUS (HHU)), Germany 14. Ministry of Health (MINSAL), Italy 15. 1st Regional Health Authority of Attica (YPE), Greece 16. Health Service Executive (HSE), Ireland 17. Institute of Public Health (IPH), Ireland 18. Netherlands Institute for Health Services Research (NIVEL), Netherlands 19. Ministry of Health and Care-Services (HOD), Norway 20. Directorate-General of Health (DGS), Portugal 21. National Health Institute Doutor Ricardo Jorge, IP (INSA), Portugal

	22. European Patients Forum (EPF), Brussels
	23. National Institute for Health Development (NIHD), Estonia
	24. Health Education and Diseases Prevention Centre (SMLPC), Lithuania
	25. Directorate of Health (DOHI), Iceland
	26. European Institute of Women Health (EIWH), Ireland
	27. National Institute for Public Health and the Environment (RIVM), Netherlands
	28. European Regional and Local Health Authorities (EUREGHA), Belgium
	29. Spanish Ministry of Health, Social Services and Equality (MSSSI), Spain
	30. Andalusian Regional Ministry of Health and Social Welfare (CSBSJA), Spain
	31. Progress and Health Foundation (FPS), Spain
	32. Basque Foundation for Health Innovation and Research (BIOEF), Spain
	33. Galician Health Service (SERGAS), Spain
	34. Foundation for Education and Health Research of Murcia (FFIS), Spain
	35. Aragon Foundation for Research and Development (ARAIID), Spain
	36. University of Zaragoza (UNIZAR), Spain
	37. Agency for Health Quality and Assessment of Catalonia (AQuAS), Spain
	38. Portuguese Diabetes Association (APDP), Portugal

Total amount of the project:	EURO 9,213,152
EC Co-funding:	EURO 4,606,576
First prefinancing payment:	EURO 1,381,972, 80
First interim financial report:	EURO 2,164,318, 81

1. EXECUTIVE SUMMARY

1.1 Background Information

General Objective

The general objective of the JA is to identify, exchange, scale-up and transfer best practices and effective interventions on: health promotion and chronic diseases prevention; multimorbidity focusing mainly on cardiovascular diseases (including stroke) and diabetes. The exchange of good practices and interventions will be based on a Platform for Knowledge Exchange (PKE) and a clearinghouse.

Organization of the JA

JA-Chrodis is divided in three horizontal work packages (WPs 1 to 3) and 4 core WPs (WPs 4 to 7). Three of the core WPs are thematic (health promotion and chronic disease prevention, multimorbidity and diabetes, respectively) while the fourth is cross cutting (Platform for Knowledge Exchange). The Executive Board is integrated by the work package leaders and co-leaders and is responsible for the execution of the project. In addition, the JA-Chrodis includes the creation of a forum for representatives of Ministries of Health (Governing Board) and a scientific advisory group (Advisory Board).

Specific Objectives	Work package
1. By the end of the JA, building a Platform for Knowledge Exchange, including a help desk and a clearinghouse.	WP4
2. To promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and chronic disease prevention practices (among elderly).	WP5
3. To design and implement innovative, cost-effective and patient-centred approaches for multimorbid patients including case management training programmes for care personnel.	WP6
4. To identify preventive, early detection, non-pharmacological & educational best practices & multidisciplinary interventions for diabetes to be transferred among regions & support national plans.	WP7
5. To discuss the sustainability of JA-Chrodis after its end based on the collaborative initiative among Ministries of Health on the field.	WP1
6. To develop a Communication Strategy and support JA-Chrodis dissemination of results and outcomes to the main target groups.	WP2
7. To evaluate the JA-CHRODIS and the implementation and achievement of the goals for each work package.	WP3

1.2 Executive Summary of Work Package activities

Coordination. WP1.

The coordination fulfilled the objectives and the work plan set up for the first year of the project. All deliverables and planned milestones were achieved: the Kick Off meeting, work plan, Standard Operation Procedure (SOP), Executive Board meetings, management tool, set up of the Governing and Advisory Boards, Stakeholder Forum and preparing the first Interim, Technical and Financial Report.

The Coordination Team has put strong effort to support at the financial and management level all the requests from WPLs and partners. It has also contributed to find solutions and solve problems related to the objectives of WPs, to improve involvement of associated and collaborating partners in the WP, foster communication among WP Leaders and establish synergies with the EIP-AHA initiative. It has also dedicated considerable resources to the dissemination of the JA-Chrodis, focusing in scientific-technical events and fora.

Coordination has had to confront and solve multiple problems related to administrative issues and partners. Some of the most important are: delay from the coordinator's institution in the payments to associated partners; preparation of an Amendment request that integrates a significant amount of changes requested by WP partners; withdrawal of WP3 Leader (EHMA) from leadership and of the YPE associated partner from the same WP; and coordination of a calendar activities in WP 4, 5, 6 and 7, as respective WP timelines were not well integrated in the Grant Agreement.

Support and follow-up from Chafea has been present throughout the first year. A meeting request was sent to ISCIII's Director General from DG SANCO and Chafea with the aim of discussing relevant issues regarding the coordination, management, dissemination, overall progress and weak response on requested documents of the JA. The Coordinator and ISCIII's Director General representative informed in that meeting a change of coordinator for the incoming year who would begin assuming the role after the General Assembly and 2nd Stakeholder Forum meetings. For more details see section 1.5 "Problems and how they were solved".

Dissemination of JA-Chrodis. WP2.

During the first year, WP2 has achieved all deliverables and milestones defined in the Grant Agreement and developed a wide range of support activities with the aim of fostering the visibility of the JA across Europe: website (in English) with an intranet managed by the management team; electronic newsletter (in English) to be sent by email to established contact database; organization of the press coverage of events of the JA and developing a Communication Strategy (to be

approved) to support WP Leaders and partners in the dissemination activities of the JA, focusing on all our target groups.

WP2 has accomplished relevant contributions to the first year of the JA. It has not only defined Chrodis visual identity for a better identification of the JA, but has compiled a significant number of stakeholder organizations potentially interested in the JA's activities. It has also contributed to the JA communication among partners, creating an internal contact data base. This is reflected in two important documents for the JA: the Stakeholder Data Base with more than 700 hundred organizations and contacts and the internal contact data base which includes associated and collaborating partners.

A Communication Strategy document has been written and proposed to WPLs and presented to Chafea, and will be subject to final comments and approval in 2015.

Evaluation of JA-Chrodis. WP3.

WP3 has had a low level of accomplishment of activities and milestones and the failure of Deliverable 5. The development of WP3 has been weak since the beginning and a common understanding about the specific activities could not be reached. In addition, WP3 Leader (EHMA) retired from leadership and the WP the 4th of November 2014, due to the lack of resources EHMA could dedicate to the execution of the tasks they were to accomplish as WP Leaders. This withdrawal has led to failure of the development and submission of delivery "Evaluation Plan" foreseen for month 5, and a poor execution of the Evaluation criteria for WPs. New WP3 Leader and Co-Leader have been designated at the end of 2014 after an open call procedure launched by the JA coordinator. The new WP3 Leader and Co-leader (AQuAS and APDP respectively) will have to build efforts to update on activities and overcome the considerable delay of activities and deliverables. The Coordination Team will give full priority to this WP in order to accomplish the Evaluation Work Plan in the 1st quarter of 2015 and the Evaluation Report by the end the year. A detailed explanation of the situation can be consulted in section 1.5.: "Problems encountered and how they were solved" and in section 2.3. WP3.

Platform for Knowledge Exchange. WP4.

WP4 completed the PKE's users' requirements, defining the Technical Requirements needed for the development of the PKE, providing the insight on the structure and functionalities of the PKE as well as the different users and workflows to be included in the PKE.

Regarding the Delphi tool, the Terms of reference were drafted for the online DELPHI Tool and invitation to tender took place. The summary of evidence for the Delphi on Health promotion and primary prevention of chronic diseases was also delivered.

The Delphi online tool was demonstrated during the 4th EB meeting in Brussels on 2nd December 2014. A test link with restricted access was made available and distributed among WPLs. 1st DELPHI questionnaire was launched in December 2014. DELPHI questionnaires of the 1st online round were distributed to experts and a second round will be performed at the beginning of 2015. The first Delphi panel face to face meeting has been planned and is still being executed together with WP5. 26 experts have been selected to be part of this panel.

WP4 also searched for synergies and collaboration with the EIP-AHA initiatives. It has attended Action Group B3 meetings and has exchanged ideas for collaboration with its coordinator. Active communication looking for synergies has been established between WP4 and the Policy Officer of the EIP-AHA.

WP4 has had to adapt its work plan calendar and activities to WP5 (and is already doing the same with WP6 and WP7) due to a lack of coordination and integration of WP4, 5, 6 and 7 timelines and tasks in the Grant Agreement proposal. Discussions among this need of coordination and alignment have been held between the WP Leaders of WP5, 6 and 7 with WP4 during the first year and consensus and agreement has been reached on certain aspects (Delphi process). Some other issues (PKE functionalities) will need further discussion in the incoming year. For more information see Main Challenges of WP4.

Good practices in health promotion and prevention of chronicity. WP5.

During the first year, WP5 has developed a questionnaire to collect data on health promotion and prevention of chronic disease in Member States. This questionnaire has fed into a template that also served as a basis for the Delphi 1 questionnaire on Health Promotion. WP5 identified selection criteria that were reviewed and ranked by experts.

It has developed 14 country reviews on the health promotion and primary prevention 'landscape' identifying gaps and needs, (already available on the JA-Chrodis website <http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>) and which contain important information that could be used as a basis to facilitate the exchange between work package partners.

It has also accomplished a compilation of good practices. WP partners were asked to submit three good practices examples from each partner country on the following topics: Healthy ageing, health promotion and diseases prevention and free thematic. During the first quarter of 2015, these practices will be collected, analysed and selected based on the previously selected criteria.

Development of a common guidance and methodologies for care pathways for multimorbid patients. WP 6.

During the first year WP6 worked on identifying targets of potential interventions for management of multimorbid patients and reviewing existing care pathways approaches for multimorbid patients.

Nine review papers that identified characteristics of people with multimorbidity at high risk of negative outcomes were prepared. These papers will be published on March 2015 at the European Journal of Internal Medicine for dissemination at scientific level.

For the development of the second task two approaches were used: 1) review of the scientific literature and 2) a survey going through the network ICARE4U to identify the people at risk. A total of 97 programmes focused on multimorbidity were identified and described in the report.

During the second year, WP6 will focus on compiling good practices on multimorbidity. The goal is to create a common model easily replicable for multimorbid patient based on good practices. During the first trimester of 2015, WP6 will describe the components of the Delphi questionnaire based on the reviewing results. Partners will be asked to propose experts within balance in epidemiology, economic, social interventions, management, policy and also health workers to complete the Delphi experts' panel on multimorbidity.

Diabetes: a case study on strengthening health care for people with chronic diseases. WP7.

During the first year, WP7 has developed a literature review on the strategies on prevention management, education, promotion and training on diabetes for professionals. The literature review has the objective to define the quality criteria for the selection of practices. With this review, the WP has established the core elements to prepare the questionnaires. These questionnaires are been developed with the objective of sharing experiences and learning what is being done in Member States and not under the aim of evaluating the performance of policies in countries. The questionnaire was sent to all WP7 partners and to all JA-Chrodis partners. The European Patients Forum (EPF) was asked to distribute the questionnaire in countries not participating in the JA.

WP7 has also performed a review of the characteristic the National Diabetes plans (NDP). A deep analysis of the NDP review will be executed during next year.

1.3 Summary of Deliverables and Milestones

The “Technical Interim Report” describes the work carried out and the results obtained for months 1 to 12 in the framework of the JA- Chrodis. This summary reflects the deliverables and milestones achieved and the deviations from the original time lines established in the Grant Agreement.

Deliverables

Out of the total 10 deliverables of the JA-Chrodis, 4 were programmed for the first year.

The following three deliverables have been accomplished for the period of this report and are being submitted, including the Technical Interim and Financial Reports according to the JA’s Work Plan and as stated in the Grant Agreement:

- D01:- Dissemination Strategy, visual identify and CHRODIS website, bi-annual newsletters, webinars (WP2).
- D08: Progress Reports and Executive Board minutes (WP1).
- D10: Technical and financial interim and final reports of the Chrodis JA (WP1)

A deviation was noted regarding the achievement of Deliverable 1, related to the delivery of the communication strategy, the stakeholder mapping, the logo and visual identity, the creation of the website and the newsletter of the JA. These delays were due to a slowdown in the selection and approval of visual identity, logo and website. The coordinator did not include all relevant and interested representatives in the decision making process (e.g. Chafea) and more time was needed to integrate feedback from WPLs. To correct the deviation, stronger effort has been put by the dissemination work package to accomplish the tasks and deliverables set in the work plan and the coordination team has worked in being more proactive in the decision making. For more details see section 1.5. “Problems and how they were solved” for WP2. The “Link of Chrodis and EIP-AHA in their websites”, which is identified as part of Deliverable 1 has not been completed. EIP-AHA has not been able to include Chrodis’ link to their website due to technical issues regarding the migration of their web platform to a new system.

The following Deliverable was not achieved:

- D05: Evaluation procedure and results (WP3-): Evaluation Plan was not achieved due to withdrawal of WP3 Leader (EHMA) from leadership (officially notified the 4th of November 2014). The main reason for the retreat underlies in the lack of resources EHMA could dedicate to the execution of the tasks they were to accomplish as WP Leaders. The Associated Partner YPE also expressed its willingness to retire from the WP, leaving the WP with only one Associated Partner and no leader. The JA coordinator together with EB members have been working on the replacement of the WP3 Leader. On the 18th of

December 2014, the Agency for Health Quality and Assessment of Catalonia (AQuAS) from Spain became the leader of WP3 and the Portuguese Diabetes Association (APDP) from Portugal became the WP3 co-leader. The Coordination Team will give full priority to this WP in order to accomplish the Evaluation work plan in the 1st quarter of 2015 and the Evaluation report by the end the year. For more details see section 1.5:“Problems and how they were solved” for WP3 and Section 2.3.

