

EU Health Programme: working together to improve public health in Europe –

A selection of Public Health Projects with an important impact for EU Member States



EUROPEAN COMMISSION

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Executive Agency for Health and Consumers (EAHC) and Directorate General for Health and Consumers (SANCO) officers who have peer reviewed the articles following their project portfolios



Further information on the projects can be found on the Health Programme Projects database at:

EAHC website <http://ec.europa.eu/eahc/projects/database.html>,
on the DG SANCO Health Portal EU <http://health.europe.eu> and on
SANCO Web Site <http://ec.europa.eu/health/>

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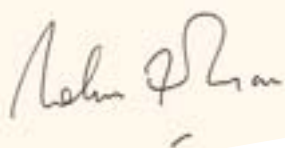
Foreword

“Working Together to Improve Public Health in Europe” brings examples of good practice developed by numerous public health authorities from across Europe. Actions by one or more Member States, as well as develop and strengthen national public health policies and programmes.

The 29 case studies presented in this brochure demonstrate how the results of EU Health Programme health domains, varying from health reporting and monitoring, tackling health inequalities, capacity building on health determinants and health security priority topics, to support innovative health systems in Europe.

The brochure was produced by the Executive Agency for Health and Consumers, in collaboration with the Health Programme’s National Focal Points (NFP) and the Directorate General for Health and Consumers (DG SANCO). The Health Programme’s NFP network was created in 2006 to liaise with national public health stakeholders, to ensure their participation in the Health Programme and to play an active role in the dissemination of the project’s results. NFPs have also contributed to the evaluation of the Health Programme’s outcomes.

The projects shown in this brochure contribute to the implementation of the European Health Strategy – “Together for Health” by showing the results of the collaborative work between the Commission and progress towards improving the health and well being of European citizens.



John F Ryan
Acting – Director
Directorate C Public Health
Directorate General for Health and Consumers
European Commission



Luc Briol
Director
Executive Agency for Health and Consumers

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Introduction

The Executive Agency for Health and Consumers (EAHC) has been setup with the mission to support the implementation of the Health Programme, to disseminate knowledge and best practices generated by the funded actions; and to foster exchange and co-operation between European public health professionals.

In line with its mission, and in close collaboration with the National Focal Points (NFP) of the Health Programme and the Directorate General for Health and Consumers (DG SANCO), it has produced the present brochure **“Working together to improve Public Health in Europe”**. The objective of this brochure is to demonstrate, through concrete case studies, the contribution of the Health Programme to the development and implementation of national policies and public health programmes across the European Union.

To produce the brochure, the NFPs were invited to select three examples of projects, funded between 2003–2008, which they considered as having impacted the development of national policies and programmes.

As a first step, a total of 61 projects were selected by the 27 EU MS, Norway and Croatia. Among the actions selected, some were considered relevant only for one country (49 such actions). However, other actions were considered relevant by more than one country (14 such actions) reflecting the major priorities in public health for the Member States. The most significant action, in terms of the number of Member States that identified them as having an impact at the national level was the European Community Health Indicators Monitoring project (ECHIM), which was selected by 5 countries whereas four countries have considered the European Project for Rare Disease National Plan Development (EUROPLAN), While three countries selected the following projects: the Consortium Action on Socio-economic determinants of Health (DETERMINE); Closing the gap -strategies for action to tackle health inequalities (Closing the gap) and the European Health Examination survey (EHES).

The content of the brochure also strives to reflect a balance between the 3 objectives of the Health Programme, i.e. 12 actions on health determinants, 9 on health information and 8 on health threats.

For the individual country assessment of the Health Programme project outcomes, a specific methodology was used to guide the national stakeholders' interviews, namely the Bennett and Rockwell method. This consisted in ensuring the participation of at least one project expert associated with the implementation of the action and one national health policy maker, responsible for the implementation of the project outcomes at national or regional level.

The present brochure **“Working together to improve Public Health in Europe”** bring forward several case studies that in the opinion of EU MS health experts have supported and added value to the policies and public health practice of the Member States.

Pharmaceutical Pricing and Reimbursement Information (PPRI)

Gaining an understanding of the pricing and reimbursement of pharmaceuticals is highly important for health systems. Health professionals, authorities and research institutes must confront, on a daily basis, some of the questions such as how pricing and reimbursement systems for pharmaceuticals are operated, what the usage of generic pharmaceuticals is and how the rational use of pharmaceuticals is managed.

Pharmaceuticals play a pivotal role in fighting diseases and in assisting in the recovery of patients across Europe. On average, about 20% of healthcare funding goes to pharmaceuticals. Despite the important role pharmaceuticals play in European health systems, a lack of understanding exists about how pharmaceutical systems operate in different countries in the European Union.

In the EU, pricing and reimbursement of pharmaceuticals is primarily a national competence, and, as a result, 27 different pharmaceutical pricing and reimbursement systems are in place in the European Union. Over time, the EU Member States expressed a need for information and data on the pharmaceutical systems in other EU countries as well as expressing a strong interest in learning about experiences of pricing and reimbursement strategies applied in other countries. With this in the mind the PPRI (Pharmaceutical Pricing and Reimbursement Information) project was launched under the framework of the Public Health Programme 2003–2008, Health information and knowledge 2004. A call for proposals was opened in this field and PPRI was selected by the European Commission, Health and Consumer Protection Directorate-General (DG SANCO), and it was co-funded by the Austrian Federal Ministry of Health (BMG) while the project management was undertaken by Gesundheit Oesterreich GmbH/ Austrian Health Institute (GOeG/OeBIG). The overall aim of the PPRI project was to improve information and knowledge on the pharmaceutical systems in the Member States of the enlarged EU, by strengthening the networking of the relevant national authorities and institutions in the field of pharmaceuticals in the EU.

Austria took the lead because, as Brigitte Magistris at the Austrian Ministry of Health explained, **during 2003 and 2004 there was much discussion about the cost of pharmaceuticals and Austria wished to explore the issue further.** The natural step from here was the involvement of Austrian Health Institute which had done previous studies examining pharmaceutical systems, as Dr Sabine Vogler, the Project Manager for PPRI at GOeG/OeBIG, explained *'We give a lot of policy advice to the Ministry of Health and others and they have always been interested in seeing how pharmaceutical policies work in other countries. Before PPRI we did studies on this and had*

the contacts in this field but while we knew a lot of actors at national and European level, they didn't know each other. For example the person sitting in Lithuania could be doing the same job as the person in Latvia but if they don't know each other they won't pick up the phone and learn from each other. Therefore, PPRI was to set up to bring people together in this field and to create products such as country reports or pharma profiles'. The Austrian Health Institute (GOeG/OeBIG) brought together the expert unit in pharmaceuticals from three relevant institutions, i.e. the Ministry of Health, the Main Association of Austrian Social Security Institutions and the Chamber of Labour to be part of the PPRI network. At European level GOeG/OeBIG brought similar national authorities and institutions from all members of the EU to gain more clarity and transparency into the management of pharmaceuticals across Europe. The project ran from 2005 to 2008 and a network of 52 institutions, mainly competent authorities, from 31 countries was represented. The project led to significant results both at European level but also provided valuable knowledge on a national level in Austria.

A major objective of the PPRI was to establish a network of organisations in the field of pharmaceuticals, mainly national institutions in the EU member states. During the project five meetings were held and a large conference offered a platform to bring national actors together to share experiences and insights and to facilitate the growth of a network at European level in the field of pharmaceuticals. Between these meetings communication was facilitated by email and phone calls and the establishment of dedicated intranet site, which would prove highly beneficial in creating a network of actors across Europe. Feedback rounds and consultations were a dominant and essential feature of the PPRI group as they discussed the challenges confronted by policy makers in this field. This led to a great degree of trust being built. Dr Vogler saw the benefits it led to both in Austria and in other countries **'Network participants from Austria had learned from policies in other countries and they looked into how such policies could be operated in Austria.** We also saw other countries benefit, Portugal for example is trying to make the best use of generic medicines policies but their pricing is still very high. For them it was very good they were in the PPRI network, because they could learn the policies from other countries and they were also were able to benchmark their results with other countries'.

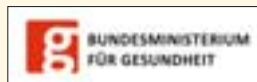
One of the main challenges in the PPRI project, and in the field of pharmaceuticals at a European or global level, is that a common terminology or language does not exist in this field to ensure comparisons can be made. The PPRI management team realised this from an early stage as network participants came from the perspective of their own national countries and a common terminology was needed. This led to the creation of

the in-depth pharma glossary and pharma indicators allowing all actors in the network to understand each other when discussing different issues. This glossary assisted greatly in producing in-depth country profiles or pharma profiles on each country which gave a deep insight into how pharmaceutical systems were run in each country and also allowed comparisons to be made, *'Having this evidence and glossary made it easier for the people implementing the measures in the authorities to communicate with the stakeholders in their countries, the doctors, the pharmacists, and with the patients, to say, look in Europe this is how such an issue with pharmaceuticals is managed, and thus they could use the evidence to show policy makers.'*

PPRI led to significant benefits in Europe by creating the network of national actors who can now discuss openly questions they have. Additionally it created the policy infrastructure to allow comparisons to be made about pharmaceutical systems in Europe. Dr Vogler believes it also led to significant benefits in Austria. One of the main challenges facing the Austrian pharmaceutical system is as in many other countries, the rising pharmaceutical expenditure. The major reasons for the growing costs are an ageing population and the uptake of new, more expensive pharmaceuticals. The PPRI assisted in this issue, 'A new subcommittee was established in the Ministry of Health to examine the issue of more rational use of pharmaceuticals and there is now an understanding that a certain transparency is needed. A lot of discussions were started on how to increase transparency and more rational use of medicines and the PPRI has contributed largely to this. What we have seen is a lot of interest across Austria as the project developed from different stakeholders who wanted us to present the results of PPRI'. This view is also echoed by Brigitte Magistris *'Once you have a successful health programme nationally like PPRI, it makes it easier to examine other health areas in the future and implement future health programmes. It has a snowball effect'*.

The time period for the initial PPRI project has now ceased but the impact of its legacy lives on. **As of June 2011, 67 institutions from 38 countries are involved and in September 2011, the second PPRI conference was held in Vienna.** Nearly 300 participants from more than countries had the opportunity to learn about new evidence on pharmaceutical policies which was provided by the Austrian Health Institute together with the PPRI network and to discuss about balancing policy options between equity and cost-containment. A deep desire from its members to ensure the project continues has increased the success of PPRI. This sharing and networking at European level is allowing some of the questions around pharmaceuticals that confront actors at national level to be solved.

Main Beneficiary:



GÖG/ÖBIG – Gesundheit Österreich GmbH
(Geschäftsbereich Österreichisches Bundesinstitut für Gesundheitswesen)
Stubenring 6
PO-BOX
AT-1010 Vienna, Austria

Tel: +43 1 515 61 147
Fax: +43 1 513 84 72

Further information can be found at the website:

<http://ppri.oebig.at>

Keywords:

Health information
Reimbursement
Pharmaceutical
Pharmaceutical Pricing
Social systems

The project "Pharmaceutical Pricing and Reimbursement Information (PPRI)" has been selected as the example of case study for Austria because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS (Eurosupport 6 (ES 6))

Innovative and groundbreaking health tools and research are created when European Member States collaborate on health projects. Health tools and research strengthen the ability of medical professionals to provide services to patients. The Eurosupport project has been doing just that ever since it began in 1996. The general philosophy of Eurosupport has been to evaluate the needs of people living with HIV (PLWH) and to detect shortcomings in the actual service provision, both with respect to the delivery of medical care and psychosocial support.

In its latest project, Eurosupport 6 built on the previous projects and ran from 2009 to 2012. Led by the Institute of Tropical Medicine (ITM) in Belgium and composed of organisations from Germany, France, Italy, the Netherlands, Poland, Portugal, Slovakia, Spain and the United Kingdom, it had as its objective to develop a training and resource package (TRP) for improving the sexual and reproductive health of people living with HIV (PLWH) and to provide this TRP to service providers in HIV care and community-based settings. In addition, the project specifically targeted the groups most vulnerable to HIV, men having sex with men (MSM) and ethnic minorities.

For Belgium, the project was of interest due to a demand from those working on the ground with PLWH for more tools, as the project leader Christiana Nöstlinger with the ITM, explained,

'HIV care settings are key to providing psychosocial services but are often lacking the proper tools, in particular when it comes to sexual health. Our institute experienced a consistent demand from Belgian counsellors for evidence-based tools in this area and the creation of such tools can be of benefit for all European HIV service providers.'

A key component of the TRP is the creation of an innovative computer assisted counselling intervention on safer sex (CISS). Developed by the Central and North West London NHS Foundation Trust in the United Kingdom in conjunction with the project team, the CISS provides a series of modules to counsellors and outreach workers to facilitate condom use. The CISS consists of three sessions of 45–50 minutes each ("Who am I, "Working through", and "Making your plan"). These sessions are individual face-to-face counselling with a trained HIV counsellor supported by audio/video material and quizzes, presented on a computer. The video clips focus on emotions and values that are important in relation to safer sex and facilitate discussing sexual behaviour. They offer role modelling and the aim is always on what is realistic to achieve. Counsellors work out tailored solutions with the client to create their own individualised personal reduction plan. The whole process is user driven, but counsellor guided. Clients receive a personal DVD with the CISS so that they can use it in between counselling sessions. Ms Nöstlinger immediately saw the benefits this approach could



bring towards strengthening counselling services in Belgium: *'Counselling can take a lot of time and the CISS provides an opportunity for the clients to work on their own so that issues can be explored that may not get covered in routine counselling due to time constraints. This allows clients to consider issues and take actions in the comfort of their homes and outside the busy day-to-day routine of a HIV clinic.'*

During the testing of the CISS in a pilot study in Belgium, additional benefits for counsellors using it were also evidenced, *'through the pilot study we could see that the CISS allowed counsellors to explore sensitive areas, and for the clients it allowed them to open up more about issues they would have previously found hard to discuss'* outlined Ms Nöstlinger. Testing of the CISS and the intervention is currently being rolled out in ten centres across Europe. HIV-positive migrants and MSM are enrolled in a study comparing the CISS intervention with the standard care. It is hoped that on completion of this evaluation the CISS and the accompanying parts of the TRP (an implementation manual, a trainers manual and a reference guide) will form a key tool for counselling services in Belgium and throughout Europe.

In Belgium the ITM aims to provide the TRP to the seven AIDS Reference Centres (ARC's) across Belgium that work closely with PLWH. Ms Nöstlinger is confident that due to the involvement of the Flemish expert organisation on sexual health and HIV, Senosa, the TRP will be disseminated to a wide amount of service providers in Belgium, *'the involvement of Senosa will greatly allow the TRP to be disseminated not only to counsellors but also to the people who train the counsellors, thereby ensuring an upscaling of the intervention.'* It is not only in Belgium that Ms Nöstlinger believes that these innovative tools can be of benefit but also across Europe, *'countries in which a medical model dominates HIV care, will perhaps have to overcome more barriers to integrate the intervention in routine service provision, whereas countries in which multidisciplinary care models are already state-of-the-art, may integrate it more easily. However, it is hoped that by providing adequate training through the TRP to all countries (i.e. of both the project partners and the collaborative partners) the project will contribute to closing this divide.'*

European Member States working together on the Eurosupport 6 project have created these pioneering tools that seek to address the challenges faced by service providers that provide counselling to PLWH in Belgium and across Europe. The Eurosupport 6 project has once again followed its philosophy of evaluating the needs of people living with HIV and detecting shortcomings in the actual service provision.

Main Beneficiary:

Prince Leopold Institute of Tropical Medicine
Nationalestraat 155
PO-BOX
BE-2000 Antwerpen
Belgium

Tel: +32 03 247 6426

Fax: +32 03 247 6432

Further information can be found at the website:

<http://www.sensoa.be/eurosupport>

Keywords:

Transients and migrants
Risk reduction behavior
Health planning guidelines
Sexual Partners
Sexually Transmitted Diseases

The project "Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS (Eurosupport 6 (ES 6))" has been selected as the example of case study for Belgium because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



European Project for Rare Diseases National Plans Development (EUROPLAN)

The European Project for Rare Diseases National Plans Development (EUROPLAN) is a three-year project that began in April 2008. The main goal is to provide National Health Authorities with supporting tools for the development and implementation of National Plans and Strategies for rare diseases (RDs). It is **estimated that between 5000 and 8000 distinct rare diseases exist today, affecting 6–8% of the population of the European Union** in the course of their lives. These patients are particularly isolated and vulnerable.

The National Centre for Rare Diseases in Italy (Italian Institute of Health – Istituto Superiore di Sanità, Italy) is the leading partner in the EUROPLAN project that organises contributions from 34 countries and Eurordis (the European Organisation for rare diseases) ensuring a broad representation of different EU contexts and experiences and patients' points of view. Two essential documents were developed thanks to the project, one, a guidance document on 'Recommendations for the Definition and Implementation of National Plans and Strategies for Rare Diseases' and a set of indicators for monitoring and evaluating the implementation of national actions. The other report on initiatives in the field of rare diseases in European countries, was produced by the European Union Committee of Experts on Rare Diseases (EUCERD) Secretariat in collaboration with EUROPLAN. In addition to this, EUROPLAN National Conferences were implemented to discuss the project's output regionally involving

all stakeholders and to complement these efforts by helping to link national initiatives with a common strategy at European level.

One of the countries involved was Bulgaria and specifically the Bulgarian Association for Promotion of Education and Science (BAPES) and National Alliance of People with Rare Diseases (NAPRD). Bulgaria is a pioneer in this field and adopted a National Programme for Rare Diseases from 2009–2013 (genetic, congenital malformations and non heritable diseases) in November 2008. Rumen Stefanov, Associate Professor of Public Health and national coordinator of the project with BAPES stated that the Bulgarian national programme was helpful to guide the drafting process of the project. *'After France, Bulgaria took a lead in this area and was among the first countries to have a specific national programme for rare diseases. Our experience proved very beneficial also in drafting the documents we produced during the project. We were able to provide insights into how we created a national programme but we also learned a lot specifically during the work in creating a set of indicators for monitoring and evaluating the implementation of national actions.'*

A key success for Bulgaria was the staging of the EUROPLAN national conference for all stakeholders involved in this field such as patient groups and the medical community.

Bulgaria's leading healthcare and health information web portal ZDRAVE.net became a media partner for the conference and





this guaranteed a high profile for the event. Over 100 people attended the conference, at which the proposed indicators were discussed, as was the Bulgarian National Programme for Rare Diseases, while specific working groups examined various subjects and issues pertaining to rare diseases such as the codification and inventorying of rare disease and rare disease in the focus of hematology. It proved highly successful as Dr Stefanov outlined, *'we had a very large attendance which brought together all stakeholders at national level on the issue of rare diseases.*

One highlight was the good discussion on national and European developments in this field and I am certain that this conference raised the awareness of rare diseases in Bulgaria.'

In 2013 the Bulgarian national programme for rare diseases will end and Dr Stefanov is confident that the experience and knowledge gained will prove valuable in the creation of a new programme, *'through the creation of the essential documents to support the design and evaluation of national programmes and with the sharing of best practices and knowledge at European level, I am convinced that this project will not only be of benefit to Bulgaria but all Member States considering implementing a rare disease programme.'*



Main Beneficiary:

ISTITUTO SUPERIORE DI SANITA' – ISS
Viale Regina Elena 299
IT-00161 Rome
Italy

Tel: + 39 06 4990 4016
Fax: +39 06 4990 4370

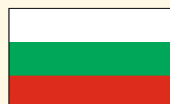
Further information can be found at the website:

<http://www.iss.it>

Keywords:

Delivery Of Health Care
Patients
Public policy
Rare diseases
Health planning guidelines

The project "European Project for Rare Diseases National Plans Development (EUROPLAN)" has been selected as the example of case study for Bulgaria because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



Healthy Eco Life

Educating young children about their diet is of paramount importance to ensure good dietary practices are enshrined at a young age and that a healthy population can ultimately be realised. One European project that addresses this is Healthy Eco Life, which promoted healthy lifestyles among primary school children in the urban areas of Zagreb, Croatia and Maribor, Slovenia and created an innovative programme for health promotion.

The project contained four aims, education about healthy food habits, promotion of physical activities, fostering mental health and raising ecological awareness. To achieve these aims the project used an innovative interactive approach.



A primary focus was on activity, through learning about health through interactive workshops in classes, and taking part in an educational all day visit to eco agricultural farms. Children participated in taking care of animals and organic gardening in practical workshops, and they were stimulated to use these principles and values in everyday life. The programme was designed as a supplement to the current formal education programme in primary schools regarding health promotion.

