

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

5TH EXECUTIVE BOARD MEETING MINUTES

Meeting date: 17 February 2015

Meeting location: Brussels, Belgium

Approval date: 24 April 2015

Prepared by: Marie Roseline D. Bélizaire



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

OBJECTIVE: To review on activities to be performed in the second year of the project (2015).

LOCATION:

Building: Spanish Research Council (CSIC).

Address: Rue du Trône, 62 (7th Floor), Brussels, Belgium.

Meeting room: Aula III.

AGENDA:

- Opening session
- Introduction to the meeting
- WP1. The first year experience.
- WP2. Implementation of the communication plan 2015.
- WP3. Towards the accomplishment of the plan for 2015.
- WP4. Ongoing activities during the 2015.
- WP5. Ongoing activities during the 2015.
- WP6. Ongoing activities during the 2015.
- WP7. Ongoing activities during the 2015.
- Debate. Improving synergies.
- Conclusions and next steps.

The agenda is available at http://www.chrodis.eu/wp-content/uploads/2014/11/AGENDA-5TH-EB-MEETING_17_FEBRUARY-2015.pdf

ATTENDANCE:

Members present:

EC Officers:

Anne Marie Yazbeck, Scientific Project Officer, Chafea, Luxembourg

Wolfgang Philipp, Policy Officer, DG SANTE, Luxembourg

Eibhilin Manning, Policy Officer, DG SANTE, Belgium

Work packages

WP1:

Juan E. Riese, National Institute of Health Carlos III (ISCIII), Spain.

Teresa Chavarría, National Institute of Health Carlos III (ISCIII), Spain.

Catalina del Río, National Institute of Health Carlos III (ISCIII), Spain.



Marie Roseline D. Bélizaire, National Institute of Health Carlos III (ISCIII), Spain.

WP2:

Anna Gallinat, EUROHEALTHNET, Belgium.

Ingrid Stegeman, EUROHEALTHNET, Belgium.

WP3:

Noemí Robles, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Carme Carrion, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Rogério Ribeiro, Associação Protectora dos Diabéticos de Portugal, Portugal.

WP4:

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

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

WP5:

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

Ingrid Stegeman, EUROHEALTHNET, Belgium.

WP6:

Graziano Onder, Agenzia Italiana del Farmaco (AIFA), Italy.

Federica Mammarella, Agenzia Italiana del Farmaco (AIFA), Italy.

Rokas Navickas, Vilniaus Universiteto Ligonės Santariškių Klincos (VULSK), Lithuania.

Elena Jureviciene, Vilniaus Universiteto Ligonės Santariškių Klincos (VULSK), Lithuania.

WP7:

Marina Maggini, Istituto Superiore di Sanità (ISS), Italy.

Flavia Lombardo, Istituto Superiore di Sanità (ISS), Italy.

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

Members excusing attendance:

WP3: Mireia Espallargues, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

The participants list is available at <http://www.chrodis.eu/wp-content/uploads/2014/11/LIST-of-PARTICIPANTS-EB-17-February-2015.pdf>



OPENING SESSION

Juan Riese welcomed all participants in the meeting and invited Wolfgang Philip from DG SANTE to open the session.

Wolfgang Philipp, DG SANTE:

Mr. Philipp thanked the coordination team for organizing the meeting at the Spanish Research Council offices in Brussels.

He opened the meeting focusing on several key messages:

- One at the EC policy level from the message contained in the mission letter that the EC President Jean Claude Juncker sent to the new Commissionaire of Health and Food Safety (Mr Vytenis P. Andriukaitis) expressing two relevant points related to health in Europe: Ensuring the Commission is ready in supporting the EU's capacity to deal with crisis situations in food safety or pandemics; Building up knowledge on the performance of national health systems to shape national and EU policies and helping address the challenge of increased calls on national health services at a time of intense pressure on public finances.
- In this sense, Mr. Philip emphasizes that JA-CHRODIS is ready after the first year to build up cooperation avoiding competition between work packages; work in the months to come to forge a common understanding between the JAs institutions about what we want to achieve and how we will do it.
- The JA should go for more visibility taking advantage of the importance the new Commission is giving to chronic conditions and diseases. It should also be open to other groups such as universities, other EU funded initiatives, all EU institutions and also to institutions at the international level.
- JA-CHRODIS' product should have an impact at political level.
- The JA needs a proactive coordination and work together to synthesize discussions, and solve problems to achieve the set up goals in the next 36 months. If there is an interest to create a kind of community network on sustainability with chronic diseases specialists, JA-CHRODIS is the best platform to do so.
- Finally, Mr Philipp expressed the gratitude from the EC to Juan E. Riese for the work he did by organising and coordinating the JA during the first year. He welcomed Teresa Chavarría as new coordinator of the JA-CHRODIS and wished her all the best.

Anne-Marie Yazbeck, Chafea

Mrs Yazbeck assured that things are going well and emphasized her role as supervisor of the JA work and also in assuring and adequate alignment with the Grant Agreement. She congratulated the team for the work already achieved during the first year of execution of the project and wished all the best for the next two years.



Juan E. Riese, Coordinator of JA-CHRODIS:

The JA Coordinator welcomed participants to the meeting expressing it has been worthwhile to have five Executive Board meetings during the first year due to size of the JA with more than 63 partners, where it was important to meet and know each other. He introduced officially Teresa Chavarría as the new coordinator of the JA. He also thanked the representative of DG SANTE and Scientific Project Officer Anne-Marie Yazbeck for the support she is giving to the coordination.

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

WORK PACKAGE PRESENTATIONS AND DEBATE SESSION

1. WP1: JA-CHRODIS: the first year experience

Speaker: Juan E. Riese

The coordinator, Juan E. Riese, made a short presentation describing the main achievements, hurdles, lessons learned and next steps of the work package of coordination during the first year of execution of the JA:

Main achievements and hurdles:

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 Procedures, Executive Board meetings, management tool, set up the Governing Board and Advisory Board, stakeholder forum and preparing the first interim report. He highlighted the support given to the dissemination of the JA. However, the coordination faced some problems regarding delays in activities and the replacement of work package 3 leaders. Preliminary reviews of the financial situation pointed out the person/days of a number of partners in WPs do not match with the work they are supposed to produce. The payment to partners was effective on 30 May 2014 but two of them, National Institute of Public Health NIJZ (Slovenia) and National Institute for Health and Welfare THL (Finland), received their due on November 2014.

He also mentioned the challenge it supposed to manage the JA integrating activities from over 63 partners.

Lessons learned:

A JA is continuous learning process in which every leader and participant has to collaborate and be opened to this process.

Dissemination activities at political level should be improved and all partners should be part of the dissemination and collaborate with the WP2 (dissemination).

The next steps and activities for 2015 of WP1 could be resumed as follows:



- First interim report on time (27 February 2015).
- Organisation of the 6th EB meeting.
- Monthly progress report on time.
- Support of work packages work plan with special focus of on WP3 work plan and evaluation activities.
- Support on dissemination activities focusing on the policy level.
- Management of the inclusion of new Collaborating Partners (CPs).

The Coordinator congratulated the team who always reaches consensus regarding decision making in the project. The coordination will continue with the progress reports, organising the monthly teleconference and for sure specific teleconference with work packages if need be. The new coordinator will need the support of all work package leaders. The structure of the coordination will remain the same; the only change is the incorporation of a new coordinator.

Key points of debate:

- Partners' person/days Vs delivered work

Work package 2 leader, Ingrid Stegeman, enquired on how the coordination meant to address possible inconsistencies between the distribution of person/days and the real work achieved by some partners. Catalina del Río, financial manager of the JA, answered that she will compile all the information per work package and send it to leaders. Teresa Chavarría emphasized that the idea with this report is to provide WP leaders and co-leaders with an up to date status of the person/days execution to facilitate them the responsibility and task of organising the person/days of their partners and adjusting them to the work to be delivered. In this same framework, person/days should also consider differences in salaries depending on countries and WP partners should be able to justify them.

In WP5, they are trying to resolve this issue by proposing extra tasks to partners who are responding in a favourable corporative way to the proposition in order to fulfil their person/days.

Agreement: The coordination committed to send an updated report on the level of execution of person/days per work package on the next few weeks to facilitate WPLs duty in setting work for 2015.

2. WP2: Implementation of the communication plan 2015

Speaker: Ingrid Stegeman

Mrs. Stegeman presented the work of WP2 for the first year of execution of the JA and reinforced that communication is a responsibility of all partners involved in the JA. She made a brief overview of the activities, milestones and deliverables achieved: Stakeholder mapping, visual identity, website and social media, promotional materials, and the Communication Strategy. She informed that 51% (34) of partners are involved in some dissemination activities. An analysis of the website revealed that the average connection is 3:45 minutes and the most used (browser) languages are English and Spanish.

She emphasized on having the deliverable on deadlines to facilitate the update of the website.

The WP2 leader ensured that they are doing a realistic work regarding the budget allocated to this work package (596 person/days, 339.000 euros).

The next steps of this WP are:

- To keep the website updated.
- To continue with the translations of the JA-CHRODIS brochure coordinating with native speakers.