Milestones

Out of a total of 30 Milestones defined in the JA Grant Agreement, 12 were expected to be achieved during the first year. 10 milestones have been accomplished in 100% for the period of this report according to the Work Plan and as stated in the Grant Agreement, 1 has not been completed (Milestone 7) and 1 has not been achieved (Milestone 12):

1. A first draft of the Standard Operational Procedure (SOP) and 3 year work plan (WP1).
2. The final Standard Operational Procedure (SOP) and 3 year work plan approved by Executive Board (WP1).
3. The 1st Financial and Technical Interim Report (WP1).
4. The Stakeholder Mapping and Guidance Document (WP2).
5. The Internal Contact Data Base (WP2).
6. Promotional Materials (WP2).
7. Agreement on the Terms of Reference and indicators for the Evaluation of the JA (WP3).
8. Definition of Assessment Criteria (for Delphi1 “Health Promotion and Prevention”) (WP4).
9. Country reviews on health promotion and chronic disease prevention approaches (WP5).
10. Agreement on selection criteria of good practices + template (WP5).
11. Analysis of large administrative databases (WP6).
12. JA-CHRODIS section on EIP-AHA web platform

Deviation of the following milestones was noted:

- Delay of 3 months on the “First draft of the Standard Operational Procedure (SOP) and the 3 year Work Plan” due to the review process which needed more time than expected.
- Delay of 4 months in the “Country reviews on health promotion and chronic disease prevention approaches” caused by the necessity of investing more time in the data collection and the countries MoH to approval of the report.

- Delay of one month in the “Agreement of selection criteria of good practices + template” of WP5 due to the a delay in the collection of results from partners and conceptual uncertainties in the analysis process which needed more time to be discussed and solved.
- Delay of 5 months in the WP6 Milestone “Analysis of large administrative databases” caused by a delay in collecting databases information and a necessity of more time for the analysis of the information.

The following milestones have not been achieved 100%:

- “Agreement on evaluation indicators” (28% level of accomplishment) caused by a lack of progress on the main partners of this evaluation work package (WP3) and the withdrawal of the work package leader EHMA. The Coordination Team has been working to identify and propose a new work package leader which has already been approved by the EB and duly informed Chafea. The change will be submitted to Chafea in the 1st Amendment request. For more details see section 1.5:“Problems and how they were solved” for WP3 and Section 2.3.
- “Link of Chrodis and EIP-AHA in their websites” (level of accomplishment 50%). Chrodis has created a link to the EIP-AHA initiative website. EIP-AHA has not been able to include Chrodis’ link to their website due to technical issues regarding the migration of their web platform to a new system. The problem will not be solved until 2015 (no specification on date). Nevertheless, dissemination of Chrodis activities and outcomes among EIPAHA Action Groups has been actively developed throughout the year.

The tables on next page summarize the list of deliverables and milestones undertaken for each work package during the reporting period. The labelling for Deliverables is defined according to the Grant Agreement.

Table 1. Deliverables. 1st year JA-CHRODIS. All deliverables are available at JA-Chrodis website and in an independent Annexed document to the the Technical Interim report. <http://www.chrodis.eu/our-work/01-coordination/wp01-documents/>

Deliverables	Description	Deviations	WP
D01:- Dissemination Strategy, visual identify and CHRODIS website, bi-annual newsletters, webinars			WP2
<i>D01-01: Dissemination Strategy, guidance document, reporting-back document</i>			
D01-01.1 Dissemination Strategy	Communication Strategy of the JA-Chrodis	2 months (month 3-month 5)	
D01-01.2 Guidance Document	Document to guide partners on the JA-Chrodis	No	
D01-01.3 Reporting-back document	Template to report on work package progress.	No	
<i>D01-02: Stakeholder Mapping, contact database</i>			
D01-02.1 Stakeholder Mapping	Mapping, analysis and contact database of Stakeholders interested in the JA-Chrodis.	1 month (month 3-5)	
D01 02.2 Contact Database	Database of contacts integrating Stakeholders and Partners of the JA	No	
<i>D01-03: Visual identity, promotional materials, newsletters, webinars</i>			
D01-03.1: Visual identity	Logo, presentation and documents template, visual identity, website.	2 months (month 3-5)	
D01-03.2: Promotional Materials	Leaflets, pens, newsletters.	No	
<i>D01-04: CHRODIS section on EIP-AHA</i>		Not achieved due to technical issues regarding the migration of EIPA-AHA web platform to a new system.	

D05: Evaluation procedure and results		Not achieved due to withdrawal of WP3 Leader.	WP3
D05-01: Evaluation Plan	Plan and evaluation indicators for the assessment of the JA		
D07: Reports and common guidelines for care pathways for (MM) patients			
D07-01: Reports on review of the medical literature and care approaches, administrative databases analyses	Identification of targets of potential interventions for management of multimorbid patients and reviewing existing care pathways approaches for multimorbid patients.	No	WP6
D08: Progress Reports and Executive Board minutes			WP1
D08-01: Progress Reports		No	
D08-02: Executive Board Minutes		No	
D10: Technical and financial interim and final reports of the Chrodis JA		No	WP1

Table 2. Milestones. 1st year JA-CHRODIS

No	Milestone	Description	Deviations	WP
1	A first draft of the Standard Operational Procedure (SOP) and 3 year work plan	Standard Operating Procedures of the project and Gantt Chart	Yes (1 month: Month 1 to month 2)	WP1
2	Final SOP	Standard Operating Procedures of the project	Yes (2 months: Month 2 to month 4)	WP1
	Work plan approved by the Executive Board	Description of the activities during the 3 years duration of the JA	No	
3	The 1st Financial and Technical Interim Report	Report on 1 st year activities for Chafea	No	WP1
4	Stakeholder mapping and Guidance document	A guide to choose the appropriate stakeholders for the JA and for developing the JA Communication Strategy	Yes (1 month: Month 3 to month 4)	WP2
5	Internal Contact Database	Database of stakeholder for dissemination purposes	No	WP2
6	Promotional Materials (Brochures and Posters)	Material for dissemination	No	WP2
7	Agreement on evaluation indicators and Terms of Reference		Yes for Evaluation indicators.	WP3
8	Definition of Assessment Criteria (for Delphi1 "Health Promotion and Prevention")	Defining the criteria for assessing good practices in the field of NDCs	Yes (3 months: Month 3 to month 12)*	WP4

9	Country Reviews on health promotion and chronic disease prevention approaches	Outlining health promotion and primary prevention landscape in countries. Description, identification and promotion of good practice, as well as relevant forecasting and cost-effectiveness studies in this area. The country reviews also identify gaps and needs in relation to health promotion and the prevention of chronic disease.	Yes (3 months: Month 8 to month 12)	WP5
10	Agreement on selection criteria of good practices and template	Template for the collection of good practices in Health promotion.	Yes (2 weeks: Month 10 to month 11)	WP5
11	Analysis of large administrative databases	Analyses of databases on multimorbidity available across EU	Yes (6 months: Month 6 to month 12)	WP6
12	JA-CHRODIS section on EIP-AHA web platform		Yes (12 months. Date of achievement still not foreseen)	WP2

Table 3. Comparison between the initial planned time schedule of Deliverables and Milestones and actual time line achievement.

Time Schedule JA-CHRODIS

1st year (months): M&D achieved versus planned (M: Milestone, D: Deliverables)

Months			Planned												Achieved												
	Original	Actual	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12
WP1	1 (Jan 2014)	12 (Dec 2014)	M, D8	M					D8					M, D10		D8	M, D8	M				D8					M, D8 D10
WP2	1	12			M,D1			M	M			M		M,M				M		D1		MD1			M		
WP3	1	12					D5,M													M							
WP4	6	12						M																			
WP5	1	12								M		M													M	M	
WP6	1	12						M						D7													M,D7
WP7	1	12																									

1.4 Activities undertaken in the period covered by the interim report

Table 4. List of Activities undertaken by each Work Package

<p>WP1: Coordination of the JA</p> <ul style="list-style-type: none"> • Kick off meeting) • Preparation of the Standard Operation Procedure Preparation and partners approval of Project Work plan for the 3 years duration of the JA) • Preparation of Monthly Progress report • Preparation of the Meeting minutes • Organizing 4 Executive Board meetings See Section 1.5 Problems and how they were solved and Section 2.1 WP1 for explanation. • Technical and financial report • Organizing the Stakeholder forum • Setting up Governing Board) • Setting up Advisory Board • Creating a glossary of terms for the JA • Setting up the restricted working area (Management tool)of the Web site Meeting Called by DG San and Chafea • Informal meeting with EIP-AHA for synergies) • Report on dissemination activities • Collecting information for the preparation of Amendment request • Organizing monthly teleconference with Executive Board • Resetting WP3 (See Section 1.5 Problems and how they were solved and Section 2.3 WP3)
<p>WP2: Dissemination of the JA</p> <ul style="list-style-type: none"> • Preparation of the Dissemination Strategy • Reporting Back document • Preparation of the Stakeholder mapping • Designing the visual identity/Logo and template) • The construction and maintenance of an ad hoc created web site • Writing and distributing the press releases of the important events • Guidance document • Preparation of the mailing list for the internal contact database • Preparation and distribution of promotional material • Preparation and release of the draft issue of the Electronic Bulletin)
<p>WP3: Evaluation of the JA</p>

<ul style="list-style-type: none"> • Agreement on the evaluation indicators for Work packages • Preliminary draft of the terms of reference for the evaluation
<p>WP4: Platform for Knowledge Exchange</p> <ul style="list-style-type: none"> • Preparation of the ToR for the online DELPHI Tool tender • Agreement on a modified calendar of work plan for alignment with WP5, 6 and 7 activities • Summary of Evidence document for the Delphi 1 on Health promotion and primary prevention of chronic diseases delivered • Selection of Assessment Criteria DELPHI 1 questionnaire on-line tool • Technological Platform: PKE user requirements • PKE: background decisions made • Collaboration with EIP AHA
<p>WP5: Good practices in the field of health promotion and chronic disease prevention across the life cycle</p> <ul style="list-style-type: none"> • Preparation of the questionnaire for the country reviews on health promotion and Chronic diseases prevention approaches • Agreement on selection criteria for good practices and preparation of the templates
<p>WP6: Development of common guidance and methodologies for care pathways for multimorbid patients</p> <ul style="list-style-type: none"> • Identify targets of potential interventions for management of multimorbid patients • Report on review of the medical literature and care approaches, administrative databases Analyses • Review paper on international literature • Data collection and analysis within ICARE4U project • Organization of WP6 meeting
<p>WP7: Diabetes: a case study on strengthening health care for people with chronic diseases</p> <ul style="list-style-type: none"> • Permanent communication tool: restricted area of work on ISS web site called "Community practice" • Definition of the tools for the data collection • Literature review on effective strategies prevention, management, health promotion and education • Mapping National Diabetes Plans • Identification of social and psychological barriers to the access to care and for empowerment • Organization of WP7 meeting

1.5 Problems encountered and how they were solved

This section describes the problems encountered during the first year of the JA focusing on the main WP involved, the impact produced at the JA level, the actions taken to solve the problems and the expected outcome of the proposed solution.

WP involved	WP1
Description	Delay of three months in the enrolment of the management team for WP 1 due to the administrative procedures of the Spanish General State Administration.
Impact	The coordinator had to assume management activities during this period and some horizontal management activities and elaboration of documents were postponed.
Other WPs affected	Yes.
Solution	Prioritization of management activities. Accelerated update on activities once the team was hired.
Expected outcome	Correction of arisen deviations in the horizontal activities and documents.

WP involved	WP1
Description	Delay of three months in the payment (expected to be in March 2014) to Associated Partners due to a new mandatory national administrative system that affected payment procedures in the institution responsible for coordinating the JA (ISCIII). Transfers to partners were executed in June 2014 except for two of them: National Institute of Public Health (NIJZ), Slovenia and Terveystieteiden tutkimuskeskus (THL), Finland due to a connection problem between their banks and the Spanish National Bank. These partners finally received their share in November 2014.
Impact	Delay on the set up of administrative procedures for some Associated Partners such as the employment of new personnel.
Other WPs affected	Yes.
Solution	Pressure from JA's coordinator and Director General of ISCIII to accelerate payments. Design of work plans taking into account the payment delay to Associated Partners.
Expected outcome	Correction of arisen deviations in the activities for WP. Improve payment planning of 2 nd year's payment.

WP involved	WP1
Description	Resignation of the Financial Manager of the Coordination Team on November 2014.
Impact	None.
Other WPs affected	No.
Solution	Immediate replacement by a new Financial Manager and prompt update of this person duties and activities.
Expected outcome	Continuity of activities with no impact on support and horizontal activities at the financial level.

WP involved	WP1
Description	A first extra EB meeting in Brussels on April 2nd, 2014. A second extra meeting has been held the 2 nd of December of 2014.
Impact	Travel expenses for these two additional meetings were not foreseen in the Grant Agreement and in the final budget for all WPs.
Other WPs affected	Yes.
Solution	The first extra meeting in April was necessary to coordinate and align the planned activities for WP4 5, 6 and 7. The second extra EB meeting in December was necessary to review the performance of the Joint Action, to conclude the process of replacement of Leader EHMA and YPD partner of WP3 and to definitely fix the integration of activities based on an optimal understanding of the interests from the different WPs with WP4.
Expected outcome	Solve problem alignments between WP4 and WP5, 6, and 7 workplans, make a final decision on the new WP3 Leader and discuss about improvements facing the second year.

WP involved	WP1
Description	Called meeting by DG Sanco and Chafea to discuss: 1) Overall visibility of the joint action (enlarge stakeholder group, participate to international public health events, improve content of the website); 2) Overall coordination and among WP 3) Ensure timely financial management 4) Ensure timely progress reports in the view of the set Milestones and Deliverables in the Grant Agreement and 5) Finalize the first amendment.
Impact	After the meeting a deep analysis of the situation was made from ISCIII, the Institution responsible of the JA's Coordination and the Coordinator of the JA. At the end of the year, a change of the Coordinator was communicated to Chafea.