An experienced team from Croatia, Slovenia and the UK helped to guide and steer these elements of the project. The project was managed by The NET+ Association, which is a non-profit

organisation that promotes healthy choices among children in Croatia. Other members of the project team included Eco Centre, a non-profit cooperative society in Croatia, Dr Andrija Stampar from the Institute of Public Health in Croatia, Coram Life Education, which is the UK's largest health education charity and the Ecological-Cultural Association for Better World in Slovenia. Project Manger, Jelena Balabanic Mavrovic, from NET+, explains that the team were very experienced which proved highly beneficial, *'These organisations were motivated to be part of an innovative project and it was a new experience for all parties. It was an adventure. We have had really a good experience in this field and the partnership was well chosen because each contributed from their own background to the project.'*

One of the project team, Coram Life Education, played an instrumental role by holding a study visit in the UK where they witnessed health promotion workshops in primary schools and met with organisations so they could learn best practice in this field. Jelena Balabanic Mavrovic said it was a very beneficial and highly motivational experience, *'we learned a lot from the methodology used by Coram Life Education and we used it in our project. Also, we saw how large projects similar to ours were organised.'*

Prior to implementing the project the educational systems in both Croatia and Slovenia were examined by the project team. They ascertained from this that the common teaching method for young children was through cognitive learning. This would influence the team to ensure that practical elements were contained in their project so that the knowledge that pupils had, could be put to practical use. Ten schools with a total of 618 pupils in Croatia and two schools with a total of 89 pupils in Slovenia were contacted and agreed to become part of the project. A baseline study of these pupils was conducted to examine their knowledge and behaviour towards healthy living and it showed that children in Croatia had both poor knowledge and behaviour towards what constituted healthy living. In Slovenia the results were different as it showed that children here had good knowledge but poor behaviour and still engaged in practices such as consuming unhealthy food or not getting enough exercise.

The aims of the project were then taught to the children, as Mrs Balabanic Mavrovic explains, *'the concept was to provide children with holistic ideas of health and to get them to think not only about eating but about exercise and emotional health and environmental protection too. These four elements were present*

in our work and the children found it very attractive as it wasn't boring and was very interactive.' Through the school year each class had four workshops, which included cooking, practical games, role-plays and discussions and a visit to an eco farm. The four elements of the project were also extended to the homes of the pupils through the use of interactive posters that focused on healthy tasks the pupils could conduct at home with their parents. This included eating fruit instead of sweets, using cotton bags instead of plastic bags or encouraging their parents to use the healthy recipes on the website of the project.

The project was a resounding success both with the pupils and among teachers.

50% of teachers recommended that the programme should be continued in the everyday curriculum and 25% thought it should be offered to schools as an extra curricula activity. For the pupils, a study conducted after the project ceased showed the Croatian children made a great advance in their knowledge and their behaviour towards healthy living while Slovenian children showed an improved knowledge in some parts but their behaviour was significantly improved. Mrs Balabanic Mavrovic believes the results of the project should be used as a spur to greater cooperation among health agencies in Croatia, *'The statistical results we got are very encouraging and should act as good evidence to use the elements of this programme in future national health programmes. Intersectoral cooperation is still new in the Croatian health sector and this is a pioneering approach to build bridges between these sectors.'*

Indeed the results of the project will have an influence on national health programmes as Dunja Skoko-Poljak, the Head of Department for Projects and Programmes at the Croatian Ministry of Health and Social Welfare explains, *'Croatia has developed a strategy around obesity. We are developing our national centre for mental health and the methods used in this project will influence education programmes in these areas. This project has taught us that even getting involved in small health projects can be of profound benefit to the national health policy and ultimately our citizens.'*

Main Beneficiary:



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Dalmatinska 11
PO-BOX
HR-10 000 Zagreb
Croatia

Tel: +385 9 844 4011
Fax: +385 1484 0619

Further information can be found at the website:

<http://www.petplus.hr/pages/indexE.htm>

Keywords:

Mental Health
Health Promotion
Child
Health services needs and demand
Adolescent

The project "Healthy Eco Life" has been selected as the example of case study for Croatia because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



Injuries, due to accidents or violence, are a major health problem, killing more than 250,000 people in the EU-27 each year and disabling many more. Historically, this subject has been neglected, largely because injuries were viewed as accidents or random events. Today, however, injuries are known to be preventable. The use of seat belts, car seats for children, hazard warning signs around water areas, and smoke detection together with childhood education have proven effective in preventing injuries.

Injury data is needed to understand the problem and be able to take measures to tackle the issue based on informed decisions. Information is also an essential tool for harnessing public support, stakeholder involvement and political will. Accurate data is also required to evaluate the success and cost-effectiveness of injury prevention measures. The IDB injury database is a European project that was established in 1993 to collect injury data. Since then, the database has expanded and, in addition to collecting the data at European level, it provides training and tools for countries to professionally collect and manage such data.

One country that has greatly benefited from being involved in IDB projects since 2003, is Cyprus. The Cyprian national team in the IDB project was composed of two departments in the Cyprus Ministry of Health, the Medical and Public Health Services Department and the Health Monitoring Unit with the team being led by Dr Pavlos Pavlou. He explained why Cyprus became involved, *'Properly managed and collated injury reporting can valuably inform national health policy. **Cyprus had not done this type of work previously and we were anxious to improve our systems of data collection.***

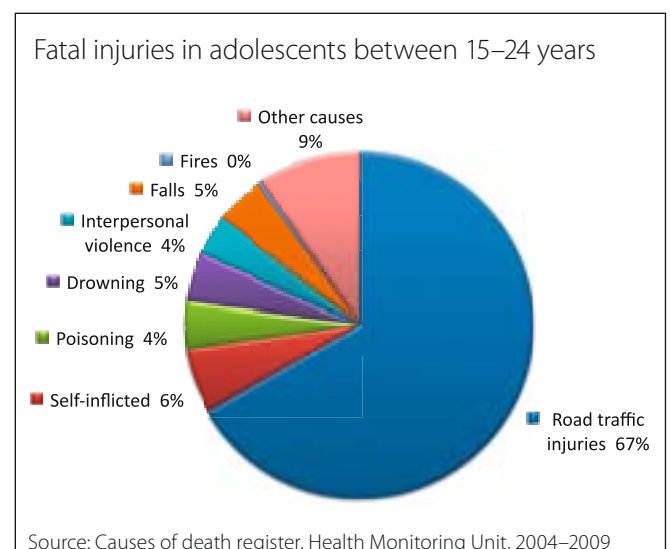
The Cyprus national team undertook training on how to professionally collect and collate data and how to use the specific IDB data entry software tool. Using the same software, it is possible to do a number of quality checks before the data are uploaded to the central IDB database. *'Our participation in the IDB projects has had tremendous added value for Cyprus as we wouldn't have been able to design, develop and implement such a system on our own. Working at European level allowed Cyprus access to knowledge and tools that we never used in this field before. This included a coding manual, which describes in detail the standard classification of all injury data and the procedures for collecting the data in a comparable manner.'* explained Dr Pavlou.

In 2006, the team commenced collecting data from the casualty department in Nicosia General Hospital and Famagusta District hospital. A secretary collected the data from doctors and nurses of patients who presented to the Accident and Emergency Department with injuries or

poisoning. Sometimes the patients were interviewed, and a follow up was arranged through the admissions process. In Famagusta, a doctor recorded the information on paper forms and these were sent to Nicosia to be entered into the software programme. Dr Pavlou explained that engagement of a wide range of hospital staff in the project is important for it to succeed, *'obviously you have an issue with the time and availability of staff to answer queries but the important thing in this project is to gain acceptance from the hospital staff for the project. They must be informed about the necessity of their contribution and the benefits of the project. In Nicosia, the Director of the hospital and a data entry secretary participated in the trainings and attended the meetings. As a result, there is a good chance that this system will be sustainable in this hospital.'*

The IDB data set includes a wide variety of variables that provide important information on the causation of injuries such as place of injury, products involved, mechanism of injury, activity when injured, type of injury, body part injured, and factors affecting interpersonal violence and self harm. The data set also includes variables regarding the type of treatment given, whether the injury was severe enough to warrant hospital admission, and for how long. Another important strength of the IDB system is its potential to incorporate many other variables on injuries by linking the IDB injury data to hospital admission data and death registry data. Such linkages would necessitate the use of common linking variables in the two systems such as unique identifiers.

The data collected allowed Cyprus to build up statistical 'hotspots' on vulnerable groups that are prone to injury such as young people and the elderly. The database also allowed 'hotspots' to be developed on subjects such as home and





leisure and road traffic accidents, sports injuries, interpersonal violence, self-harm and suicide. Cypriot health professionals and policy makers can now, for example, see both the most common causes of fatal injuries to children and the location where these occur. ***'The statistical picture this work has given us will effectively inform national health policy. For instance, we can now see where we need to adapt and adjust our health safety policies or where our suicide prevention programmes need to be tailored to best ensure prevention'*** Dr Pavlou explained.

In 2010, competent governmental authorities from 22 countries signed up for a joint project, called JAMIE, aiming to have one common hospital-based injury data collection system in all EU-member states, by 2015. It is at this European level that Dr Pavlou sees significant benefits. *'In the coming months and years the EU will produce health reports from our data and the data that countries across Europe feed into the IDB database. When these reports are published Cyprus will be able to benchmark itself with our European neighbours. Such insights gained from this type of data collection will be of significant benefit to our national health policies and programmes.'*

Main Beneficiary:

European Association for Injury Prevention and Safety Promotion (EuroSafe)
Rijswijkstraat 2
NL-1070AD Amsterdam
Netherlands

Tel: +31 20 511 4512
Fax: +31 20 511 4510

Further information can be found at the website:

<http://www.eurosafe.eu.com/>

Keywords:

Injuries
Accidents
Violence
Safety
Children

The project "European Injury database IDB" has been selected as the example of case study for Cyprus because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



Development of Orphanet – The Rare Diseases Portal (RDPortal2)

Rare diseases, including those of genetic origin, are life-threatening or chronically debilitating diseases, which are of such low prevalence (less than 5 people affected per 10,000 people in the European Union as defined by the European Orphan Drug Regulation) that special combined efforts are needed to address them. It is estimated that between 5,000 and 8,000 distinct rare diseases exist today affecting between 6% and 8% of the population in total, thus affecting between 27 and 36 million people in the European Union.

The provision of validated information on rare diseases and on the drugs that assist in treating them is of high importance for both the medical profession and patients. Orphanet, a highly successful project that was started in 2000, provides such information and helps to improve the diagnosis, care and treatment of patients with rare diseases. Orphanet gathers information on rare diseases from 36 countries and through its website it offers a range of services including an inventory of rare diseases, an inventory of orphan drugs, a directory of specialised services, an assistance diagnostics tool and a platform for medical professions and patients to come together to consult on rare diseases. Currently, Orphanet is the world's largest reference portal for rare diseases, orphan drugs and related services, accessed by 20,000 users every day from 200 countries.

One country that became involved in Orphanet in 2006 was the Czech Republic. *"We became involved in this project as there was a great need to do so. Doctors might come across one case of a rare disease in their career. When they did, they would have had to call friends or research on the internet, which is both time consuming for the doctor and a poor service for the patient"*, explained Milan Macek, the national coordinator of the project and Professor at the Charles University Prague. A dedicated Orphanet team in the Czech Republic, hosted by the University Hospital Motol and the Second School of Medicine of Charles University, Prague, was established to collect data on rare disease and related services (specialised clinics, medical laboratories, ongoing research, registries, clinical trials and patient organisations) for entry into the Orphanet database.

The work this team has done has allowed the Czech Republic to be in a position to provide verified information on rare diseases to its medical profession and, more importantly, to its patients. The information is collected from hospitals, doctors, patient organisations and other local contacts, which are then verified by information scientists. The Czech Orphanet team contacts these stakeholders and asks if they have expanded their diagnostic spectrum and have

included more rare diseases; if so, then this information is fed into a dedicated Czech national Orphanet website and also the European Orphanet website. Orphanet encourages the creation of national websites under the project and the Czech Orphanet team created theirs in 2010. This website and the work of the project is of huge benefit to patients as Professor Macek outlines, "previously patients were quite frustrated and believed that they were on their own. Our work and our national website is a great psychological help. Now they can get verified information and can be immediately updated about therapy treatment from their European peers'.

In 2009, the Czech Republic held the role of the EU Council Presidency and this served to provide further political impetus to improve the work on rare diseases in the country, since the Council Recommendation on an action in the field of rare diseases was adopted under this Presidency. Professor Macek, together with experts from the Czech Ministry of Health, was directly involved in the negotiations. Several workshops and conferences were also held and an international conference took place in Prague to address the treatment of rare diseases in relation to EU initiatives. This meeting brought stakeholders across Europe together to share best practices and offered an opportunity to review the preparations of the Czech National Strategy for Rare Diseases. Released in 2010, it was the first ever document of this kind produced in the Czech Republic.



It proposed a ten-year strategy with care for rare diseases to be concentrated in approximately 10 specialised centres, which were to be coordinated by a National Coordination Centre for Rare Diseases at University Hospital Motol in Prague. *'The work we did with Orphanet prior to the EU Council Presidency had a decisive influence on shaping and ensuring the implementation of this national strategy. As a result and for the first time, the Czech Republic, has had a European initiative and national policies that address the issue of rare diseases'* explained Professor Macek.

It is not just in the provision of information that the Czech Republic has benefited but also in the work in the area of orphan drugs. The Czech Republic has specialised, national centres for the diagnosis and treatment of rare diseases, one for Gaucher Disease and another one for Cystic Fibrosis. Treatment with orphan drugs is fully reimbursed in these centres from general public health insurance and these centers manage the provision of very expensive orphan drugs. Similarly, there is a centre for rare cancers, both pediatric and adult, at the University Hospital Motol. The involvement of the Czech Republic in the Orphanet project also brought benefits to these centres and their patients. *"Owing to our work with Orphanet, our Cystic Fibrosis specialised centre was admitted to the Cystic Fibrosis clinical trial network. This presents the opportunity for patients to be able to use the latest drugs to treat Cystic Fibrosis"* outlined Professor Macek.

The Orphanet project provides reliable and prompt information on rare diseases and orphan drugs. Professor Macek believes that its European and national benefits are highly significant. *"There is a worldwide need for this information and Orphanet is a real grass roots project that grew out of this need to provide huge benefits both internationally and within our country as we have experienced since we became involved"*.

Main Beneficiary:

Institut national de la santé et de la recherche médicale
Rue Didot, 102
PO-BOX
FR-75014 Paris
France

Tel: +33 1 5653 8137

Fax: +33 1 5653 8138

Further information can be found at the website:

<http://www.orpha.net>

Keywords:

Diagnosis
Data collection
Rare diseases
Health planning guidelines
Genetic Testing

The Orphanet project was selected by Czech Republic because it has supported the development of the National programme, with a dedicated Czech team collecting data on rare disease related services (specialised clinics, medical laboratories, ongoing research, registries, clinical trials and patient organisations) in the country for entry into the Orphanet database. The national www.orphanet.cz site is the only official source of information for rare diseases in the Czech Republic.

France has considered the Orphanet project a good example of a Public health action relevant for their national health programmes and policies.





Health Impact Assessment in New Member States and Pre-Accession Countries (HIA-NMAC)

Health Impact Assessment (HIA) is a combination of procedures, methods and tools by which a policy, programme or project may be judged on its potential effects to the health of a population and the distribution of those effects within the population. HIA is being increasingly used as a resource to support decision-making in all sectors. Eastern European countries, including pre-accession countries, and candidate countries, have been somewhat less involved in these developments. However, there have been many signals of a keen interest in the matter. Started in 2005 the **“Health Impact Assessment in New Member States and Pre-Accession Countries”** project aimed at bringing together past experience to conduct a parallel process of acquiring skills in HIA, through the performance of concrete applications of HIA, in acceding and candidate countries.

The project leader was the Syddansk Universitet (SDU) in Denmark along with the old, new and candidate EU member states of Turkey, Slovakia, Italy, Hungary, Slovenia, Lithuania, Poland, Bulgaria and Malta. Prior to the project commencing, Denmark had a certain degree of knowledge of HIA and policies existed in some municipal authorities. However, as Gabriel Gulis, Associate Professor of Public Health at the SDU and project leader, explained, a demand to learn more about HIA from municipal authorities did exist. *‘Municipal authorities within Denmark had expressed a desire to see how HIA worked and how diverse policies affected the health of populations. At the SDU, we felt we could drive higher awareness of HIA in Denmark and contribute towards sharing and engaging in knowledge transfer with other countries in Europe by coordinating this project.’*

The involvement of Denmark in the project certainly increased awareness of how HIA can be implemented at regional and national level. A key component of the project was to engage in capacity building in the area of HIA with non-public and public health officials at national and municipal level in each of these countries. **Training workshops were organised and 450 professionals across the participating member states attended. They were informed about HIA and explored how HIA could be used in different policy**

areas. The workshops allowed these key actors to explore the concept of HIA and how to practically apply HIA in national and regional policies that they were currently working on. The workshops produced interesting insights, particularly for Denmark, who held two events in the municipal areas of Sonderberg and Esbjerg. *‘75 people from these municipal authorities attended and these workshops really explored the issue of HIA and how it was relevant to them. For example we examined policies that they were actually working on such as road building and showed how such a policy can affect the health of a population. It was hugely beneficial and we received a very positive feedback from those who attended’* explained Gabriel Gus, Project Leader, at the SDU. These training workshops created training modules that can now be used by actors to equip them with skills in HIA. The success of the workshops in Denmark led to other municipal authorities desiring this training. *‘Several municipal authorities heard of these workshops and training modules and wished to strengthen both their health departments and intersectoral collaboration among departments through using these HIA training modules and it was a superb knock-on effect of this project’* outlined Mr. Gulis.

Understanding why HIA policies have not been implemented and how HIA policies can be implemented at regional and national level was also a key focus of the project. This was achieved through interviews conducted with non-public health and public health officials from across Europe. Within Denmark, six civil servants, an administrative director, two politicians and two administrative executives from the municipal areas of Kolding, Nordberg and Sonderborg were interviewed to ascertain barriers and solutions to implementing HIA policies. *‘A critical learning and knowledge occurred for us here’* commented Mr. Gulis, *‘HIA must only be introduced into a municipal authority when it is ready to implement it. Only when an authority feels that certain factors are fulfilled such as the political will and staffing provision should HIA policies be implemented. Otherwise it will lead to rejection and hostility towards HIA policies. That gave us a deep insight into how HIA policies could be effective in Denmark in the future.’*





The HIA-NMAC project has contributed substantially to increasing awareness of the importance of HIA in new member states and pre-accession countries. However, the project also has had a profound effect on Denmark. The success of the project led to additional municipal authorities requesting the HIA training and a specific group was established in Denmark to ensure this occurs. **A significant leap in the number of municipal authorities trained also occurred and now at least one third of the 98 municipalities use HIA as an element in their health policy.** This success at regional level also led to an impact on national policy. Municipal authorities reached out to the Danish National Health Research Board and requested a guidance document on HIA. As a result, in 2007, the National Health Guidance Document of the Danish Government contained a specific recommendation that HIA should be used in relevant cases. *'This project drove the importance of HIA both amongst the states who were part of it but also hugely in Denmark. The awareness that HIA can contribute greatly towards assessing the impact of policies on the health of citizen is now implanted in Danish national and regional policy.'*

Main Beneficiary:



Syddansk Universitet (SDU)
 Campusvej 55
 PO-BOX
 DK-5230 Odense M
 Denmark

Tel: +45 6550 4212
 Fax: +45 6550 4283

Further information can be found at the website:

<http://www.hia-nmac.sdu.dk/>

Keywords:

Health impact assessment
 Health information
 New Member States
 Pre-Accession Countries
 Public health

The project "Health Impact Assessment in New Member States and Pre-Accession Countries – HIA-NMAC" has been selected as the example of case study for Denmark because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population

Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP)

European Member States working together on health projects can gain new insights, knowledge and experience on health issues that concern their national authorities. That was the experience of Estonia when it worked with Latvia, Lithuania and Finland on the Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among Injecting Drug Users (IDU's) and the Bridging Population (ENCAP) project which began in 2006.

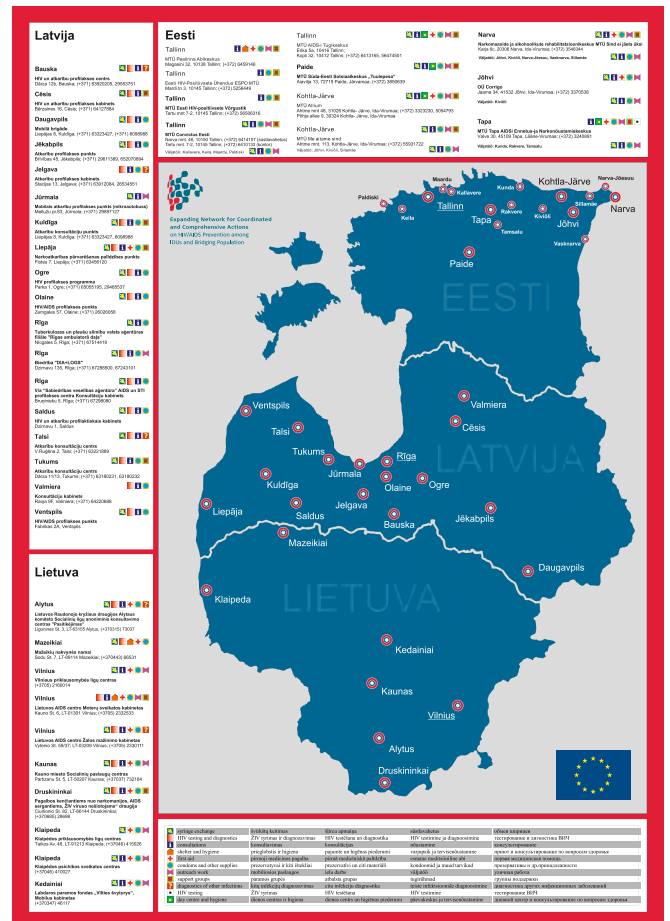
Since 2000, Estonia has been experiencing one of the most severe HIV epidemics in Europe and has the highest rate of HIV infection in the Baltic countries. The HIV epidemic has been concentrated in Tallinn and the East Virumaa region but there were concerns that it was spreading into the general population. Since that time, Estonia has been working to address the epidemic and in 2007 the Estonian national health authorities were developing a larger national needle exchange programme for IDUs than they had implemented previously and desired to get better information on the IDU population within the country. The ENCAP project led by the Infectology Center of Latvia (LIC) was a perfect fit as it had among its core objectives the aim of developing a deeper insight into the IDUs community and the project desired to share the best practices the project partners experienced and ultimately to disseminate this information to stakeholders and policy makers in the field.