Key points of debate:

- Use of disclaimer

WP2 leader enquired on which disclaimer should be included in documents. The scientific manager explained that the short disclaimer is for material and presentations and the longer one (see footnote)¹ should be used for published contents and analysis clearing up that documents are sole responsibility of authors. This issue will be reviewed in the Grant Agreement.

- Writing style and non-official translations

WP2 presented a short list of terms to improve consistency in documents and emphasized the importance of using the same writing style. Regarding translation of documents or information about JA-CHRODIS into other languages and in order to avoid misunderstandings, it is necessary that WPLs double check translation with partners before having them published under the project's brand/logo.

Agreements:

- The Coordination team and WP leaders will identify issues that could be disseminated and report them in their monthly reports for dissemination.
- The coordination team will contact partners to encourage them in the dissemination of the JA-CHRODIS activities and outcomes. The use of the disclaimers will be reviewed and WPLs reminded to use them.
- Use of JA-CHRODIS instead of JA-Chrodis, small letter in "work package" (see working document for more information).

¹ Short disclaimer: This conference (e.g.) arises from the Joint Action on chronic diseases and promoting healthy ageing across the life cycle which received funding from the European Union, in the framework of the Health Programme 2008-2013.

Long disclaimer: This document represents the views of the author and it is his sole responsibility; it can in no way be taken to reflect the views of the European commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be of the information it contains.

3. WP3: towards the accomplishment of the plan for 2015

Speaker: Carme Carrion

New WP3 leader and co-leader have just started up one month ago (AQuAS and APDP). They have received basic information of the JA and WPs work plans and main activities. The first step to develop and precise their work plan will be to meet WP leaders during the next few days, inform them about the methodology and discuss on the definition of the key indicators. Information on previous activities with EHMA (if relevant) will be sent to WP3 by WPL during the next few weeks.

It was foreseen for the first year to have an implementation assessment and an impact assessment, following the same methodology as in other JA. WP3 committed to have the first interim evaluation at the end of 2015. They will work hard on the definition of indicators together with WPLs. For all objectives of the JA, process indicators, outcome and output indicators will be developed. The difference between those indicators will be clarified in order to avoid misunderstanding.

Key points of debate:

- Active cooperation with WP3

Teresa Chavarria emphasized the importance of an active cooperation between WPLs and WP3 in order to facilitate the realization of the work and kindly requested all WPL to give priority to the evaluation process.

- The need of the evaluation report on due time

Anne-Marie Yazbeck inquired on the figures WP3 needs and the timing and emphasizes that indicators should be both quantitative and qualitative. She also expresses the relevance of having the evaluation deliverables concluded for the next interim report (end of 2015) to avoid failure of the JA.

- Increase of person/days

WP3 makes an inquiry on the possibility to increase the number of person/days in their WP3 as they are beginning to work with fewer budgets than previous partner execution. The coordinator answers that this is something to be considered once we have knowledge of the level of budget execution from all WP partners.

Agreements:

- The coordinator gives priority to WP3 work plan development
- WP leaders will support and cooperate in the evaluation process, sending previous work or background documents (if relevance).
- All information sent to WP3 will also be sent to the Coordinator and the Coordination team.



4. WP4: Ongoing activities during the 2015

Mr. Bernal explained that the Platform Knowledge Exchange (PKE) is being performed in collaboration with the Telemedicine Unit of the National Institute of Health Carlos III. The first semester of the first year was devoted to have a common calendar across WPs.

Concerning the Delphi process, as background for DELPHI process was produced later on, timeframes in WP4 work plan and the work that WP5, 6 and 7 were not coordinated when the JA was launched.

WP4 has also been working on a WP4 task allocation proposal to be discussed during the next WP4 task partners meeting (19 February 2015).

Besides the PKE user's requirement, a business plan is being prepared in order to assure the sustainability of the PKE.

Enrique Bernal also explained that he was invited to attend the meeting of Pro-EIPAHSA CSA initiative, 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 and support of CHRODIS' coordinator.

The plan for 2015 is to have two Delphi questionnaires before summer implemented into the PKE. (2 more after summer), piloting those questionnaires (usability) and close PKE content management and user management expected developments (see timetable 2015)

The next steps of this WP are:

- To continue the Delphi panels as expected
- To finish PKE implementation of background decisions
- To agree on the impact assessment indicators of the PKE along with WP#3.

Key point of debate:

- Delphi questionnaire
 - There is a doubt on whether the foreseen two Delphi on organizational interventions and multimorbid patients should in fact be just one,
 - Patient empowerment Delphi questionnaire is cross sectional and can serve for other domain of best practices.
 - It was discussed to incorporate leaders and co-leaders to the Delphi panel. To avoid pressure on the panel experts, Enrique Bernal proposed to leaders and co-leaders to participate as observer in their respective Delphi panel, and others to attend via web streaming. (This last point will be consulted with panel experts).

- Platform for Knowledge Exchange (PKE)
 - PKE will be ready for exploitation and open access only two months last before the JA finalization.
 - The PKE Business plan should be presented to the Governing Board for sustainability issues.
 - Some questions are still pending regarding the scope of the PKE, added value of specific publics; concerns on sustainability are still open and need a deep debate. A debate round with EB is now open.

5. WP5: Ongoing activities during the 2015

Speakers: Thomas Kunkel

The WPL described the work achieved during the first year of execution of the JA. The WP developed a questionnaire to collect data on health promotion and prevention of chronic disease in Member States. This questionnaire fed into a template that also served as a basis for the Delphi questionnaire. WP5 identified selection criteria that were reviewed and ranked by experts.

The country reports are available and are much elaborated documents with important information; they can be used as a basis to facilitate the exchange between work package partners.

During 2014, WP4 organized the tasks leaders meetings, coordination meeting with WP4 and WP5 meeting. WP4 shared good experiences with partners who were very proactive and respondents during the 2014.

A Task Leader meeting with WP5 partners from Greece and Lithuania leading task 3 and 4 took place on November 14th 2014 in Brussels.

Regarding task 3, compilation of good practices, partners where are asked to submit three good practices examples from each partner country on: Healthy ageing, health promotion and diseases prevention and free thematic.

The WP Next steps are:

- Report from results of the Delphi panel (May 2015)
- Collection of good practices (June 2015)
- WP5 conferences: proposal will be presented at the next WP meeting on February 20th, 2015.

Key points of debate:

- Practices alignment with Delphi criteria



Jelka Zaletel asked if the gathered practices were aligned with the Delphi. WP5 sees the necessity to align the findings from the Delphi and WP 5 process. The first practices will be presented at the WP meeting referred above and then the WP will have a clear opinion on the quality of the practices.

Agreement:

- WP5 leader and Co-leader will be able to attend the panel of experts meeting as observers.
- Meeting to have the information of the weight put on to the different aspects of the Delphi (May 2015).
- Rest of co-lead and WP leaders will be able to attend meeting on a virtual basis.

6. WP6: Ongoing activities during the 2015

Speakers: Graziano Onder and Rokas Navickas

During the first year WP6 worked on identifying target of potential interventions for management of multimorbid patients (task 1) and reviewing existing care pathways approaches for multimorbid patients (task 2).

Nine review papers that identified characteristic 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. A letter to Editor is already submitted to the Lancet Journal and was accepted for publication.

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

WP6 will focus on compiling good practices on multimorbidity (task 3) during the second year of the project. 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 task 2 results. Partners are 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.

The next steps are to:

- Finalise list of criteria components of the Delphi questionnaire
- Select experts for the Delphi panel (March 2015).

Agreement:

- WP6 will share with WP4 the list of experts they have so far to avoid overlapping and also to understand if there is something missed.
- The papers will be shared with the EB as confidential.

7. WP7: Ongoing activities during the 2015

Speakers: Marina Maggini and Jelka Zaletel

Marina Maggini presented the work of the WP during the 2014. A literature review on the effective strategies on prevention management, education, promotion and training on diabetes for professionals and characteristic of National Diabetes plans (NDP) was performed. The literature review has the objective to define the quality criteria for the selection of practices. With this review, the WP established the core elements to prepare the questionnaires. 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 in web based questionnaire.

The survey is organized in two phases: the first has the objective to provide a structured description of the main program (intervention, initiative, approach or equivalent) at national, sub-national or local level, and a short description of other experiences (three for each topic), that participants feel worth to be reported; the second phase will be devoted to an in-depth analysis of the experiences identified in the first one.

The WP almost finished collecting data from the questionnaires: in a first look, 73 programs/experiences have been reported.

Jelka Zaletel presented the fifth task: NDP. She emphasized on the definition of NDP as any kind of strategy to improve outcomes in diabetes at national level. It is important to be strict in the analysis of the questionnaire using the mentioned definition as countries are organized in different ways and some of them don't have a NDP but have a care services.

WP7 reminded that JA is a different environment than academic project. The deliverables have to be produced on time and their quality is crucial for future use. WP7 is working to create a network where every institution is welcome.

Next steps:

- Go in-depth with analysis of the answers of the questionnaires.
- SWOT analysis per country.
- 3rd General meeting of the WP (July 2015).
- Workshop in October-November.
- Workshop on NDP (Date to be defined).
- Publication of five papers in the Annals of ISS (open access journal).
- Participation in different meetings on diabetes.
- Interim report on content of NDP.



