

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

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## 1ST ADVISORY BOARD MEETING MINUTES

Meeting date: 18 February 2015

Meeting location: Brussels, Belgium

Prepared by:

Reviewed by:



## OBJECTIVE:

To give the Advisory Board members an overview of the JA-CHRODIS current status and to set the scenario for the today's discussions and future expertise exchange.

## LOCATION:

Spanish Research Council (CSIC), Rue du Trône 62, 1050 Brussels, Belgium

## AGENDA:

- Opening session
- About the role of the Advisory Board in JA-CHRODIS (Juan E. Riese. JA-CHRODIS Coordinator, ISCIII, Spain)
- Work Package (WP) Presentations: State of the Art
  - Main deliverables by WP4- WP5, WP6 and WP7
  - Horizontal WPs WP1, WP2 and WP3.
  - Q&A.
- Advisory Board and Executive Board joint debate (Moderator: Marina Maggini. ISS, Italy)
- Closing remarks (Wolfgang Philipp. Policy Officer, DG SANTE, European Commission)
- Advisory Board internal debate on next steps

The agenda is available at [http://www.chrodis.eu/wp-content/uploads/2015/02/FINAL-AGENDA\\_-1st-AB-meeting-18-Feb-2015.pdf](http://www.chrodis.eu/wp-content/uploads/2015/02/FINAL-AGENDA_-1st-AB-meeting-18-Feb-2015.pdf)

## ATTENDANCE:

### Advisory Board (AB) members

1. **Christine Graf**, Institute for Movement and Neuroscience at the German Sport University in Cologne, Germany.
2. **Esteban de Manuel Keenoy**, Department of Health of the Basque Government, Spain.
3. **Giulio De Belvis**, Università Cattolica del Sacro Cuore, Italy.
4. **Jaakko Tuomilehto**, University of Helsinki, Finland.
5. **Mirosław J. Wysocki**, National Institute of Public Health, NIH, Poland.
6. **Péter Csizmadia**, National Institute for Health Promotion Budapest, Hungary.
7. **Susanne Logstrup**, European Heart Network, Belgium.
8. **Wolfgang Philipp**, DG SANTE, European Commission, Luxemburg.



### Executive Board (EB) Members

#### WP1

1. **Juan E. Riese**, Coordinator, National Institute of Health Carlos III (ISCIII), Spain.
2. **Teresa Chavarría**, National Institute of Health Carlos III (ISCIII), Spain.
3. **Marie Roseline D. Bélizaire**, National Institute of Health Carlos III (ISCIII), Spain.
4. **Catalina del Río**, National Institute of Health Carlos III (ISCIII), Spain.

#### WP2

5. **Ingrid Stegeman**, Leader, EUROHEALTHNET, Belgium.
6. **Anna Gallinat**, EUROHEALTHNET, Belgium.

#### WP3

7. **Mireia Esparllagues**, Leader, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.
8. **Carme Carrion**, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.
9. **Noemí Robles**, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.
10. **Rogério Ribeiro**, Associação Protectora dos Diabéticos de Portugal (APDP), Portugal.

#### WP4

11. **Enrique Bernal**, Leader, Instituto Aragonés de Ciencias de la Salud (IACS), Spain.
12. **Ramón Launa**, Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

#### WP5

13. **Thomas Kunkel**, Leader, Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany.

#### WP6

14. **Graziano Onder**, Leader, Agenzia Italiana del Farmaco (AIFA), Italy.
15. **Federica Mammarella**, Agenzia Italiana del Farmaco (AIFA), Italy.
16. **Rokas Navickas**, Co-leader, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.
17. **Elena Jureviciene**, Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

#### WP7

18. **Marina Maggini**, Leader, Istituto Superiore di Sanità (ISS), Italy.
19. **Flavia Lombardo**, Istituto Superiore di Sanità (ISS), Italy.
20. **Jelka Zalatiel**, Co-leader, National Institute of Public Health (NIJZ), Slovenia.

#### Governing Board (GB) and European Commission (EC)

21. **Carolina Rodríguez**, Spanish Ministry of Health, Spain.
22. **Paloma Casado**, Leader of Governing Board, Spanish Ministry of Health, Spain.
23. **Anne-Marie Yazbeck**, Scientific Project Officer, Chafea, EC.