Other WPs affected	Yes.
Solution	The Coordination Team is to work on the improvement of all the topics discussed in the meeting.
Expected outcome	<ol style="list-style-type: none"> 1. Proactive communication within and outside the JA. 2. More political involvement and visibility on the EU level. 3. Ensure JA Chrodis is an EU JA and move meetings around the EU (leverage on the JA partnership) and ensure a public health-oriented policy and visibility in the PH community. 4. Ensure transparency in communication especially invitations to events and similar.
WP involved	WP1
Description	Delay on the first Amendment Request due to continue changes requests from WP partners, a delay in the new signature of the collaboration agreement with FCSAI, the new body used by ISCIII to manage the European Projects Office and its grants and a delay in the replacement of WP3 leader.
Impact	The most relevant and necessary changes have been informed to Chafea.
Other WPs affected	Yes.
Solution	Coordination has put a strong effort in collating all changes (person/days, financial and management issues) from every Associated Partner and has already initiated the preparation of the Amendment.
Expected outcome	The Amendment Request should be sent no later than the first quarter of 2015.
WP involved	WP2
Description	Discrepancies in budget allocation and person/days execution in some Associated Partners involved in WP2.
Impact	Poor execution of tasks of some partners and unequal distribution of work load for others. This can delay the accomplishment of activities and create a lack of coordination in the WP outcomes.
Other WPs affected	No.
Solution	The Coordination Team will inform WP leaders and co-leaders with the status of the person/days execution to facilitate the assignation of the person/days among their partners.
Expected outcome	Efficient workload distribution in the WP and high level of execution in terms of budget within person/days.

WP involved	WP2
Description	Delay in the delivery of Deliverable 1 elements regarding communication and visual identity: communication strategy, logo and visual identity elements, website and the newsletter of the JA. Main causes: slowdown in the decision making process because coordinator did not include all relevant and interested representatives in the decision making process and the need to invest more time in the coordination and integration of feedback from WPLs.
Impact	The website was not ready in due time and the Chrodis' newsletter has not yet been published by the end of the reporting period.
Other WPs affected	No.
Solution	More effort has been put in by WP2 to accomplish the tasks and deliverables set in the work plan and the coordination team has worked in being more proactive in the coordination and decision making.
Expected outcome	Improvement in the communication and dissemination activities of the JA.

WP involved	WP3
Description	Withdrawal of WP3 Leader (EHMA) from leadership and the WP (officially notified the 4 th of November 2014). The development of WP3 has been weak since the beginning and a common understanding about the specific activities could not be reached. The main reason for the retreat underlies in the lack of resources EHMA could dedicate to the execution of the tasks they were to accomplish as WP Leaders, due to resignation of the person contracted for the activity. The Associated Partner (YPE) also expressed its willingness to retire from the WP and a solution by giving more participation to the YPE partner in the management of the intended activities in WP3 could not be satisfactorily reached.
Impact	A considerable delay in the definition of the Evaluation work plan and the failure in submitting deliverable 5 (Evaluation Plan) during the reporting period. Before the withdrawal of EHMA, the activities developed under this WP where: A proposal for evaluation criteria for WP4 and 5; The ToR for the internal and external evaluation; The framework of the evaluation process. According to EB members these documents needed improvement.
Other WPs affected	Yes.
Solution	A selection procedure, in order to replace the leadership and participation in WP3, was urgently developed and set up. The

Expected outcome	<p>Coordinator called for an extraordinary meeting of the EB in order to discuss and give final solution to the issue. It was agreed to launch an open call for expression of interest to all partners to take over the leadership of the WP and reassume the activities. The deadline given was the 10th of December. Three declarations of interests were received and submitted to vote by the JA-Chrodis EB. Finally on 18 December 2014, the Agency for Health Quality and Assessment of Catalonia (AQuAS) from Spain became the leader of WP3 and the Portuguese Diabetes Association (APDP) from Portugal became the WP3 co-leader.</p> <p>Prompt update of activities of new WP3 Leader and Co-leader to overcome the considerable delay and failure in achieving deliverable 5. The Coordination Team will give full priority to this WP in order to accomplish the Evaluation work plan in the 1st quarter of 2015 and the evaluation report by the end the year.</p>
WP involved Description	<p>WP4</p> <p>Delay in the Milestone "Definition of assessment criteria" (DELPHI 1 Health Promotion and Prevention) caused by a lack of coordination in the initial timeframes (when the JA was launched) between WP4 and WP5 work plans.</p>
Impact	<p>WP4 has had to postpone progress of Delphi1 until WP5 collects a set of good practices.</p>
Other WPs affected	<p>No.</p>
Solution	<p>The first semester has been devoted to have a common calendar among WPs (WP5, WP 6 and 7) to minimize the risk of encountering a similar situation during 2015. WP4 will define a new task allocation proposal for 2015 to accomplish goals and deliverables of the second year.</p>
Expected outcome	<p>Correction of deviations for the WP Delphi's along 2015.</p>
WP involved Description	<p>WP5</p> <p>Discrepancies in budget allocation and person/days execution in some Associated Partners involved in WP5.</p>
Impact	<p>Unequal distribution of work load for some partners This can somehow delay accomplishment of activities and create a lack of coordination in the WP outcomes.</p>
Other WPs affected	<p>No.</p>
Solution	<p>In WP5, they are proposing extra tasks to partners, who are responding in a favorable cooperative way to the proposition in order to fulfill their person/days. Coordination team will report</p>

	WP leaders and co-leaders with the status of the person/days execution to facilitate them the responsibility and task of organizing the person/days of their partners and adjusting them to the work to be delivered.
Expected outcome	Efficient workload distribution within the WP and high level of execution in terms of budget and person/days.

WP involved	WP6
Description	Rewording of the Title of Deliverable 7 (WP6) due to a request by WP partners and a new timeline proposal for the delivery of the 2 nd report, contained in Deliverable 7, from month 18 to month 24.
Impact	None.
Other WPs affected	No.
Solution	The new title will be included in the Amendment request: "Report on reviews of the medical literature and care approaches, administrative databases analyses" will be changed to "Report from data analysis and evidence from literature to identify high care demanding population". This report was delivered in Month 12. "Report on beneficial interventions for management of multimorbidity" will be changed to "Report on care pathways approaches for multimorbid chronic patients, including existing good practices". It will be requested as well to extend the delivery of this report to M24 from M18.
Expected outcome	The new titles will mean a better alignment with the WP goals and activities and will define the content more precisely. The new timeline will allow WP partners to include a review of existing care pathways in the 2 nd report, providing a better overall picture of the problem and a list of applicable real life interventions

WP involved	WP7
Description	Confusion with the figure of International Diabetes Federation (IDF) as a representative of WP7 partner European Patients Forum (EPF). IDF is a subcontracting institution of the EPF partner in WP7 and was delegated to participate in the first WP7 meeting in Rome on July 2014 to represent EPF. The role and contribution of IDF was recognized but, as Chafea clarified, a Partner (EPF) cannot be represented by a subcontractor (IDF).
Impact	None.
Other WPs affected	No.
Solution	The Coordinator held several teleconferences with WP7 Leader, the EPF WP7 partner in order to clarify the role and work of IDF in the JA. It was agreed that IDF could attend meetings and participate in activities as a subcontractor but never represent the associated partner.
Expected outcome	Avoid possible conflicts of interests and keep representation of a public organization independently from industry. Participation of IDF in the WP7 activities as subcontractor, but legal representation in meetings is to be through representatives.

1.6 Activities planned for the next period

Table 5. Activities planned by each WP for the next period (Jan-Dec 2015)

WP1	<ul style="list-style-type: none"> • Final work plan 2nd year • Support to other WPs specially WP2 and WP3 • Intensify contact among partners promoting exchange of information • Collaboration of JA-Chordis with the EIP-AHA initiative • Inclusion of new collaborating partners • Organization of the next EB meetings • Maintain the monthly EB TC • Reporting monthly to Chafea • Create synergies with other projects • Organization of the 1st Advisory Board, Governing Board meetings • Organization of the 1st General Assembly and the 2nd stakeholder forum • Progress on actions taken by AB and GB
WP2	<ul style="list-style-type: none"> • Assess Year 1 Communication Activities • Ensure consistency in the dissemination of JA-CHRODIS • Maintain and update JA-CHRODIS website • Link JA-CHRODIS website to that of different organizations' websites to promote the programme • Maintain and develop JA-CHRODIS database • JA-CHRODIS Newsletter • JA-CHRODIS monthly Update bulletins • JA-CHRODIS Video • Press releases • Social Media • Promote JA-CHRODIS and its outcomes at relevant conferences and meetings • Promote JA-CHRODIS and its outcomes through discussions with relevant stakeholders • Promote JA-CHRODIS-JA within organizations/ networks • Promote JA-CHRODIS through newsletters of partners or academic journals • Regular meetings of WP 2 partners
WP3	<ul style="list-style-type: none"> • Implementation of the final report • Measure timely delivery of the JA • Measure impact through quantitative indicators • Measure impact through qualitative indicators • Finalise the interim evaluation report
WP4	<ul style="list-style-type: none"> • Development of assessment criteria for DELPHI 1, 2 and 3 • Assessment tool piloting, including usability and accessibility testing (no storage) • Technological platform: Content Management System and User Management System deployed • Coordination with the PROEIPAHHA project and collaboration with EIP-AHA
WP5	<ul style="list-style-type: none"> • Identification of good practices

	<ul style="list-style-type: none"> • Conference seminars • Active participation in the conference seminar that will be organised for the cluster the country belongs to and presentation of outcomes and results • Presentation of selected practices by the participants from r Member States • Contribution to the development of a short list of practices that are most likely to be successful in the scaling-up or transfer into different Member States and contexts • Identification of 3 good practices per participating MS • Series of conference seminars
WP6	<ul style="list-style-type: none"> • Assess and select good practices on the management of multi-morbid patients • Report on care pathways approaches for multimorbid chronic patients, including good practices
WP7	<ul style="list-style-type: none"> • WP7 Task leader meetings • Completing data collection • Evaluation of collected data: descriptive analysis by topic and by Country • Analysis of programs/interventions/strategies/experiences reported by partners (potential good practices) via semi-structured questionnaires and interviews • SWOT analysis (one per Country) • Report on Contents of NDP • Define the method for analysing processes (context, drivers) related to NDP preparation, implementation, sustainability and spread of NDP • Dissemination activities through the participation in relevant meetings (EASD, IDF, National meetings, ...) • Publication of five papers on Annals of ISS • Expert overview on successful strategies to improve the prevention of diabetes, and the quality of care for people with diabetes • Expert/policymaker meeting • Workshop to analyse collected data on processes in NDP development, implementation, sustainability • Drafting of recommendations to improve early detection and preventive interventions, strengthen health literacy, patient empowerment and training for health professionals • Drafting of Guide for NDP

2. TECHNICAL IMPLEMENTATION OF THE JA

ACTIVITIES RELATED TO WORK PACKAGES

2.1 WP1. Coordination of the JA.

WP1 is linked to all specific objectives of the JA and includes the coordination, management and administration of the project. The objectives directly linked to WP1 are to guarantee a high quality performance of the JA, collaborate with other stakeholders and European initiatives, specifically the European Innovation Partnership on Active and Healthy Aging (EIP AHA) and to build on the sustainability of the JA working jointly with the Governing Board.

The main activities regarding WP1 have been:

- Kick off meeting.
- Executive Board meetings (4 meetings).
- Planned monthly Executive Board TCs and Specific TC with WPLs/ partners (6 TCs).
- Organization of the first Stakeholder Forum.
- Setting up the Governing Board of the JA.
- Setting up the Advisory Board.
- Informal meeting with the EC-DG SANCO representative for EIP-AHA (Brussels, 2 December 2014).
- Preparation of the Governing Board meeting, the first General Assembly, the first Advisory Board meeting to be held on February 2015.
- Collecting the monthly template of progress report and preparing the monthly report.

Milestones, activities and deliverables achieved during the first year of the JA:

a) The kick off meeting (Madrid, 29 January 2014)

Main objective: To present the base elements for the project and the planned project activities. This meeting introduced the members of the project and the stakeholders and also provided the opportunity to discuss the role of each team member, the relation between WPs, the role and contributions from stakeholders.

The main points of agreement from this meeting were related to:

- Analysed cross activities among WPs in order to structure work plan and technical issues of the project.

- Develop a common glossary of terms.
- The necessity of having WHO/WHEN/TOOLS/CALENDAR of meetings.
- Decide on a work plan suitable to all WPs.
- Actively look for synergies with other EU initiatives.
- Reflexions on JA-Chrodis political importance for the Commission.
- Discussion on the first amendment request to the EC.

b) Executive Board meetings (4 meetings) (Deliverable D08-02: Executive Board Minutes)

Originally as stated in the Grant Agreement, 2 Executive Board (EB) meetings were planned to be organized during the first year of JA-CHRODIS activities (month 1 and 6 of the JA). During the first few months of activities, it became clear that there was a need for better coordination of the planned activities of WP4 and the other core WP (WPs 5, 6 and 7). On the other hand, the number of partners within the JA and the fact that work package leaders and co-leaders had not worked together before, required a better “get to know each other” based on extra face-to-face meetings. Issues arisen at work package level (e.g. withdrawals of WP3 Leader) also required a need for EB face to face discussions.

EB Meetings:

- 1st EB Meeting: January 29th, 2014 (Madrid). This meeting was organized the same day as the Kick off meeting to present the different work packages work plans and time line for the first year.
- 2nd EB Meeting: April 2nd, 2014 (Brussels). This meeting was organized with the aim of improving the understanding of the ideas behind the JA’s information and descriptions contained in the Grant Agreement, to adjust the work plan by fine tuning the shared activities among WP4 and WP5, 6, and 7 and to define the procedure for the AB members.
- 3rd EB Meeting: July 7th-8th, 2014 (Rome). This meeting was organized to follow-up on the WP activities and interaction within their work plans, discuss the Terms of Reference for the Advisory Board and propose next Advisory Board, Governing Board, General Assembly and Executive Board meetings.
- 4th EB Meeting: December 2nd, 2014 (Brussels). The main objective of this meeting was the urgent need to solve the issue risen in the Evaluation WP3 (WP3 activities’ delay and change of WP leadership structure due to withdrawal of leader partner EHMA). The meeting also allowed to review the performance of the JA after the year 1, define a timeline for the integration of activities based on an optimal understanding of the interests from WPs 5, 6 and 7 with WP4, improve interaction of the core WP’s with horizontal WP’s, mainly WP2 – Dissemination and discuss about improvements facing the second year. The PKE requirements were discussed at the meeting. Open questions regarding the PKE were

presented by WP4 leader. The EB discussion did not reach clear conclusions and agreements on this topic and further discussion will be needed.