Estonia managed the research part of the ENCAP project through the Infectious Diseases and Drug Abuse Prevention Department at the Estonian National Institute for Health Development managed and this experience would prove of significant benefit. To gain a deeper understanding of the IDU communities in the Baltic states the ENCAP project used an innovative approach called respondent driven sampling (RDS), whereby the IDU called 'a seed' had to recruit another three people into the programme and the IDU was rewarded for the number of people they brought into the programme. It was an approach that was never used on such a large scale previously by the Estonian Health authorities and its use this time provided remarkable results and deep insights. Previous surveys conducted on the IDU community in Estonia suffered from a lack of engagement with the wider IDU community as those surveyed were IDU's who had engaged with the syringe exchange programmes. However the RDS method of surveying the IDU community brought IDUs into the ENCAP programme that were never in touch with the syringe exchange programmes before, thereby allowing a more in-depth picture of the IDU community in Estonia to be created. 'The RDS sampling method of surveying the IDU community in Estonia proved hugely successful' explained Dr Kristi Rüütel at the Estonian National Institute for Health Development, 'never before have we had such a response amongst this community, and it has provided us with such detailed information about the IDU

community that it ensures we can plan our health policies more efficiently and strategically in this area.'

Through the prevalence survey conducted with the IDU community the Estonian health authorities were able to build up a picture on the social and demographic breakdown of the IDU community within their country. 'Through the results of the prevalence survey we were shocked to learn how young they were when injecting drug use occurred within Estonia. Also the work with ENCAP was the first time we measured hepatitis C prevalence among IDUs and we found out that that 94% of IDUs in Estonia are infected with hepatitis C. This knowledge was extremely valuable as now we could see how serious the problem really was and it helped hugely to develop a plan to tackle this problem' outlined Dr Rüütel.

However, it was not just through the research package of the ENCAP project that Estonia benefited. It was also through working with the other countries on the entire project. New insights and experiences were shared and best practice in the areas of IDUs and HIV prevention was discussed and it acted as



a springboard to influence and motivate actions in these fields. For example, the Estonian project members were able to see that Latvian local municipalities are much more engaged in providing harm reduction services to injecting drug users and their practices give them valuable insights. *'Learning from the experience of our neighbour Latvia in this area was highly valuable.*

This was the kind of added bonus you get from working at European level and we can use such learnings and other insights to enhance our HIV treatment services in Estonia' explained Dr Rüütel.

A key element of the ENCAP project was to develop training for staff that worked on the ground with IDU's. Within Estonia emergency care, occupational risk and counselling trainings were conducted for staff of low threshold centres (LTCs) that work with IDUs on a daily basis. In addition to this, the ENCAP project developed a manual for harm reduction service providers and information materials for target groups, one about viral hepatitis and one about taking care of people living with HIV. All of these were distributed in the Estonian LTCs furthering strengthening the provision of services in this area.

Working at European level on the ENCAP project has provided the Estonian health authorities with stunning insights and has highlighted best practices on how to provide the best health services for IDUs as Dr Rüütel stated, *'The new lessons and the effective tools that the staff of our low threshold centers received have greatly sharpened the ability of Estonia to respond to an HIV epidemic that was of strong concern to our national health authorities.'*



Main Beneficiary:

AIDS Prevention Centre, Ministry of Health Latvia
7 L. Klijanu Street
PO-BOX
LV-1012 Riga
Latvia

Further information can be found at the website:

<http://www.vm.gov.lv>

Keywords:

Counselling
Training
Injecting Drug Use
AIDS
Prevention

The project "Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP)" has been selected as the example of case study for Estonia because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



Joint Action for European Community Health Indicators and Monitoring (Joint Action for ECHIM)

'What gets measured gets talked about' stated Dr Pekka Puska, Director General of the National Institute for Health and Welfare in Finland that led the European Community Health Indicators Monitoring (ECHIM) project. A three-year project that began in 2009, ECHIM continues the work of the previous ECHI and ECHIM projects and has as its core objective to consolidate and expand the ECHI Indicator system towards a sustainable health monitoring system in Europe.

Health policy and planning must be based on reliable evidence. ECHIM is a comprehensive and long-term health indicator project aiming to consolidate and expand ECHI Indicators (88 indicators) towards a sustainable European health information system.

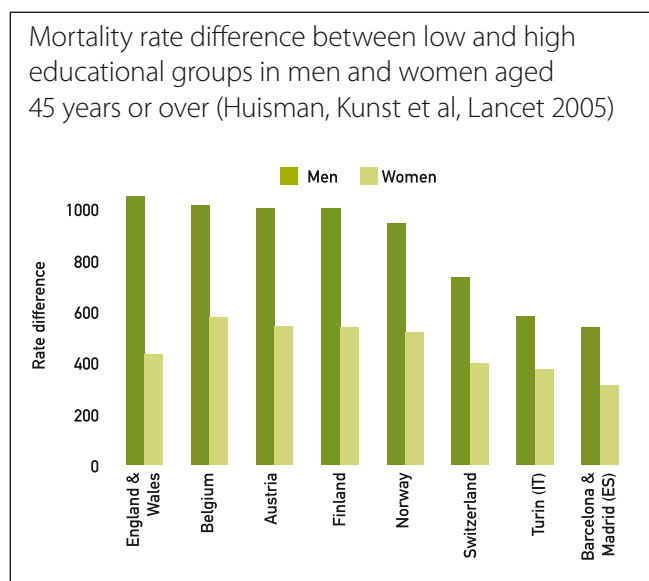
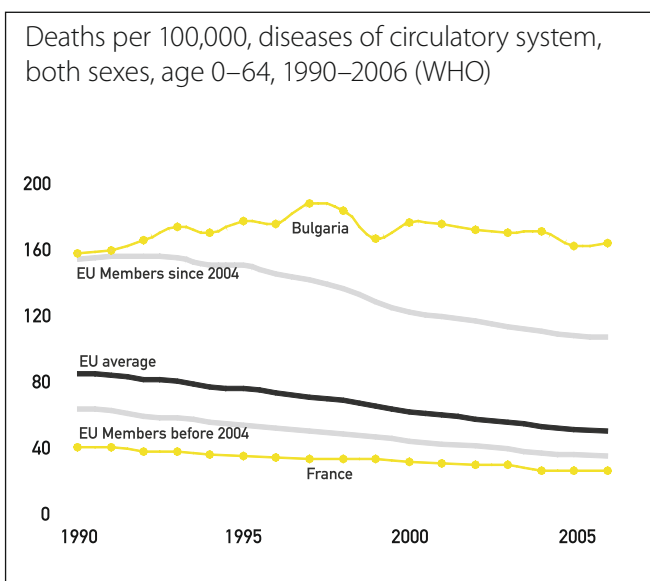
Composed of associated partners from Belgium, the Czech Republic, Estonia, Greece, Ireland, Slovenia, Spain, Sweden, United Kingdom and WHO and four other partner secretariats in Berlin (RKI), Bilthoven (RIVM), Rome (ISS) and Vilnius (HI), the ECHIM project has, through in-depth consultations and expert analysis, continued work on a shortlist of 88 health indicators originally created by ECHI projects during 2000–2005. These indicators can play a powerful role in health policy and planning.

During the first phase of ECHIM (2005–2008) the preconditions for implementing the shortlist indicators and the availability and comparability of existing health indicator data sources were assessed in more than 30 European countries. This was done in

close collaboration with a network of contact persons all over Europe, from both national and international organisations. The current ECHIM project (2009–2011) seeks to consolidate the ECHI Indicator system towards a sustainable health information system, as well as to collect and disseminate comparable health data and information based on the ECHI shortlist. The fact that these indicators compiled by the ECHIM project team in the areas of demography, health status, determinants of health, health services and health promotion have the power to contribute towards better functioning of health systems is undeniable.

European and national public health policy needs such solid health information derived from valid and comparable sources. Public health policies aim at maintaining and improving the health of citizens including the reduction of health inequalities. These policies have to be based on factual information. Furthermore, health indicators allow for European comparisons to be drawn and for best practice to be evidenced. Avoidable health inequalities, achievable health gains and the efficient use of health resources can be strongly assisted by the availability of comparable European and national health indicators. These benefits were clearly witnessed in Finland which has long experience working on the forerunners of the most recent ECHIM project.

Three decades ago Finland experienced both a high number of deaths due to coronary heart disease, cancer and a high number of traffic accidents. **Through the work conducted in the ECHIM project and the forerunners of this project, the**



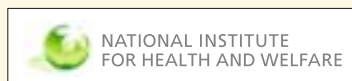
National Institute for Health and Welfare in Finland was able to highlight indicators pertaining to these issues.

A high frequency or an increase in deaths or accidents over the years pointed to the need to search for circumstances and causes in other international and national data sources. Through these comparisons Finland was able to draw a parallel for example between the level of tobacco consumption amongst the Finnish population, as one of the causes for the still high cardiovascular disease mortality in men. These indicators provoked a strong public debate on this health subject and decisive policy action that addressed these was taken as Dr Arpo Aromaa at National Institute for Health and Welfare in Finland and the project leader of the ECHIM project explained *'monitoring is one of the strongest tools of public health. It is extremely powerful to give data to politicians and the media as it sets the agenda. Certainly national and international health indicators have played a key role in shaping a knowledgeable national policy towards cancer and road traffic accident prevention in Finland.'* Finland, in recent years, has now evidenced a sharper decline in road traffic accidents and has one of the lowest rates of smoking in Europe. The ECHIM work for implementing comparable indicators is enhancing the availability and use of relevant health information for health policy by ensuring access to trustworthy EU-wide and country level comparisons.

Finland has a long experience in developing health indicators since the 1970s but the work conducted during the ECHIM project allowed relationships to be forged at European level as Dr Pekka Puska outlined *'the work allowed us to explore issues such as what was the latest more up-to-date science on indicators for validity and comparability and it allowed us to create contacts across Europe with experts in this field. This will be of immense benefit to Finland as we tackle other health issues in our country.'*

The work conducted in the ECHIM project has also provided insights into public health areas that Finland needs to address. By comparing European health indicators created in the ECHIM project the National Institute of Health and Welfare has identified that Finland needs to address home and leisure time accidents and alcohol related illness whilst continuing efforts to prevent chronic non-communicable diseases. As can be seen what gets measured, gets discussed and **Finland is in a strong position to ensure pertinent health issues are brought into the public debate due to the work conducted under the ECHIM project and within Finland in health monitoring work.**

Main Beneficiary:



National Institute for Health and Welfare (THL)
Mannerheimintie 166
PO-BOX 30
FI-00271 Helsinki
Finland

Tel: +358 20 610 8770
Fax: +358 20 610 8760

Further information can be found at the website:

<http://www.echim.org/>

Keywords:

Health information
Health Indicators
Health Reporting
Health monitoring
Public health

The ECHIM project was selected by Finland by the high relevance for the development of the national information system. This project was recognised as a good practice example with impact on the national health policies in Germany, Lithuania, Luxembourg and Malta.



Network for communicable disease control in southern Europe and Mediterranean countries (EPISOUTH)

Many European Member States in the same geographic region can encounter the same health challenges. Similar environments and eco-systems in geographic regions can develop infectious diseases that pose questions for all Member States of this territorial area. If countries come together to work towards establishing a network of surveillance for infectious diseases and if they decide to work together with their neighbours, it can lead to remarkable benefits, as was the case with the EpiSouth and EpiSouth plus projects.

Infectious diseases as well as potential health threats do not have geographical boundaries. Even for the few diseases that benefit from an efficacious and available vaccines, surveillance is an indispensable and available instrument that public health professionals can use to contain their spread. However, in order to translate data into appropriate action, dissemination of information is crucial. Furthermore, an early detection of cases and a cross-border and prompt response is needed to effectively contain them.

In one region of the EU these facts were astutely recognised and in the Year of the Mediterranean in 2005, a number of countries agreed to develop the EpiSouth project whose aim was to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries of the Mediterranean basin and the Balkans. Led by the Istituto Superiore di Sanita in Italy along with organisations from seven other EU countries in these regions, including the Institut de Veille Sanitaire (InVS) in France, **the EpiSouth project has fully delivered on its objectives and has created a strong system**

of networking and surveillance in a crucial first line of defense towards communicable diseases.

Training in the field of epidemiology, with the aim of strengthening the early response capability of participating countries to health threats and infectious disease has been put in place by EpiSouth. Additionally, the EpiSouth project has created a network of public health institutions that strengthens expertise among countries and a common platform on epidemic intelligence has been developed where participating countries may find broad internationally as well as regionally focused information.

Indeed it was France through the InVS, which conceived this platform on epidemic intelligence that allows for alerts on infectious diseases both outside and inside the EpiSouth participating countries to be sent to a secure website, thereby notifying these countries of any potential threats to their citizens. The platform also fully aligns with EU legislation on communicable diseases and the new International Health Regulations (IHR2005) as the messages are systematically sent to international organisations, such as the World Health Organisation and its regional offices (EURO and EMRO offices), and the European Centre for Disease Control. The EpiSouth Plus project aims at establishing connections between the EpiSouth and the Early Warning and Response System (EWRS) focal points. Dr Marc Gastellu Etchegorry, the Directeur du Département International at the InVS stated that the creation of this platform has already been of benefit to country members of the network including France. In 2010, a wide amplitude outbreak of West Nile virus occurred in several countries all around the Mediterranean



basin and through the Episouth platform on the website and the bulletin alerts **we were able to get immediate reports of this disease and epidemiological information which allowed us to respond and ensure that citizens were protected.'**

Over time the Episouth project grew to include 27 Countries (9 EU and 18 non-EU) and is the biggest inter country collaboration in the Mediterranean, having support from the Health programme (SANCO), the Instrument of Stability (DEVCO), European Centre for Disease Prevention and Control (ECDC), the World Health Organisation, and the Italian Ministry of Health. This occurrence provides a deeper picture on surveillance systems of countries towards infectious diseases and thereby allows for countries involved in the network a more informed response when a possible threat occurs. Because France has a lot of links with Mediterranean countries, the Episouth project is highly important for InVS as it gives a full and informed picture when outbreaks of diseases arise in the Mediterranean and in the areas around our borders plus it develops for us an immensely beneficial network of key organisations in the same field around our borders' stated Dr Françoise Weber, the Director of the InVS.

The Episouth Plus project that began in 2010 continues the extensive work of the Episouth project. Episouth Plus will build on the knowledge discovered in the previous phase of regional gaps in the field of Epidemic Intelligence, Vaccine Preventable Disease and Migrants, and Cross Border emerging Zoonoses and will seek to strengthen the work in these areas. One key focus of Episouth Plus is the establishment of a Mediterranean Regional Laboratories Network to facilitate common threats detection, and its capacity; to respond by supporting the generic preparedness planning, and the assessment of the Mediterranean countries' core capacities requirement to implement the International Health Regulation (2005). Dr Gastellu from the InVS is highly confident of the future benefits of this project *'just imagine if you have a new outbreak of the West Nile virus in a Maghreb country, if we work together and if we exchange information regarding these new pathogens our ability to protect all citizens both in the EU, and in this entire geographic region is sharply improved.'*

Main Beneficiary:

Istituto superiore di sanità
Viale Regina Elena, 299
PO-BOX
IT-00161 Roma
Italy

Tel: +39 06 4990 4266

Fax: +39 06 4990 4267

Further information can be found at the website:

<http://www.episouth.org/>

Keywords:

Communicable Diseases
Epidemiology
Monitoring
Health Determinants
Infectious diseases

The project "Network for communicable disease control in southern Europe and Mediterranean countries (EPISOUTH)" has been selected as the example of case study for France because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Smokefree Class Competition Network (SFCN)

Smoking remains the single most preventable cause of disease, morbidity and mortality worldwide and young adolescence is the age at which young people start to experiment with tobacco products. Studies show a dramatic increase in smoking between puberty and young adulthood. The early onset of smoking is one of the most important predictors for later smoking and correlates with heavier smoking.

To address these facts an innovative project, Smoke Free Class Competition, began in Finland in 1989. Its objective was to contribute to the reduction of smoking related disease morbidity and mortality by de-normalizing smoking in youth, delaying or preventing the onset of smoking in youth, preventing the transition from experimental to regular smoking and engaging young people to reflect tobacco industry strategies. Initially the project began with seven countries but its success since its foundation has led to twenty countries being involved.

One of those countries, Germany, has benefited greatly from involvement in the project. Smoke Free Class Competition involves school classes with pupils aged between 12 and 15 years. They vote if they wish to take part in the project and sign a six month contract whereby they state they will not smoke within this period of time. Schools that decide to become part of the project receive a promotional pack about non smoking and an educational aid for teachers of how to introduce the programme into the curriculum. Pupils discuss the topic of smoking once a week and are encouraged to use creativity to examine the issue of non smoking, for example writing a song or making a drama about non smoking. Quizzes are also



used regularly to allow pupils to highlight key points around non smoking. At the end of the six-month period, classes who complete the project receive a certificate and are entered into a prize draw to win educational day trips for the entire class.

Germany has been involved with the project for fifteen years and its involvement has led to tangible results. The Institut für Therapie- und Gesundheitsforschung (IFT-Nord) is the national coordinator of the project in Germany. Prof. Reiner Hanewinkel, head of IFT-Nord, believes it is an innovative approach to drug prevention *'This project allows the pupils the choice to decide to participate. This approach is very different to other prevention programmes as it gives the target audience ownership of the programme. This is of high significance as peer pressure is an important issue in smoking and by creating a majority who decide not to smoke for a period you instantly create a majority of non smokers.'*

A key aspect of the project is to ensure that schools repeat their participation in the project and that the number of schools who participate grows nationally. In Germany this has been a resounding success. Five hundred classes were initially involved in Germany in two of the sixteen regional authorities. This has now **grown to over 10,000 classes in all sixteen of the regional authorities, representing 275,000 pupils and 8,000 teachers.** Professor Hanewinkel explains that the project had a powerful effect on placing smoking on the school agenda, *'At the time we started the project smoking was allowed in all schools in Germany and smoking was allowed for older pupils. In some schools there even existed a specified smoking room for pupils aged sixteen and over. Smoking wasn't an issue at that time and this project certainly helped to place smoking on the agenda and firmly in the eye of policy makers'*





The Smoke Free Class Competition has received a number of scientific awards and has been listed in twenty-five peer review health journals for its approach towards smoking prevention.

Within Germany it had a profound effect on regional and national policy. The project has been introduced into regional curricula and it has been included in Germany's national Smoke Free Society Plan and the reports of the Drug Commissioner, where it is listed as a model project. In just over a decade Germany has seen a remarkable decline in the percentage of young people smoking. In 2001, 28% of 14–17 year olds smoked, in 2010 this had dropped to 13%, *'We don't put the drop in youth smoking down solely to the Smoke Free Class Competition in Germany, as many factors played a part. However we do feel that the project has certainly contributed to the decline. If you can delay smoking during the years of puberty the chances that the young population of a nation becomes addicted markedly declines'* Prof. Hanewinkel explains.

Over the years the Smoke Free Class Competition has grown into a strong network of countries at European level and Prof Hanewinkel believes that the differences between countries led to innovative changes being made to the project. *'Some of the best ideas to tweak and adapt the project came from other European countries, including the idea to ensure re-participation of schools. Working with European member states has allowed a network at European level to address a challenge facing every young pupil throughout Europe how to say no to smoking.'*

Main Beneficiary:

Institut für Therapie- und
Gesundheitsforschung gemeinnützige
Gesellschaft mbH
Harmsstraße 2 IFT-Nord
PO-BOX N/A
DE-24114 Kiel
Germany

Tel: +49 431 5702 955

Fax: +49 431 5702 929

Further information can be found at the website:

www.smokefreeclass.info

Keywords:

Lifestyle
Tobacco
Schools
Health Promotion
Smoking

The project "Smokefree Class Competition Network (SFCN)" has been selected as the example of case study for Germany because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





EU Ship Sanitation training network (SHIPSAN TRAINET)

Passenger and freight shipping is an integral part of the livelihood of Greece. In 2009, Greece generated 503,000 cruise ship passenger embarkations and more than 91 million passengers moved from Greek ports with ferry connections. More than 300 ferries operate in Greece employing about 10,000 seafarers. A significant number of the population travel using passenger ships, therefore actions to strengthen public health in this area are tremendously important for the Greek authorities.