IMPROVING SYNERGIES BETWEEN WORK PACKAGES

Moderator: Jelka Zaletel

The most important discussion points were the following:

- Strengthen the structural elements on communication within EB.
- Organisation of TC asking for more feedback from WP leaders.
- Need of a common goal and vision in all the JA.
- Debate on how and why to clarify different points of view between leaders.

OVERALL CONCLUSIONS OF THE MEETING

- The JA 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.
- The JA-CHRODIS has been able to overcome several problems regarding payments to associated partners and WP3 leader withdrawal.
- In its first year, the JA-CHRODIS has built a community of cooperation among experts in WP, collaborators and stakeholders.
- Improvements are needed on the communication and dissemination of JA-CHRODIS' first year results at the policy level and coordination in some tasks between work packages.
- WPLs and partners are to continue working in a common vision of the JA.
- The work of WP3 is a priority now for the JA; WPLs will cooperate to have the interim evaluation ready on month 24 of the JA.
- Collaboration with the EIP AHA initiative is to be continued and strengthened.
- Teresa Chavarría is to become the new JA-CHRODIS coordinator after the General Assembly meeting (19th of February 2015).

AGREEMENT SUMMARY

- Coordination will send an updated report on level of execution of partners' person/days.
- WPLs will identify relevant issues for dissemination and report on them in the monthly reports for coordinators.
- Coordinator will contact WP partners to involve them in dissemination activities.
- Priority is to be given to the WP3 work plan development.
- All WPLs will support and cooperate in the evaluation process and send former version of indicators during the first year to WP3 if they are available.
- All WPLs will send relevant information to WP3 with coordination team in cc.
- An assessment plan will be developed and discussed with all WP leaders before end of June



- WPLs implicated directly in their Delphi may attend the face to face Delphi panel meeting as observers. Rest of WPLs may attend on web streaming (to be proposed to panel experts).
- WP4 will share the final report on the results of the DELPHI WP5.
- WP6 will share papers publication and list of Delphi experts' panel with WP4.
- Approval of management's proposal on the inclusion of new Collaborating Partners.
- Approval of the working document on spelling and style guide for JA-CHRODIS.

ACTIONS TO BE TAKEN

WHAT	WHEN	WHO
Provide to WPLs the status of partners 'person/days execution during the first year	First week of March 2015	WP1 (Management Team)
Identify important issues to disseminate at political and scientific levels.	2015	WP1-7
Include a new item in the progress report related to issues for dissemination	February 2015 (Continuously)	WP1
Contact partners (AP and CP) to involve them in dissemination	Continuously	WP1
Review the use of the disclaimer and inform leaders and co-leaders	February 2015	WP1
Share papers publications with EB	March 2015	WP6
Share Delphi experts panel list with WP4	March 2015	WP6



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

6th EXECUTIVE BOARD MEETING MINUTES

Meeting date: 11- 12 June 2015

Meeting location: Treviso, Italy

Approval date:

Prepared by:



RATIONALE:

The Executive Board (EB) is responsible of the development of the JA-CHRODIS. Face to face meetings are scheduled every semester in the Grant Agreement, for members of the EB to share their work and take necessary decisions. Following the last EB face to face meeting in February 2015, the current development of the project requires a set of discussions and relevant decisions to be agreed on by the EB, whilst revising the work being undertaken. A face to face meeting was organised to fulfil this need. See rationale presented for Sessions in Agenda for this meeting (Annex 1)

OBJECTIVE:

To discuss on the first semester progress of the JA, the roadmap for the second semester and reach consensus on relevant decisions regarding future steps and direction of the JA-CHRODIS considering a global and joint vision.

LOCATION:

Building: Centro Studi Linda e Achille Lorenzon

Address: Viale G. Oberdan 5, 31100 – Treviso, Italy

AGENDA:

Thursday 11th of June

- Session I: Overview of progress made in the JA-CHRODIS
 - Coordination of the JA
 - Health promotion and prevention (WP5)
 - Multimorbidity (WP6)
 - Diabetes case study (WP7)
 - Platform of Knowledge Exchange (WP4)
 - Evaluation of the JA (WP3)
 - Dissemination of the JA (WP2)
- Session II: Review of highest priority project issues towards sustainability
 - Topic Proposal 1: Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS
 - Topic Proposal 2. Dissemination of the JA at the policy level: target groups, messages and formats
 - Topic Proposal 3: Road Map for collaboration with the EIPonAHA initiative

Friday 12th of June

- Session III: Open Strategic Decisions
 - SIII-1. Alignment of the WP's Work Plans
 - SIII-2. Key questions on the PKE: Summary of the report of consultation among WP4 partners on the key questions for the PKE
 - SIII-3. Definition of good practice in the framework of the JA-CHRODIS
 - SIII-4. Process of practice exchange and transfer
 - SIII-5. Governing Board (Work plan, work flow, and interaction with the JA-CHRODIS) *

See complete Agenda in Annex 1.

**This session was moved forward in the timetable of Session III to ensure all attendants presented during it.*

ATTENDANCE:

Members present

WP1:

Teresa Chavarría (Coordinator), National Institute of Health Carlos III (ISCIII), Spain.

Catalina del Río (Financial Project Manager), National Institute of Health Carlos III (ISCIII), Spain.

Patricia Cediel (Scientific Project Manager), National Institute of Health Carlos III (ISCIII), Spain (from mid-morning 11th June).

WP2:

Ingrid Stegeman (WP leader), EUROHEALTHNET, Belgium.

Anna Gallinat (WP leader team), EUROHEALTHNET, Belgium.

WP3:

Carme Carrion (WP leader), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

Rogério Ribeiro (WP co-leader), Associação Protectora dos Diabéticos de Portugal, Portugal.

Noemí Robles (WP leader team), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

WP4:

Enrique Bernal (WP leader), Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

Ramón Launa (WP leader team), Instituto Aragonés de Ciencias de la Salud (IACS), Spain.

WP5:

Thomas Kunkel (WP leader), Bundeszentrale für gesundheitliche Aufklärung (BZgA), Germany (till 12h on 12th June).

Ingrid Stegeman (WP co-leader), EUROHEALTHNET, Belgium.

WP6:

Graziano Onder (WP leader), Agenzia Italiana del Farmaco (AIFA), Italy (til mid-morning 11th June).

Rokas Navickas (WP co-leader), Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

Federica Mammarella (WP leader team), Agenzia Italiana del Farmaco (AIFA), Italy.

Elena Jureviciene (WP co-leader team), Vilniaus Universiteto Ligonės Santariškių Klinikos (VULSK), Lithuania.

WP7:

Marina Maggini (WP leader), Istituto Superiore di Sanità (ISS), Italy (12th June).

Jelka Zaletel (WP co-leader), National Institute of Public Health (NIJZ), Slovenia.

Angela Giusti (WP leader team), Istituto Superiore di Sanità (ISS), Italy.

Invited participants:

Paloma Casado (Governing Board leader), Ministry of Health, Social Services and Equality (MSSSI), Spain (12th June).

Carolina Rodríguez (Governing Board leader team), Ministry of Health, Social Services and Equality (MSSSI), Spain.

Members excusing attendance:

WP3: Mireia Espallargues (WP leader team), Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS), Spain.

WP7: Flavia Lombardo (WP leader team), Istituto Superiore di Sanità (ISS), Italy.

SESSION I: OVERVIEW OF PROGRESS MADE IN JA-CHRODIS

See presentations available at:

<http://www.chrodis.eu/wp-content/uploads/2015/07/JA-CHRODIS-EB-JUNE2015-SI-Overview-Progress.pdf>

Coordination of the JA (WP1)

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator)

Summary of presentation:

- **Latest progress.** First interim report (deliverable & milestone) and amendment completed and awaiting approval from EC. Interim report will be made accessible and public once approved. Amendment of GA requested to CHAFAE will be uploaded in the extranet for internal viewing of the EB once approved by CHAFAE.
- **Next steps.** Advisory Board work plan proposal, semester reports (July 2015) and 2nd interim report in Dec 2015.
- **Collaboration with other WPs.** Collaborating with rest of WPs in tasks being developed by WP2, WP3, WP4, WP5, WP6 and WP7.
- **Dissemination.** Four dissemination activities at scientific and policy level.
- **Financial overview.** Information on financial development of JA-CHRODIS in 2014.