In overall, main discussion at the EB meetings where:

- The definition of a common work plan with the identification of synergies among WPs and a coordinated timetable.
- The definition of the Standard Operation Procedure for the Joint Action.
- The replacement of WP3 leader.
- The set up the Governing Board and Advisory Board.
- Definition of a common work calendar between WP 4 and WP5, 6 and 7 to ensure coordination in the process of selecting criteria for the evaluation of practices.
- The preparation of the 1st Amendment request to the EC.
- The organization of the 1st General Assembly, 2nd Stakeholder Forum, 1st Advisory and Governing Board meetings to be held in February 2015.
- Creating a common vision of the JA and building a community of experts with a common goal.

c) Monthly TC with EB members and specific TC with WPLs and partners

Main objective: Maintain good communication, update the consortium on WP activities, discuss and approve actions to be taken.

During the first year of execution of the JA, the coordination organized six Teleconferences with all members of the JA-Chrodis EB.

d) Organization of the first stakeholder forum

Stakeholders are a relevant community for the JA-Chrodis which can add value to the project and its outcomes not only supporting the dissemination of our outcomes, but also giving relevant information on their organizations activities and contributing with their vision.

The objectives of the first Stakeholder Forum were to:

- Inform stakeholders of the activities of the JA.
- Gather views and contributions on various elements of the Joint Action.
- Assess the potential stakeholder contributions for each Work Package.
- Disseminate results throughout the stakeholder groups.
- Link the JA-CHRODIS to other initiatives and projects.

The Stakeholder contact database was performed by WP2 (Dissemination) from different sources: Stakeholder mapping conducted by JA-Chrodis partners; Participants list of the Chronic Disease Summit April 2014 provided by Chafea on 19th June 2014; All contact persons of JA-CHRODIS associated and collaborating partners; Individual requests by email to be added to the mailing list (info@chrodis.eu).

The coordination management team sent over 280 individual invitations from the stakeholder's data base from 19th September to 15th October 2014. 64 representatives from the following organisations from 13 countries were present: Gesundheit Österreich (GmbH), DG SANCO, European Heart Network, EuroHealthNet, Pharmaceutical Group of the EU, Servier Monde, ROCHE, Federal Centre for Health Education (BZgA), Saxonian Diabetes Association, e-Health Unit "SOTIRIA" Hospital (YPE), Istituto Superiore di Sanità (ISS), Agenzia Italiana del Farmaco (AIFA), Vilnius University Hospital Santariskiu klinikos (VULSK), University of Medicine and Pharmacy "Carol Davila" Bucharest, Slovenian National Institute of Public Health (NIJZ), Osakidetza-Basque Health Service, Ministry of Health Social Services and Equality (MSSSI), Consejería de Salud y Política Sociosanitaria of Extremadura, Institute of Health Carlos III (ISCIII), Boston Scientific, Instituto Aragonés de Ciencias de la Salud (IACS), Spanish Society of Primary Care (SEMERGEN), Spanish Association of Nursing in Cardiology, Merc & Co, Regional Government of Cantabria Health Social Welfare, Spanish National Centre of Epidemiology, Gerencia Atención Primaria de la Comunidad de Madrid, Telefónica, Novo Nordisk, ISCIII-Telemedicine Unit, University Hospital of Getafe, Institute of Genetic Medicine of Newcastle University, Platform for Better Oral Health in Europe attended the Forum.

General Conclusions: The importance of Joint Actions emphasising on the mechanism of having Member States committed to a better health in Europe. The EC underlined the fact that in the EU we have the tools on how to treat chronic diseases but need to implement those. The contribution of the European Innovation Partnership on Active Healthy Ageing (EIP on AHA) to JA-Chrodis was also described following by the presentation of the EIP-AHA by DG SANCO Officer, highlighting the good practice collection, the work of the Action Groups, and synergies across the action groups as well as the monitoring framework and scaling up strategy.

The participants considered the forum as very useful. Its success should also be measured by how widely the JA is disseminated and implemented at national level.

The forum was disseminated in various websites:

- Webpage events of EIP-AHA: <https://webgate.ec.europa.eu/eipaha/events/index/show/id/624>
- Market place EIP-AHA: <https://webgate.ec.europa.eu/eipaha/news/index/index/page/3>
- JA-CHRODIS webpage: <http://www.chrodis.eu/events/ja-chrodis-stakeholder-forum/>
- Greek EIP-AHA webpage: <http://www.eiponaha.gr/en/eip0301.htm>

Press releases:

- http://www.chrodis.eu/wp-content/uploads/2014/09/CHRODIS-Press-Release-Stakeholder-Forum_Website.pdf
- http://www.isciii.es/ISCIII/es/contenidos/fd-el-instituto/fd-comunicacion/fd-noticias/22_10_14ReunionAccionEuropea_enfermedades_cronicas.shtml

e) Setting up the Governing Board

The draft for the Terms of Reference of the Governing Board (GB) of CHRODIS Joint Action was elaborated. EC was informed and the proposed document was presented during the 1st Executive Board and Kick-off Meeting at the end of January, 2014. It includes the objectives, functions and rules of procedures of the GB.

The Permanent Representation of the UE and the EEA Member States was the vehicle responsible for nominations of the representatives from their respective Ministries of Health to join the Governing Board. The invitation letters were sent on by the Spanish Representative at the EU in Brussels to all MS the 8th of April 2014.

At the date of the report, 14 MS (Austria, Belgium, Bulgaria, Croatia, Cyprus, Estonia, Finland, France, Germany, Greece, Lithuania, Portugal, Slovenia, and United Kingdom) and Norway nominated their representative to take part to the GB. The first meeting will be held in Brussels on 18 February 2015.

f) Setting up the Advisory Board

The process began early, on February 2014, during the execution of the project and reached a consensus on the ToR which finalized during the 3rd EB meeting on July 2014. WPLs collected proposal from partners in the WPs and sent them to the coordination. A list of potential candidates was prepared and scored by WPLs. The first meeting will be held on 18 February 2015. The list of JA-Chrodis AB members is available.

g) The management tool of the JA

The restricted working area of the project's website (Intranet) was opened in September 2014. The restricted area is accessed by all the project's participants by a personal user ID and password. This network working area (NWA) allows the project's participants to share documents and information, to organise meetings and teleconferences and to discuss topics of common interest through a WP-specific areas.

h) Meeting called by DG SANCO and Chafea

Official meeting requested by DG SANCO was held between representatives of DG SANCO, Chafea and Coordination Team to discuss relevant items regarding the coordination, management, dissemination, overall progress and response on requested documents of the JA. The meeting took place in Chafea's headquarters in Luxemburg on December 2nd, 2014.

At the meeting, Chafea pointed out the need to strengthen:

1. Overall visibility of the joint action (enlarge stakeholder group, participate to international public health events, and improve content of the website).
2. Overall coordination and among WP.

3. Ensure timely financial management.
4. Ensure timely progress reports in the view of the set Milestones and Deliverables in the Grant Agreement.
5. Finalize the first amendment.

Overall key conclusions:

- Proactive communication within and outside the JA.
- More political involvement and visibility on the EU level.
- Ensure JA Chrodis is an EU JA and move meetings around the EU (leverage on the JA partnership) and ensure a public health-oriented policy and visibility in the PH community.
- Ensure transparency in communication especially invitations to events and similar.

Actions to be taken by Coordination Team:

- Better and a more proactive coordination of the coordination team, better internal management and quicker response to Chafea's requests, providing updated progress reports on time.
- Clear up of administrative issues as soon as possible: WP3 final proposal to be presented by 23rd of December 2014, amendment and finances.
- JA-Chrodis will finalize the Communication Strategy Plan for next year and share it with DG SANCO and Chafea for inputs and guidance.
- Continuous update of JA-Chrodis website ensuring all presentations and all meeting minutes are uploaded and a calendar of future events to be included so external visitors can plan attendance.

This meeting was considered to be positive to the JA Coordination Team and of much relevance both to the JA Coordinator and the institution responsible for the JA's Coordination, the Institute of Health Carlos III.

A strong commitment from ISCIII and the Coordination team to improve the overall status of the JA was supported by a change in the Coordinator. The change was informed to Chafea at the end of 2014. The new coordinator would begin officially to coordinate JA-Chrodis on February the 20th, after the General Assembly and Stakeholder Forum meetings.

g) Collaboration with EIP-AHA

Collaboration with the EIP-AHA initiative is one of the JA's priorities. This collaboration has been carried during the first year especially by WP4, seeking for synergies with EIP-AHA Action Group B3. In addition, the EIP-AHA officer has been invited to participate to several JA-Chrodis events in order to foster this collaboration. With the aim of defining the terms of collaboration for the incoming year (2015), an informal meeting was set by Chrodis Coordinator in December 2014 to which the EC-DG SANCO Officer for EIP-AHA partnership and the leader of WP4 (dealing with the Platform of Knowledge Exchange) were invited. The focus of discussions were on: reviewing the foreground produce by EIP AHA Action Groups - around 370 "good" practices, plus examples; evaluating the practices gathered within EIP AHA repository with the JA-Chrodis methodology (not budgeted in the JA-Chrodis); inclusion of evaluated practices into the clearinghouse (automatic once evaluated) and liaise with and report to EIP-AHA B3 Action Group - coordination or reporting meetings not budgeted.

Summary of meetings outcome: Involve JA-CHRODIS in Pro EIP-AHA's (repository project of EIPonAHA's practices) developments by inviting them to the kick-off meeting; Share the overview of the tools the Pro EIP-AHA team wants to develop and the Scaling Up strategy of the EIP on AH (the first two points of the Scaling up Strategy are relevant for developing synergies with Chrodis).

h) Preparation of the Governing Board (GB) meeting, the first General Assembly (GA), the first Advisory Board (AB) meeting to be held on February 2015

The Coordination Team together with the EB members decided to have the JA-Chrodis meetings (5th EB, 1st AB, 1st GB and 1st GA) from 17-19 February 2015. Location was changed from Madrid to Brussels to allow more participants to attend both the GA and Stakeholder Forum. This meant the need to subcontract the service to the HUSA President Park Hotel to host the biggest events (GA and Stakeholder Forum). The Coordination Team worked with the aim of hosting around 150 attendees and opened the GA meeting to the 2nd Stakeholder Forum meeting.

j) Dissemination Activities

One of the coordinator priorities for the first year has been the dissemination of the JA-Chrodis among groups of professionals. As a result Chrodis has been actively announced in 16 events in four countries (Austria, Belgium, Italy and Spain). This has had an implication at the budget level. The budget allocated for travel expenses has already been executed and a new allocation of budget from other cots has been necessary.

Table 6 summarizes the events with Coordination's Team participation and a brief justification for each of them.

k) Activities undertaken in relation to other WPs

WP1 has worked as the main communication node between work packages and with the Chafea and the EB members. Feed-back, comments and documents have been provided when needed or requested, which has required a very important workload.

The coordination worked in narrow collaboration with WP2 to improve the quality of the information and the design of the JA webpage. Documents and information were continuously sent to WP2 in order to update the webpage and make available all information about the progress of the JA.

Several TCs were set up with WP 2 leaders to review the webpage and propose actions for improvement of the dissemination focusing on policy makers dealing with health in Europe.

Table 6. List of dissemination events and explanations with the participation of WP1

Events	Date	Location/country	Speaker	Explanation
European Diabetes Leadership Forum	04 March 2014	Brussels, Belgium	Juan E. Riese	Invitation made by the Forum due to its relevance and the broad participation of stakeholders from different areas.
World Oral Health Day 2014	18 March 2014	European Parliament, Brussels, Belgium	Juan E. Riese	Introduction of JA-CHRODIS at the European Parliament attending the invitation of the European Platform on Oral Health which is a very active Collaborating Partner in JA-CHRODIS
Summit on Chronic Diseases	04 April 2014	European Commission, Brussels, Belgium	Juan E. Riese	Attending the initiation of the new European Commission, organizer of the event.
Infoday DG Sanco	24 June 2014	ISCIII, Madrid, Spain	Juan E. Riese	Infoday at Sapinish level regarding the launch of the 3rd EU Health Programme EU 2014-2020 and the Work Programme for 2014
Workshop on Chronic Disease management (International Association of Mutual Benefit Societies)	27 June 2014	Grand Hotel Casselberg, Bruges, Belgium	Marie Roseline Bélizaire	The meeting put together health mutual and health insurances that are relevant stakeholders in chronic disease care

Main Challenges of WP1

For the coordination WP1, the main challenges of the first year of the JA have been:

- Creating a common scenario and vision of the JA among WP Leaders and the Associated and Collaborating Partners.
- The coordination of activities within WPs, especially the ones related to the definition of selection criteria in WP4 for the Delphi on Health promotion and the activities developed in WP5.
- Overcome the encountered problems in the shortest time and with the least impact on the JA activities. Especially complex have been the following problems (for more details and complete list of issues see section Problems and how they were solved):
 - Withdrawal of WP3 Leader EHMA and of the Associated Partner (YPD), which was announced in November 2014. This resignation left WP3 with a very low level of execution of the Evaluation work plan. This situation has been solved by an open call process to define a new WP Leader and by the end of December 2014 a new WP Leader, the Spanish Agency for Health Quality and Assessment of Catalonia (AQuAS) and Co-Leader, the Portuguese Diabetes Association (APDP) have been designated. The WP3 situation has strongly jeopardized the accomplishment of the Evaluation report expected to be finalized in month 24. Nevertheless, the new coordinator and WPLs have a strong commitment to work hand in hand and support the new WP3 Leader and Co-leader, whose expertise and engagement are an element of assurance in reaching achievements.
 - Delays in payments to Associated Partners caused by the administrative procedures established in the Spanish General State Administration.
 - The collation of information for the preparation of the 1st Amendment request to the EC which includes an important amount of changes related to person/days of WPs, leadership of WP3 and beneficiaries.