Recognising this, Greece, through the National School of Public Health in Athens, was the natural leader for the SHIPSAN and SHIPSAN TRAINET projects. The SHIPSAN project had as its objective the prevention and control of Public Health threats to the passengers and crews of cruise ships and ferries within the EU and provided the basis for the development of an integrated EU Ship Sanitation Programme. THE SHIPSAN TRAINET project continued this work and sought to cover the gaps in a common European strategy and training network on ship sanitation inspections, outbreak investigations, surveillance and the control of communicable diseases on board cruise ships and ferries. Member States across Europe worked together and the tools it created would have a tremendous benefit for Greece.

In Greece, **before the beginning of the SHIPSAN project in 2006, routine inspections of ships on national voyage under the Greek flag were conducted only twice per year** and the deratting certificate that was issued for ships calling at Greek ports, used standards for land based premises. In addition there was no other special action related to ship sanitation and the

control of communicable diseases. To improve this, four Greek authorities and one company participated as partners in the SHIPSAN project including the University of Thessaly (scientific project coordination), National School of Public Health (project leadership), Ministry of Health, Hellenic Center for Disease Control and Prevention, and the consulting firm CMT Prooptiki. One cruise ship company, three ferry companies and two associations of Greek ship owners and operators also participated in the project meetings and were given the opportunity to comment on all project deliverables. By creating such dialogue with key actors, the Greek project team ensured that key actors in the Greek shipping industry were able to suggest future steps and proposals for implementation.

Data was collected from 10 Greek authorities on information regarding legislation on hygiene issues, inspections, communicable disease surveillance and occupational health. An electronic directory including all relevant Greek legislation as well as details of all competent authorities was developed. All this material was included in a CD-ROM and about 100 CD-ROMs were disseminated to the Greek authorities.

All this work hugely helped the Greek authorities to identify overlapping of responsibilities, duties and training needs, to promote the implementation of International Health Regulations (IHR 2005) and to take action related to public health on ships. The work of the project would have a powerful impact as the Hellenic Ministry of Health and Social Solidarity enacted national legislation for IHR 2005 and the issuance of Ship Sanitation



Certificates (SSCs). Guidelines on the issuance of SSCs were sent to 30 Greek authorities having responsibilities for ship inspections. Lectures and round tables related to ship sanitation and prevention and the control of communicable diseases on ships were organised as part of three Pan-Hellenic conferences where representatives of all regional Greek authorities participated. *'The work achieved in SHIPSAN had a powerful effect on Greece's shipping industry. We now have a more streamlined system for preventing communicable diseases and have really driven awareness among shipping companies of the regulations and the necessity to take action to prevent disease outbreak'* commented the project leader of SHIPSAN Jenny Kremastinou-Kourea from the National School of Public Health.

Greece also took the lead in the SHIPSAN TRAINET project, which followed on from the success of SHIPSAN. SHIPSAN TRAINET had passenger ship companies, national and regional authorities and passengers and crewmembers as its focus. The University of Thessaly and the national school of public health in Greece worked with 12 other EU member countries and international experts to create a European manual for hygiene standards and communicable diseases surveillance on passenger ships, an inspection programme for ships, a communicable disease prevention and control communication platform and network, linking ships and ferries to the Port health authorities and to the Early warning and response system (EWRS), a training network and programme targeting Port health authorities and seafarers, and a European information database system of IHR SSC. The SHIPSAN TRAINET inspection programme is currently being pilot tested by 10 Greek inspectors in six Greek ports. Three Greek ferry companies are participating in the pilot inspections and a total of 16 passenger ships will be inspected using the European Manual for Hygiene Standards and Communicable Diseases Surveillance on passenger ships. During the SHIPSAN TRAINET training course for health professionals, which was held in January 2011 in Greece, 10 Greek port health officers were trained on hygiene inspections and communicable disease prevention and control on board passenger ships. Both these projects have been of immense benefit to Greece, and are working to ensure the safety of passengers and crew in what is a vital industry for Greece' commented Christos Hadjichristodoulou from the University of Thessaly in Greece.

Main Beneficiary:

National School of Public Health
(Ethniki Scholi Dimosias Ygeias Eidikos Logariasmos)
Leoforos Alexandras 196
PO-BOX
GR-11521 Athina
Greece

Tel: +30 210 645 2169
Fax: +30 210 646 0658

Further information can be found at the website:

<http://www.eu-shipsan.gr/>

Keywords:

Communicable Diseases
Communicable Diseases Control
Ships
Monitoring
Ship sanitation

The project "EU Ship Sanitation training network (SHIPSAN TRAINET)" has been selected as the example of case study for Greece because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





In Form – Campaign against obesity in children and adolescents (InForm)

Obesity has become a high challenge for many countries across Europe in recent decades. Responding to this problem and implementing prevention and treatment strategies for obese children and adolescents not only benefits the affected individuals but also the health care systems in Member States. Finding an effective treatment strategy is a key concern for countries across Europe.

The “In Form” campaign, against child and adolescent obesity, is a project that began in 2008 and focuses on a strategy that creates awareness of the problem, combining a preventive and therapeutic approach. The project takes the addictive aspect of overeating into account as well as comorbidity with ADHD (Attention Deficit/Hyperactivity Disorder). Led by the International Academy for Health Professionals in Villach, Austria, the project team was composed of health organisations from eight countries across the EU. The objective was to develop an integrated obesity prevention and treatment strategy for children and adolescents. One of the organisations involved in the project was the National Institute for Food and Nutrition Science, Hungary.

Hungary has seen a sharp increase in the rate of obesity in recent years and now has one of the highest rates of obesity in Europe. In 2009, Hungary conducted a survey measuring that 36% of adult males were overweight and 27% obese, while in adult females 31% were overweight and 30% obese. Another survey, conducted in collaboration with the WHO, for children aged 7 years found that every fifth boy and every fourth girl was obese. Hungary has no national strategy on obesity and

the In Form project offered a platform to learn and develop methods of dealing with obesity as Dr Éva Martos from the Hungarian National Institute for Food and Nutrition Science explained *‘Hungary urgently needed to learn more about how to effectively respond to obesity. Tackling childhood obesity poses a new challenge for Hungarian health professionals and also for the national health system. The In Form project offered an opportunity to develop methods towards dealing with an issue that is of strong concern within our national health system.’*

Through involvement in the project Hungary has gained new insights and methods to combat obesity. The National Institute for Food and Nutrition Science aims to spread this knowledge to health professionals and organisations across its country. One of the activities in the project was the organisation of a training camp in Penrith in the United Kingdom where parents and children from the eight countries learned about obesity and how to address it through healthy nutrition and physical exercise. Every year, across Hungary, training camps are held for children during the summer holidays and Dr Martos believes that the experience gained at the In Form training camp can be hugely beneficial within their country *‘Through the In Form training camp we learned how to professionally organise and structure a training camp that achieves results.’*

Spreading awareness of the issue of obesity was a key objective of the In Form project as it leads to a debate on the issue and creates the climate for action to be taken. The National Institute for Food and Nutrition Science was highly active in this part of the project by disseminating and updating information on the



In Form project in different forums for health professionals and medical organisations throughout Hungary. *'We attended various medical conferences that occurred in Hungary and presented the objectives of the In Form project to hundreds of medical professionals. This was an immense benefit as it contributed to debate on the issue to key stakeholders that can play a large role in addressing the obesity challenge in Hungary'* outlined Dr Martos.

Two key objectives of the In Form project are the development of a manual (to be published in November 2011) using the experiences of the In Form summer camp that can provide know-how to other countries, and an interdisciplinary "Train the Trainer" training course plus a related handbook bringing together medicine, psychology, nutrition, and physical activity. The project partners worked together and shared their knowledge and experience to create the manual and the training course. The completed manual will contain information on obesity and how this issue can be addressed in a theoretical and practical manner with adults and children. The National Institute for Food and Nutrition Science in Hungary aims to distribute this manual to health professionals and stakeholders across Hungary thereby contributing to increasing awareness of how adult and childhood obesity can be tackled. One dietician from the National Institute for Food and Nutrition Science completed the interdisciplinary training course that the In Form project developed and received a certificate as a 'obesity trainer'. The National Institute of Food and Nutrition Science in Hungary intends to translate the training course material into Hungarian and will seek to train more health professionals and stakeholders as obesity trainers so that knowledge of how to address childhood obesity in Hungary can be improved. *'Through the In Form project and the knowledge gained by working with other countries at European level we have learned that a multi sector health approach is needed to address obesity. The training course and manual developed through In Form provides us with expert content to train medical professionals at all levels in our health system. It will prove hugely beneficial as Hungary confronts the issue of obesity.'*

The In Form project has provided Hungary with the knowledge and tools to tackle obesity and, due to this, the National Institute for Food and Nutrition Science intends to hold a national conference on obesity to disseminate the messages of the In Form project to all stakeholders. *'Our objective now is spread these messages and tools of the In Form project across Hungary so that we can achieve a reduction in our obesity rate'* stated Dr Martos.

Main Beneficiary:

Internationale Fortbildungsakademie für Gesundheitsberufe EWIV-EEIG
Nikolaigasse 43
PO-BOX
AT-9500 Villach
Austria

Tel: +43 4242 2082203
Fax: +43 4242 2082103

Further information can be found at the website:

<http://www.inform-sanicademia.org>

Keywords:

Obesity
Children
Education
Certification
Adolescent

The project "In Form – Campaign against obesity in children and adolescents (InForm)" has been selected as the example of case study for Hungary because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





European Alliance Against Depression (EAAD) – Four level intervention programme

Based on the experiences from a region in Germany, the “Nuremberg Alliance against Depression”, showed that suicidal acts can be reduced by 24% within two years compared to the baseline rate.

This reduction can be achieved by implementing a specific 4-level approach. This approach has been implemented in different regions in 17 European countries and comprises the following four levels of activity: co-operation with general practitioners and pediatricians; a public awareness campaign; support for high-risk groups and self-help activities; and finally training sessions for “multipliers”. The European Alliance Against Depression (EAAD) was established, and financed, by the European Health Programme, with the aim of scaling up and implementing this successful approach in other European regions and countries.

The EAAD project was implemented in two phases from 2004–2005 and again from 2006–2008. The counties of Cork and Kerry, in the Republic of Ireland, were chosen as implementation sites and the National Suicide Research Foundation (NSRF), in

conjunction with the regional Health Service Executive (HSE) and University College Cork (UCC) coordinated the project. Dr Ella Arensman, Director of the NSRF, coordinated the project at National level and explained **that such an approach had never been implemented previously in Ireland.** *‘It is a truly innovative approach to suicide prevention and the experiences we gained from its implementation had a remarkable effect on national thinking towards suicide prevention in Ireland.’*

General Practitioners (GPs) are a primary focus in the four level approach and, to fully engage them, the Irish project team involved Professor Colin Bradley of UCC, who had existing links with GPs. Through newsletters, postgraduate networks, and a dedicated GPs launch, awareness was increased. Seminars were organised and 50 GPs attended. The objective of the seminars was to inform GPs that other actors, including non-statutory actors, could also contribute to suicide prevention and depression awareness. This led to remarkable insights into suicide prevention. Many GPs were highly surprised at the number of actors that could share this emotional experience. *‘The seminars became forums giving GPs the opportunity to share*

Young People & Depression

Depression can affect everybody

Depression has many faces

Depression can be treated

Depression is one of the most common and severe disorders in Ireland. Depression affects the quality of life and can be life-threatening. **But depression can be treated!** There are many services you can contact. For example, professionals such as your local GP, counsellors and psycho-therapists or services such as the following:

Cork

- National Suicide Bereavement Support Network - 085 722 4819
- Irish Friends of the Suicide Bereaved - 021 431 6722
- Aware - 021 455 0027
- Samaritans - 1850 60 9090
- Suicide Helpline (6-10pm) - 1800 742 745
- Farm & Rural Stress Helpline (6-10pm) - 1800 742 645
- Grow - 021 427 7520

Kerry

- Suicide Bereavement Support Group - 087 7986 944
- Aware - Killarney - 066 712 8010
- Tralee - 066 713 6362
- Samaritans - 1850 60 9090
- Suicide Helpline (6-10pm) - 1800 742 745
- Farm & Rural Stress Helpline (6-10pm) - 1800 742 645

Cork & Kerry's Alliance for Awareness of Depression & Suicidal Behaviour

www.nsrff.org

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Cork & Kerry's Alliance for Awareness of Depression & Suicidal Behaviour

www.nsrff.org

the emotional burden and distress of caring for patients who had died by suicide. This was quite a unique insight as no mechanism exists to consider the emotional distress for doctors in the health system.' explained Professor Bradley.

Two strong elements of the 4-level approach are training for community facilitators and "reaching out" to acute groups at risk. Within Ireland a high rate of self-harm and suicide exists among young people so the Irish project team decided to direct the project and training at this target audience. In the counties of Cork and Kerry, youth organisations, juvenile liaison officers, social workers, teachers, career guidance teachers and the clergy were trained in a one-day 'Gate keeping' workshop. Gate keeping training attempts to create a bridge between a person at risk of suicide or self-harm and the next step of care. Community facilitators are trained to refer "at risk" people to the next level of care. This work allowed the community facilitators in Ireland to explore their own fears so that they could strongly reach out to those at risk of suicide or who were self harming. *'A repeated question in these training sessions was, can I ask a person if they are self harming? The training exposed the stigma within Ireland to these issues and the gate keeper training really helped those involved surmount that stigma.'* Dr Arensman explained.

Raising public awareness of the EAAD project is another element in the EAAD approach. The experience of working with this element of the EAAD project allowed the Irish team to adapt and implement an innovative strategy. Suicide within Ireland, the team discovered through an initial public telephone survey, is still much stigmatised among males and the elderly population. This is partly due to the fact that suicide was decriminalised as late as 1993. **To combat stigma and raise awareness of the EAAD project, the Irish team decided to reflect a positive view of the issue in posters and leaflets and in a regional radio campaign that was conducted.** *'Working closely with the regional suicide resource officer in the area we provided a different perspective and moved away from the gloom by offering solutions and case studies in our informational material. It was an innovative approach that was taken on board in the second phase of EAAD at European level'* commented Dr Arensman.

According to Dr Arensman a crucial element of a successful EAAD project is having an advisory panel. The Irish project had 21 members, which included representatives from the medical professions, police and clergy. The work of the advisory panel contributed to the success of the Irish EAAD project and the experience of this project is contributing towards developments in national policy, according to Dr Arensman, *'There was a time when no one had heard of the EAAD approach, now policy makers in Ireland seek and request such an approach when dealing with the issue of suicide and self harm.'*

Main Beneficiary:

Ludwig Maximilians Universität München Klinik und Poliklinik für Psychiatrie und Psychotherapie Innenstadt (LMU)
Nussbaumstrasse 7
PO-BOX
DE-80336 München
Germany

Tel: +49 89 5160 5540
Fax: +49 89 5160 5542

Further information can be found at the website:

<http://www.klinikum.uni-muenchen.de/Klinik-und-Poliklinik-fuer-Psychiatrie-und-Psychotherapie/de/index.html>

Keywords:

Mental Health
Prevention
Education
Health Determinants
Suicidal Behaviour

The project "European Alliance Against Depression (EAAD) – Four level intervention programme" has been selected as the example of case study for Ireland because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





European Network of P4 Laboratories (ENP4Lab)

Emerging and re-emerging infections and possible bio-terrorism acts will continue to challenge the medical community and the civilian population worldwide. When an outbreak occurs, effective infection control strongly relies on the availability of rapid and effective diagnostic tests to identify infected individuals and to implement quarantine, especially for diseases for which there is no vaccine or treatment. The Severe Acute Respiratory Syndrome (SARS) experience taught the scientific community a valuable lesson – that a global health crisis can be contained through an international effort of communication and action, as opposed to local or uncoordinated actions.

In 2005 the European Network of P4 laboratories was created to enhance and maintain cooperation, communication and exchange of information between European Bio-safety Level 4 (BSL4) laboratories. A BSL4 laboratory is the conventional environment where highly pathogenic agents can be handled by highly trained scientists in the highest standards of safety and security. There are seven such specialised laboratories in Europe in five EU Member States, Germany, France, Sweden, United Kingdom and Italy. **Since 2005, the laboratories in these countries have been working together in order to enable a rapid, effective and coordinated response to health threats to Europe's population.** In 2007, the ENP4Lab

Network was granted further support by the Health Programme continue its activities in promoting the harmonisation and standardisation of Biosafety practices and diagnostic procedures, and to offer assistance to countries where new BSL-4 laboratories are under construction or planned. The European Network of P4 Laboratories (ENP4Lab) builds on the experience gained with the previous project, preserving and strengthening collaboration among European P4 Laboratories. The project has made efforts to further enhance preparedness by focusing on the harmonisation and standardisation of existing practices, biosafety and biosecurity issues connected with the laboratory diagnosis of the most dangerous pathogens known to date, group 4 agents.

The project leader for the ENP4lab project has been the Istituto Nazionale per le Malattie Infettive (INMI) in Italy. The specific objectives of the project were to design and evaluate a biosafety checklist to be used as an assessment tool for audits of new P4 laboratories, standardise diagnostic procedures, and to perform a feasibility study on the implementation of mobile labs to be used to perform the diagnosis of group 4 agents. Twice a year the P4 laboratories in Europe met to discuss these objectives and the meetings were used as an opportunity to visit the laboratories in each of countries that has a P4 laboratory.



Antonino Di Caro in the INMI stated that the project has been of immense benefit to the EU and Italian P4 laboratory *'the experience we gained from working with other P4 laboratories has been hugely beneficial. We have been able to share biological material, examine each other's operating and diagnostic procedures and visit these laboratories to see how similar work is controlled and managed. This provided significant lessons for us and has allowed Europe to significantly improve its ability to react to rare viral infections.'*

The knowledge gained through the ENP4lab project and the invaluable work of the Italian P4 laboratory was demonstrated recently in 2010. An Italian citizen while holidaying in Egypt was infected with a rare pathogen, the Alkhurma virus, transmitted through an insect bite. **It was only through the work of the Italian P4 laboratory that this pathogen could be identified**, as laboratory diagnosis of the fever is not easy to obtain and requires specialised skills and laboratory conditions to identify. Effective treatment was therefore given to the infected man, greater understanding of the spread of the pathogen was possible due to the work of the Italian P4 laboratory and the knowledge gained through working at European level in the ENP4lab project.

The ENP4lab project has worked to ensure Europe has an effective response mechanism in place to fight rare viral infections and the threat of bioterrorism. Dr Giuseppe Ippolito, scientific Director of the INMI and leader of the ENP4Lab project stated that the network forged and experience gained will prove the ultimate benefit for the health of Europe's population, *'the primary benefit of this project is having a robust network in place, based on a highly skilled scientific community that is working together to ensure our knowledge on rare viral infections and diseases. This will definitely improve our capacity to respond effectively to fight the viral threats in an EU coordinated manner'* This venture will be strengthened by the Quality Assurance Exercises and Networking on the Detection of Highly Infectious Pathogens (QUANDHIP) Joint action, which brings together a network of 33 partners from 21 European countries, highly specialised and advanced laboratories. This will ensure the universal exchange of best diagnostic strategies able to support a European response strategy to outbreaks of highly pathogenic infectious agents.

Main Beneficiary:

Istituto Nazionale per le Malattie Infettive, IRCCS, Lazzaro Spallanzani, Rome
Via Portuense n° 292
IT-00149 Rome
Italy

Tel: +39 06 55 170700

Fax: +39 06 55 94 224

Further information can be found at the website:

<http://www.inmi.it>

Keywords:

Laboratories
Feasibility Studies
Disease Outbreaks
Biosafety
Deployable

The project "European Network of P4 Laboratories (ENP4Lab)" has been selected as the example of case study for Italy because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population

Expanding Network for Coordinated and Comprehensive Actions on HIV/ AIDS Prevention among IDUs and Bridging Population (ENCAP)

Injecting Drug Users (IDUs) are particularly susceptible to HIV infection as a result of unsafe injecting practices and their increased vulnerability compared to other susceptible groups. The Baltic States have been experiencing significant HIV epidemics although recent figures show that the rate of new infections has stabilised. Gaining a deeper understanding towards people with HIV and AIDS in these countries and understanding how these infections are spreading through the bridging population is important for existing and future health programmes in this area. Understanding practices, trends and risk behaviour both of the core and bridging populations is vital so that surveillance and prevention work is targeted and effective.

This was the work of the Expanding Network for Coordinated and Comprehensive Actions on HIV/ AIDS Prevention among IDUs and Bridging Population (ENCAP) project conducted in the Baltic States of Latvia, Lithuania and Estonia between 2006 and 2009. Led by the AIDS Prevention Centre at the very beginning, then by the Latvian Public Health Agency, and finally by the State Agency Infectology Center of Latvia (LIC), the project team was also composed of the consulting firm, ITA Konsultants from Latvia, the Lithuanian AIDS Centre, the National Institute for Health Development in Estonia, the National Public Health Institute in Finland (associated partners) and the Bulgarian NGO

'Dose of Love' (collaborative partner). For three years this project team worked to gain a deeper insight into the IDU community in their countries and worked to share the best practices they experienced and to disseminate it to stakeholders and policy makers in the field.