Key points of debate:

- **Latest progress.** Discussed naming of deliverables and milestones.
 - **Action:** Coordinator will send official labelling of the deliverables according to GA for reports to be correctly identified to its deliverable.
 - **Action:** Executive Board (EB) to consider labelling milestones with numbers within WP, to facilitate identification of them in the official documents
- **Financial issues.** Information on financial development of the JA-CHRODIS presented by WP.
 - **Action:** Financial project manager to provide partners with general information on European Commission's (EC) financial costs and rules for JA, and inform WP3 on 1st pre-financing payment from EC

Health Promotion and Prevention (WP5)

Presenter: Thomas Kunkel (WP5 leader)

Summary of presentation:

- **Latest progress.** Developed summary of country reports. 1st version and extended version of questionnaire for the documentation of good practices developed (extended version included Delphi Criteria). Delphi F2F meeting organized with WP4 in April. WP5 meeting in May.
- **Next steps.** Report on good practices examples (July 2015) and conference (24-25 Nov 2015)
- **Collaboration with other WPs.** Collaborating with WP1, 2, 3 and 4
- **Dissemination.** Presentation at scientific level at "Poverty and Health" (Berlin, March 2015)

Key points of debate:

- **Latest progress.** The Good Practice report has to be postponed from June to July due to complexity in the process of collection and approval of information from official sources in most Member States. WP5 Meeting in May helped WP5 partners to clarify concerns they had on the applicability and the criteria of the questionnaire developed.
- **Dissemination.** WP5 leader is invited to a meeting with Public Health Body in Switzerland in November 2015 who is interested in outcome of the Good Practices on Healthy Ageing. WP5 Health Promotion Conference to be held 24-25th of November. Discussed whether Advisory Board (AB) or Governing Board (GB) could be asked to participate in this meeting.
 - **Action:** *EB to analyse in the Dissemination slot of the agenda what meetings GB and AB could participate in.*
 - **Working with other WPs.** WP5 leader highlighted the need for WPs to work together on relevant aspects of the interface of the Platform of Knowledge Exchange (PKE). It is essential that all WPs are clear on how this needs to be done and coordinate efforts. Coordinator proposes to discuss this aspect further in the agenda (follow-up at: [SIII-1. Alignment of the WPs Work Plans](#))

Multimorbidity (WP6)

Presenter: Rokas Navickas (WP6 co-leader)

Summary of presentation:

- **Latest progress.** Literature review. Analysis of 8 partners databases (results in publications of 6 articles in EJIM). Draft list of criteria (cost effectiveness, applicability, replicability). Good practice list and expert group for Delphi completed. Field survey finalised.
- **Next steps.** Reports and common guidelines for care pathways for multimorbidity patients (deliverable). Select experts for clinical meetings, complete Delphi process, report on applicability and replicability of criteria, finalize results on cost effectiveness analysis, identify target population, key characteristics to standardize criteria and Delphi process, expert meeting (Oct 2015) and joint WP6 and WP7 publication (Dec 2015).
- **Collaboration with other WPs.** Working with WP4 (Delphi and PKE), WP7 (data analysis) and WP1 (policy maker dissemination).
- **Dissemination.** Publication of 6 papers (EJIM), a letter to Lancet editorial, conference and extended database analysis at scientific level. At policy level, conference “Baltic Family Medicine”. Next dissemination activities at European Health Forum Gastein and Multimorbidity Conference.

Key points of debate:

- **Latest progress.** Analyses of databases on multimorbidity completed. Due to large heterogeneity, each partner analysed its own database. Decision to establish grounds for further research by agreeing on a definition so commonalities between databases are being explored. It is being proposed to consider the definition of a model that can be used across countries. Expert meeting are to agree on a list of recommendations focused on the clinical perspective.

- **Dissemination.** Multimorbidity conference of 27th October: four people from WP6 have been invited to attend a workshop at the end of June to prepare this conference. Eibhilin Manning invited the JA-CHRODIS to provide a list of experts/relevant stakeholders to be invited to the conference from (requirement active participation in discussion).

➤ **Action:** WP1 will request all WPs to send names that would be suitable to participate actively in the multimorbidity conference.

Diabetes case study (WP7)

Presenter: Angela Giusti (WP7 leader team member)

Summary of presentation:

- **Latest progress.** Questionnaire on practices for prevention and management of diabetes data collection (1st phase data analysed, report drafted and criteria for practices defined). Second phase ongoing).
- **Next steps.** Analysis of practices reported by partners, SWOT analysis of national policies, work on policy briefs on National Diabetes Plans (NDP). Milestones & deliverables: Expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes. Workshop to analyze collected data on processes in NDP development, implementation, sustainability (December 2015) joined with expert/ policy maker meeting (Oct 2015).
- **Collaboration with other WPs.** Collaboration with WP6 co-leader on the study on influence of diabetes on health care resources usage in multimorbidity patients, with project EMPATHiE (collating and reviewing results relevant to diabetes) and EIP-on-AHA on B3 action group “Maturity model for the assessment of integrated care services”.
- **Dissemination.** Policy briefs on NDP, workshop on “How to do policy speak” (policy level), future publication of paper on Annals of ISS and participation at the AMD national congress (scientific level).

Key points of debate:

- **Working with other WPs.** Collaboration with project EMPATHiE and with WP6 to study the national databases on diabetes. WP4 suggested completing a Delphi for WP7. Coordinator recommended discussing this issue further when WP7 leader present at [SIII-1. Alignment of the WPs Work Plans](#)

Platform of Knowledge Exchange progress (WP4)

Presenter: Enrique Bernal (WP4 leader)

Summary of presentation:

- **Latest progress.** Delphi I on health prevention & promotion completed including final report (D1). Delphi II on organizational interventions (with particular emphasis in interventions on multimorbid patients): deadline for 1st round questionnaire extended till 15th June to include more experts; upcoming weeks to analyse results and development of 2nd questionnaire. Delphi III (activities started earlier than described: literature review

completed and identification of experts undergoing -experts' details facilitated by EPF). PKE: metadata user profiles designed, clearinghouse and digital library search results screen designed, and convergence with EIP-AHA in the digital library through a proposal

- **Next steps.** Clearinghouse content data model, programming PKE user search interface, practice submission form D1, practice assessment application D1, clearinghouse piloting D1, WP4 business model draft, EIP-AHA convergences in the digital library to be introduced, browsing contents for digital library and help desk integration.
- **Collaboration with other WPs.** Working with WP5 on Delphi 1, WP6 on Delphi 2 and WP7 on Delphi 4. Liaising with WP2 on PKE-JA-CHRODIS web, with WP3 on indicators and WP1 on the digital library
- **Dissemination.** At scientific level one "Geriatrics Annual Conference in Aragon" and at policy level "Chronic Diseases and Healthy Ageing" and "European Summit on Innovation for Active and Healthy Ageing". Envisaged 4 papers from the Delphi process.

Key points of debate:

- **Latest progress.** Delphi I (report completed),
 - **Action:** *Distribute Delphi I report to EB members*
- **Next steps.** From Sep-Nov piloting of PKE, validation process 2 weeks. If volunteers needed for piloting phase, WP4 will provide further indications to WP leaders to cascade information to other partners as possible volunteers.
 - **Action:** *WP4 leader to indicate if volunteers needed for piloting phase and provide timeframe.*
- **Working with other WPs.** Questionnaire on Health Promotion and Prevention (WP5) completed. Length of WP5 questionnaire may difficult users in the evaluation process of the PKE. Questionnaire will need to be reduced/ cut for the PKE although all the information from the questionnaire will be included in the WP5 July report. WP5 and WP4 agree on establishing a small working group to work on reduction of the questionnaire and the PKE clearing house needs. Further discussion followed at: [SIII-1. Alignment of the WPs Work Plans](#)

Evaluation of the JA (WP3)

Presenter: Rogério Ribeiro (WP3 co-leader)

Summary of presentation:

- **Latest progress.** Draft evaluation plan, new goals proposed: Event survey analysis, alignment of evaluation, partners satisfaction and impact beyond project.
- **Next steps.** Extend aim to prepare JA-CHRODIS impact evaluation framework. Complete evaluation plan and impact plan (end of July), data collection, midterm evaluation report (Dec 2015).
- **Collaboration with other WPs.** Working with WP1 on evaluation plan and impact plan, with WP2 on dissemination activities and WP4-7 on indicators agreed and data collection.
- **Dissemination.** Participating in the "Iberoamerican Congress of Epidemiology and Public Health" (Sep 2015) and at policy level at the Debate at Portuguese Diabetes Congress (Feb 2016).

Key points of debate:

- **Latest progress.** Currently, accelerating previous delays occurring in the evaluation work package (WP3). WP3 has collaborated with all WPs leaders receiving very good feedback in order to carry out their indicator's proposal. After TC meetings with all WPLs, new draft version of indicators should be completed by end June. Final draft version expected to be ready mid-July. Final version end of July. Once final agreement, WP3 next step will be to streamline based on data the WPs are already collecting, to make the process easier.
 - **Action:** WP3 to prepare a specific timeline for data collection from WPs in Sep/Oct so WPs are aware of what is expected (and when).
- **Next steps.** EB need to think about the evaluation of the impact beyond the project through an Impact Assessment Plan which will be drafted upon discussion. Important to know what impact is wanted/ needed from JA-CHRODIS by the European Commission (EC) and Member States (MS). Further discussions followed at: [TOPIC 1. Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS](#); [TOPIC 2. Dissemination of the JA at the policy level: target groups, messages and formats](#) and [SIII-5. Governing Board](#).
- **Working with other WPs.** Concerns by partners on the lack of resources allocated directly to the evaluation of the WP. Coordinator explained that WP1, as WP2 and WP3 are horizontal work packages that give support to the JA but also require the input from all partners. WP Leaders, including Coordinator, are responsible of providing information to WP3 and WP3 is responsible of analyzing this information.