WP1 Overview of activities carried out during the first year of the JA

Table 7: WP1 Overview of activities carried out during the first year of the JA

WP1	Activities/ tasks ¹	Outputs/ Deliverable/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accom- plishment ²	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available ³ on Chrodis Website
WP1	Kick off meeting	A	Agenda, list of participants, presentations	Jan 2014	Jan 2014	Jan 2014	100%			http://www.chrodis.eu/events/kick-meeting/
	Standard Operation Procedure	Milestone 2 of report	Standard Operation Procedure	Jan 2014	Feb 2014	April 2014	100%	The review process by all partners took more time than expected	Discussion by Teleconference	Available upon request at info@chrodis.eu
	3 year work plan approved by the EB	Milestone 2 of report	Work plan	Feb 2014	Feb 2014	Feb 2014	100%			Available upon request at info@chrodis.eu
	Progress Reports	D08: Progress	Report	Dec 2014	Dec 2014	June 2014 Sept 2014	100%			http://www.chrodis.eu/our-

¹ In accordance with the approved Work Plan and timetable by WPs for the 1st year

² Level of achievement measured by each WP leader in the period covered by the interim report

³ See in annex the list of documents available

WP1	Activities/ tasks ¹	Outputs/ Deliverable/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accom- plishment ²	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available ³ on Chrodis Website
		Reports and Executive Board Minutes				Oct 2014 Nov-Dec 2014				work/01- coordination/ wp01- documents/
	EB Minutes	D08: Progress Reports and Executive Board Minutes	Minutes	Bianual/1 month after meeting	N/A	Jan 2014 Feb 2014 July 2014 Dec 2014	100%	Need of face to face meetings to discuss and, set up important aspects of the execution of the JA		http://www.c hrodis.eu/our- work/01- coordination/ wp01- documents/
	Technical and financial report	D10: Technical and Financial interim and final reports of the JA- CHRODIS	Reports	December 2014 + 2 months	February 2015	February 2015		1 st Interim Technical has undergone two revision for improvement by Chafea		http://www.c hrodis.eu/our- work/01- coordination/ wp01- documents/
	Stakeholder forum	A	Agenda, report, list of participants, presentations	N/A	N/A	24 Oct 2014	100%	The location of the meeting (Madrid)	Having the 2 nd forum in Brussels	http://www.c hrodis.eu/eve nts/ja-chrodis- stakeholder- forum/

WP1	Activities/ tasks ¹	Outputs/ Deliverable/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accom- plishment ²	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available ³ on Chrodis Website
	Technical support to WPLs	A	Reports	N/A	N/A	Jan-Dec 2014	100%			No
	Setting up the Governing Board	A	Letter of invitation, list of members, ToR	N/A	N/A	Dec 2014	50%	Slow process of nomination of the country representative	Resending the letter of invitation to countries that did not answer yet to the invitation	Available upon request at info@chrodis.eu
	Advisory Board of the JA	A	List of members ToR	N/A	N/A	Sept 2014	100%			Available upon request at info@chrodis.eu http://www.chrodis.eu/about-us/advisory-board/
	Monthly TC	A	Minutes	N/A	N/A	Every first Tuesday of the month	100%	An hour to fit all EB members	Having TC on afternoon	No
	Glossary of terms	A	Glossary documents	N/A	N/A	July 2014	90%			Available upon request at info@chrodis.eu

WP1	Activities/ tasks ¹	Outputs/ Deliverable/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accom- plishment ²	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available ³ on Chrodis Website
	Managem ent tool	O	Tool, user's manual, admin's manual	N/A	N/A	Sept 2014	100%			No
	Called meeting by Chafea and DG SANCO with Coordinatio n team	A	Minutes	N/A	N/A	5 Dec 2014	N/A			No
	Informal Meeting with EIP- AHA	A	Minutes	N/A	N/A	2 Dec 2014	100%			No
	Report on disseminati on activities	O	Report	N/A	N/A	4 Dec 2014	100%			Available upon request at info@chrodis. eu
	Preparation of the amendmen t of some aspect of the GA		Amendment document	N/A	N/A	Jan 2015	90%	Request of clarifications & justifications from partners	Contacting individually all WPLs regarding the changes in WPs	No

WP 1 Activities planned for the next period (1st January 2015-31st December 2015)

- 5th EB meeting (17 February 2015)
- 1st AB meeting (18 February 2015)
- 1st GB meeting (18 February 2015)
- 1st General Assembly and 2nd stakeholder forum (19 February 2015 in Brussels)
- 6th EB meeting (Date to be decided)
- Continuing with updates on progress to Chafea and EB monthly TCs
- Throughout the 2nd year:
 - A communication strategy plan for next year will be defined and shared with DG SANCO and Chafea for inputs and guidance
 - Intensify communication among partners promoting exchange of information and data especially through the intranet of the website.
 - Intensify contacts and concretize collaboration with other initiatives.
 - Focus on dissemination at the policy level.
 - Providing continuous technical support to WPs.
 - Progress with AB and GB activities.
 - Work on the sustainability plan of the JA.

2.2 WP2. Dissemination of the JA

The objective of WP2 is to disseminate the information about the JA to the specific target groups: policy makers in Ministries of Health or involved in health policy promotion, health care professionals and health care managers and other interested stakeholders like care-givers, patients and researchers.

The activities carried out during the first year were related to all these objectives. In particular, the activities undertaken were:

- Providing the visual identity of the JA
- Designing the website
- Preparing the “Communication strategy”, stakeholder mapping, contact database
- Preparing the JA-Chrodis newsletter
- Providing the templates for Word and Power Point documents
- Producing the press releases
- Participating to events

Milestones, activities and deliverables achieved

a) Communication Strategy and back reporting template (Deliverable D01-01.1 Dissemination Strategy and D01-01.3 Reporting-back document)

WP2 leaders (EuroHealthNet) drafted a Communication Strategy, that describes the why, who, what and how of communication activities for CHRODIS. WP2 leaders also held interviews (via Skype or telephone) with WP leaders and to identify key general messages for JA-Chrodis and specifically for each WP.

The first draft of this document was received by the coordination on 14 May 2014. Comments and suggestions were sent to WP2 and the second draft was delivered to Chafea. On 25 June 2014, Chafea provided the coordination with a list of important aspects to be considered in the document.

The third draft was reviewed by the JA-Chrodis EB. In December 2014, after the adhoc meeting with Chafea, the coordination asked WP2 to include a detailed communication plan in the communication strategy in order to have the final document.

EuroHealthNet developed a back reporting template to provide WPLs support on the notification of dissemination activities.

b) Stakeholder mapping, Guidance Document and Internal Contact Database (Deliverable D01-02.1 Stakeholder Mapping and D01 02.2 Contact Database)

As stated in the JA-CHRODIS Grant Agreement, dissemination of the Joint Action refers to “actions undertaken to ensure that the results and deliverables of the joint action will be made available to the target groups” (p.10). The Grant Agreement also states that “all partners will conduct a stakeholder mapping exercise to identify a broad range of stakeholders in their country” and goes on to explain: “These contacts will be stored in an internal contact database and used for targeted dissemination and advocacy purposes” (p.56, March edition).

To accomplish this, EuroHealthNet developed a Stakeholder Analysis and Mapping Guidance Document (see Appendix 18 and 21 for report) which included an excel feedback form that was sent to all partners in March 2014. These documents include lists of stakeholder groups for each WP that were reviewed and validated by JA-CHRODIS WP leaders and partners. Partners were requested to fill out the excel feedback form by listing all stakeholders that they identified and their contact details (milestone, due M3).

Over the course of time, this database was supplemented with more contacts:

- All contact persons of JA-CHRODIS associated and collaborating partners

- Participants of the Chronic Disease Summit April 2014 (Excel file received from the CHAFAEA on 19th June 2014)
- Individual requests by email to be added to the mailing list (info@chrodis.eu)

After having received 17 responses (covering 12 countries) to the stakeholder mapping from JA-CHRODIS partners, EuroHealthNet compiled all of them into one contact database. The three Irish organisations (EIWH, IPH and HSE) collaborated and handed in one single document

Up to the reports date, the mapping exercise generated contact details for about 700 stakeholders for CHRODIS from 11 countries (national level) and about 60 from the European level.

c) Visual Identity (Deliverable D01-03.1: Visual identity D01-03.2: Promotional Materials)

WP 2 leaders and the Communication agency subcontracted for the activity discussed concepts for a logo. On the basis of the discussions, the communications agency developed five proposals for a logo. WP2 leaders sent these proposals to CHRODIS Executive Board Members (including DG SANCO and CHAFAEA representatives) who selected their preference. By March 2014, the visual identity, which includes Word and PowerPoint templates, was finalised.

d) The website

A static website was placed in March 2014 under the URLs www.chrodis.eu and www.chronicdiseases.eu

The static website was replaced by the functional one on July 2014. Since then, the consortium has contributed to build the current JA-CHRODIS website. Comments and suggestions from Chafea and DG SANCO were taken into account to improve the information available for health care professional, policy makers and citizens. The “final version” of the website was available on July 2014.

Although it is established in the Grant Agreement that a link and section for the JA-Chrodis should be included in the EIP-AHA website, due to technical issues with the EIP-AHA web page this Milestone has not been possible to achieve. Nevertheless, EIP-AHA is collaborating very actively on dissemination of Chrodis activities through its newsletters, Action Group contacts. For 2015 and until this technical problem is solved, WP2 and EIP-AHA will propose potential channels to improve dissemination.

e) Preparation of promotional material and the JA-Chrodis newsletter

WP2 has managed the design, editing and production of the JA-Chrodis the document “Chrodis at a glance”, which describes the most important facts about the Joint Action and which is available for download at the website <http://www.chrodis.eu/about-us/> and on printed format.

The Coordination team agreed with WP2 with EBs approval to have two newsletters per year during the execution of the JA. Consensus on the design and content for the first newsletter took more than expected. The draft of the first newsletter is under review by WPLs, Chafea, DG SANCO and the coordination. It is foreseen to have the final version on second week of January 2015. It will be available on the website and will be disseminated among the contacts from the Internal Contact Database.

Main Challenges of WP2

The main challenge for WP2 has been to develop a big number of activities and achieve deliverables and milestones in a very short period of time. It is important to emphasize that JA-Chrodis counts with a significant number of associated (39) and collaborating (27) partners. Being a horizontal WP has meant to be dealing and giving support to all WP's. A strong collaboration has been held with WP1 in order to overcome possible delays in the main milestones and deliverables.

Another challenge for the WP2 and the whole JA has been to disseminate the JA at the policy level. Effort has been put in reaching communities of professionals and stakeholders. For the next year, as suggested by the DG SANCO and Chafea, focus will be put into the policy level outreach.

WP2 Overview of activities carried out during the first year of the JA

Table 8: WP2 Overview of activities carried out during the first year of the JA

WP2	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Ch
WP2	Dissemination strategy	D01: Dissemination Strategy, visual identity and JA- CHRODIS website, bi- annual newsletters, webinars	Dissemination strategy document	March 2014	March 2014	May 2014	95%	The first draft was circulated on May 2014. We received comments from Chafea on 25 June 2014. Integrating outcomes communication training and discussions from WPLs		http://www.chrodis.eu/oucoordination/wp01-docum
	Reporting back template	D01: Dissemination Strategy, visual identity and JA- CHRODIS website, bi-	Template	March 2014	March 2014	March 2014	100%			http://www.chrodis.eu/oucoordination/wp01-docum

WP2	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Ch
		annual newsletters, webinars								
	Stakeholder mapping	D01: Dissemination Strategy, visual identity and JA-CHRODIS website, bi-annual newsletters, webinars	Stakeholder mapping excel file	March 2014	March 2014	April 2014	100%	Consequences of the delay in the dissemination strategy		http://www.chrodis.eu/oucoordination/wp01-documentation
	Visual identity and logo	D01: Dissemination Strategy, visual identity and JA-CHRODIS website, bi-annual newsletters, webinars	Logo	March 2014	March 2014	May 2014	100%	Decisions making process (Chafea was not included at the beginning of the process)	Including Chafea in the process and considering point of view of EB members, Chafea and DG SANCO	http://www.chrodis.eu/oucoordination/wp01-documentation
	Guidance document	Milestone 4 of report	Guidance document	March 2014	March 2014					Available upon request at info@chrodis.eu

WP2	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Ch
	Internal Contact database	Milestones 5 of report	database	July 2014	July 2014	July 2014	100%			No
	Website	D01: Dissemination Strategy, visual identity and JA- CHRODIS website, bi- annual newsletters, webinars	website	June 2014	June 2014	July 2014	Continuous	To include recommendations from the 3rd EB meeting on July 2014	Asking WPLs to send text and pictures representing their WP	http://www.chrodis.eu/
	Promotional material	Milestone 6 of report	Leaflet, pens	Oct 2014	Oct 2014	Oct 2014	100%			http://www.chrodis.eu/coordination/wp01-docum
	JA-Chrodis newsletter	D01: Dissemination Strategy, visual identity and JA- CHRODIS website, bi- annual newsletters, webinars	Newsletter	Every semester	Sept 2014	Jan 2015	80%	Approval process of concept and content review	Each WPLs to send the text regarding their WP	http://www.chrodis.eu/ne

WP2	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Ch
	JA-Chrodis section on EIP-AHA	Milestone 12 of report	Link of EIP- AHA on Chrodis webpage	Dec 2014	Dec 2014		50%	New EIP-AHA site is under construction		No

WP 2 Activities planned for the next period (1st January 2015-31st December 2015)

- Approval and implementation of Communication Strategy
- Contacting partners to submit reporting back document end January
- Continue improvements and update of website and relevant tools (presentations)
- Continue to improve dissemination of JA by promoting consistency in messages within WPs. A short 'style-guide' will be developed. Clarifying and improving 'processes' will also be fostered (e.g. distributing dissemination costs, ensuring materials reach appropriate partners in a cost-efficient manner, guidelines for publication)
- Regular production of newsletters
- Translations (leaflets and possibly newsletter)

2.3 WP3. Evaluation of the JA

WP3 goals are to evaluate JA-Chrodis in terms of the scheduled milestones and deliverables according to the project WPs; achievement of the stated project indicators, both for quantitative and qualitative aspects; active participation of both associated and collaborating countries in the project activities.

WP3 has had a low level of accomplishment of activities and milestones and the failure of Deliverable 5. The development of WP3 has been weak since the beginning and a common understanding about the specific activities could not be reached. The Withdrawal of WP3 Leader (EHMA) from leadership and the WP (officially notified the 4th of November 2014, although coordinator was informed in October 2014) have generated many difficulties in this WP. The main reason for the retreat underlies in the lack of resources EHMA could dedicate to the execution of the tasks they were to accomplish as WP Leaders, due to resignation of the person contracted for the activity. The Greek Associated Partner (YPE) also expressed its willingness to retire from the WP and a solution by giving more participation to the Greek partner in the management of the intended activities in WP3 could not be satisfactorily reached.