Within the Baltic States that participated in the project, low threshold centres provide counselling and medical assistance to IDUs. The ENCAP project desired to support the staff within these centres through the provision of training and the creation of an operations harm reduction manual. This work was of immense benefit to the Latvian health authorities engaged in this field. For example **three joint training activities were conducted for the staff of these low threshold centres in Latvia**, Lithuania and Estonia while an operations harm-reduction manual in five languages for staff of the low threshold centers was created to allow staff to benchmark their work against best practice in this field. The project coordinator, Dr Inga Upmace, from the LIC, believes that the effectiveness of low threshold centres in Latvia has been strongly improved as a result, *'the creation of the operations manual and the training of the staff has greatly strengthened the ability of our low threshold centres to respond effectively to the needs of IDUs and to provide stronger HIV prevention advice.'*



Another key aspect of the project was the establishing of a network with these Baltic states that would bring together policy makers, HIV prevention specialists, epidemiologists, prison administrators, social workers and outreach workers to exchange and update information about the HIV/AIDS situation and prevention and rehabilitation programmes for IDUs. Several meetings and exchange visits were organised in Latvia, Lithuania, Estonia and Finland to discuss common problems and the solutions used. Dr Upmace saw real benefits occur for Latvia as a result of one of these benefits, *'four representatives of Latvia's local authorities visited Finland and saw how they ran IDUs programmes. It was a real eye opener for them and as a result two municipal authorities commenced needle exchange programmes in Latvia after these visits as they saw how it could be achieved.'*

The project team in Latvia was able to bring the knowledge and experience they gained in this project at European level back to their own country when as part of the project they visited five municipalities in Latvia where no needle exchange programmes existed. Over 50 representatives from municipalities and police attended these meetings and were shown how needle exchange programmes were conducted in other areas of Latvia and in other countries. *'It was very beneficial to do this as, while some stakeholders might have a different opinion towards needle exchange programmes, it gave them an insight into our work and I felt they understood more the necessity of our type of work. Spreading knowledge and understanding towards IDUs is an important factor towards assisting prevention.'* outlined Dr Upmace.

The ENCAP project has led to tangible benefits within Latvia, providing deeper insights into the risk behaviour of IDUs and giving more tools to the staff who are engaging with IDUs within these Baltic states.

Main Beneficiary:

AIDS Prevention Centre, Ministry of Health Latvia
7 L. Klijanu Street
PO-BOX
LV-1012 Riga
Latvia

Further information can be found at the website:

<http://ppri.oebig.at>

Keywords:

Injecting Drug Use
Counselling
Aids Prevention
Research
Training

Latvia has chosen the ENCAP project as the case study that have impact on the country capacity building programmes to address the National HIV epidemic by supporting the development of a prevention network through trainings, unified service standard software and handbook. The Manual for Harm reduction Service Providers (2009) and brochures for Intravenous Drug Users and the bridging population remain a very useful tool for future enlargement of the national network and training of new staff.

The ENCAP project was recognised as a relevant project for Estonia, due to the good collaboration with the Estonian Public Health Development Institute allowed to exchange ideas for policy and surveys planning, and data software improving after the Project end.



Child and adolescent mental health in enlarged European Union (CAMHEE)

Becoming involved in European health projects can assist in generating national public debate on health issues. This was the experience of Lithuania as a result of becoming involved in the **Child and adolescent mental health in an enlarged EU – development of effective policies and practices’** (CAMHEE) project. In many countries in Eastern Europe, high rates of harm and self-harm, such as violence, suicide and bullying among children and young people, have been reported. Lithuania is among countries which have the highest prevalence of suicide and bullying in Europe and the highest number of children living in State institutions. Recognising the need to take action in this area, in 2007, Lithuanian National stakeholders, interest groups and the Ministry of Health formed a project team to develop and implement the European CAMHEE project.

The CAMHEE project aimed to provide a set of recommendations and guidelines for effective child and adolescent mental health policies and practices in the European Union, with special emphasis on new EU member countries. The project contributed to the development and implementation of new approaches in child and adolescent mental health and provided a systematic and evidence based public health approach. **Lithuania’s involvement in this project led to a national debate as the country explored attitudes towards bullying and policies to address it.**

For the two-year duration of the project, Lithuania acted as the project coordinator and formed a partnership with 15 other EU member states to address four child and adolescent mental health topics:- These topics were: support for families with parents suffering from mental health problems; bullying and self-harm prevention in school settings; best practices in the field of child and adolescent mental health; and, the creation of country profiles on child and adolescent mental health. Dainius Puras, the project’s scientific leader, explained that the choice of the project team and topics was important *‘as project leaders we decided to have a mix of new and old member states of the EU. Having a mix allow learning’s to occur from more advanced nations in this field. The choice of topics meanwhile was very much selected with the national challenges that countries in Eastern Europe face.’*

The issue of harmful behaviour, such as bullying, was one topic that Lithuania hoped to address. As part of the CAMHEE project an international conference “Modern Approaches in Preventing Violence and Promoting Mental Health in Schools” took place in Vilnius, Lithuania. The conference created a forum for discussing evidence-based approaches to prevent various forms of violence in schools. Mr. Puras believes that this conference had a decisive effect on public debate on this issue *‘Bullying in our schools was seen as something that was natural and that it should occur for young boys to become men. However this conference*



really opened up a public discourse on the issue and led to a ground breaking shift in attitudes.’ After the conference, schools across Lithuania became involved and the event had a powerful effect on national policy. **A policy addressing bullying, using evidence-based programmes, was rolled out in 100 schools across Lithuania.**

The CAMHEE project also provided an opportunity for the Lithuanian members of the project team to learn from practices and policies in other EU Member States.

Country profiles on child and mental health policies and the national authorities in Member States involved in the CAMHEE project led to the creation of best practices. Mr. Puras believes that these profiles will contribute towards highlighting best practices in this field to member states in Central and Eastern Europe *‘These country profiles allow Central and Eastern European Member States to assess their practices and actions against (more developed) countries in this field such as Finland and the UK. This contributes to debate and it is only through provoking debate on these issues that action will be taken.’* Indeed, the Lithuanian members of the project team were active in ensuring that a national debate occurred.

Finland took the lead in addressing parenting and support for families and parents with mental health problems and Mr. Puras explained that Lithuania used the best practice conducted in Finland to illustrate and educate debate in Lithuania. *‘Parents with mental health problems and their children is a highly sensitive issue in Lithuania, but we were able to produce graphs and policy briefs showing how our policy significantly lagged behind best practice in Finland’.* The Lithuanian team actively contacted national media to illustrate this issue and this provoked

considerable debate. *'Our work showed how Lithuania was behind both in our policies towards assisting families and parents with mental health and in our practice of removing children from their parents who suffer from mental health problems.'* In addition to highlighting the issue in the media, seminars were organised and an informed national debate on the issue occurred.

A number of recommendations for effective child and adolescent mental health were developed when the project ended. These included a recommendation to countries to implement legislation to ensure that the needs and rights of children and parents, with mental health problems are taken into account. It was also recommended that support should be available for parents of children with mental health problems, including health and social services and that community-based mental health services, with outreach and multidisciplinary teams would be beneficial. These recommendations and the work of the CAMHEE project Mr Puras believed had a definite effect on national policy, *'the CAMHEE project created debate and made us confront issues. Recently it was announced that our 2012–2014 mental health strategy an element will focus on the parenting aspect and I believe the CAMHEE project I certainly influenced this decision.'*

Furthermore, the recommendations developed by the CAMHEE-project played an important role as input for the conference **"Promotion of mental health and well-being – Making it happen"**, which the European Commission's Directorate General for Health and Consumers and the Swedish Ministry of Health and Social Affairs organised on 29–30 September 2009 in Stockholm. This event had the support of the Swedish EU-Presidency and was a key element in the implementation of the European Pact for Mental Health and Well-being of 2008, under which Member States and key stakeholders are exchanging best ways to promote well-being and tackle challenges in mental health promotion. In this sense, the CAMHEE-project also had a valuable impact on other countries and on EU-level activities in the field of mental health.

Main Beneficiary:

State Mental Health Centr (Valstybinis psichikos sveikatos centras)
Parko Street 15
PO-BOX
LI-11205 Vilnius
Liechtenstein

Further information can be found at the website:

<http://www.vpsc.lt/>

Keywords:

Mental Health
Children
Bullying
Parenting
Conference

The project "Child and adolescent mental health in enlarged European Union (CAMHEE)" has been selected as the example of case study for Lithuania because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports (EURO-PERISTAT III)

Promoting healthy pregnancy and safe childbirth is a goal of all European health care systems. Significant improvements have been made in recent decades. However, mothers and their babies are still at risk during the perinatal period, which covers pregnancy, delivery and postpartum. The right tools to assess perinatal health problems, and their causes, are needed and the impact of policy initiatives should be assessed over time. Since 1999 the EURO-PERISTAT project has brought together statistical information on the characteristics, health and health care of pregnant women and their newborn babies in 25 member states of the European Union.

Since 1999 the project team has enlisted the assistance of perinatal health professionals (clinicians, epidemiologists, and statisticians) from EU member states and Norway and through scientific analysis and discussion, a list of 10 core and 24 recommended indicators of perinatal health were developed. The EURO-PERISTAT indicators are grouped into four themes: foetal, neonatal, and child health, maternal health, population characteristics and risk factors, and health services. The defined

core indicators – are essential to monitoring perinatal health – and recommended indicators – are those considered desirable for a more complete picture of perinatal health across the member states. The project also identified indicators for further development – those that represent important aspects of perinatal health but require further work before they can be implemented within the member states.

One country that has been involved in the project since it's beginning is Luxembourg. In 1980 Luxembourg started a data collection project with the aim of collecting information on the health of mothers and babies before, during and after birth. Through the work with EURO-PERISTAT Luxembourg was able to identify significant gaps in this system as Dr Yolande Wagener in Ministry of Health explained *'the previous system was in paper form and was evaluated only twice and then for a long period it was not evaluated at all. However it was used by the maternity hospitals and this was a benefit as the health professionals were used to using a system, even if it was not thorough or efficient.'* The Ministry of Health would bring the entire repertoire of professionals' representatives of the obstetrical and perinatal medical sector together to create a new modern perinatal system based on the core indicators of the EURO-PERISTAT project. An intersectoral and inter disciplinary strategy was developed to install the system. **All the maternity hospitals in Luxembourg and all the representatives professionals related to perinatal care were consulted** about developing and installing the new perinatal system. *'Working this way proved highly beneficial,' Dr Wagener explained 'we were very afraid as changing from paper to computer is sometimes not easy but they became an active partner in the construction of a new system and we received enthusiastic feedback from them which made the implementation of the new system so much easier.'*

Due to the EURO-PERISTAT project Luxembourg has a modern secure computer based system installed in five maternity wards and in two-neo nataology departments. Health professionals enter data corresponding to the EURO-PERISTAT indicators into software on these computers. These data are received and managed centrally by the Public Health Research centre and the National Ministry meets 4 times a year to examine the information so that it can contribute to the National Perinatal Report. **The system is providing insightful information, at both national and regional level,** for health professionals and policy makers, particularly in relation to perinatal care as Dr Wagener outlined *'Through working on this project we established that we had no system to record still births in Luxembourg. It was an area that was never elaborated on. Now however though installing the new system, Luxembourg has a deeper insight into still births, their causes and how we can adjust our policies and practices in this area.'*



2001
2003

SURVEILLANCE DE LA SANTÉ PÉRINATALE AU LUXEMBOURG

LE GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé



European Health Examination Survey Pilot Joint Action (JA EHES)

Gaining high quality data on the health of a nation is vital both for health professionals and for policy makers. Reliable data provides the ability to ascertain where investments are needed in health care services or where medical provision needs to be attuned to national health issues.

The European Health Examination Survey (EHES) was established to collect comparable, high quality data on the health and health risks of the European adult population. For many health indicators, a health examination survey (HES) of a random sample of the general population is the most reliable data source. The physical measurements of the HES are needed to overcome the limitations of other data sources, such as health interview surveys (HIS) and administrative registers. A two-year planning and pilot phase of EHES started in 2009 and 14 EU Member States took part. The project was established jointly by the National Institute for Health and Welfare (THL) of Finland, Statistics Norway (SSB) and the Istituto Superiore di Sanita (ISS) of Italy and one of the countries that participated was Malta.

It had been twenty-one years since Malta had done a health survey on its population. In 1984 a cross sectional CVD risk factor survey was conducted as part of the WHO MONICA project. As Mary Scicluna from the Ministry of Health, the Elderly and Community Care department (MHEC) explained the timing of the involvement in the EHES project was beneficial, *'those who had been involved in the WHO MONICA project had retired and Malta had lost their experience in carrying out such surveys. We had no idea of how to begin and develop a health examination survey.'* With the guidance of the EHES project team a HES pilot was conducted from November to December 2010.

The sample size was 400 persons aged 18 years and over and the gender and region were weighted to reflect the national population structure. Those selected were sent a

The EHES survey project was highlighted as valuable project with impact on the national programmes by Finland and Portugal, because the availability of reliable health information has been crucial for developing policy actions, monitoring progress and evaluating strategies and policies. Health examination surveys (EHES) is a data source with potential for significant progress within few years. It can provide information on the main modifiable risk factors of major chronic diseases.



letter outlining the details of the project and that their health would be checked by a medical doctor at their local clinic on a time of their choosing. Two phone calls, one to ascertain and encourage their entrance into the programme, and one to remind them of their appointment if they agreed to become part of the project followed up this letter. Examinations were carried out in six localities in Malta and participants were tested for non-communicable diseases such as being overweight or on symptoms of such chronic diseases, such as those within the respiratory tract. Blood levels were also examined for evidence of high cholesterol or the existence of lead poison, as previous studies have shown a high exposure of the Maltese population to lead.

The results of the survey proved significant as Dr Neville Calleja, Director of the Health Information and Research at MHEC and the national project expert described, *'Malta is known to have an obesity problem and this survey provided some stunning insights into the extent of this problem. According to previous self-reported data 44% of the adult population in Malta was considered obese or overweight. However in medical practice it is common knowledge that people underestimate their weight and overestimate their height. The results of the HES survey showed that the Maltese overweight rate was actually 67%. It demonstrated that Malta*

was basing its policy to address obesity on an old assumption that actually underestimated the extent of the problem by 23 %. A HES survey gives a much clearer and deeper insight into the health of a nation than a HIS survey.’ Such findings will lead to both national attitudinal changes and policy shifts in health programmes according to Mrs Scicluna, ‘we have updated our national registries as a result of the findings on obesity and what we are seeing is an increased awareness among the Maltese society that obesity is a problem and personal actions need to be taken.’

In addition to the findings on obesity, the MHEC will use the findings in relation to respiratory health to act as a baseline study so that future surveys in this area can refer to it. Furthermore the experience of working with the EHES project will prove highly beneficial for Malta when it conducts a full-size national HES in 2014 which will be run in conjunction with a European Health Information Survey. *‘We have tapped into the experience of leaders in this field such as the THL in Finland and now we have the confidence and ability to plan and organise a professional HES and HIS. The ability to compare both the information from the HES and the HIS survey in 2014 will provide a deep insight into the health and lifestyle of the Maltese population and this could not have been achieved without being involved in the EHES project’* explained Dr Calleja.



Main Beneficiary:

National Institute for Health and Welfare
P.O. Box 30
PO-BOX
FI-00271 Helsinki
Finland

Tel: +358 20 610 8639

Fax: +358 20 610 8760

Further information can be found at the website:

<http://www.ehes.info/>

Keywords:

Health Services

Culture

Health planning guidelines

Referral and consultation

Delivery of health care

The European Health Examination Survey was considered an example of effective Public Health project, which has strengthened the Maltese Ministry of Health to pilot the organisation of such a national health examination survey plus to build the case for the need for funding for such a survey, over and above the regular health interview survey.



European Framework for Evaluation of Organ Transplants (EFRETOS)

Member states coming together and sharing their health information can lead to the creation of immensely beneficial European wide health databases. European health data systems can be created to allow member states to obtain vital information of significant benefit to their own national health programmes and ultimately the health of their citizens.

The European Framework for the Evaluation of Organ Transplants (EFRETOS) project is a striking example in this regard as this project worked at creating a common definition of terms and methodology to evaluate the results of organ transplantation, thus facilitating the establishment of a European registry on transplant outcomes. The promotion and enhancement of national registries are a first and essential step in creating the pan European registry. Despite well established European networks of transplant experts like the European Society for Organ Transplantation (ESOT) and despite the existence of two well functioning organ sharing organisations, ScandiTransplant and Eurotransplant (ET), there is no pan-European registry of post transplant outcome data that contains information on all national transplant activities and outcomes.

Having such a registry would allow questions such as what is the five year post transplant survival rate of all patients treated in Europe with a renal allograft or what donor and recipient

factors influence outcome after organ transplantation to be addressed. Led by Eurotransplant (ET) in the Netherlands along with ESOT and organisations from fourteen other countries **EFRETOS created a common data dictionary for organ transplantation, defined a methodology and delineated legal, functional and technical requirements** so that the foundations for a European registry on transplantations could be created in future. In total the collaborating organisations involved in this project across Europe represent 95% of Europe's population. The General Director of ET, Arie Oosterlee MD MBA, explained both the process of work behind this project and why the project is so important: *'Every day twelve people die on waiting lists for organ transplants in Europe. The EFRETOS project involved a wide diversity of organisations across Europe that answered the question of what is needed to create a European registry of registries for organ transplantation. By pooling data at a European level we can bring transplantation to a new level and provide indispensable information for health systems, health professionals and ultimately patients across Europe.'*

For the health systems of member states, such information can be highly valuable, even in countries such as the Netherlands which has developed an advanced system of organ transplantation. In 2002 the Netherlands set up its own national organ registry and all transplant centres transfer data





according to the data dictionary that was previously defined by the medical community and the national medical authorities. It allows the Netherlands to ensure it has a coordinated and efficient health policy in the vital area of organ transplantation so that results are improved constantly.

Dr Bernadette Haase, Director of the Dutch Transplantation Foundation (NTS), the national body responsible for organ allocation in the Netherlands and one of the collaborating partners in the EFRETOS project, explained that even though the Netherlands has an advanced system for organ transplantation the benefits of the EFRETOS project will be significant, *'we are quite a small country and for transplantation Europe is more and more important. It is highly important that other countries collect the same data so we can benchmark the same results. We can see how different countries approach organ transplantation and explore strategies that could improve our own national system.'*

Working together on the EFRETOS project has brought new learning's even for a country as experienced as the Netherlands as Drs Haase outlined, *'Every time you work at a European level such as in the EFRETOS project you discuss new issues and see new aspects related to organ transplantation and this improves our daily practice in the Netherlands.'*

The work of the EFRETOS project has created a strong platform for the development of a European registry on transplantations. **A registry that combines national expertise at European level to provide vital information in the field of organ transplantation.** *'For the patients and medical community of the Netherlands and Europe the creation of a common set of data at this international level is essential'* stated Dr Haase.

Main Beneficiary:

Stichting Eurotransplant International Foundation
Plesmanlaan 100
PO-BOX
NL-2332 CB Leiden
Netherlands

Tel: +31 71 5795704
Fax: +31 71 5790057

Further information can be found at the website:

<http://www.efretos.org>

Keywords:

Safety
Registries
Quality Of Health Care
Reference standards
Organ transplantation

The project "European Framework for Evaluation of Organ Transplants (EFRETOS)" has been selected as the example of case study for Netherlands because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Response to Emerging infectious disease: Assessment and development of Core capacities and Tools (REACT)

Working on European health projects can strengthen national health systems so that they are prepared to meet future challenges. Work completed at European level can also strongly contribute towards ensuring that national health systems meet the new International Health Regulations (IHR, 2005). This was the experience of Norway when it took part in the Response to Emerging infectious diseases: Assessment and development of Core capacities and Tools (REACT) project.

Ensuring Europe has a strong coordinated response to emerging infectious diseases poses a strong challenge. Different national health systems and different procedures for the reporting of communicable diseases have often resulted in delayed public health interventions. In 2007 the REACT project commenced and it focused on areas of generic response that are crucial for the international cooperation on the prevention of the international spread of infectious diseases and where the necessity of an European effort to develop a common basis for action were needed to be identified. The project was led by the Robert Koch Institute in Germany and its partners were the public health institutions in Germany, the United Kingdom and Poland as well as Norwegian Institute of Public Health (NIPH) in Norway.