Dissemination of the JA (WP2)

Presenter: Anna Gallinat (WP2 leader team)

Summary of presentation:

- **Latest progress.** All deliverables and milestone due in 1st year achieved. Last 6 months: newsletter, communication plan work 2015, spelling and style guidelines, pending approval of authorship guidelines.
- **Next steps.** Update webpage (request made to WP leaders), newsletters and updates, draft strategy for dissemination at political level, video and translation of brochures. Ongoing input on website, social media and database.
- **Collaboration with other WPs.** Bidirectional information flow with WP4-WP7, in liaison with EIP-AHA on inclusion of projects in each other website and newsletter.

Key points of debate:

- **Next steps:**
 - **Webpage.** Webpage is not intuitive for users not familiar with the different WPs of the JA-CHRODIS. There are users unaware of the different WPs and EU project terminology but interested in the work being completed at JA-CHRODIS. It is also important to update the information as to what has been done and what is underway.

AGREEMENT:

Restructure the home page, highlighting specific topics and providing direct access to all outcomes and deliverables from home page.

- **Action:** WP2 to continue working on JA-CHRODIS home webpage considering the different outcomes of the project. Highlight published reports, outcomes, etc.
- **Action:** WP leaders to provide the information on their work during summer so WP2 can update contents.
- **Translation of JA-CHRODIS leaflets.** Already completed in English, Italian, and Lithuanian. Slovenian translation underway. WP2 also suggest in German, Portuguese and Spanish. Brochure to be translated to other languages (including co-official national languages) based on demand made by partners.
 - **Action:** WP2 to continue contact with partners on the translation of JA-CHRODIS brochure.
- **Newsletters and updates publications.** Newsletter, 3 times per year. Monthly updates to be renamed as “Latest news”. Next newsletter in July on health promotion. Monthly technical report includes now 2 new questions on dissemination. Information included in these questions will be used by WP2 for dissemination purposes.
 - **Action:** WP leaders to complete dissemination questions on monthly reports considering also an external audience.
- **Video JA-CHRODIS.** It will be completed by the end of August; to start using in Sept-Oct. Information on video has been forwarded to partners as supporting documents.
 - **Action:** EB members to provide feedback to WP2 by end of June on scenario propose on video.

SESSION II. REVIEW OF THE HIGHEST PRIORITY PROJECT ISSUES TOWARDS SUSTAINABILITY

See presentations at:

<http://www.chrodis.eu/wp-content/uploads/2015/09/JA-CHRODIS-EB-JUNE2015-SII-Priorities.pdf>

TOPIC 1. Evaluation plan: WP activity assessment and global impact of the JA-CHRODIS

Presenter: Carmé Carrion (WP3 leader)

Evaluation WP (WP3) defining indicator (quantitative and qualitative) outputs and outcomes of the JA-CHRODIS considering the GA as to the work that needs to be accomplished.

- **Why Impact assessment of the JA?** Right now, the evaluation conducted relates to monitoring the development of JA-CHRODIS; however, the evaluation process needs to consider the impact of the JA at the medium and also long term. JA-CHRODIS objectives need to be cleared and a roadmap designed.

AGREEMENT:

EB agrees on the need to include an Impact Assessment Evaluation proposal in the Evaluation Plan.

EB agrees on the potential implicit results that JA-CHRODIS has: improvement of policies, programmes, and interventions directed to addressing chronic diseases through the exchange of good practices.

- **Action:** WP leaders to review the statement presented on implicit results to apply it when developing activities.
- **Proposal of dimensions of JA-CHRODIS for impact evaluation.** WP leaders were presented with 4 dimensions to consider for the impact assessment and evaluation of JA-CHRODIS: Addressing chronicity, selection of potential good practices; Facilitate exchange & transfer, building PKE; Promote exchange and transfer, transferability of good practices; and Effectiveness (main objective). EB members discussed dimensions presented and agreed on 3 dimensions: 1) addressing health promotion and chronic care prevention, 2) facilitate exchange of practice transfers and 3) effectiveness: exchange and transfer of practices (this last dimension incorporates 2 of the initially proposed dimensions).
 - **Action:** WP3 will work on a proposal of indicators for these dimensions.
 - **Action:** EB members to review dimensions proposed and comment on any suggestions.

TOPIC 2. Dissemination of the JA at the policy level: target groups, messages and formats

Presenter: Ingrid Stegeman (WP2 leader)

Target audience and dissemination activities. JA-CHRODIS is currently disseminating information about its work to a broad range of stakeholders (about 1200 contacts currently in the database). We should at this stage focus, in addition, on identifying the most important stakeholders (those with high interest and the power to generate change) that can help the JA achieve its objectives and target messages to them. The EB acknowledges the added value of involving the Governing Board (GB) and Advisory Board (AB) and recognises the relevance of the role of the stakeholders.

Political-level dissemination strategy to include formats for focused on policy makers: Policy debates (explore European Health Observatory, with experience in conducting such events); strong final conference; hearings with Parliamentary Working Groups.

AGREEMENT:

AB and specially GB should be considered a priority target group.

- **Action:** WP leaders to update their stakeholder mapping and provide update to WP2.
- **Action:** WP's leader's and co-leaders to analyse stakeholders/key players and identify different target groups who can help us achieve our objectives and identify messages to mobilise them and to take the necessary action.
- **Action:** WP leaders to include dissemination activities in their WPs meetings.

- **Action:** WP leaders to advise partners to include link to JA-CHRODIS in institutional websites.

TOPIC 3. Roadmap for collaboration with EIP-on-AHA initiative

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator) and Enrique Bernal (WP4 Leader)

Update on interactions/collaborations between JA-CHRODIS and EIPonAHA. Background information on EIP-on-AHA repository presented (should be completed by end of June, self-evaluation process and practices will be labeled as good, notable and promising). Issues were raised on EIP-on-AHA practice categories). It was suggested to build awareness and request support from Governing Board (GB) representatives on: categories for practices can be established if following a rigorous evaluation process with transparent and explicit criteria such as the method used in JA-CHRODIS. This is an important value of JA-CHRODIS. In addition, having two different assessment systems can create confusion among users. JA-CHRODIS coordinator is in communication with CHAFAEA and DG-Sante regarding the possible overlaps and synergies of both platforms. Areas of overlap exist; however, the recommendation is to focus on what each repository adds value to, look for synergies so that both platforms can communicate in the future. It is relevant to ensure that users understand the differences and crucial for the JA-CHRODIS to outreach it's values and goals.

- **Action:** Coordinator to distribute minutes to EB from teleconference with CHAFAEA on collaboration with EIP-on-AHA.
- **Action:** EB members to transmit to GB differences with EIP-on-AHA and request their support avoiding possible overlaps and confusion between both repositories (*see Post meeting note*).
- **Action:** WP2 and WP1 to develop a set of slides to be included in all JA-CHRODIS presentations indicating the strengths of JA-CHRODIS.

SESSION III: OPEN STRATEGIC DECISIONS

See presentations at:

<http://www.chrodis.eu/wp-content/uploads/2015/07/JA-CHRODIS-EB-JUNE2015-SIII-Strategic-Decisions.pdf> **SIII-1. Alignment of the WPs Work Plans**

Presenter: Teresa Chavarría (JA-CHRODIS Coordinator)

- **Upcoming events.** The following months' calendar was reviewed. Discussed dates: 26th Oct proposed date for Parliament high level meeting (contact with Ms. Maria Heilskou Pedersen, Advisor at the permanent representation of Denmark to the EU); 27th Oct multi-morbidity conference in Brussels, 28th multimorbidity clinical expert meeting (WP6); 20th of October Workshop on Health Communication to Policy Makers (WP7); 21st of October Advisory Board meeting proposed coinciding with the Workshop WP7, 24rd-25th November, Health Promotion Conference (WP5) (to consider a GB meeting

the coinciding with this event). Dates will be double checked with different Boards and EC.

➤ **Action:** *EB members to check its availability for these events and feedback to WP1.*

- **WPs collaboration.** WP5 proposed to establish a collaboration group between WP5, WP6 and WP7 with WP4 to ensure alignment and a common approach when designing interface for the clearing house-PKE. It proposes to establish a collaboration group to bridge the work between WP4 and WP5 which will set the structure for the rest of questionnaires. WP4 concerns about timeframe (by Aug questionnaire reduction needs to be completed as piloting of the questionnaire starts in Sep-Nov). WP4 will lead the process of reducing questionnaire developed in WP5 and will review impact on timing. Information on timing and results from activities of this group will be shared by WP4 with WP6 and 7.

AGREEMENT:

Establish a group led by WP4 (developing PKE) in collaboration with WP5 (health promotion and prevention) to reduce WP5 questionnaire to better adjust it to PKE user's needs and exchange ideas on the interface.

➤ **Action:** *WP5 leader will provide WP4 with contact people to establish working group.*

➤ **Action:** *WP4 to lead group with WP5 in the reduction of the questionnaire to be submitted to PKE. WP4 leader will analyse if reduction needs to be completed in July.*

➤ **Action:** *Coordinator proposes WP4 to prepare a workflow chart at the user-level of the PKE to contribute to clarifications to all WPs.*

- **Coordination of WP4 and WP6.** WP4 and WP6 have agreed on timings for first, second and panel meeting of Delphi 2.