Right after the official communication of EHMA's withdrawal, the Coordinator activated a procedure for replacement with a new leader. On November 4th 2014, the Coordinator sent an official open call to WPLs and associated partners informing about the situation and requesting expressions of interest to replace WP3 Leader. The deadline for submission was defined for the 23rd of November 2014.

By the end of November, the coordination received only one proposal from the associated partner Foundation for Education and Health Research of Murcia (Spain). In order to ensure the open call had reached all partners the request was launched again with new deadline (10th of December). After this period, three Declarations of Interests were received and submitted to vote by the JA-Chrodis EB. Finally in December 18th 2014, the Agency for Health Quality and Assessment of Catalonia (AQuAS) from Spain became the leader of WP3 and the Portuguese Diabetes Association (APDP) from Portugal became the WP3 co-leader.

For 2015 the Coordination Team and WP3 will focus their efforts on a prompt update of activities of new WP3 Leader and Co-leader to overcome the considerable delay and failure on achieving deliverable 5. The Coordination Team will give full priority to this WP in order to accomplish the Evaluation work plan in the 1st quarter of 2015 and the evaluation report by the end the year.

Regarding budget issues, the Coordination Team requested EHMA and YPE to return funds under this WP3 in order to adjust the available resources for the new WP3L. The Coordination Team will inform the new WP3 leader and co-leader of the financial details of the WP.

Main milestones, activities and deliverables achieved (Annexes 25 and 26)

Up to date the activities carried out by WP3 during the first year included the following:

- Developing the ToR for the internal and external evaluation
- Developing the framework of the evaluation process
- Definition of the indicators with WPLs. This activity has only been in developed for WP4 and WP5 or 7 to which a proposal of indicator was sent by EHMA.

WP3 Overview of activities carried out during the first year of the JA

Table 9: WP3 Overview of activities carried out during the first year of the JA

WP3	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis Website
WP3	Agree Evaluation ToR	Milestone 7 of report	ToR	May 2014	May 2014	May 2014	100%	Demonstration of low interest from the lead institution	Discussion by TC	No
	Agree Evaluation indicators	Milestone 7 of report	List of indicators	May 2014	May 2014	May 2014	28% (2/7)		Discussion by TC	No
	Evaluation Plan	Deliverable D05: Evaluation procedure and results		May 2014	May 2014	Not achieved	0%	Withdrawal of WP3 Leader. See section 1.5 of problems and page 40 of WP3.		No

WP3 Activities for the next period (1st January 2015-31st December 2015)

- Update of activities of new WP3 Leader and Co-leader (AQuAS and APDP respectively) to overcome the considerable delay of activities and deliverables. The Coordination Team will give full priority to this WP in order to accomplish the Evaluation work plan in the 1st quarter of 2015 and the evaluation report by the end the year.
- Measure timely delivery of the JA
- Measure impact through quantitative indicators
- Measure impact through qualitative indicators
- Finalise interim evaluation report
- Implementation of the final report

2.4 WP4. Platform of Knowledge Exchange

A Platform of Knowledge Exchange has to be set up for exchange on chronic care across Europe. This process will be based on a Delphi methodology and will define a set of assessment and selection criteria for best practices. WP4 is closely working with WP5, 6 and 7 leaders to set up the Delphi panels of the each WP.

The specific objectives of this WP are:

- To provide a set of online tools for users guidance on development, implementation and evaluation of good practices
- To pilot a help desk and a clearinghouse forming the PKE for a regular and permanent use to address any chronic condition

Main milestones, activities and deliverables achieved

a) Delphi Tool

The Delphi is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. The experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is believed that during this process the range of the answers decreases and the group converges towards the "correct" answer.

Terms of reference were drafted for the online DELPHI Tool and invitation to tender took place. Summary of Evidence document for the Delphi on Health promotion and primary prevention of chronic diseases delivered.

b) Platform for Knowledge Exchange (PKE) user requirements (approved by EB on 2nd Dec 2014)

The PKE is an Information and Communication Technology (ICT) tool which is being developed in order to offer healthcare givers with the best solutions for chronic diseases based on the best clinical guides among European countries, and by extension, at providing the optimal care to the patients as the final recipients, especially to the elderly, and at helping relatives in their support to chronic disease patients.

This document synthesizes the Technical Requirements needed for the development of the PKE. It also provides insight on the structure and functionalities of the PKE, the different users and workflows to be included in the PKE.

c) Selection of assessment criteria for the Delphi 1 on health promotion and prevention: first questionnaire

The first Delphi panel was planned and is executed together with WP5. 1st DELPHI questionnaire was launched in December 2014. 26 experts are part of this panel. DELPHI questionnaires of the 1st online round are available for consultation.

The Delphi online tool was demonstrated during the 4th EB in Brussels on 2nd December 2014. A test link with restricted access is available.

Main Challenges of WP4

The main challenge of WP4 has been to adapt its work plan calendar and activities to WP5 (and is already doing the same with WP6 and WP7). The main reason for this is caused by a lack of coordination and integration of WP4, 5, 6 and 7 timelines and tasks in the Grant Agreement. According to the agreement, WP4 is responsible of developing the Platform of Knowledge Exchange, which includes a Clearinghouse and a Help-desk. The Clearing house is conceived as a repository of practices provided initially by work packages. These practices will be assessed through an on-line tool before their storage. The evaluation will be based on a Delphi process with criteria identified and selected by a panel of experts. WP4 is responsible of conducting the Delphi process with the collaboration of the different WPs. Two main issues have arisen among WP Leaders during the first year: 1) How to align in their WP's timeline the selection criteria for the identification of good practices with the Delphi process; 2) If there will be discrepancies between the weight of the selection criteria established for the Delphi and the relevance given to criteria in the rest of core WPs. This situation has provoked the need for discussion and coordination among WP Leaders and a significant delay in WP4 activities of the first year. WP4 has had to request for an adjustment in dates of the Clearing House Milestone (from month 24-37) and the Help-Desk

(from month 30-37). Both changes are to be included in the 1st Amendment of the Grant Agreement to be sent to Chafea. These changes will only affect the date of delivery not the content of the milestones. The new WP4 timetable was presented and approved at the third JA-Chrodis Executive Board (Rome, July 2014).

Discussions have also taken place between WP Leaders regarding some of the functionalities of the PKE (e.g. will the score of the practices will be shown). These issues have not been clearly agreed and will need further discussion in 2015.

WP4 Overview of activities carried out during the first year of the JA

Table 10: WP4 Overview of activities carried out during the first year of the JA

WP4	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis Website
WP4	DELPHI online Tool tendering	A	Contract	N/A	N/A	N/A	100%			No
	Agreement on a modified calendar	A	Work plan modified	N/A	N/A	N/A	100%			No
	Evidence document for the Delphi 1 on health promotion	A	Evidence document				100%			Available upon request at info@chrodis.eu
	Definition of Assessment Criteria: DELPHI 1 Health Promotion and Prevention	Milestone 8 of report	Delphi panel	June 2014	Sept 2014	1 st round Delphi launched Dec 2014 (Report expected on May 2015)	25%	Some delay was registered on the background material of the first DELPHI	Accommodation to new timeline.	Available upon request at info@chrodis.eu

WP4	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis Website
	Informal Meeting with EIP-AHA	A	N/A	N/A	N/A	29 Oct 2014	100%			No
	Meeting with WP5	A	N/A	N/A	N/A	30 Aug 2014 24 Oct 2014	100%			No
	Technological Platform: PKE user requirements design, PKE background decision	A	PKE requirement document	N/A	Sept 2014	Dec 2014	100%	Discussion on the requirements of the PKE took longer than expected	Including recommendations and approval of EB members	No

WP4 Activities planned for the next period (1st January 2015-31 December 2015)

- Development of assessment criteria for DELPHI 1, 2 and 3.
- Assessment tool piloting including usability and accessibility testing (no storage).
- Technological platform and services to support post-JA activities: Content.
- Management system and user management system.
- Coordination with PROEIPAHA. WP4 has been invited to attend the kick off meeting of Pro-EIPAHA CSA initiative (to be held beginning 2015), contracted to build a repository for EIP-AHA working group practices. WP4 will stay on close relation with the responsible of the project as suggested by the officer of this project and by JA-Chrodis officer and with the knowledge of Chrodis' coordinator. ProEIPAHA is considered to be a tool under the EIP-AHA initiative as part of the scale-up road map and sustainability strategy. Begin the definition of a Business Plan for the PKE.

2.5 WP5 Good practices in the field of health promotion and chronic disease prevention across the life cycle

WP5 is focused on good practices in health promotion and prevention of chronicity. This WP has to review existing policies and practices, mainly CVD, stroke and diabetes, and identify needs and gaps. It's specific objective of this WP is to promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and chronic disease prevention practices (among elderly).

The main activities developed under this WP have been:

- Preparation of the questionnaire for the country reviews on health promotion and Chronic diseases prevention approaches.
- Agreement on selection criteria of good practices and preparation of the templates.

Main milestones, activities and deliverables achieved

a) Questionnaire on "Good practices in the field of health promotion and primary prevention"

A questionnaire was developed to help to provide a structured overview on the situation of health promotion and primary prevention as a basis for the report with country reviews. The draft

questionnaire was discussed by partners during the WP meeting in Cologne on April 2015. The final questionnaire was sent out to partners in early June 2014, the deadline to collect the answers was set to July 27th 2014.

On the date of this report, 14 countries completed the questionnaires and sent it back to WP5. The questionnaire is available for consultation.

b) Country review

Ministries of Health and National Health Institutes from 14 countries (Portugal, Spain, Greece, Norway, Ireland, United Kingdom, Germany, Italy, Slovenia, Bulgaria, Cyprus, Estonia, Iceland and the Netherlands) contributed to produce the country review. Those documents reflect the actual situation on health promotion and chronic diseases prevention at national, regional and autonomous community level. They are already reviewed by Chafea and available for public use in the webpage at <http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>

c) Template selection criteria for Good Practice

The information provided in the questionnaires by partners were analysed and existing approaches on Good Practice were documented, merged and edited for redundancies in a scheme. In addition with an external literature review by WP 4 the scheme served as the basis template for the Delphi Questionnaire on health promotion.

Main Challenges for WP5

One of the main challenges for WP5 has been to align its work plan for the identification of selection criteria for practices with WP4 regarding the Delphi 1 panel. To overcome this situation, several meeting have taken place and WP4 has adapted its timeframe to WP5 activities.

Another challenge has been to coordinate all associated and collaborating partners in the review process of existing policies and mechanisms, also in relation to the identification of good practice, in the area of health promotion and primary prevention in partner countries. Nevertheless, WP5 has accomplished all the deliverables, milestones and activities foreseen for this first year.

WP5 Overview of activities carried out during the first year of the JA

Table 11: WP5 Overview of activities carried out during the first year of the JA

WP5	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis website
WP5	Conduct a review of existing work	A	Questionnaire	N/A	Aug 2014	Oct 2014	100%	Partners requested more time to collect the data from their countries; in some countries, stakeholder meetings were organised to collect the information for the country review; Processes of	Individual timelines, enforced communication	Available upon request at info@chrodis.eu

WP5	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis website
								editing, formatting and feedback rounds; The approval of the country reviews by the national Ministries of Health		
	Agree on template for the description of good practices	A	Template	N/A	Oct 2014	Nov 2014	100%	Data analysis process and alignment of task with WP4	Coordination meeting, phone conferences, agreement on schedule	No
	Country reviews on health promotion and chronic disease prevention	Milestone 9 of report	Country reviews	Aug 2014	Aug 2014	Dec 2014	100%	Summer break. Partners requested more time to collect the data. More time	Individual timelines by partners	http://www.chrodis.eu/our-work/05-health-promotion/wp0-activities/country-reports/

WP5	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis website
	approaches							requested for the countries MoH to approve the report		
	Agreement on selection criteria of good practices + template	Milestone 10 of report	Template	Oct 2014	Oct 2014	Nov 2014	100%	To Collect results from partners, conceptual uncertainties in the analysis process		Available upon request at info@chrodis.eu
	WP5 meeting	A	Agenda, minutes, participants list, presentations	N/A	N/A	April 2014	100			http://www.chrodis.eu/events/wp5-partners-meeting/
	Meeting with WP4	A	Report	N/A	N/A	30 sept 2014	100%			No
	Task leaders meeting	A	Minutes	N/A	N/A	14 Nov 2014	100%			No

WP5 Activities planned for the next period (1st January 2015- 31st December 2015)

- Identifying Good Practices.
- Group Work Exercise (Facilitate a process of exchange, collaboration and knowledge transfer between countries.
- Conference seminars.

2.6 WP6 Development of common guidance and methodologies for care pathways for multimorbid patients

This WP is built to deal with the development of common guidance and methodologies for care pathways for multimorbid patients, where existing care (pathway) approaches for multimorbid patients are reviewed, good practices on management of multimorbid patients are to be assessed and selected, and multimorbidity case management training programmes will be defined during the execution of the project. The specific objective of this WP is to design and implement innovative, cost-effective and patient centred approaches for multimorbid patients, including case management training programmes for care personnel.

During the first year, WP6 has identified features of multimorbid patients focusing fundamentally on CVDs and stroke. With the aim of identifying a target population at high care demand two approaches have been set: Review and analysis of data from scientific literature and review of large administrative databases available at the regional or national level.

WP6 has also developed initiated review of care approaches with the aim of identifying European care approaches for multimorbid patient.

Main milestones, activities and deliverables achieved

a) Identify targets of potential interventions for management of multimorbid patients

The main objective is to stratify general older adults population (≥ 65 years) at high care demand in terms of utilization of resources, of negative health incomes, complexity of their chronic condition, by a collection of data and evidence from literature at EU/national/regional entities on patterns of multimorbidity at older patients with high risk of hospitalization.

Databases analysis was developed by partners: AIFA, VULSK, NIVEL, ISCI, IACS, NCPHA, THL and BIOEF. The data analysed identified age, cardiovascular diseases (VULSK and NCPHA), clusters of

disability (ISCI and NIVEL), mental status (ISCI, NIVEL, IACS), socioeconomic factors (BIOEFF), lifestyle and multimorbidity (THL) as factors that most affect the welfare needs.