The NIPH led one part of the REACT project, the creation of a toolkit for the local implementation of the International Health Regulations (2005). To create the toolkit the NIPH in consultation with the REACT project partners conducted a systematic literature review and conducted qualitative

The Norwegian Institute of Public Health (NIPH) participated in the REACT project as associated partner. NIPH considers that the project exemplifies a successful collaboration on preparedness and health threats in the EU.

interviews with European state epidemiologists and expert consultations, focusing on obstacles and incentives to event reporting. Interesting learnings were revealed both at European and national level in Norway during this process as Dr Preben Aavitsland of the NIPH revealed *'within Norway and in other countries we found through this research the obstacles as to why communicable diseases were not reported. Laboratory personnel lacked the knowledge of the reporting process and they were of the opinion that by reporting it, it would bring additional work on themselves. It provided an interesting insight to us in Norway as to how we could alleviate these fears and improve knowledge so that our own reporting process could be strengthened.'*

The REACT toolkit for the local implementation of the International Health Regulations contains templates for awareness campaign tools (leaflets, posters and wallet cards for clinicians and laboratories), education and training materials (event reporting lecture and discussion workshop) and an implementation plan. The templates emphasise what to report, the reporting process and the resulting follow up. A unique element of the toolkit is the use of scenarios to highlight challenges faced by clinicians when they are confronted with a possible communicable disease outbreak. **Such a toolkit was never produced in Europe or Norway before** and it targets key actors such as laboratory clinicians, doctors and policyholders in the chain of response to communicable diseases. The creation of this toolkit is a powerful addition to ensuring European health systems can mount an effective response to any outbreaks and the NIPH is using the toolkit to strengthen its own national response to communicable diseases in Norway. This will be of an added value for the entire EU because Norway has been a member for the past 10 years of the Union Network for Surveillance and Control of Communicable diseases, including its network for the EU Early Warning and Response System (EWRS). Currently the NIPH is translating the toolkit into Norwegian and it will be distributed to the 430 municipal authorities and 25 I laboratories of clinical microbiology across Norway. *'It is purposely easy to understand and engages with laboratory clinicians and doctors in a practical manner using situations they may face in their careers and posing questions as to how they might respond. For Norway it makes it a lot*



easier for doctors, clinicians and regional authorities to understand the process of reporting communicable diseases' outlined Dr Aavitsland.

In 2006, Norway experienced an outbreak of E-Coli when 17 children became infected, an experience that highlighted the importance of having a coordinated national and international response to communicable diseases. However, it is in the present and into the future that work done by Norway by being involved in the REACT project will pay dividends. By June 2012, WHO Member States are expected to have implemented the capacities to detect, report and respond to public health events at the local level. Dr Aavitsland believes that the work conducted with REACT will ensure Norway meets these international provisions, 'We are working with our Ministry of Health and using the experience and tools developed through REACT to ensure we meet WHO guidelines and we are confident of achieving this objective' commented Dr Aavitsland.

The ability of Norway to respond to communicable diseases has been sharpened through its involvement with the REACT project and the knowledge and experience gained places Norway on a stronger footing to meet international health regulations. 'Working closely with institutions from Germany, Poland and the United Kingdom in the REACT project was tremendous. Norway has gained so much knowledge that will ultimately fortify our ability to respond at local and national level to future outbreaks of communicable diseases' stated Dr Aavitsland.

Main Beneficiary:

Deutsche Gesellschaft für Internationale Zusammenarbeit
Postdamer Platz 10
PO-BOX
DE-10785 Berlin
Germany

Tel: +49 30 408 190 173
Fax: +49 30 408 190 22 173

Further information can be found at the website:

<http://www.rki.de/react>

Keywords:

Delivery Of Health Care
Communicable diseases, emerging
Contact tracing
Ships
Travel

The REACT project has been selected as the example of case study to represent Norway because the National Health Authorities used the project outputs for the development of the National policies and Public Health Programme.



Developing HIV/AIDS & Mental Health Programmes in new EU countries (Poland, Estonia, Latvia, Lithuania, Bulgaria) (MAIDS)

EU Member States acting as project leaders on European health projects can have resounding benefits for their own national health systems. New ideas and practices can be explored and a health issue that was never fully considered previously amongst national medical professionals can be highlighted.

In 2009 Poland became the project leader for the MAIDS project along with ten other EU countries acting as partners (Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, The Netherlands, Romania, Slovakia and Slovenia). The main goal of the project was to improve the quality of life of people with double/triple diagnosis (HIV/addiction/mental illness) in new EU member countries. This was to be achieved by increasing the awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors and disseminating best practices existing in old EU member countries in the area of an integrated approach towards mental health and HIV/AIDS. A three-year project, it comprised research, educational and advocacy activities, as well as the establishment of expert centres on mental health and HIV/AIDS and its work would lead to significant benefits for Poland.

Within Poland the project would strongly highlight the problems faced by people living with AIDS (PLWH) who have mental health problems. The mental health problems associated with HIV are well documented. At least three quarters of people with HIV/AIDS have at least one psychiatric disorder in their lifetime. In Poland, like many other European

Implementation of the project in 2009–2011 in Poland (research, training programme, advocacy activities) confirmed that mental health aspect in relation to HIV/AIDS is an innovative topic for the Poland, as it identified gaps in both knowledge and skills among professional working with PLHA (people living with HIV/AIDS) in the area of mental health and HIV. The implementation of MAIDS project in Poland is supported by the National AIDS Center. Consequently, mental health services for PLHA receive in Poland additional attention, and, thus, funding, also from local authorities, e.g. in Warsaw, Poznań, Gdańsk.

countries, the connection between PLWH and mental health is rarely made in the mind of the public, policy-makers or health professionals and mental health concerns are often overlooked in programmes for HIV prevention and care. Within Poland, Ms Aleksandra Skonieczna, the project coordinator, from the Social AIDS Committee (SKA) that led the project immediately saw the benefits the project could have after she consulted the project with medical professionals, *'in Poland separate HIV services and separate mental health services exist and they are hardly interconnected. The majority of doctors and other mental health professionals who were consulted stated that they have no knowledge on HIV and its impact on mental health. It is not taught in the curriculum in medical universities and Poland has a limited number of psychologists and psychiatrists who work with people living with HIV.'*

A key element of the MAIDS project was a training programme for medical professionals in the countries involved in the project. The training programme consists of seven training modules, each described in a course manual. The original version of the module was produced by the Global Initiative on Psychiatry in the Netherlands, the Social AIDS Committee (SKA) in Warsaw, Poland, and the HIV/AIDS Team, GGZ Buitenamstel, an organisation for mental health in Amsterdam, The Netherlands. The objective of the training modules was to provide contemporary knowledge on culturally appropriate/competent mental health treatment services and to improve the ability of mental health providers to make referrals to both mental health and HIV/AIDS services. Modules, among others, were on such subjects as an introduction to the issue of mental health and HIV/AIDS and the social and selfsupport of people living with AIDS.

The SKA used existing networks and specialised publications in Poland to spread awareness of the project widely and to generate interest from the medical profession. Training was available in the capital Warsaw to any medical or social health professional across Poland who was interested. Additionally the



project team worked with the city administration of Warsaw and the team also implemented training programmes with city and regional administrations in Poznan, the regional capital in western Poland. The result was that, by the middle of the project, in total, ten local trainings had been delivered, in which 191 people had taken part. It is planned that over 300 people will take part in the training programme before the end of the project. Ms Skonieczna believes these training courses will strongly assist in bridging the often forgotten connection between PLHA and mental health and HIV in Poland *'these training courses are an important step in highlighting in Poland what can be a correlation between PLWH and mental health. This work greatly spreads awareness around a subject often forgotten by the medical profession in Poland.'*

The research work conducted in the MAIDS project also allowed Poland to identify shortcomings in its own provision of services to PLWH who suffered from mental health problems. This research work examined the availability of mental health services for PLWH in project countries and through this work the SKA was able to identify the strong need for further training and the dissemination/advocacy activities related to mental health and HIV in Poland.

One of the key aims of the MAIDS project was to raise the issue with policy makers and this has had a significant knock on effect in Poland as Ms Skonieczna explains *'recently a new National HIV prevention programme was developed in Poland for 2012–2016 and this was done in cooperation with NGOs and experts from different fields. SKA were invited to participate to assist in the development of this programme and we made sure that ideas related to mental health and HIV were in the draft programme. This would not have occurred if we had not participated in the MAIDS project'*. In the future the project team also hopes to affiliate the training modules into the professional training of doctors and psychologists in Poland.

By leading on this health project Poland has made a strong effort in highlighting a health issue that was often not considered by the medical profession and through this the services for PLWH who may have mental health problems can only be improved.

Main Beneficiary:

Spoeczny Komitet ds. AIDS Social AIDS Committee
ul. Wspolna 65 a oficyna II p
PO-BOX
PL-00-687 Warsaw
Poland

Tel: +48 22 5463036

Fax: +48 22 6439187

Further information can be found at the website:

<http://www.mentalhealthhiv.eu/en/>

Keywords:

HIV
Communicable Diseases
Mental disorders
Substance-related disorders
Social Welfare

The MAIDS was chosen as an example of Public Health Programme project take up by Bulgaria, because it has contributed to the development of the National Programme on Prevention and Control of HIV and Sexually transmitted infections 2008–2015.





European Union Standards and Training for the Inspection of Tissues Establishments (EUSTITE)

Working on European health projects can sharply increase the competency and expertise of national health authorities so that the highest standards are met in specialised medical fields. The European Union Standards and Training for the Inspections of Tissue Establishments (EUSTITE) project, that commenced in 2009, worked to ensure such high standards were met and had, as a primary focus, the development of guidance and training courses for EU competent authorities on the inspection of tissue establishments and on vigilance of tissues and cells used in transplantation and in assisted reproduction as required by Directive 2004/23/EC and its associated technical directives.

Led by the National Transplant Centre in Italy, a consortium of 11 organisations from 10 EU member countries worked to optimise and harmonise the methods adopted by competent authorities in the inspection and authorisation of tissue procurement and tissue establishments within the EU. One of the countries that participated in the project was Portugal and **the experience of working in the EUSTITE project significantly strengthened the ability of the Portuguese competent authority, Autoridade para os Serviços de Sangue e Transplantação (ASST), to ensure the highest standards were met in this field.**

A key task of the EUSTITE project was a series of inspections to ascertain the landscape of the tissue procurement units and tissue establishments in the Member States. Inspections of these establishments and units were organised to see if these

establishments were meeting the standards as necessitated by EU law. In Portugal tissue banks, procurement units, bone and neural membrane banks were all inspected and it was a revealing experience as Rita Piteira with the ASST explained *'Through the inspections we saw a lot of procedures that were non compliant. Most of the non-compliance was in private facilities and the operators of these facilities were shocked that they didn't meet the required European standards. We thought the facilities would have adapted to ensure they met the standards but when we inspected them this was not the case and we were able to show them how they could adapt to meet the standards.'*

The EUSTITE project also played a powerful role in mapping out the landscape of actors involved in the field of tissue procurement and tissue establishments in Portugal. Prior to the EUSTITE project, the ASST did not have a comprehensive overview of these actors who were the contact points for each organisation or establishment in this field. But through the EUSTITE project an extensive survey was conducted to link these actors to the ASST and to ensure they reported their practices and procedures. It was an extremely worthwhile task that has proved highly beneficial as Rita Piteira outlined *'This summer there was a European alert related to a blood product and previously we would have spent months try to contact the organisations to make them aware of this alert. Now through the survey we have an in-depth map of all blood and tissue establishments in Portugal and when this European alert occurred we received responses from this*



organisations within two days.' The work carried out in the survey has brought organisations in this field closer to the ASST and strong relationships have been formed as Ms Piteira described 'private and public organisations in the fields of tissues and blood did not understand why they should notify us of their procedures and any incidents that occurred. There was initial resistance to the idea but through the survey we were able to forge relationships with them and now they are in contact with us on a daily basis, asking questions and raising concerns. It is a fantastic result of the EUSTITE project.'

To drive awareness of the need to meet the EU directive, and how to meet it, the EUSTITE project also implemented explanatory workshops for professionals in this field. **Within Portugal three such workshops were held in which 400 professionals from the public and private spheres attended.** Issues discussed in a practical and theoretical manner included risk assessment and work conditions in classified facilities for tissue, cell banks and procurement units. It was an extremely valuable method that explained how standards could be met in this specialised field and the interactive manner of the workshops allowed participants to raise their concerns and explore issues with the ASST.

A strong objective of the EUSTITE project was to strengthen the expertise of the competent authorities. It has achieved this by creating guidelines that include text concerning qualifications and training of inspectors, how to prioritise inspections and how to conduct an inspection. The guidelines provide a series of proposed common formats for the collection of information prior to inspections and on the reporting of inspections. The document has been provided to Competent Authorities in the EU and is the basis for a series of inspector training courses being delivered by the project. In Portugal three inspectors from the ASST have completed this e-learning course, further raising standards in this field. Additionally the ASST is using the guidelines as a basis to develop its own guidelines that will be specific to the core blood banks in Portugal. 'The experience gained through the EUSTITE project has given us the confidence and ability to create guidelines specific to our country and specific to an area that we desire to see further improved. The work conducted under EUSTITE has been of tremendous value to both the ASST and in raising the standards in the field of tissues to the required level' commented Ms Piteira.

Main Beneficiary:

Instituto Superiore di Sanità – Centro Nazionale Trapianti
Viale regina Elena 299
PO-BOX
IT-00161 Roma
Italy

Tel: +39 06 4990 1
Fax: +39 06 4938 7118

Further information can be found at the website:

<http://www.iss.it/>

Keywords:

Tissues
Safety
Guidelines
Cells
Accreditation

The project "European Union Standards and Training for the Inspection of Tissues Establishments (EUSTITE)" has been selected as the example of case study for Portugal because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



A Dedicated surveillance network for vaccine preventable infectious diseases (EUVAC.NET)

EUVAC.NET is a European surveillance network for vaccine-preventable diseases and incorporates all 27 EU Member States together with Croatia, Iceland, Norway, Switzerland and Turkey. The network was created in 1999 and formed the basis of creating networks for the epidemiological surveillance and control of communicable diseases in the European Community.

Since its establishment, EUVAC.NET focused primarily on measles surveillance, as this is an important strategy to meet the objective of measles elimination from Europe. EUVAC.NET has been working closely with the European Commission, the World Health Organisation Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) on this issue. EUVAC.NET also includes the surveillance of other childhood vaccine-preventable diseases namely pertussis, rubella (and congenital rubella syndrome), mumps and varicella. A key focus of the EUVAC.NET strategy to eliminate measles and rubella is to achieve and sustain a very high coverage (at least 95%) with two doses of measles-mumps-rubella (MMR) vaccine, to strengthen national surveillance systems and to improve the availability of high quality information to the public and medical professionals.



One country that has been involved in the project since its beginning in 2004 has been Romania. Romania implemented a measles surveillance system in 1999 and has worked with EUVAC.NET since then to improve this response system as Dr Aurora Stanescu, from the National Institute of Public Health – National Centre for Communicable Diseases Surveillance and Control, Romania explained. National case-based notification was initiated in 1999 and the EU case definition and case classification have been adopted since 2005. All the data of measles cases are collected through a standard format and analysed at the National Centre for Communicable Diseases Surveillance and Control in Bucharest. Every month these data are sent by Romania to the EUVAC.NET for further analysis and to ensure that a European network of information on the disease is available. **Over the years the process has improved the surveillance system of Romania towards measles** as Dr Stanescu outlined, *‘the accuracy and professionalism of this process has certainly been of benefit to the Romanian health system. The surveillance system emphasis efficiency and thoroughness and our ability to respond to measles is a lot stronger as a result’.*

The measles vaccine was introduced in 1979 into the Romanian national immunization programme for children aged between nine and eleven months. In 1994, the second measles dose was introduced for children aged six to seven years. Working with the assistance of EUVAC.NET the combined MMR vaccine replaced the monovalent measles vaccine in 2004 and was recommended as a first dose for children at 12–15 months. The second MMR vaccine dose has been recommended since 2005 for children aged six to seven years. Through the work of the Romanian authorities and with the guidance and assistance of EUVAC.NET, from the period 2000–2008, the national measles vaccination coverage for children aged 18–24 months stood at 97.98%. For children aged seven years, the measles vaccination coverage with the second dose was estimated at 96.98%.

In 2008 and 2009 the measles situation in Romania had improved dramatically compared with previous years, with reported incidences of less than 0.1 per 100,000 inhabitants. However in late 2010 a measles outbreak occurred in Neamt, a northeastern district of Romania. The Romanian local and national authorities worked closely with EUVAC.NET to disseminate information about the disease to ensure it could be contained within the region. Control measures were implemented and a supplementary MMR vaccination campaign occurred in all neighborhoods and communities affected. In addition MMR vaccination campaigns were reinforced in the border neighboring districts to Neamt. Additional activities included sending medical bulletins with information on the outbreak to all physicians in the district and all public health authorities in the country. **The speed of response and**



experience the Romanian authorities gained from working with EUVACT.NET helped contain the disease as Dr Stanescu explained, *'one of the beneficial aspects of EUVACT.NET is the provision of a forum on its website. This forum also allowed Member States involved in the project to discuss and share best practices towards the elimination of vaccine preventable diseases. During the period of Romania's outbreak in 2010 the assistance and guidance provided by both by EUVAC.NET and on this forum was of great assistance in shaping the speed and effectiveness of our response.'*



Main Beneficiary:

STATENS SERUM INSTITUT (SSI) Department of Epidemiology
Artillerivej 5
PO-BOX
DK-2300 Copenhagen
Denmark

Tel: +45 3268 3268
Fax: +45 3268 3868

Further information can be found at the website:

<http://www.euvac.net/graphics/euvac/index.html>

Keywords:

Vaccines
Communicable diseases
Laboratories
Epidemiology
Prevention and control

The project "A Dedicated surveillance network for vaccine preventable infectious diseases (EUVAC.NET)" has been selected as the example of case study for Romania because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





Increasing Public Health Safety Alongside the New Eastern European Border Line (PHBLM)

The enlarged European Union (EU) faces increased and more complex migration flows. Approximately 7.6% of the total EU population is foreign born and it is estimated that between 2.6 million and 6.4 million migrants have an irregular status. The enlargement of the Schengen zone brings new migration related health challenges to the Member States on the new EU eastern frontier. Health systems and border services need to be prepared to address public health concerns, health needs and the rights of migrants, as well as to ensure the occupational health of the staff (border guards and health professionals).

Developed by the International Organisation for Migration (IOM) in 2006 in response to these challenges, the 'Increasing Public Health Safety alongside the New Eastern European Border Line' (PHBLM) project sought to support partner countries in their accession to the Schengen area and worked towards a harmonised approach to migration health in Europe. IOM collaborated in this project with the public health and border authorities of the Governments of Hungary, Poland, Slovakia, the European Centre for Disease Prevention Control (ECDC), the specialised EU agency that coordinates border security between Member States, Frontex, as well as with local universities and the University of Pecs and the Andalusian Medical School as associated partners.

Seven tasks to understand and improve services on these Schengen border areas were completed by the project team. These included a review of international and European

legislation on the rights of migration and retrospective data collection with the aim of providing statistical country profiles of the migrant situation at each border. Additional tasks included the creation of a Migrant Health database (MHD) to understand the magnitude of the public health risk and to improve the data collection of health events by countries involved in the project. The other tasks included the creation of a border guard health and safety survey, a border line health and social work survey, the creation of checklists for border checkpoints and reception/detention centers and field visits to border checkpoints in each country.

One of the countries that significantly benefited from being part of the project was Slovakia and its border crossing services on the 97.9 km border with Ukraine. During 2007, the Slovakian Bureau of Border and Alien Police experienced large organisational changes, conditioned by the Slovak Republic's membership of the European Union and in the main by joining the Schengen area. *'Becoming part of this project was really beneficial for Slovakia, it allowed us to assess our border crossing policies within the context of the situation in neighbouring countries, and to ascertain where gaps existed and where improvements could be made'* states Ms. Zora Bruchacova, at the Division of Personnel and Social Activities, in the Ministry of Interior of the Slovak Republic.

Slovakia also benefited from information it gathered from the surveys of its border guards and staff and the corresponding





training of these staff that occurred as result. *'There was a lack of knowledge about infectious diseases among our staff. Previous attention was focused mainly only on checking for official documentation and not also on the health of the migrant.'* The Slovakian authorities with the project team worked at both strengthening health awareness in the local community and in training the staff on the Slovakian border. 368 border personnel were trained for two days in areas such as first aid and the ability to identify infectious diseases. By 2012, it is hoped that over 1,000 Slovakian border personnel will receive this training. *'This work has been warmly received by our border personnel who appreciate that their work situation is being considered and also it allowed them to gain a better understanding of of the migrants health risks'* explained Ms Bruchacova.

Six border checkpoints, including detention centres, were surveyed on the Slovakian border and 21 field visits occurred in Hungary, Poland and Slovakia. These surveys and field visits allowed good practices to be shared among the project team. Within Slovakia good practice included the existence of cooperation of the UNHCR on multicultural training, the psychological counselling service for migrants at Secovce DC and the strengthening of the health of the border communities by the meetings of the doctor at Secovce DC with staff and local doctors in the area to share experiences and training.

'The field visits definitely allowed us to learn from each other but also introduced a little bit of national competitiveness. I think many of the national teams thought if they can do this we can also do it and this is good to raise the overall standard of border services in all our countries' outlined Ms Bruchacova.

The PHBLM has taken a valuable step in strengthening the border services of Slovakia, Poland and Hungary and in turn both assisting in the improvement of the health of staff on these borders and the migrants who use the services.