- **Coordination of WP4 and WP7.** WP4 and WP7 agree on developing a Delphi on Diabetes based on the selection criteria already identified by WP7 experts (detection and prevention focused high risk people, health promotion, management, education). These criteria will be reviewed and weighted by a panel of experts (WP7 partners to be included). For the criteria on health promotion, results from Delphi 1 could be integrated. WP7, WP4, WP5 to do this exercise. Timeline: Dec. of 2015 WP7 drafts recommendations for prevention and management of diabetes ; Jan. 2016 setting the questionnaire, Feb.-March 2016, round questionnaires, face-to-face meeting to be determined. WP4 suggested reducing current number of indicators to no more than 60. WP4 needs to check dates to attend meeting with WP7 partners in Oct 2015 to explain PKE process.

➤ **Action:** *WP7 and WP4 to jointly work on the Delphi process using criteria developed within WP7. WP4 to check availability to attend WP7 meeting to explain process to WP7 partners in Oct 2015.*

SIII-2. Key Questions on the PKE

Presenter: Enrique Bernal (WP4 leader)

- **Evaluation of practices.** WP4 leader presents Key Question on PKE functionalities discussed between WP4 partners:
 - Score publication? Agreed “Scores available to the submitter & help desk”. Important to link the description of the practice with the assessment score.
 - Discard practices? Agreed Yes. Quality threshold is a goal of JA-CHRODIS. Discussed that even if below threshold it would be good to have all practices evaluated on display so a user can see if practice has been evaluated or not (if missing and not on displayed, user unsure if practice is not there because it is below threshold or because it is a low weighted practice). If a user does not agree on evaluation results WP4 leader thinks the system will allow for deletion of a practice at the submitter’s request.
 - Labeling practices? Agreed to use flags to identify “Best, Good and Candidate” practices to incentive improvement and recognize quality standards. WP4 leader clarifies that this terminology will not be explicitly used to categorise the practices. Instead, they will be labeled using colour coded flags). Definition of categories under each label will be displayed.
 - Digital Library Peer review? Agreed to define only a Supervision role to avoid inappropriate content.
 - Delphi experts as RV/RF candidates? Agreed “Yes” and should have accredited international expertise.
 - RV/RF selection process? Agreed “Yes”. Upon a CV evaluation and Executive Board final decision.
 - PKE “clients”. Agreed “Yes”, although there is concern on a risk of focus dispersion. Coordinator comments that dispersion can be avoided if the PKE’s services and products are well defined and target groups previously engaged. Discussed if a patient is a target of the PKE. Coordinator comments that Patient Associations can be and should be a target group but JA-CHRODIS is not meant to be a tool for patients to decide where they can be better treated. JA-CHRODIS does not build policies; it paves the way for a potential improvement on health policies.

AGREEMENT:

EB agrees on the results presented by WP4 leader from key Questions of PKE.
 WP4 to work in liaison with EB members on the labelling of practices evaluate.
 WP4 to continue developing PKE in close collaboration with WP leaders.

- **Action:** WP4 in liaison with EB member to review labelling of evaluated practices.
- **Action:** WP4 to develop at standard text on the evaluation outcome of practices submitted and dimensions evaluated and consider comment of EB regarding deletion of practices in PKE.

- **Evaluators.** WP4 evaluating CVs (it is being a demanding task).

AGREEMENT:

If someone has already a practice in PKE, s/he can become an evaluator; also Delphi experts can be entitled to become evaluators.

- **Search engine.** Questions discussed on search interface of the PKE. It is envisaged that it will be completed through ticking boxes of target groups, disease, and type of practice. There will be a basic and advance search. WP4 needs to review how this search and search terms can be completed. WP4 leader pointed out that as an IT tool, the PKE has room for further development including new aspects such as feedback from users and learning process.

AGREEMENT:

It is essential establish definition of PKE in terms of users, target groups for all partners understand the usage expected from the PKE.

SIII-5. Governing Board

Presenter: Paloma Casado (Coordinator GB)

- **Workflow with GB.** Governing Board (GB) key role in JA-CHRODIS regarding its strategy and sustainability. The communication workflow between EB and GB: JA-CHRODIS deliverables will be sent to GB for information or for feedback (to be provided in a timeframe of 4 weeks) under a list of four reviewing criteria: Do results align with the interests of your country in addressing chronicity? Barriers for implementation in your country? Facilitators for the application in your country? Feasible to apply in your country?
 - **Action:** *EB to provide feedback to GB on the deliverables identified for feedback or only for the information of the GB.*
- **Input and support from GB.** Work plan with GB includes a survey to identify the needs and priorities of GB members at their national level. GB can facilitate discussion among users of barriers and facilitators of the implementation of a practice.
 - **Action:** *Conduct survey to GB on needs and priorities of Countries and Member States.*
- **Communication to GB.** Agreed that GB is a priority target group for JA-CHRODIS communication. Our communication tools (newsletter, lasts news, website) should include messages focused on this target group. Organization of workshops at the national level with WP partners is also proposed (to be developed in 2016-2017?).
- **Other formats:** policy briefings are identified as a suitable format to build awareness and inform policy makers (including GB members) on JA reports and progress.
 - **Action:** *WP2 to propose a specific structure for the reports produced by the JA.*
 - **Action:** *WP2 to consider GB as target audience for the newsletter.*

- **Actions:** WP leaders to provide information on activities/results through monthly report keeping in mind GB.

SIII-3. Definition of good practice in the framework of the JA-CHRODIS

Presenter: Marina Maggini (WP7 leader)

Discussion on the need for a definition of “good practice” in the frame work of JA-CHRODIS. EB agrees on using a definition of good practice from a conceptual perspective and an operational definition for each domain established in the evaluation process of the PKE. Conceptual definition allows partners to work in the same framework. Operational definition allows integrating the context of practices.

AGREEMENT:

To use the definition proposed by the FAO (found at Capacity Development Portal Fostering knowledge sharing and learning) as a basis for the conceptual definition.

To establish operational definitions of good practices for each domain of the evaluation process of the PKE.

- **Action:** WP7 leader will propose a written conceptual definition on “good practice” to EB members for final approval.

SIII-4. Process of practice exchange and transfer

Presenter: Teresa Chavarria (Coordinator)

First discussion on how the process of practice exchange and transfer will take place. Need to identify levels of transfer and exchange and the key players for each level.

Transfer at the PKE level: transfer in and transfer out of practices. For the transfer in, JA-CHRODIS partners can send practices and promote transfer at the national, regional and local level (dissemination plays a key role). Regarding the transfer out of practices (clearing house), it is for the Governing Board, policy makers will be key players and relevant target groups for engagement. JA-CHRODIS can learn from the twinning process of EIP-on-AHA scale up road map to increase the exchange of practices.

At the JA-CHRODIS level, a roadmap needs to be described to promote the exchange of practices. It was suggested for JA-CHRODIS partners to organise national/ regional meetings in collaboration with their GB member through 2016.

- **Action:** Explore EIPonAHA's (Eibhilin Manning) the twinning process.
- **Action:** Define a roadmap for transfer of practices, identifying processes, key players and target groups for engagement.
- **Action:** Further discuss the organization of meetings at the national/ regional of partners engaging the GB to promote the use and exchange of practices through the PKE (see Post meeting note).

CONCLUSIONS

- Relevant progress at WP, starting to produce outputs/outcomes and working on additional results apart from strict deliverables, enriching JA.
- Important achievements: Health Promotion (WP5): 14 country reviews on Health Promotion and overview report; Delphi 1 completed. Multimorbidity (WP6): draft list of criteria, good practice list and expert group for Delphi 2 completed. Field survey finalized. Diabetes (WP7); 1st phase data analysed, report drafted and criteria for practices defined. Delphi for Diabetes agreed. Platform of Knowledge Exchange (WP4): PKE: metadata user profiles designed clearinghouse and digital library search results screen designed, and convergence with EIP-AHA in the digital library through a proposal. Evaluation Plan (WP3): draft evaluation plan, proposal for WP evaluation indicators. New goals proposed: Event survey analysis, alignment of evaluation, partners satisfaction and impact beyond project. Dissemination (WP2): newsletter, communication plan work 2015, spelling and style guidelines, improvement on web page, pending approval of authorship guidelines.
- There is good communication between WP leaders; however, we still need to work on better alignment across WPs.
- WP3 developing quality work, achieving tasks on time and collaborating with all WP leaders. Congratulations to WP3 partners for their achievements and rest of WP leaders for their support and cooperation with WP3.
- EB working hard to consolidate a common vision. Now important to spread this vision to partners within WP.
- Dissemination is key during this year and 2016 and it is essential to focus our message on the Governing Board and EU, national and regional level policy makers. Workshops and Conferences are an opportunity for engaging and reaching out to relevant target groups.
- JA-CHRODIS needs to make clear its added value: our scope chronic diseases across the life cycle; our identity high quality methodology and results; strengths Governing Board and network of professionals/stakeholders and our goal to facilitate and promote the transfer and exchange of practices across Europe.
- Potential impact: improve working methodologies of and for professionals and improve policies, and above all improve the wellbeing and lives of chronic patients and their families.