The results from analysis were written for journal publication and have been sent to WP2 for review before submitting for publication at the European Journal of Internal Medicine.

b) Review existing care (pathways) approaches for multimorbid patients and Data collection and analysis within ICARE4U project

The review of existing care pathways for multimorbid patients has been performed in multiple electronic databases (Medline, Cochrane, Cinahl, EMBASE, PsycINFO, and SciSearch) published between January 2011 and March 2014. Extra data collection and analysis are derived from the ICARE4EU project and further information about current care programmes/practices targeting people with multimorbidity is collected from other European projects traced by JA-Chrodis WP6 partners.

Five preliminary conclusions are provided: 1) there are many recent initiatives/care programmes in Europe targeting patients with multimorbidity and/or frailty. 2) These programmes aim at increasing cooperation, improving coordination of care and reducing use of care services 3) Positive outcomes are often reported or perceived, but there is not much strong evidence based on scientific literature. 4) Strong evidence that Chronic Care (CC) programmes can improve frail patients' physical and mental health status is available. 5) There is no consistent evidence that CC programmes targeting patients with frailty of multimorbidity decrease health care utilization.

c) Review paper of international literature

Papers are produced by all the partners involved in the databases' analysis and submitted to the European Journal of Internal Medicine by December, 2014 to contribute to a monographic issue on multimorbidity.

WP6 Overview of activities carried out during the first year of the JA

Table 12: WP6 Overview of activities carried out during the first year of the JA

WP6	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis Website
WP6	Analysis of large administrative databases	Milestone 11 of report	Papers	June 2014	June 2014	Dec 2014	100%	It was necessary to take enough time to check Database quality and analysis.	Many partners analysed their data independently	Available upon request at info@chrodis.eu
	Report on review of the medical literature and care approaches, administrative databases analyses	D07: Reports and common guidelines for care pathways for (MM) patients	Report	N/A	Dec 2014	Jan 2015	100%	Finalising the data in the specific way defined together with WP4 and adapted to the DELPHI process	TC with WP4	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	Data analysis	A	Report	N/A	Dec	Dec 2014	100%			Available upon request at

WP6	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis Website
	and evidence from literature to identify high care demanding population				2014					info@chrodis.eu
	Data collection and analysis within ICARE4U project	A	Report	N/A	Dec 2014	Dec 2014	100%			Available upon request at info@chrodis.eu
	WP6 meeting	A	Agenda, participants list, presentations	N/A	N/A	Nov 2014	100%			http://www.chrodis.eu/event/wp67-meeting/

WP6 Activities planned for the next period (1st January 2015- 31st December 2015)

- Assess and select good practices on management of multi-morbid patients
- Report on care pathways approaches for multimorbid chronic patients, including existing good practices

2.7 WP7 Diabetes: a case study on strengthening health care for people with chronic disease

The WP7 addresses the challenge that the burden of diabetes places on the health systems and individuals. It is focused on identification of people at high risk, early diagnosis, secondary prevention, and comprehensive multifactorial care in diabetes. Special emphasis is given to support the development and implementation of Member States (MS) National Diabetes plans. The significance of health literacy and patient empowerment for the prevention of complications, and treatment of type 2 diabetes is being explored.

The specific objective of this WP is to improve coordination and cooperation among MS to act on diabetes, including the exchange of good practices across the EU, and to create ground for innovative approaches to reduce the burden of chronic diseases.

Main milestones, activities and deliverables achieved

a) Community of Practice (CoP)

To support the WP7 activities, a web-based platform was developed. This web environment is aimed to enhance the development of a Community of Practice (CoP) within WP7, in order to promote exchanges, discussion, sharing of resources and experiences. The CoP approach is based on the social constructivism theoretical model and focuses on people and on the social structures, which enable them to learn with and from each other. In the context of WP7, the CoP approach is aimed to share knowledge and expertise within partners, to create tools to support the activities, knowledge management and generation of new, capitalized knowledge.

b) Definition of the tool for data collection

WP7 team prepared a questionnaire on practices for prevention and management of diabetes in EU MS. The questionnaire was reviewed by partners through the WP7 platform and during the first WP7 meeting in Rome. The survey was organized in two phases: the first had the objective to provide a structured overview about current programs (interventions, initiatives, approaches or equivalents) that focus on aspects of primary prevention of diabetes, identification of people at

high risk, early diagnosis, prevention of complications of diabetes, comprehensive multifactorial care, education programs for persons with diabetes and training for professionals; the second phase was devoted to an in-depth analysis of the programs identified in the first one. The questionnaire was piloted in Finland, Germany, Italy, Lithuania, Norway, and Slovenia. The web version of the questionnaire was distributed on December 2014.

c) Literature review on effective strategies prevention, management, health promotion and education

Literature reviews on the effective strategies on prevention management, education, promotion and training on diabetes for professionals were conducted (till July 2014) to define the core elements of the questionnaire and the quality criteria for practices evaluation. The first questionnaire (task 1-4) was very complex and was discussed during the first meeting in Rome on July 2014. A new version was achieved and transformed into a web based questionnaire.

d) Mapping National Diabetes Plans (NDP)

A specific questionnaire was developed, reviewed and adopted by partners in the WP7. The final version of the questionnaire was distributed on September 2014 and data collected from October to December 2014. The analysis to this questionnaire is foreseen for the first semester of 2015.

e) Identification of social and psychological barriers for the access to care and for empowerment

The design of this systematic review was proposed to partner on November 2014 during the meeting in Vilnius, and the significance of patient empowerment as key factor for patient-centred healthcare systems was discussed.

f) Workshop on “How to make the WP7 successful”

46 participants from 13 countries (Spain, Lithuania, France, the Netherlands, Greece, Slovenia, Germany, Finland, Italy, Belgium, Ireland and Norway) of 27 institutions took part to the work which was held together with the 1st WP6 and the 2nd work package 7 meetings in Vilnius on 6 November 2014.

The WP7 leaders collected ideas in finding methods and logistics for successful communication sharing responsibilities, leadership and burden of work in WP7. Participants highlighted the stick to discipline, delivering on time, make clear what should be done, by when and by whom and involve all partners in producing deliverables. Special pointing out different cultures we live and work in (culture meaning social culture, but also culture of professional groups and institutions).

WP7 Overview of activities carried out during the first year of the JA

Table 13: WP7 Overview of activities carried out during the first year of the JA

WP7	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis website
WP7	Setting up the Community of practice tool	A	Platform	N/A	Feb 2014	April 2014	100%	Technical problem with the design of the landing webpage of the Istituto Di Sanità website		Available upon request at info@chrodis.eu
	Definition of core elements of the questionnaire for the collection of data	A	Questionnaire	N/A	July 2014	Sept 2014	100%	Revision of the questionnaire during the WP meeting in July 2014	Inclusion of comments and suggestions	Available upon request at info@chrodis.eu
	Literature review on effective strategies prevention, management, health	A	Draft Report	N/A	July 2014 & Dec 2014	July 2014 & Dec 2014	100%			Available upon request at info@chrodis.eu

WP7	Activities/ tasks	Outputs/ Deliverables/ Milestones/ Activities	Indicators	Date foreseen by the GA	Date foreseen by the Work plan	Date of achievement	Level of accomplishment	Justifications of problems encountered	Actions to be taken to overcome the problem	Appendix available on Chrodis website
	promotion and education									
	Mapping National Diabetes Plans	A	Draft Report	N/A	July 2014	Sept 2014	100%	Change in who the respondents are to answer the questionnaire	Questionnaire was adapted, JA-Chrodis partners were the respondents	Available upon request at info@chrodis.eu
	Identification of social and psychological barriers for the access to care and for empowerment	A	Draft Report	N/A	Dec 2014	Dec 2014	100%			Available upon request at info@chrodis.eu
	WP7 workshop “How to make the WP7 successful”	A	Report	N/A	Dec 2014	Nov 2014	100%		Take advantage of the joint meeting WP6 and WP7	Available upon request at info@chrodis.eu
	WP7 meetings	A	Agendas, participants list, presentations, minutes	N/A	July 2014	July 2014, Nov 2014	100%			http://www.chrodis.eu/our-work/07-type-2-diabetes/wp07-meetings/

WP7 Activities planned for the next period (1st January 2015- 31st December 2015)

- WP7 Task leader meetings.
- Completing data collection.
- Evaluation of collected data: descriptive analysis by topic and by Country.
- Analysis of programs/interventions/strategies/experiences reported by partners (potential good practices) via semi-structured questionnaire and interviews.
- SWOT analysis (one per Country).
- Report on Contents of NDP.
- Define the method for analysing processes (context, drivers) related to NDP preparation, implementation, sustainability and spread of NDP.
- Dissemination activities through the participation to relevant meetings (EASD, IDF, National meetings, etc.).
- Publication of five papers on Annals of ISS.
- Expert overview on successful strategies to improve prevention of diabetes, and the quality of care for people with diabetes.
- Expert/policymaker meeting.
- Workshop to analyse collected data on processes in NDP development, implementation, sustainability.
- Drafting of recommendations to improve early detection and preventive interventions, to strengthen health literacy, patient empowerment and training for health professionals.
- Drafting of Guide for NDP.

DISSEMINATION ACTIVITIES OF JA-CHRODIS

From January to December 2014, the JA-Chrodis was presented at 33 events in 10 European countries (Austria, Belgium, Croatia, Greece, Italy, Spain, Lithuania, Slovenia, Germany, the Netherlands) at different places such as European Parliament, European Commission, Diabetes forum and various events related to chronic conditions and healthy ageing.

During the first year, dissemination has been focused on reaching professionals and stakeholder community in events related fundamentally to Chronic Diseases, Health Promotion and Preventions, Multimorbid conditions and Diabetes.

The key message was to inform about the existence of the JA, its principal objectives, its deliverables and outputs and also providing information about how to become collaborating partners of the JA. Building awareness on the growing problem of chronic diseases in the EU region was also a priority. JA-Chrodis partners highlighted the added value of EU action in the area chronic diseases and the need to involve policy makers and decision-makers in the ongoing work of the JA.

JA-Chrodis representatives (WPLs and partners) contributed in different ways to those events with power point presentations, participation to panel discussion, to group discussions, to workshop and distributing JA-Chrodis leaflets (Table 13).

Table 14. Dissemination activities during the first year of the JA

No	Date	Presentation/ participation type/ Contribution	Events	Location/country	Speaker/representative	WP
1	04 March 2014	1. CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle". 2. _The next steps for driving change in the management of chronic diseases such as diabetes at a national and European level	European Diabetes Leadership Forum	Brussels, Belgium	Juan E. Riese Jelka Zaletel	WP1 WP7
2	18 March 2014	CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle".	World Oral Health Day 2014	European Parliament, Brussels, Belgium	Juan E. Riese	WP1
3	03-04 April 2014	1. CHRODIS - JA. The Joint Action on "Chronic Diseases and Promoting Healthy Ageing across the Life Cycle". 2. How do health systems respond to the challenge of diabetes	Summit on Chronic Diseases	European Commission, Brussels, Belgium	Juan E. Riese Marina Maggini	WP1 WP7
4	12 May 2014	Information on CHRODIS and WP5	EuroHealthNet's Annual General Council	Berlin, Germany	Ingrid Stegeman	WP5
5	16 May 2014	CHRODIS-JA and the objectives of WP5	BZgA Advisory Board "Healthy and Active Ageing"	Cologne, Germany	Theresia Rhode	WP5

No	Date	Presentation/ participation type/ Contribution	Events	Location/country	Speaker/representative	WP
6	26 May 2014	CHRODIS-JA: Good practice in health promotion and primary prevention of chronic diseases	1. Webinar for EuroHealthNet Members. 2. European Diabetes Leadership Forum	Brussels, Belgium	Ingrid Stegeman, Cristina Chiotan	WP2-WP5
7	23 June 2014	CHRODIS-JA, focussing on the objectives of WP 5	Event: Next Actions in the Health Sector in the Frame of the Italian Semester	Brussels, Belgium	Ingrid Stegeman	WP5
8	24 June 2014	CHRODIS - JA. The Joint Action on “Chronic Diseases and Promoting Healthy Ageing across the Life Cycle”. Call 2013	Infoday DG Sanco	ISCIII, Madrid, Spain	Juan E. Riese	WP1
9	27 June 2014	“The European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle: The vision of patients empowerment”	Workshop on Chronic Disease management (International Association of Mutual Benefit Societies)	Grand Hotel Casselberg, Bruges, Belgium	Marie Roseline Bélizaire	WP1

No	Date	Presentation/ participation type/ Contribution	Events	Location/country	Speaker/representative	WP
10	2-4 July 2014	Ejemplo de acción conjunta CHRODIS, oficina de Proyectos Europeos	El nuevo marco europeo 2014-2020 de financiación de la investigación y la innovación en salud	Santander, Spain	Juan Riese	WP1
11	3 July 2014	CHRODIS-JA - Joint Action on Chronic Diseases	VIII Encuentro e-Salud y Telemedicina. Hábitats digitales y Salud Conectada	Santander, Spain	Marie Roseline Bélizaire	WP1
12	10-11 July 2014	EU Joint Action on Chronic Diseases	7th Italian Barometer Diabetes Forum	Monte Porzio Catone, Italy	Juan E. Riese	WP1
13	03-04 sept 2014	JA-CHRODIS stand with banner, poster, flyers and pens	EU project CommHERE events	Brussels, Belgium	Anna Gallinat	WP2
14	16 September 2014	An integrated approach to tackle diabetes and other chronic diseases for a greater impact in European health: The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (CHRODIS-JA)	European Association for the Study of Diabetes – EASD – Congress 2014	Vienna, Austria	Juan E. Riese	WP1

No	Date	Presentation/ participation type/ Contribution	Events	Location/country	Speaker/representative	WP
15	22-24 September 2014	"H2020 y otras oportunidades. Aspectos clave en la preparación y ejecución de Proyectos Europeos de Investigación e Innovación en el área de Ciencias de la Salud"	XXV Escuela de Salud Pública de Menorca	Menorca, Spain	Juan E. Riese	WP1
16	25-26 sept 2014	JA-CHRODIS stand with banner, poster, flyers and pens.	European Social Marketing Conference	Rotterdam, Netherlands	Anna Gallinat	WP2
17	30 Sep to 1 October 2014	JA-CHRODIS and the Greek EIP-AHA	3rd meeting in e-Health	Athens, Greece	Theodore Vontetsianos	WP3
18	3-5 October 2014	Poster, distribution of brochures, participation in workshop and discussion on chronic diseases	European Health Forum Gastein	Bad Hofgastein, Austria	Marie Roseline Bélizaire, Anna Gallinat	WP1, WP2
19	06 October 2014	Follow-up on CHRODIS activities with special emphasis on diabetes	Steering group of NDP	Ljubljana, Slovenia	Jelka Zaletel	WP7
20	07 October 2014	The challenge of diabetes: how do we respond	Joint meeting of Chief Medical, Chief Nursing and Chief Dental Officer	Rome, Italy	Marina Maggini	WP7