### Institutions Representatives

24. **Alfonso Beltrán**, Deputy Director of International Research Programmes and External Relations, National Institute of Health Carlos III (ISCIII), Spain.
25. **Eibhilin Manning**, Policy Officer, DG SANTE, European Commission.

### Excusing attendance

1. **Rafael Bengoa**, Health Area Deusto Business School Basque Country, Spain.
2. **Anne Hendry**, National Clinical Lead for Integrated Care, NHS Scotland, Scotland.
3. **Leocadio Rodríguez-Mañas**, University Hospital of Getafe, Spain.

## OPENING SESSION

**Alfonso Beltrán**, Deputy Director of International Research Programmes and External Relations at the National Institute of Health Carlos III (ISCIII) in Spain welcomed the participants and thanked the Advisory Board (AB) members for accepting the invitation to constitute the scientific board of the European Joint Action on Chronic Diseases. He emphasized on the importance of having clear chronic diseases strategies in Europe to improve citizens' quality of life across the life cycle. He remained the commitment of the ISCIII to coordinate this challenging JA with a reciprocal support from work packages leaders (WPLs) to ISCIII and from the ISCIII to them. AB members are now on board and are invited to advise and share their experiences in the field of chronic diseases to contributing and helping WPLs deliver a good product for future scientific use and for policy purposes.

**Wolfgang Philipp**, Policy Officer at DG SANTE of the European Commission explained that the Commission expects that we all run a successful JA together with the members of the Scientific Committee officially beginning with their participation on the date. The financing of JA-CHRODIS is around € 10 million Euros representing a huge sum in a restricted Health Programme. Thus, there is the need to make JA-CHRODIS also an example and a source of inspiration for future JAs. The group is not homogenous, it is composed by experts from different fields as the goal is to have a better view of what is being done in the area of chronic diseases and propose a good product to policy makers.

**Eibhilin Manning**, Policy Officer, DG SANTE at the European Commission is the representative of the European Innovative Partnership on Active and Healthy Ageing (EIP-AHA) working together with JA-CHRODIS to find synergies within programmes in multiple areas of chronic conditions. The European Innovation Partnerships (EIPs) is a new approach to EU research and innovation. It brings together all relevant actors at EU, national and regional levels across different policy areas to handle with specific societal challenges and involves all the innovation chain levels. Active and healthy ageing is a societal challenge shared by all European countries, but also an opportunity. It is a chance for Europe to establish itself as a global leader that is



capable of providing innovative solutions. The EIP-AHA objectives can be resumed at the following points: improving the health and quality of life of Europeans with a focus on older people; supporting the long-term sustainability and efficiency of health and social care systems; and enhancing the competitiveness of EU industry through business and expansion in new markets. The EIP-AHA good practices defined through the different Actions Groups will be stored in a repository being developed in the Pro-EIPAAHA project and foreseen to be ready by June 2015.

## ABOUT THE ROLE OF THE AB IN THE JA-CHRODIS

**Juan E. Riese** explained to participants that the AB is commended to advise and give scientific to support JA-CHRODIS, contributing to an optimal overall scientific quality of all components. It is expected that the AB provides recommendations on all scientific issues, notably on the quality of the deliverables and on potential European scientific synergies, best ways of sharing scientific knowledge and experiences across the participating countries and extend them to no-participating countries. AB's recommendations will be taken into account by the Executive Board (EB) members although do not have a legal binding.

## PRESENTATIONS OF WORK PACKAGES

- The core work packages (WP) were presented and explained how their work is being disseminated and will be evaluated.
- Every work package leader highlighted the most important components of their WP, the achievements during the first year of implementation of the JA and the follow up with partners.
- The leaders underlined the points of synergies between WPs and the efforts to avoid overlaps in the JA.
- The work packages leaders and co-leaders expressed their satisfaction about their collaboration and performance in the JA and thanked the AB members for accepting to be part of their work. Leaders accentuated on their willingness to improve the work with advices they will receive from the AB members.