Post meeting note

Following discussions after this meeting, it has been clarified and agreed by all Executive Board members as indicated by the Governing Board secretariat that the Governing Board can maintain a dialogue with Executive Board and develop activities always under what is established in their Terms of Reference (ToR).

LIST OF AGREEMENTS REACHED

- ✓ Content on JA-CHRODIS website: restructure the home page, highlighting specific topics and providing direct access to all outcomes and deliverables from home page.
- ✓ EB agrees on the potential implicit results that JA-CHRODIS has: improvement of policies, programmes, and interventions directed to addressing chronic diseases through the exchange of good practices.
- ✓ AB and specially GB should be considered a priority target group.
- ✓ Establish a group led by WP4 (developing PKE) in collaboration with WP5 (health promotion and prevention) to reduce WP5 questionnaire to better adjust it to PKE user's needs and exchange ideas on the interface.
- ✓ EB agrees on the results presented by WP4 leader from key Questions of PKE.
- ✓ WP4 to work in liaison with EB members on the labelling of evaluated practices.
- ✓ WP4 to continue developing PKE in close collaboration with WP leaders.
- ✓ If someone has already a practice in PKE, s/he can become an evaluator; also Delphi experts can be entitled to become evaluators.
- ✓ It is essential establish definition of PKE in terms of users, target groups for all partners understand the usage expected from the PKE.
- ✓ To use the definition proposed by the FAO (found at Capacity Development Portal Fostering knowledge sharing and learning) as a basis for the conceptual definition.
- ✓ To establish operational definitions of good practices for each domain of the evaluation process of the PKE:

SUMMARY OF ACTIONS TO BE TAKEN

Below are the actions to be taken requiring the collaboration of different EB members or WP leaders including actions for the strategic direction of the JA-CHRODIS. WP leaders will continue with the development of WP activities.

WHAT	WHO
<i>Send official labelling of the deliverables according to GA for reports to be correctly identified to its deliverable.</i>	WP1
<i>Consider labelling milestones with numbers within WP, to facilitate identification of them in the official documents</i>	EB
<i>Provide partners with general information on European Commission's (EC) financial costs and rules for JA, and inform WP3 on 1st pre-financing payment from EC</i>	WP1
<i>Analyse in the Dissemination slot of the agenda what meetings GB and AB could participate in.</i>	EB
<i>All WPs to send names that would be suitable to participate actively in the multimorbidity conference.</i>	WP1-EB
<i>Distribute Delphi I report to EB members</i>	WP1
<i>Indicate if volunteers needed for piloting phase and provide timeframe.</i>	WP4
<i>Prepare a specific timeline for indicators data collection from WPs in Sep/Oct so WPs are aware of what is expected (and when).</i>	WP3

<i>Continue working on JA-CHRODIS website homepage considering the different outcomes of the project. Highlight published reports, outcomes, etc.</i>	WP2
<i>Provide information on WP (e.g. updated descriptions, meetings, outcomes) during summer so WP2 can update contents.</i>	WP leaders – WP2
<i>Continue contact with partners on the translation of JA-CHRODIS brochure.</i>	WP2
<i>Complete dissemination questions on monthly reports considering also an outsider audience.</i>	WP leaders
<i>Provide feedback to WP2 by end of June on scenario propose on video.</i>	EB
<i>Review the statement presented by WP3 on implicit results to apply it when developing activities.</i>	WP leaders
<i>Work on a proposal of indicators for these dimensions.</i>	WP3
<i>Review dimensions proposed and comment on any suggestions.</i>	EB
<i>Update stakeholder mapping and provide update to WP2.</i>	WP leaders
<i>Identify 'key priority' stakeholders, including GB, and - gear dissemination towards them.</i>	All WP leaders
<i>Include dissemination activities in internal WPs meetings.</i>	WP leaders
<i>Advise partners to include link to JA-CHRODIS in institutional websites.</i>	WP leaders
<i>Distribute minutes to EB from teleconference with CHAFAEA on collaboration with EIP-on-AHA.</i>	WP1
<i>Transmit to GB differences with EIP-on-AHA and request their support avoiding possible overlaps and confusion between both repositories.</i>	EB
<i>Develop a set of slides to be included in all JA-CHRODIS presentations indicating the strengths of JA-CHRODIS.</i>	WP2 & WP1
<i>Check availability for upcoming events and feedback to WP1.</i>	EB
<i>Provide WP4 with contact people to establish working group.</i>	WP5
<i>WP4 to lead group with WP5 in the reduction of the questionnaire to be submitted to PKE. WP4 leader will analyse if reduction needs to be completed in July.</i>	WP4 & WP5
<i>Prepare a workflow chart at the user-level of the PKE to contribute to clarifications to all WPs.</i>	WP4
<i>Update on the Business Plan for the PKE</i>	Coordinator-WP4
<i>WP7 and WP4 to jointly work on the Delphi process using criteria developed within WP7. WP4 to check availability to attend WP7 meeting to explain process to WP7 partners in Oct 2015.</i>	WP4 & WP7
<i>Review labelling of evaluated practices.</i>	WP4 & EB
<i>Develop at standard text on the evaluation outcome of practices submitted and dimensions evaluated and consider comment of EB regarding deletion of practices in PKE.</i>	WP4
<i>Provide feedback to GB on the deliverables identified for feedback or only for the information of the GB.</i>	EB
<i>Conduct survey to GB on needs and priorities of Countries and Member States.</i>	WP1 & GB
<i>Propose GB to provide feedback to EB as how it can support JA-CHRODIS regarding the EIP-on-AHA.</i>	WP1 & GB
	WP2
<i>Consider GB as target audience when developing the content for the newsletter.</i>	WP2
<i>Provide information on activities/results through monthly report keeping in mind GB.</i>	WP leaders
<i>Propose a written conceptual definition on "good practice" to EB members for final approval.</i>	WP7
<i>Explore EIPonAHA's the twinning process.</i>	WP1

<i>Define a roadmap for transfer of practices, identifying processes, key players and target groups for engagement.</i>	EB
<i>Further discuss the organization of meetings at the national/ regional of partners engaging the GB to promote the use and exchange of practices through the PKE.</i>	EB

ANNEX I: AGENDA



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6th JA-CHRODIS EXECUTIVE BOARD MEETING

Venue: Centro Studi Linda e Achille Lorenzon
Viale G. Oberdan 5, 31100 – Treviso, Italy

DAY 1. 11th of June, 2015. 9:00 h- 17:00 h.

9:00-9:15 Welcome by host and coordinator.

Session I: Overview of progress made in the JA-CHRODIS. 9:00 - 13:30.

9:15- 13:30 Report of coordinator and WP leaders on deliverables, milestones and activities (already developed and foreseen in the next 6 months). Please see Annex Rationale and Guidelines for Part I presentations (page 3).

Guided Discussion: Coordinator.

9:15-10:35	Coordination of the JA. (WP1).
10:40-11:00	Health Promotion and Prevention (WP5).
11:05-11:25	Multimorbidity (WP6)
11:25-12:00 Coffee Break	
12:00-12:20	Diabetes Case Study (WP7)
12:25-12:45	Platform of Knowledge Exchange (WP4)
12:50-13:10	Evaluation of the JA (WP3)
13:15-13:35	Dissemination of the JA (WP2)
13:35-14:30	Lunch Time

Session II: Review of highest priority project issues towards sustainability. 14:30-17:00.

This slot would be dedicated to review of the 3-5 highest priority items of the project that play an important role on our final outcomes and sustainability. In case they are items with a high level of risk, they should be backed by mitigation or alternative proposals (if it proceeds). Please see Annex Rationale and Guidelines for Part II presentations (page 3-4).

TP1	14:30-15:15 (45 minutes)	Topic Proposal 1: Evaluation plan: WP activity assessment and global impact of the JA-Chrodis. Presentation: WP3 (with support of the Coordination Team) Guided Discussion: Coordinator.
TP2	15:15-16:00 (45 minutes)	Topic Proposal 2. Dissemination of the JA at the policy level: target groups, messages and formats. Presentation: WP2 (with support of the Coordination Team). Guided Discussion: Coordinator
TP3	16:00-16:45 (30 minutes)	Topic Proposal 3: Road Map for collaboration with the EIPonAHA initiative. Presentation: WP Leaders involved. Guided Discussion: Coordinator.
	16:45-17:00	Wrap up (Coordinator)
	Social event organized by host	



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Day 2 (12th of June, 2015). 9:30-13:30.

Session III: Open Strategic Decisions. 9:30-13:30.

Review and discussion of open key decisions to be made by the Executive Board. Please see Annex Rationale and Guidelines for Part III presentations (page 5).

SIII.1	9:30-10:10	Alignment of the WP's Work Plans Presentation: Coordinator. Guided Discussion: Management team
SIII.2	10:15-11:00	Key Questions on the Platform of Knowledge Exchange: Summary of the report of consultation among WP4 partners on the key questions for the PKE. Presentation: WP4 Leader. Guided Discussion: Coordinator
11:00-11:15 Coffee Break		
SIII.3	11:15-11:40	Definition of Good Practice in the frame work of the JA-Chrodis. Presentation: WP7 Leader. Guided Discussion: Coordinator
SIII.4	11:45-12:10	Process of Practice Exchange and Transfer Presentation: Coordinator Moderator: WP7 Co-Leader
SIII.5	12:15-12:40	Governing Board (Work plan, Work flow, and interaction with the JA-Chrodis). Presentation: Ministry of Health Guided Discussion: Coordinator/Ministry of Health

Session IV: Wrap up: Final conclusions, next steps and celebration of achievements! 12:45-13:30.