No	Date	Presentation/ participation type/ Contribution	Events	Location/country	Speaker/representative	WP
21	9 October 2014	“La Acción Conjunta Europea sobre enfermedades crónicas (JA-CHRODIS): la perspectiva de un envejecimiento saludable a lo largo de la vida”	Spanish National Congress on Family Medicine	Bilbao, Spain	Juan E. Riese	WP1
22	10 October 2014	JA-CHRODIS	Interconnect meeting	Brussels, Belgium	Jelka Zaletel	WP7
23	21 October 2014	Debate on processes in Slovenian NDP – as an input to Slovenian report on NDP Questionnaire	Steering group of NDP	Ljubljana, Slovenia	Jelka Zaletel	WP7
24	22 October 2014	JA-CHRODIS as a way to find the joint way forward	Regional Diabetes Forum	Zagreb, Croatia	Jelka Zaletel	WP7
25	24 October 2014	JA-CHRODIS WP presentation at Stakeholder forum	Stakeholder Forum, Madrid	Madrid, Spain	All WPLs	WP1 to WP7
26	29 October 2014	Presentation of CHRODIS tool	EIP-AHA B3 meeting	Brussels, Belgium	Enrique Bernal	WP4

No	Date	Presentation/ participation type/ Contribution	Events	Location/country	Speaker/representative	WP
27	12-14 November 2014	Presentations on European Joint Action on Chronic Diseases: JA-CHRODIS. Stand providing information about the JA. Distribution of material of dissemination. List of stakeholders.	18th International Conference on Nursing Research	Vitoria, Spain	Juan E. Riese, Marie Roseline Bélizaire	WP1
28	25 November 2014	La Acción Conjunta Europea sobre enfermedades crónicas (JA-CHRODIS	Meeting about Chronicity in Aragon	Zaragoza, Spain	Paloma Casado	WP1
29	26-29 November 2014	Presentation on JA-CHRODIS. Stand for distribution material dissemination	National Congress of Italian Society of Gerontology and Geriatrics (SIGG)	Bologna, Italy	Graziano Onder, Federica Mammarella	WP6
30	27-28 November 2014	Distribution of brochures	European Policy Alcohol	Brussels, Belgium	Anna Gallinat	WP2

4. CONCLUSIONS and RECCOMENDATIONS

JA-Chrodis is the hugest Joint Action ever launched by the European Commission. The resources that have been committed highlight the challenge of chronic care at every level in an ageing population.

The main conclusions for the First Year can be summarized as follows:

- The JA-Chrodis has developed good technical work in the first year, accomplishing tasks and achieving deliverables and milestones in all work packages (except in WP3 due to withdrawal of WP leader). It has also developed the necessary horizontal working documents to support the JA and has set the Advisory Board and the Governing Board.
- In its first year, the JA Chrodis has built a community of cooperation among experts in WP, collaborators and stakeholders. The community of experts at the WPL level has been built on the bases of a higher number of face-to-face meetings than initially planned, needed to stablish discussions and exchange relevant issues and ideas of the JA.
- JA-Chrodis has been able to overcome some of the encountered problems, trying to define and solve issues in the shortest time and with the least impact on the JA activities.
- Significant impact has been created with the withdrawal of WP3 Leader EHMA and of the Associated Partner (YPD) from the same WP3. Failure on submission of Deliverable 5 Evaluation Work Plan has been a clear consequence of the situation created. The work of WP3 activities should be priority for the JA in 2015. WPLs must cooperate to have the interim evaluation ready on month 24 of the JA.
- Strong effort has been but in the dissemination of activities at the scientific and technical level. JA-Chrodis was presented at 33 events in 10 European countries at different places such as European Parliament, European Commission, Diabetes forum and various events related to chronic conditions and healthy ageing. Dissemination has been focused on reaching professionals and stakeholder community.
- After the call meeting by DG Sanco and Chafea with Coordinator and representatives of the Institute of Health Carlos III (ISCIII), a strong commitment from ISCIII to improve the overall status of the JA has been supported by a change in the Coordinator. The change was informed to Chafea at the end of 2014. The new coordinator is to begin officially to

coordinate JA-Chrodis on February the 20th, after the General Assembly and Stakeholder Forum meetings.

- Recommendations for the second year:
- Coordination must have a proactive communication with WPL's, foster synergies among WP and other initiatives and contribute to create a common vision of the JA.
- Promote visibility at the policy level, taking advantage of the importance the new Commission is giving to chronic conditions and diseases. Meetings with Parliamentarians (e.g. Hearings with Parliamentarian groups), presentation of JA results in European Health Policy events, Development of policy briefings, interactions at the National level with relevant health policy makers, should be some of the actions to be taken by the Coordinator and WP Leaders.
- Development of new collaborations and creation of synergies with other EU funded initiatives, EU organizations and institutions and establishment of contacts at the international level.
- Coordinator and WP Leaders can continue working in building an scenario for WP integration, coordination and exchange of ideas and results (e.g. inviting all WPL's to WP partners meetings, identifying synergies and common elements among WP that could be shared and discussed.
- Coordinator should enhance and continue working in the alignment between WP4 and the rest of core WPs in the Delphi process.
- Setting up a framework for discussion on relevant issues to the JA in the EB face to face meetings and TC's (sustainability of the JA, relevant functionalities of the PKE, evaluation of the JA, etc.).
- Collaboration with the EIP AHA initiative is to be continued and strengthened at the dissemination level and development of the WP activities. It would be very positive to establish a mayor iinteraction and collaboration of other WPs with EIP-AHA Action Groups (specially B3 Action Group). Promote the dissemination of JA-Chrodis activities and results through channels agreed by both initiatives and invite experts to participate in relevant events and meetings organized by both initiatives.
- There is a need to create a community network for the sustainability of the JA-Chrodis' outcomes. Activities with Advisory Board and the Governing Board should be set up. WPL s and partners are to continue working in a common vision of the JA.

- New Coordinator should follow recommendations and key conclusions of the called meeting of DG Sanco and Chafea regarding better and a more proactive coordination of the coordination team, support to WP3 on the Evaluation plan development and follow up on their progress; improvement of dissemination of the JA at the policy level and ensure update of the JA website.

5. ANNEX

LIST OF AVAILABLE DOCUMENTS GENERATED DURING THE FIRST YEAR OF THE JA-CHRODIS

Table 15. List of Documents for each WP.

WP	Title	Document available at
WP1	Kick off meeting	http://www.chrodis.eu/events/kick-meeting/
	Milestone 2: Standard Operation Procedure	Available upon request at info@chrodis.eu
	Milestone 2: 3 year work plan approved by the EB	Available upon request at info@chrodis.eu
	Deliverable D08-01: Progress Reports	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	Deliverable D08-02: Executive Board Minutes	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	Deliverable D10 Technical and financial report	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	Stakeholder forum	http://www.chrodis.eu/events/ja-chrodis-stakeholder-forum/
	Setting up the Governing Board	Available upon request at info@chrodis.eu
	Setting up Advisory Board of the JA	Available upon request at info@chrodis.eu
	Glossary of terms	Available upon request at info@chrodis.eu
	Report on dissemination activities	Available upon request at info@chrodis.eu

WP	Title	Document available at
WP2	D01-01.1 Dissemination Strategy	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	D01-01.2 Guidance Document	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	D01-01.2 Guidance Document	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	D01-02.1 Stakeholder Mapping	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	D01-01.3 Reporting-back document	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	D01-03.1: Visual identity	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	D01-03.2: Promotional Materials	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	JA-Chrodis newsletter	http://www.chrodis.eu/news/newsletter/

WP	Title	Document available at
WP 3	Evaluation Terms of reference	Available upon request at info@chrodis.eu

WP	Title	Document available at
WP4	Evidence document for the Delphi 1 on health promotion	Available upon request at info@chrodis.eu
	Definition of Assessment Criteria: DELPHI 1 Health Promotion and Prevention	Available upon request at info@chrodis.eu
	Technological Platform: PKE user requirements design, PKE background decision	Available upon request at info@chrodis.eu

WP	Title	Document available at
WP5	Review of existing work	Available upon request at info@chrodis.eu
	Milestone 9 of report: Country reviews on health promotion and chronic disease prevention approaches	http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/
	Agreement on selection criteria of good practices + template	Available upon request at info@chrodis.eu
	WP5 meeting	http://www.chrodis.eu/events/first-wp5-partners-meeting/

WP	Title	Document available at
WP6	Identify targets of potential interventions for management of multimorbid patients	Available upon request at info@chrodis.eu
	D07: Reports and common guidelines for care pathways for (MM) patients	http://www.chrodis.eu/our-work/01-coordination/wp01-documents/
	WP6 meeting	http://www.chrodis.eu/event/joint-wp67-meeting/

WP	Activities/ tasks	Document available at
WP7	Setting up the Community of practice tool	Manual user Community of practice Available upon request at info@chrodis.eu
	Definition of core elements of the questionnaire for the collection of data	Questionnaire for the collection of data on management. Available upon request at info@chrodis.eu
	Literature review on effective strategies prevention, management, health promotion and education	Quality criteria and indicators _health promotion Quality criteria_key components Quality criteria and indicators for diabetes prevention Quality criteria to evaluate education Measures on education strategies and approaches. Available upon request at info@chrodis.eu
	Mapping National Diabetes Plans	Questionnaire mapping NDPs Available upon request at info@chrodis.eu
	Identification of social and psychological barriers for the access to care and for empowerment	Draft Identification of social and psychological barriers. Available upon request at info@chrodis.eu
	WP7 meetings	http://www.chrodis.eu/our-work/07-type-2-diabetes/wp07-meetings/

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LIST OF PARTNERS INVOLVED IN JA-CHRODIS

MAIN PARTNER: National Institute of Health Carlos III, (ISCIII), Spain

ASSOCIATED PARTNERS

1. Spanish Foundation for International Cooperation, Health and Social Policy (FCSAI), Spain
2. EUROHEALTHNET (EUROHEALTHNET), Brussels
3. European Health Management Association Limited (EHMA), Dublin
4. Aragon Health Sciences Institute (IACS), Spain
5. Federal Centre for Health Education (BZgA), Germany
6. Italian Medicines Agency (AIFA), Italy
7. National Institute of Health (ISS), Italy
8. Technische Universität Dresden (TUD), Germany
9. Vilnius University Hospital Santariškių Klinikos (VULSK), Lithuania
10. National Institute of Public Health (NIJZ), Slovenia
11. National Center of Public Health and Analyses (NCPHA), Bulgaria
12. National Institute for Health and Welfare (THL), Finland
13. Heinrich Heine University Düsseldorf (UDUS (HHU)), Germany
14. Ministry of Health (MINSAL), Italy
15. 1st Regional Health Authority of Attica (YPE), Greece
16. Health Service Executive (HSE), Ireland
17. Institute of Public Health (IPH), Ireland
18. Netherlands Institute for Health Services Research (NIVEL), Netherlands
19. Ministry of Health and Care-Services (HOD), Norway
20. Directorate-General of Health (DGS), Portugal
21. National Health Institute Doutor Ricardo Jorge, IP (INSA), Portugal
22. European Patients Forum (EPF), Brussels
23. National Institute for Health Development (NIHD), Estonia
24. Health Education and Diseases Prevention Centre (SMLPC), Lithuania
25. Directorate of Health (DOHI), Iceland
26. European Institute of Women Health (EIWH), Dublin
27. National Institute for Public Health and the Environment (RIVM), Netherlands
28. European Regional and Local Health Authorities (EUREGHA), Brussels
29. Spanish Ministry of Health, Social Services and Equality (MSSSI), Spain
30. Andalusian Regional Ministry of Health and Social Welfare (CSBSJA), Spain
31. Progress and Health Foundation (FPS), Spain
32. Basque Foundation for Health Innovation and Research (BIOEF), Spain
33. Galician Health Service (SERGAS), Spain

34. Foundation for Education and Health Research of Murcia (FFIS), Spain
35. Aragon Foundation for Research and Development (ARAIID), Spain
36. University of Zaragoza (UNIZAR), Spain
37. Agency for Health Quality and Assessment of Catalonia (AQuAS), Spain
38. Portuguese Diabetes Association (APDP), Portugal

COLLABORATING PARTNERS

1. Ministry of Health, Belgium
2. NHS England, United Kingdom
3. Ministry of Health, Cyprus
4. General Directorate for Health, France
5. Univ. of Coimbra (Fac. of Medicine) on behalf of the consortium
Ageing@Coimbra – Center Region of PT, Portugal
6. The National Board of Health and Welfare (Socyalstyrelsen), Sweden
7. French National Authority for Health, France
8. Teaching Institute of Public Health, Croatia
9. Spanish Ministry of Health, Social Services and Equality
10. University of Montpellier, France
11. University of Napoli, Italy
12. Public Health Ministry for Health, Elderly and Community Care, Malta
13. University Slimmnica, Latvia
14. National Institute of Public Health, Czech Republic
15. The Platform for Better Oral Health in Europe, Brussels
16. Regional Ministry of Health and Social Services of Cantabria, Spain
17. Regional Ministry of Health and Social Issues of Castilla-La Mancha, Spain
18. Canarian Health Service, Spain
19. Directorate-General of Health Care of Comunidad Valenciana, Spain
20. European Wound Management Association, Frederiksberg
21. Pharmaceutical Group of the EU, Brussels
22. WHO Regional Office for Europe, Copenhagen
23. European Health Futures Forum (EHFF), Ventnor
24. Gesundheit Österreich GmbH, Austria
25. European Coalition for Diabetes, (ECD), Brussels
26. Hub for International health ReSearch (HIRS) - EUBIROD network, Italy
27. Regional Ministry of Health of Madrid, Spain
28. Regional Ministry of Health of Castilla y León, Spain
29. Regional Ministry of Health of Navarra, Spain

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