Main Beneficiary:

International Organisation for Migration (IOM)
Rue Montoyer 40
PO-BOX
BE-1000 Brussels
Belgium

Tel: +32 22 877 210
Fax: +32 22 300 763

Further information can be found at the website:

<http://www.belgium.iom.int>

Keywords:

Health Policy
Migrants
Health Care
Human Rights
Security Measures

The project "Increasing Public Health Safety Alongside the New Eastern European Border Line (PHBLM)" has been selected as the example of case study for Slovakia because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



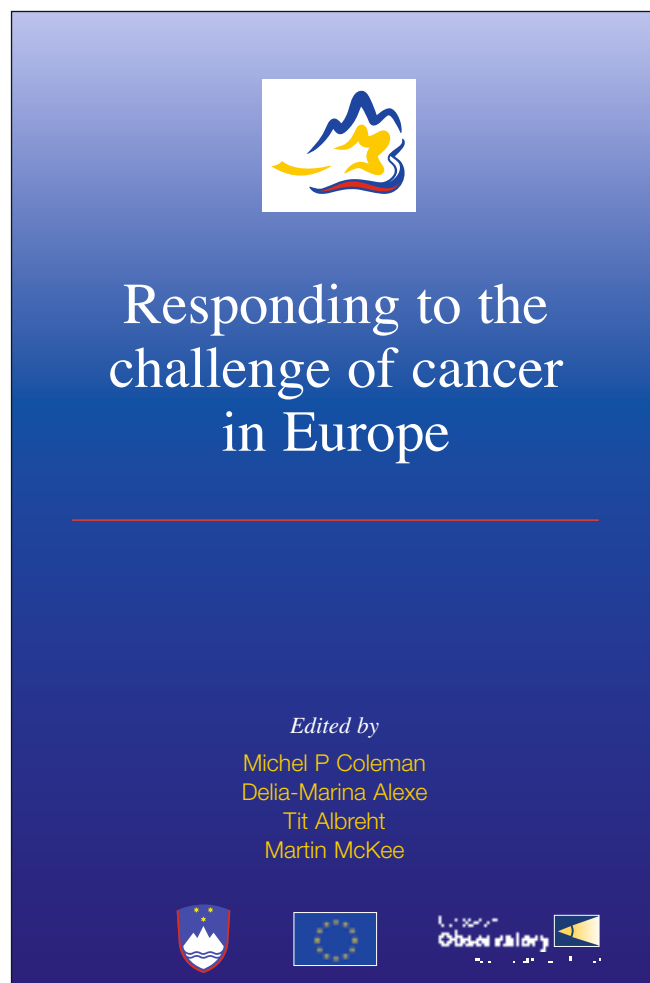
Using landmark European Union political moments to focus on health subjects can bring about remarkable benefits for Member States. This was what Slovenia did in 2008 when it held the Presidency of the Council of the European Union and decided to have the fight against Cancer as the theme of its presidency.

Although European citizens account for only one eighth of the world population, around a quarter of all cancers occur in Europe. This has a devastating impact on the lives of the citizens of Europe and there is concern that European health systems are not fully prepared to meet the rapidly increasing demand for cancer services. The Slovenian Presidency took on this challenge and through the Fighting Against Cancer Today (FACT) project, led by the Institute of Public Health of the Republic of Slovenia, it ensured that best practice was shared across the EU while working at closing the gap that exists in cancer prevention, diagnosis, treatment and care as well as research between and within Member States. Its primary focus was to send a strong signal that immediate concerted action is needed to reduce cancer rates and improve cancer survival.

A Slovenian task group composed of expert medical professionals and public health professionals, academics from the University of Ljubljana and representatives from the Ministry of Health and the Institute of Public Health drove the FACT project and drawing on previous WHO work in the area of cancer they created the 4-pillar approach towards cancer control. The intention of the 4-pillar approach is to provide a comprehensive effective strategy for cancer control and management for EU Member States at national level. The 4 pillars of this approach address primary prevention, secondary prevention, multidisciplinary integrated care and research. Each pillar of the strategy focuses on areas where action can be taken to prevent or treat cancer. Through the creation of two policy dialogues involving hundreds of medical experts, academics and NGOs from across Europe the 4-pillar approach was examined and discussed. The process was enriched by the active involvement of the European Cancer Patient Coalition, members of MEPs Against Cancer (MAC), the support of the European Observatory on Health Systems and Policies and the London School of Hygiene & Tropical Medicine. The 4-pillar approach was ultimately decreed as an appropriate method towards effective prevention and treatment of diseases that impact on so many lives throughout Europe. The initiative was then presented at a scientific conference in Slovenia attended by over 270 representatives from across Europe and the scientific evidence supporting this approach was documented in the book *Responding to the Challenge of Cancer in Europe*.

Creating and discussing the 4-pillar approach at European level provided Slovenia with deep insights and lessons into its own national system of cancer care

and ultimately accelerated the process of the preparation of Slovenia's own national cancer plan. During the course of the FACT project Slovenia was preparing to implement a full ban on smoking in public places and through the policy dialogues the Slovenian authorities were able to discuss and learn from other countries that had already implemented the ban. At the same time, in the area of cancer screening, Slovenia examined the experiences of other countries such as Finland and used this knowledge to fine-tune its own national cancer screening programme. The final book *Responding to the Challenge of Cancer in Europe* that was produced as a result of the project was also of significant benefit to Slovenia as Dr Mojca Gobec, Director of Public Health Directorate in Slovenia explained, *'Within Slovenia there was some*



scepticism from both the public and medical communities about the effectiveness of cancer screening programmes. However, we were able to use case studies from other countries that we learned through the FACT project as evidence of the value of these screening programmes. *The Responding to the Challenge of Cancer in Europe* book that was created proved of large benefit in analytically and scientifically summarizing the value of implementing cancer management programmes.'

However, it was the adoption of the Slovenian National Cancer Control Plan in 2010 that was the most stunning success of the FACT project. **This ambitious national policy document set tangible objectives in the battle against cancer.**

A specific national cancer control body composed of leading professionals in Slovenian clinical hospitals, public health professionals, academics in the field of health research areas and NGOs was established to monitor the implementation of this plan to ensure Slovenia meets specific objectives such as the reduction of the number of smokers and the implementation of cancer screening rates above a certain percentage. *'The FACT project was the important trigger that accelerated the preparation of the Slovenian National Cancer Control Plan. The political impetus was given within Slovenia to create the structure to fight cancer in line with the 4-pillar approach. Slovenia now has solid structure to fight this disease and I am confident in the coming years our country will see a high survival rate for common cancers'* outlined Dr Gobec.

Furthermore, by supporting the Slovenian Presidency of the Council of the EU the FACT project ultimately contributed to the political conclusions adopted by the Health Council in June 2008. The conclusions gave strong political support and impetus for an EU level cancer policy that finally resulted in the Communication of the European Commission setting up the **European Partnership for Action against Cancer**. Currently, the work of the Partnership is being implemented through a joint action supported by the EU Health Programme and led by the Institute of Public Health of the Republic of Slovenia which has remained committed to fighting cancer through EU action.

Main Beneficiary:

Institute of Public Health of the Republic of Slovenia
Trubarjeva 2
SI-1000 Ljubljana
Slovenia

Tel: +386 1 2441417
Fax: +386 1 2441 530

Further information can be found at the website:

<http://www.ivz.si>
<http://www.epaac.eu/>

Keywords:

Cancer
Palliative Care
Primary Prevention
Screening
Delivery of Health Care

The project "Fighting Against Cancer Today (FACT)" has been selected as the example of case study for Slovenia because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



European Network for Health Technology Assessment (EUnetHTA)

Across Europe, health systems have developed at different rates due to various factors. Despite such differences, all health systems have one common goal: the improvement of the health of their populations. To ensure the attainment of this goal, complex decisions around financing, organisation and the provision of health services need to be made. Policy makers and health professionals thus need information and assistance to make and support these decisions.

Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value. The EUnetHTA project established, in 2006, was a European project involved in this field and had the objective to create an effective and sustainable network for HTA, across Europe, that could develop and implement practical tools to provide reliable, timely, transparent and transferable information to contribute to HTAs in EU Member States. The overall strategic objective of the network was to connect public national/regional HTA agencies, research institutions and health ministries, and other stakeholders such as patients associations and industry, enabling an effective exchange of information and support to policy decisions by the Member States. EUnetHTA brought together 60 partners and 24 EU Member States one of which was Spain.

Health technology assessment (HTA) has a long history in Spain, beginning with the Advisory Board on High Technology in the government of Catalonia in 1984. A national HTA agency (*Instituto de Salud Carlos III-ISCIII*) and several HTA organisations in the autonomous regions (*Comunidades Autonomas*) coexist in the country. **In 2006 Spain was one of the original members of the EUnetHTA project.** The Agency for Health Technology Assessment (Instituto de Salud Carlos III), Andalusian Agency for Health Technology Assessment (AESTA) Galician Agency for HTA (Avalia-T), the Catalan Agency for HTA and Research (CAHTAR), the Basque Office for Health Technology Assessment (OSTEBA), the Ministry of Health and Consumption and the Social Policy and the Health Technology Assessment unit of the Region of Madrid all became involved in the project. *'Becoming involved in the project was natural step for Spain. While we have a long history in this area there is a European need to develop a common language in HTA so that issues that we all face can be explored together'* explained Dr Antonio Sarria-Santamera, the national project coordinator and Director of Health Technology Assessment at the Instituto de Salud Carlos III-ISCIII. The foundation stone for such a language was created in one of the key achievements of the first EUnetHTA project, a core HTA and the first practical application of the model (the core HTA on drug eluting stents). *'Creating this core HTA and its first practical application is a large step towards developing a common language so that those in the field of HTA can understand and practically apply. For Spain and other countries it means this Core HTA can form the basis for development of national health technology assessment*





reports' explained Dr Sarria-Santamera. In addition to the development of the Core HTA the EUnetHTA project developed a planned and ongoing project (POP) database. This database allows HTA agencies to share with each other information on planned and ongoing projects conducted at each agency. The aim of the database is to reduce duplication and facilitate collaboration among HTA agencies. Dr Sarria states that this database has been of immense benefit to regional authorities in Spain *'through the POP database we can see what work in the field of HTA is ongoing and it acts as platform to share ideas and experiences on issues prevalent in the field.'*

In 2008 the EUnetHTA project ceased, continuing as the EUnetHTA Collaboration, and began again in 2010 as the EUnetHTA Joint Action (JA1) Project. This work will be further strengthened by EUnetHTA Joint Action 2. The JAs build upon the methods and tools developed by the EUnetHTA Project and their long term aim is to establish a European permanent structure of health technology assessment by 2015. Dr Sarria-Santamera states that the future work of the Joint Action is becoming more important as a result of the financial crisis, *'health technology assessment is seen more and more as an essential component to guarantee the sustainability of health care systems. The financial crisis has had an effect, with health technology assessment no longer seen as a cost but as a useful investment'*.

Involvement with this project over the years, Dr Sarria-Santamera believes **has been of benefit to Spain, as it raised awareness of HTA among policymakers, and illustrated how HTA can provide clarity and transparency on decisions related to the national health services,** *'when you have to limit health technology to a population you need legitimacy to make those hard decisions. If they are supported by evidence that shows in a transparent and scientific rigorous manner how decisions were reached, they are decisions which gain more legitimacy and this has been fruitful to regional and national debates here in Spain.'*

Main Beneficiary:

National Board of Health – Center for Evaluering og Medicinsk Teknologivurdering – Danish Centre for Evaluation and Health Technology Assessment
Islands Brygge 67
PO-BOX
DK-DK-2300 København S
Denmark

Tel: +45 7222 7400

Fax: +45 7222 7411

Further information can be found at the website:

<http://www.sundhedsstyrelsen.dk/>

Keywords:

Health information
Health Determinants
European Network
Health Technology Assessment
Cooperation

The project “European Network for Health Technology Assessment (EUnetHTA)” has been selected as the example of case study for Spain because the National Health authorities have used the project outputs on the development of National policies and Health programmes.





EU Consortium for Action on Socio-Economic Determinants of Health (DETERMINE)

Health inequalities persist within, and between states, in Europe. Inequalities refer not simply to health differences between the best and worst off in our society, but to the systematic correlation between our health status and our socio-economic status. While life expectancy has steadily improved in most EU Member States, in many places those who are better off have benefited more than those who are worse off, leading to a growing gap of health inequalities between rich and poor. People further down the socio-economic ladder face twice the risk of serious illness or premature death than those at the top.

The local level is, in many countries, gaining responsibility for the implementation of public health policies, including those relating to health inequalities. The DETERMINE project was an EU-wide initiative to stimulate action on the social and economic determinants of health inequalities. A number of actions within the DETERMINE project focused on identifying and promoting good examples of interventions undertaken by local municipalities. One of the countries involved in the project was Sweden. In 2009, the Swedish National Institute of Public Health (SNIPH) identified good practices at municipal level to address the social determinants of health and health inequalities. Awareness of these good practices spread to other municipalities across Sweden.

By carrying out in-depth research, **the SNIPH identified nineteen municipalities “progressive” in addressing health inequalities.** Public Health Policy Expert Bernt Lundgren explained the determining factors: *“in addition to having clear objectives and programmes for action on reducing health inequalities, the progressive municipalities should have an organisation for which public health concerns are reflected in most of the activities, including active measures that could improve health and reduce health disparities in the short or long term.”*

To gain a deeper insight into how these progressive municipalities addressed health inequalities Mr. Lundgren and Mrs. Jenny Telander, a Public Health Planning Officer at the SNIPH, interviewed representatives from eight of these municipalities across Sweden. The interviews revealed the strategy of these municipalities for addressing health inequalities. One municipality focused on ensuring the health and well-being of their staff. As a large employer in that region, it was hoped that by ensuring the health of their staff the impact would have a positive spillover into the community. *‘We had never seen such an innovative approach before where the issue of health equality was actually addressed through the staff of a local authority and it provided us with an excellent best practice to show other municipalities in Sweden.’* Mr. Lundgren explained.

After the completion of the interviews, the SNIPH identified the key primary factors that can ensure successful action on health and health inequality. These factors include active political governance and the appointment of a dedicated public health or sustainable development strategist, represented at a high level in the organisation to ensure coordinated action at a municipal level. Other beneficial actions identified in the progressive municipalities included: programmes focused on children and young people; education; job opportunities; occupational health; environmental health; sexual health; physical activity; diet and nutrition; tobacco, alcohol and drugs; and improving the health and quality of life for the elderly. *‘We learned that you need engaging and committed people in key roles to address the issue of health inequality. The political dimension is also very important as it can steer, drive an issue, and ensure a policy just doesn’t end up as a piece of paper. In addition, a municipal authority who engages in these policies must recognise that it takes a lot of time, strong resources and commitment from all sectors before results will be realised’* explained Mrs Telander.

Armed with this knowledge **the SNIPH incorporated this information into a report, which was made available to all municipal authorities in Sweden.** Interest in the work of the DETERMINE project grew amongst municipalities in Sweden and two municipalities requested the SNIPH to present the results of the project to them. One of these municipalities was strongly influenced by this presentation as Mrs. Telander explained *‘At one council meeting where education issues were discussed the head*



of the municipal department of education said he never realised how much education could have an impact on the health and future health of children. The findings of the report really made him think about how other areas such as education or urban planning can have an effect on health and health inequality.'

The work conducted by the SNIPH through the DETERMINE project has provided powerful insights into how Swedish municipalities are addressing health and health inequality issues through innovative methods. The final report and the factors that create the conditions towards ensuring health equality is a highly beneficial tool for national and regional policy in Sweden. Mrs. Telander believes that benefits of the DETERMINE project for Sweden will be seen over time *'New people come into politics and the civil society sector and its an ongoing process to educate and raise awareness on health and health inequalities. This report can strongly assist in illustrating how some Swedish municipalities are addressing health inequalities and how other municipalities can also work towards achieving this.'*

Main Beneficiary:



National Institute of Public Health (Statni Zdravotni Ustav)
Srobarova 48
CZ-10042 Prague
Czech Republic

Tel: +420 267 312 138
Fax: +420 272 744 353

Further information can be found at the website:

<http://www.szc.cz>

Keywords:

Health Status
Inequalities
Mental Health
Psychiatric Hospitals
Human Rights



The Determine project was selected by Sweden because it has contributed to an increased awareness about health inequalities and added possible solutions to the problem. Recently two regions in Sweden have developed an action plan and started work for to diminish health inequalities. Within these regions several real activities are ongoing.

This project was considered as an example of Public Health action with effective results in the national health policies by Germany and France.



European standards in evidence for drug prevention (Prevention Standards)

Approaches to drug use in Europe have undergone many changes over the decades. Since the 1980s, there have been increasing efforts to both treat existing drug users, and prevent drug use among non-using populations, particularly young people.

The popular view of drug prevention is that it consists of informing young people about the effects or dangers of drug use. However, there is no evidence to suggest such information alone can effectively prevent drug use. Consequently, there has been a shift in thinking, particularly in Europe, on the approach to drug prevention.

Contemporary drug prevention helps young people to develop the skills needed to cope effectively with the challenges of life, and/or educates them on how to avoid the potential negative consequences of drug use, including avoiding drug use altogether.

While there is growing evidence to support the effectiveness of such approaches, a scientific and evidence-based support framework on how to deliver drug prevention has been lacking.

EU drugs policy supports the EU MS to develop and implement best practice in drug prevention. While quality standards and guidelines are available in some EU Member States, the existing guidance varies in terms of its content, methodological rigor and its applicability to the wider European context. A common framework on how to plan and deliver effective evidence-based drug prevention practice was missing.

The groundbreaking European Drug Prevention Quality Standards project began in 2008 with the objective of providing an empirically derived reference framework. This aimed to bridge the gaps between science, policy and practice and improve the state of drug prevention in the EU in the long term.

The project, conducted by the Prevention Standards Partnership (PSP), was composed of seven organisations from the UK, Italy, Spain, Hungary, Poland and Romania; and it was led by the Centre for Public Health at Liverpool John Moores University in the UK. As Angelina Brotherhood, a public health researcher at John Moores University, explains *'The geographic spread of the countries was important for us as we wanted to ensure the standards would be applicable in a wide variety of countries that have very different drug prevention systems.'*

The UK's leadership of the project was an asset because of its national experience in this field. The principal investigator, Dr Harry Sumnall, explained *'The UK has a really good history in drug prevention standards and evidence based practice. One of the big drivers towards this evidence-based approach has been the National Institute for Health and Clinical Excellence and the National*

Treatment Agency in the UK. Since 2000, there has been a real impetus towards evidence-based policy here in the UK. This project was of immense benefit because it brought this experience and strands of thought together and really expanded it. The UK experience in quality standards proved highly beneficial during the project.'

In the first year of the project, available national and international drug prevention guidance was collated by contacting relevant representatives in the 27 EU Member States and by conducting an internet search. Retrieved documents were assessed along specific criteria and a long list of quality standards was generated. After this, the PSP assessed the usefulness and feasibility of these standards in a series of consultations in six EU countries with participants from all professional levels and fields including – education, government, media, research and consultancy, mental health, health, and the voluntary and community sector.

Within the UK, **over 200 stakeholders from these fields, were contacted and 80 participants took part in the consultations on the standards.** Stakeholders were made aware of the project through direct contact, specialised journals and electronic mailing lists. A number of stakeholders also contacted the project directly as they became aware of the work.

In total, 423 professionals, from across all countries, completed two survey rounds commenting on the draft standards. Another round of consultations involved 122 experts from across Europe who carefully examined the standards, their cultural relevance and application on the ground. The final version incorporated input from all the consultations as well as suggestions received at conference presentations and conclusions drawn at Partnership meetings.

Angelina Brotherhood described the response: *'the first reaction of stakeholders participating in the consultations was that this is a really useful tool but on the other hand the questions posed by participants were: would it be useful for my specific context that I am working in? So this stage allowed the standards to be adapted to local conditions.'* During these consultations significant learning occurred for the different countries involved. *'Participants from different countries thought different aspects of the standards were good as they hadn't considered these before and our project partners were able to identify knowledge gaps in the work force of their country.'*

The European Drug Prevention Quality Standards provide the first European framework on delivering high quality drug prevention. The standards outline the necessary steps in planning, implementing and evaluating drug prevention activities. They help users understand how people, programmes/interventions, organisations, and (governmental)

strategies contribute to drug prevention, and to think about how existing efforts can be improved in order to obtain better and sustainable results.

Dr Harry Sumnall highlights: *'It is possible to use the standards in a number of ways. If you are developing a programme from scratch or if you are developing a new organisation or programme in this field, then the standards provide all the core and necessary steps. Even if you are an experienced professional, the standards are designed so you can dip in and expand your knowledge on a particular area to ensure you are delivering optimum practice.'*

The standards are applicable to a wide range of drug prevention activities (e.g. drug education, structured programmes, outreach work, brief interventions), settings (e.g. school, community, family, recreational settings, criminal justice), and target populations (e.g. young people, families, ethnic groups). Also, they can be used in drug prevention activities focused on both legal substances, such as alcohol or tobacco, and/or illegal substances.