Coordinator will present a general overview of the progress, final conclusions of the meeting and the next steps to be taken by the JA-CHRODIS regarding decisions and agreements.

12:45-13:15	Concluding Remarks and Next steps. Coordinator
13:15-13:30	Q&A. Celebration of Achievements.
Lunch and Departure 13:30-14:30	





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ANNEX: RATIONALE AND GUIDELINES FOR PRESENTATIONS

Session I: Overview of the progress of the JA-Chrodis. 9:00 - 13:30.

- **Rationale:** This section will be dedicated to the report of coordinator and WP leaders on the progress on deliverables, milestones and activities of the WP.
- **Objective:** Acquire per work package a general overview of the main achievements and activities foreseen for the next 6 months.
- **Expected Outcome:** Have a clear overview of the work developed during the first semester and the future main activities and deadlines to be accomplished by all WPs. Contribute to the common view of the JA.
- **Resources:** Management team will provide template slides for your best convenience.
- **Time for presentations:** Each WP Leader/Co-leader will have 10 minutes of presentation.
- **Discussion and/or Q&A:** for each WP will be of 10 minutes.
- **Presentations:** will include preferably in this order information on:
 1. Deliverables. Achieved deliverables (if it proceeds), review of deliverables to be accomplished in the next 6 months and their associated deadline dates (including delays if it proceeds).
 2. Milestones. Accomplished milestones (if it proceeds), review of key milestones and their associated deadline dates (including delays if it proceeds).
 3. Activities 1: Accomplished activities and recent outcomes.
 4. Activities 2: Review of activities to be developed in the next 6 months and their associated time-line.
 5. Collaboration between work packages and/or other initiatives (when applicable).
 6. Dissemination activities -scientific and policy level- (when applicable).

Session II: Review of highest priority project issues towards sustainability. 14:30-17:00.

- **Rationale:** This section will be dedicated to identify and discuss high priority issues for an appropriate global development of the JA towards sustainability.
- **Objective:** Review of the 3-5 highest priority items of the project that play a relevant role on the sustainability of the JA with the aim of beginning the development of a sustainability plan for the outcomes of the JA.
- **Expected Outcome:** Achieve a common vision on the most important steps needed to be taken to develop and achieve a sustainability plan for Chrodis.
- **Resources:** Management team will provide template slides if needed.
- **Time for presentations:** Each WP Leader/Co-leader will have 10 minutes of presentation.
- **Discussion and/or Q&A:** The rest of the slot in each case will be dedicated to the discussion, agreement and concluding remarks of the EB.
- **Presentations:** Will clearly establish:
 1. Relevant information of the topic.
 2. Level of risk of the topic.
 3. Contingency or mitigation plan (if applicable).
 4. Questions addressed to the EB.

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Session II Rationale of Priority Topics.

- Evaluation plan: WP activity assessment and global impact of the JA-Chrodis.
Presentation: WP3 and Coordinator. Guided Discussion: Coordinator.

Rationale: WP3 has and been working on the development of the Evaluation Plan of the JA-Chrodis, giving priority to the evaluation of activities at the WP level, proposing a set of indicators related to the activities/milestones/deliverables of the JA. This assessment will guarantee two things: re-orientation of work upon results and recommendations and developing a global evaluation report of the JA at the end of the project. Nevertheless, an important goal of the JA-Chrodis is achieving mid-long term sustainability after its finalization. To this regard, it is important that we consider that an important element for the mid-long term sustainability will be the impact assessment of the JA. Two basic elements are needed to begin work in terms of impact evaluation: 1) Focusing on a common Vision of the JA, supported by EB, Associated Partners and Governing Board and 2) A proposal of impact evaluation indicators for the JA. Discussions around this topic would focus on: the agreement of developing an impact evaluation proposal and our Common Vision of the JA.

- Dissemination of the JA at the policy and health professional's level: target groups, messages and formats. Presentation: WP2 and Coordinator. Guided Discussion: Coordinator.

Rationale: One of the JA-Chrodis priorities for this year is the dissemination at the policy level, with the aim of strengthening the relevance of Chronic Conditions across Europe and specially to build awareness around the JA-Chrodis goals, activities and final outcomes, which are oriented to the benefit of State Members and countries in Europe. The JA-Chrodis has included specific activities focusing on Policy Makers audiences. JA-Chrodis needs also to continue disseminating its activity to the community of health care professionals, ensuring JA-Chrodis product is not only known but also used by them in terms of exchanging and transferring practices. This slot would be dedicated to review these actions and propose others. WP2 could propose recommendations on how to reach Policy makers in presentations, documents and propose new formats for dissemination.

- Road Map for collaboration with the EIPonAHA initiative. Presentation: Involved WP Leaders. Guided Discussion: Coordinator.

Rationale: The JA-Chrodis, as established in the GA, is collaborating with the EIPonAHA initiative through several WPs with the aim of sharing experiences and seek for convergence towards the sustainability of the JA. This slot would be dedicated to review with detail in each Work package the level of interaction and the Road Map for collaboration in the next 6 months.





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Session III: Open Strategic Decisions. 9:30-12:40.

- **Rationale:** This slot would be devoted to review and discuss open key decisions to be made by the Executive Board.
- **Objective:** Share with EB members information related to strategic items of Chrodis that need a decision from EB.
- **Expected Outcome:** Make a final decision or reach a final agreement on topics relevant for the development of Chrodis. Take knowledge of the implications underlying these decisions.
- **Resources:** Coordinator team will provide template and when needed information.
- **Time for Presentation:** WP Leader/Co-leader will have 10 minutes of presentation of the decision topic.
- **Discussion:** The rest of the slot in each case will be dedicated to the discussion and final agreement of the EB.
- **Presentations** will clearly establish:
 1. The key decisions needed.
 2. The implications of choosing a particular option.
 3. Deadlines for their accomplishment (when applicable).

Session III Rationale Open Key Decisions

- **SIII.1. Alignment of the WP's Work Plans.** Presentation: Coordinator. Moderator: Management team, Catalina del Río and Patricia Cediell.

This slot will be dedicated to have a general overview of relevant tasks of work packages, identify the ones that need to be aligned and seek for possible synergies and complementarities. The main goal is to develop work in a more efficient and collaborative way.

- **SIII.2. Key Questions on the Platform of Knowledge Exchange.** Presentation: WP4 Leader, Enrique Bernal. Moderator: Coordinator, Teresa Chavarría.

WP4 Leader, Enrique Bernal, will present a summary of the results upon the open questions launched to WP4 partners on relevant functionalities of the Platform of Knowledge Exchange. Based on these results and their expertise, Executive Board members will provide their opinions and reach a final agreement on the raised questions.

Expected outcome: Decisions made on this subject will provide WP4 leader with relevant information for the immediate development of the PKE and will contribute to the future outcomes of the JA-CHRODIS.

- **SIII.3. Definition of Good Practice.** Presentation: WP7 Leader, Marina Maggini. Moderator: Coordinator, Teresa Chavarría.

WP7 Leader, Marina Maggini, will present background information for the (JA-CHRODIS) definition of good practice. The goal is to discuss on the pros and cons of building a definition of "Good Practice". Debate will focus on two basic issues: the added value of having a reference definition of good practice in the frame work of the JA-CHRODIS and the elements that this definition should include.

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- **SIII.4. Process of Practice Exchange and Transfer.** Presentation: Coordinator, Teresa Chavarría. Moderator: WP7 Co-leader Jelka Zalatel.

This slot will be dedicated to discuss the roadmap towards the process of exchange and transfer of good practices, identifying the relevant elements and priorities needed to accomplish the process with success.

“The objective of CHRODIS-JA is to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.”

The scenario for the practice transfer and exchange can be built on a process with five steps being developed by the JA-CHRODIS WPs:

1. Addressing chronic conditions through the revision of literature and national plans.
 2. Identifying potential good practices and selecting them based on criteria established at the WP level.
 3. Facilitate exchange & transfer through the Development of a platform of Knowledge Exchange.
 4. Promote exchange & transfer through collaborations with other initiatives (e.g. EIP-AHA), interaction and dissemination among stakeholders, outreach activities focusing on policy makers and health professionals, organizing conferences, seminars and participating in relevant events.
 5. Transfer of good practices by identifying health professionals from the communities contacted before in need or willing to transfer a good practice to their own context.
- **SIII. 5. Governing Board (Work plans, Work flow, and interaction with the JA-Chrodis).** Presentation: Paloma Casado, Ministry of Health. Guided Discussion: Coordinator/Ministry of Health.

The Governing Board plays respectively a mayor role on the technical development and sustainability of the JA. This slot would be dedicated to discuss a proposal of work plan for both AB and GB, agree on the general work flow, communication and interaction with WP Leaders and agree on dates for the next meetings.