All the presentations are available at <http://www.chrodis.eu/event/1-advisory-board-draft/>



## ROUND TABLE QUESTIONS AND COMMENTS FROM AB

AB members congratulated JA-CHRODIS team for the work already achieved and the EC and countries representatives for supporting this great initiative with a clear European dimension.

JA-CHRODIS is an impressive project which is trying to put together evidence based strategies at a time when life expectancy is increasing in Europe. Public health is facing a problem of insufficient budget allocated to the ageing population. Chronic diseases should be in the political agenda because it is not clear how to cover those costs by health sector. Many health insurance agencies do not support early screening and secondary prevention activities.

It is important to define clearly what is the added value that JA-CHRODIS will give to the identified target group (scientific committees, policy makers) avoiding replication of what was already done or what is being done in other European funded projects and/or initiatives. It is important to define what the meaning of success for JA-CHRODIS is and to clarify the target groups. Liaising and working with the Innovative Partnership on Active and Healthy Aging (EIP-AHA) is important for both initiatives but it is also important to know what this partnership does not do and if JA-CHRODIS can complement what is not being addressed.

Another added value that JA-CHRODIS has is that the Governing Board (GB) could ensure the product will be accepted by policy makers.

JA-CHRODIS has to compare the reports with WHO plans and recommendations on chronic diseases in European context.

AB members are committed to work together with the EB to reach a harmonization in the overall work of the JA. This challenging JA needs horizontal harmonization in terms of dissemination, evaluation and implementation of the work, and vertical harmonization in order to consider all the elements of the assessment criteria of good practices. It could be good to have a catalogue of criteria to define good practices by category such as health promotion, health prevention and any other health area.

When talking about chronic diseases, there are many aspects that should be considered. One of them is the multifactorial etiology where the different life styles and factors play an important role; and the next steps would be the identification of approaches for prevention and early detection of cases of individuals at high risk. The questionnaire on National Diabetes Plan of WP7 should include health promotion elements for people at high risk.



## RECOMMENDATIONS FROM AB INTERNAL DEBATE

- Define the way of collaboration and work plan with AB members.
- Define the added value of the Platform of Knowledge Exchange (PKE) (WP4) could represent for countries to get better results in the field of chronic diseases and healthy ageing.
- Conduct a research on what makes the JA-CHRODIS PKE different from other existing platforms (example platform of nutrition).
- Have target groups well defined in order to harmonize the language to capture attention.
- Establish the difference in theoretical background and what is expected by stakeholders.
- The marketing plan of the PKE should take into account the target groups and make sure why stakeholders will choose the PKE over other exchange platform. What is the benefit for stakeholders?
- Make clear why stakeholders should submit their practices into this platform compared to a peer review journal. In the second case, they receive feedback and have the opportunity to be cited, improving their CVs improved.
- The WP4 should have a good business plan for the sustainability of the PKE.
- It is important to define the Terms of References to select experts for the Delphi panels.
- Systematic reviews (WP6 and WP7) should also include grey literature.
- The WP7 must try to make a projection of the situation for the next ten years
- JA-CHRODIS should identify a common denominator that could be the critical point for each country in the project and develop a model that could be deployed whatever the model is for sustainability plan.
- It is important to have a marketing plan into the future JA-CHRODIS business plan.

## OVERALL KEY CONCLUSIONS:

1. AB members are committed to support the scientific work of the JA.
2. The participation of AB members is important to give the extra revision to the JA work before future use by stakeholders and policy makers.
3. AB members need more involvement before giving objective opinions.
4. It is important to assign AB members to specific WPs.
5. The coordinator together with WPLs will define a work plan to propose to AB members.
6. AB members will receive continuous update regarding milestones and deliverables of core work packages in due time from the coordinator.



7. The PKE is an added value that should be disseminated in order to have the expected impact.
8. It is important to do networking throughout the project and after the project is ended to assure the impact on citizen's life.

### **ACTIONS TO BE TAKEN:**

1. Assignment of AB members to specific core WPs.
2. Work plan to be sent to AB members by the coordinator.
3. Update of work to be sent to AB members by the coordinator when available.
4. Next meeting with AB to be planned by the coordinator together with EB.
5. AB members will send quotes on chronic diseases to coordinator to include in the AB section within the JA-CHRODIS webpage for dissemination.