Dr Harry Sumnall believes the standards can also provide greater clarity for those seeking funding for projects. *'The approach we are suggesting I can see being included in national projects in the future, particularly in how prevention projects are funded and evaluated. While it might not influence national policy I can see national activities making large use of these standards.'*

Angelina Brotherhood sees the potential for the standards to effect drug prevention at the grassroots level *'If people in the field see that this document is relevant, they will start using it. We are seeing this already as several people have expressed an interest in using these standards and putting them in place in their everyday work.'*

The legacy and impact of the project has lived on after its completion. Recently for **instance, the standards were presented as an example of best practice in drug prevention to EU Accession states.**

In 2012, the prevention standards will be suggested to the heads of the Member States as part of the EQUUS minimum quality standards and benchmarks for prevention, treatment, harm reduction and rehabilitation. The EU Member States will then be able to decide if they wish to implement these standards.

Internationally the standards have also come to the attention of other countries such as Canada who have shown a strong interest in their application. The European Drug Prevention Quality Standards project has delivered strong results that provide an empirically based infrastructure for drug prevention programmes, or as Dr Harry Sumnall states *'using the standards raises the bar of drug prevention and places it on a par with treatments and responses to drug use.'*

Main Beneficiary:



Liverpool John Moores University – LJMU
Egerton Court 2, Rodney Street
GB-L3 5UX Liverpool
United Kingdom

Tel: +44 151 231 4545
Fax: +44 151 231 4515

Further information can be found at the website:

<http://www.jmu.ac.uk/>

Keywords:

Public policy
Substance-related disorders
Drugs
Sex characteristics
Efficiency

The project "European standards in evidence for drug prevention (Prevention Standards)" has been selected as the example of case study for United Kingdom because the National Health authorities have used the project outputs on the development of National policies and Health programmes.



Acronyms

Acronym	Full name
ADHD	Attention Deficit/Hyperactivity Disorder
AESTA	Andalusian Agency for Health Technology Assessment
AIDS	Acquired immune deficiency syndrome
AP-HP	Assistance Publique – Hopitaux des Paris
ASST	Autoridade para os Servicos de Sangue e Transplantacao
AVALIA-T	Galician Agency for Health Technology Assessment
BAPES	Bulgarian Association for Promotion of Education and Science
BMG	Austrian Federal Ministry of Health
BSL4	Bio-safety Level 4
CAHTAR	Catalan Agency for HTA and Research
CAMHEE	Child and adolescent mental health in enlarged European Union
CISS	Couselling intervention on safer sex
CMT	Consulting Management Training Prooptiki
CVD	Cardio vascular diseases
DETERMINE	EU Consortium for Action on Socio-Economic Determinants of Health
DEVCO	Directorate General Development of the European Commission
DG SANCO	European Commission Health and Consumer Protection Directorate General
EADD	European Alliance Against Depression
ECDC	European Centre for Disease Prevention and Control
ECHI	European Community Health Indicators
ECHIM	European Community Health Indicators and Monitoring
EEAD	European Alliance Against Depression
EFRETOS	European Framework for Evaluation of Organ Transplants
EHES	European Health Examination Survey
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENCAP	Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population
ENP4Lab	European Network of P4 Laboratories
EPISOUTH	Network for communicable disease control in southern Europe and Mediterranean countries
EPISOUTH+	Network for the Control of Public Health Threats and other bio-security risks in the Mediterranean Region and the Balkans
EPAAC	European Partnership for Action Against Cancer
EQUUS	EU Framework for Minimum quality standards and benchmarks in drug demand reduction
ESOT	European Society for Organ Transplantation
ET	Eurotransplant

Acronym **Full name**

EUCERD	European Union Committee of Experts on Rare Diseases
EFRETOS	European Framework for Evaluation of Organ Transplants
EMRO	WHO Regional Office for the Eastern Mediterranean
EUnetHTA	European Network for Health Technology Assessment
EUNnetHTA JA	European Network for HTA Joint Action
EURO-PERISTAT	European Perinatal Health Report
EURO-PERISTAT III	Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports
EUROPLAN	European Project for Rare Diseases National Plans Development
EURORDIS	European Organisation for rare diseases
EUROSAFE	European Association for Injury Prevention and Safety Promotion
EUROSUPPORT	Improving sexual and reproductive health of people living with HIV
EURO	Regional office for Europe
EUSTITE	European Union Standards and Training for the Inspection of Tissues Establishments
EUVAC.NET	A dedicated surveillance network for vaccine preventable infectious diseases
EWIV-EEIG	Internationale Fortbildungsakademie für Gesundheitsberufe
EWRS	Early Warning and Response System
FACT	Fighting Against Cancer Today
FRONTEX	European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union
GIZ	Deutschen Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
GOEG/OeBIG	Gesundheit Oesterreich GmbH/Austrian Health Institute
GP	General Practitioner
GGZ	Geestelijke Gezondheidszorg
HES	Health Examination Survey
HI	Institute of Hygiene Lithuania
HIA	Health Impact Assessment
HIA-NMAC	Health Impact Assessment in New Member States and Pre-Accession Countries
HIS	Health Interview survey
HIV	Human immunodeficiency virus
HMU	Cyprus Health Monitoring Unit
HSE	Health Service Executive
HTA	Health technology assessment
ICRDOD	Information Centre for Rare Diseases and Orphan Drugs
IDB	European Injury Database
IDU	Injecting Drug Users

Acronym Full name

InForm	Campaign against obesity in children and adolescents
IFT – Nord	Institut für Therapie und Gesundheitsforschung
IHR 2005	International Health Regulation 2005
INMI	Istituto Nazionale per el Malattie Infettive
InVS	Institut de Veille Sanitaire
IOM	International Organisation for Migration
IRCCS	Istituto Nazionale per le Malattie Infettive
ISCIH	Instituto de Salud Carlos III
ISS	Istituto Superiore di Sanità
ITA	Sabiedriba ar ierobežotu atbildību "ITA KONSULTANTS"
ITM	Prince Leopold Institute of Tropical Medicine
IVZ	Inštitut za varovanje zdravja Republike Slovenije
JAMIE	Joint Action on Monitoring Injuries in Europe
JA EHES	European Health Examination Survey Pilot Joint Action
JMU	Liverpool John Mores University
LIC	Infectology Center of Latvia
LMU	Ludwig Maximilians Universität München Klinik und Poliklinik für Psychiatrie and Psychotherapie Innenstadt
LJMU	Liverpool John Moores University
LTC	Low threshold centres
MAC	MEPs against Cancer
MAIDS	Developing HIV/AIDS & Mental Health Programmes in new EU countries
MHD	Migrant Health Database
MHEC	Ministry of Health, the Elderly and Community Care department
MMR	Measles-mumps-rubella vaccine
MONICA	Multinational MONItoring of trends and determinants in CARdiovascular disease
MS	Member States (EU MS)
MSM	Men having sex with Men
NAPRD	National Alliance of People with Rare Diseases
NET+ Association	Croatian non-profit organisation that promotes healthy life choices among children and youth PETPLUS
NGO	Non Governmental Organisation
NHS	National Health Service
NIPH	Norwegian institute of Public Health
NMAC	New Member States and Pre-Accession Countries
NSRF	National Suicide Research Foundation

Acronym Full name

NTS	Dutch Transplant Foundation
ORPHANET	European reference portal for information on rare diseases and orphan drugs
OSTEBA	Basque Office for Health Technology Assessment
PHASE	Public Health Actions for a Safer Europe
PHBLM	Increasing Public Health Safety Alongside the New Eastern European Border Line
POP	Planned and ongoing project
PLHA	People living with HIV/AIDS
PLWH	People living with HIV
PPRI	Pharmaceutical Pricing and Reimbursement Information
PSP	Prevention Standards Partnership
QUANDHIP	Quality Assurance Exercises and Networking on the Detection of Highly Infectious Pathogens Joint Action
RDs	Rare diseases
RDS	Respondent Driven Sampling
REACT	Response to Emerging infectious disease: Assessment and development of Core capacities and Tools
RIVM	Rijksinstituut voor Volksgezondheid en Milieu
RKI	Robert Koch Institute
SARS	Severe Acute Respiratory Syndrome
SDU	Syddansk Universitet
SFCN	Smokefree Class Competition Network
SHIPSAN	Ship Sanitation Programme and Coordinated Action for the Control of Communicable Diseases in Cruise Ships and Ferries
SHIPSAN TRAINET	EU Ship Sanitation Training Network
SKA	Social AIDS Committee
SNIPH	Swedish National Institute for Public Health
SSB	Statistisk sentralbyrå
SSCs	Ship Sanitation Certificates
SSI	STATENS SERUM INSTITUT
SUSANA	Good health for mothers and babies. Luxembourg's birth-related health-monitoring system
SZU	National Institute of Public Health (Statni Zdravotni Ustav)
THL	National Institute of Health and Welfare, Finland
TRP	Training and resource package
UCC	University College Cork
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organisation

European Public Health Programme (PHP) 2003–2008

ACTIONS AND SUPPORT MEASURES

Priorities and projects selected

Websites

1. To improve health information and knowledge for the development of public health		
1.1. Developing and operating a sustainable health monitoring system to establish comparable quantitative and qualitative indicators at Community level		
1	2003131 A comprehensive health information and knowledge system for evaluating and monitoring perinatal health in Europe (EUOPERISTAT)	http://www.europeristat.com/
2	2003112 Implementing Environmental and Health Information System in Europe (ENHIS)	http://www.euroheis.org/
3	2004125 Pharmaceutical Pricing and Reimbursement Information (PPRI)	http://ppri.oebig.at/index.aspx?Navigation=r 0 2-
4	2005112 European Autism Information System (EAIS)	http://www.autism2010.eu/pdfs/final_report_eais.pdf
5	2004103 European Union Health Surveys Information Database (EUHSID)	http://www.euhsid.org/
1.5. Improving analysis and knowledge of the impact of health policy developments and of other Community policies and activities, such as the internal market as it affects health systems, in contributing to a high level of human health protection, including developing criteria and methodologies for assessing policies for their impact on health and developing other links between public health and other policies;		
6	2004128 Health impact assessment in new member states and accession countries (HIA-NMAC)	http://www.sdu.dk/Om_SDU/Institutter_centre/1st_sundhedstjenesteforsk/Forskning/Forskningsenheder/Sundhedsfremme/Forskningsprojekter/HIA-NMAC.aspx?sc_lang=en
1.6. Reviewing, analysing, and supporting the exchange of experiences on, health technologies, including new information technologies;		
7	2005110 European Network for Health Technology Assessment (EUnetHTA)	http://www.eunetha.eu/
1.7. Supporting the exchange of information and experiences on good practice;		
8	2006332 Fighting Against Cancer Today (FACT)	http://www.euro.who.int/__data/assets/pdf_file/0010/124867/e94392.pdf
2. To enhance the capability of responding rapidly and in a coordinated fashion to threats to health		
2.1. Enhancing the capacity to tackle communicable diseases by supporting the further implementation of Decision No 2119/98/EC on the Community network on the epidemiological surveillance and control of communicable diseases;		
9	2004205 A Dedicated surveillance network for vaccine preventable infectious diseases (EUVAC.NET)	http://ecdc.europa.eu/en/activities/surveillance/euvac/about/Pages/about.aspx
10	2007201 European monitoring of excess mortality for public health action (EUROMOMO)	www.euromomo.eu
2.2. Supporting the network's operation, in the Member States and the countries, in particular in relation to common investigations, training, continuous assessment, quality assurance		
11	2005206 Network for communicable disease control in southern Europe and Mediterranean countries (EPISOUTH)	http://www.episouthnetwork.org/
12	2005201 Assessing the usefulness of a EU Ship sanitation programme and coordinated action for the control of communicable diseases in cruise ships and ferries (SHIPSAN)	http://www.eu-shipsan.gr/
13	2006205 European Network for Highly Infectious Diseases (EuroNHID)	http://www.eunid.eu/
14	2006206 Increasing Public Health Safety Alongside the New Eastern European Border Line (PHBLM)	http://www.iom.int/jahia/Jahia/increasing-public-health-safety-alongside-new-eastern-european-border-line/lang/en
15	2006208 European Network of P4 Laboratories (ENP4Lab)	http://www.euronetp4.eu/

Priorities and projects selected

Websites

16	2007206 EU Ship Sanitation Training Network (SHIPSAN TRAINET)	http://www.shipsan.eu/trainet/index.php?id=6
17	2007211 Response to emerging infectious disease: Assessment and development of core capacities and tools (REACT)	http://www.rki.de/cIn_226/EN/Content/Prevention/React/react__node.html?__nnn=true
2.3. Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable disease threats, including gender-specific health threats and rare diseases;		
18	2005120 Rare Disease Patient Solidarity (Rapsody)	http://archive.euordis.org/article.php3?id_article=1066
19	2006103 Surveillance of Congenital Anomalies in Europe (EUROCAT)	http://www.eurocat-network.eu/
20	2006122 A European Network of Centres of Reference for Dysmorphology (Dyscerne)	http://www.dyscerne.org/dysc/Home/Project+Information
21	2007119 European Project for Rare Diseases National Plans Development (EUROPLAN)	http://www.euoplanproject.eu/Home.aspx
2.4. Exchanging information concerning strategies in order to counter health threats from physical, chemical or biological sources in emergency situations, including those relating to terrorist acts, and developing or using, when appropriate, Community approaches and mechanisms;		
22	2004212 Development of an Alerting System and the Criteria for Development of a Health Surveillance System, for the Deliberate Releases of Chemicals by Terrorists (ASHT)	http://www.hpa.org.uk/ProductsServices/ChemicalsPoisons/InternationalActivities/ASHT/
23	2007203 Evaluation, optimisation, trialling and modelling procedures for mass casualty decontamination (ORCHIDS)	http://www.orchidsproject.eu/
2.5. Exchanging information on vaccination and immunisation strategies;		
24	2004201 Vaccine European New Integrated Collaborative effort (VENICE)	http://venice.cineca.org/the_project.html
25	2005212 Vaccine Safety – Attitudes, Training and Communication (VACSATC)	http://www.vacsatc.eu/
2.6. Enhancing the safety and quality of organs and substances of human origin, including blood, blood components and blood precursors by developing high standards of quality and safety for the collection, processing, storage and distribution and use of these substances;		
26	2005204 European Union Standards and Training for the Inspection of Tissue Establishments (EUSTITE)	http://www.eubis-europe.eu/links.php
2.9. Developing strategies for reducing antibiotic resistance.		
27	2005208 Implementing Antibiotic Strategies for appropriate use of antibiotics in hospitals in EU-MS (ABS)	http://www.abs-international.eu/index.php?id=1275
28	2007109 European Union Network for Patient Safety (EUNetPaS)	http://90plan.ovh.net/~extranetn/index.php?option=com_content&task=view&id=1&Itemid=2
3. To promote health and prevent disease through action on health determinants across all Community policies and activities		
3.1. Preparing and implementing strategies and measures, including those related to public awareness, on lifestyle related health determinants, such as nutrition, physical activity, tobacco, alcohol, drugs and other substances and on mental health, including measures to take in all Community policies and age- and gender-specific strategies;		
29	2003317 European Alliance Against Depression (EAAD)	http://www.eaad.net/enu/3696.php
30	2003120 Healthy Work in an Aging Europe (ENWHP)	http://www.enwhp.org/enwhp-initiatives/5th-initiative-healthy-work-in-an-ageing-europe.html

Priorities and projects selected

Websites

31	2004112 A European Platform for Mental Health Promotion and Mental Disorder (Mental health promotion)	http://www.mentalhealthpromotion.net/?i=portal.en.projects.893
32	2005311 Child and adolescent mental health in enlarged EU, development of effective policies and practices (CAMHEE)	http://www.camhee.eu/
33	2005305 Comprehensive Action on HIV/AIDS Prevention among IDUs and Bridging Population (ENCAP)	http://www.aidsnetwork.eu/en/general_information
34	2005309 Disseminating brief interventions on alcohol problems Europe wide (PHEPA)	http://www.phepa.net/units/phepa/html/en/Du9/index.html
35	2006313 Integrated responses to drugs and infections across the European criminal justice systems (CONNECTIONS)	http://www.connectionsproject.eu/
36	2006326 Implementing Coordinated Alcohol Policy in Europe (Building Capacity)	http://www.ias.org.uk/buildingcapacity/index.html
37	2006324 Sports Stadia and Community Health (Healthystadia)	http://healthystadia.eu/
38	2007304 European standards in evidence for drug prevention (Prevention Standards)	http://www.cph.org.uk/drugprevention/
39	2007305 Young and HIV: European Network to Arrange an Innovative Prevention Campaign and to Exchange Good Practices-Experiences in Europe (SUNFLOWER)	http://www.sunflower-project.eu/eng/summary.asp
40	2007328 Campaign against obesity in children and adolescents (IN FORM)	http://inform.sanicaademia.eu/
41	2007334 Expansion and update of existing nutrition monitoring systems (ANEMOS)	http://www.hhf-greece.gr/dafneanemosoft.html
42	2006123 Public Health Actions for a Safer Europe (PHASE)	http://www.eurosafe.eu.com/csi/eurosafe2006.nsf
3.2. Analysing the situation and developing strategies on social and economic health determinants, in order to identify and combat inequalities in health and to assess the impact of social and economic factors on health;		
43	2003107 Healthy Ageing	http://eurohealthnet.eu/
44	2003121 Strategies for Action to tackle Health Inequalities (Closing the Gap)	http://www.wales.nhs.uk/sitesplus/888/page/44408
45	2006311 An EU Consortium for Action on Socio-Economic Determinants of Health (2007–2010) (DETERMINE)	http://www.health-inequalities.eu/

European Health Programme (HP) 2008–2013

ACTIONS AND SUPPORT MEASURES

Priorities and projects selected

Websites

Priorities and projects selected		Websites
1. Improve citizens' health security.		
1.2. Improve citizens' safety.		
1.2.2. Help to enhance the safety and quality of organs and substances of human origin, blood, and blood derivatives; promote their availability, traceability and accessibility for medical use while respecting Member States		
46	20081101 European Framework for the Evaluation of Organ Transplants (EFRETOS)	http://www.efretos.org/
2. Promote health.		
2.1. Foster healthier ways of life and the reduction of health inequalities.		
2.1.2. Support initiatives to identify the causes of, address and reduce health inequalities within and between Member States, including those related to gender differences, in order to contribute to prosperity and cohesion; promote investment in health in cooperation with other Community policies and funds; improve solidarity between national health systems by supporting cooperation on issues of cross-border care and patient and health professional mobility.		
47	20081306 Inventory of good practices in Europe for promoting gender equity in health (ENGENDER)	http://engender.eurohealth.ie/
48	20081220 Policy, Health and Family Learning (PoHeFa)	http://www.pohefa.eu/
49	20102203 Joint Action on Health Inequalities (Equity Action)	http://www.health-inequalities.eu/HEALTH-EQUITY/EN/projects/initiatives_in_the_spotlight/
2.2. Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants.		
2.2.1. Address health determinants to promote and improve physical and mental health, creating supportive environments for healthy lifestyles and preventing disease; take action on key factors such as nutrition and physical activity and sexual health, and on addiction-related determinants such as tobacco, alcohol, illegal drugs and pharmaceuticals used improperly, focusing on key settings such as education and the workplace, and across the life cycle.		
50	20081214 The European MSM Internet Survey (EMIS)	http://www.emis-project.eu/project
51	20081207 HBV-HCV-HIV: Three different and serious threats for European Young People. A network to study and to Face these challenges in EU (H CUBE)	http://www.hcube-project.eu/
52	20081219 Building Policy Capacities for Health Promotion through Physical Activity among Sedentary Older People (PASEO)	http://www.paseonet.org/
53	20081205 Alcohol labelling policies to protect young people (PROTECT)	http://protect-project.eu/
54	20081226 Developing HIV/AIDS and Mental Health Programmes in new EU countries (Poland, Estonia, Latvia, Lithuania, Bulgaria), (MAIDS)	http://www.mentalhealthhiv.eu/en/about_project.html
55	20081204 Developing a Training and Resource Package to Improve The Sexual and Reproductive Health for People living with HIV in Europe" (Eurosupport 6)	http://www.sensoa.be/eurosupport/euro_support.htm
56	20083276 Smoke free class competition (ENSP Network)	http://www.smokefreeclass.info/
57	20091210 Healthy Eco Life	http://www.healthy-eco-life.com/pages/indexE.html
2.2.4 Promote actions to help reduce accidents and injuries		
58	20102205 Joint Action for Monitoring Injuries in Europe (JAMIE)	http://www.eurosafe.eu.com
3. Generate and disseminate health information and knowledge.		
3.1. Exchange knowledge and best practice.		
59	20082391 Joint Action for European Community Health Indicators Monitoring (ECHIM)	http://www.healthindicators.eu/object_document/o5873n28314.html
60	20091215 Development of Orphanet – The Rare Diseases Portal (RDPortal2)	http://www.orpha.net/consor/cgi-bin/Education_AboutOrphanet.php?lng=EN
61	20092301 Joint Action European Health Examination Survey (JA EHES)	http://www.ehes.info/meetings/EHES_JA_kick_off/EHES_JA_kick_off.htm

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