

1 Final minutes

777-EuSANH-18

2 Of the first meeting of the European Science Advice Network for Health, 15
3 September 2006, Brussels

4 **Those present**

5 Guy de Backer (BE), Jean Bacou (FR), Mike Catchpole (UK), Juhani Eskola (FI),
6 Paulo Ferrinho (PT), André Knottnerus (NL), Peter Kolominsky-Rabas (DE),
7 André Pauwels (BE), Jaroslav Volf (CS), Miroslaw Wysocki (PL), Carmen Audera
8 (ES).

9 Jan Bloemendal (EFSA), Robin Fears (EASAC), André Govaerts (FAEM), Govin
10 Permanand (WHO Europe), Yves Dumont (DG Research), Marina Marini (DG
11 SANCO), Octavi Quintana Trias (DG Research), John Ryan (DG SANCO),
12 Andrzej Rys (DG SANCO), Nathalie Vercruysse (DG Research), Jan Paehler
13 (DG Research), Birte Van Elk (NL), Sarah de Heusch (UNICA), Jan-Willem
14 Hartgerink (NL), Kees Langeveld (NL), Dirk Ruwaard (NL), Magda Barnhoorn
15 (NL), Marieke Hendriksen (NL), Sjoerd Hupkus (NL), Daan Kromhout (NL),
16 Nienke van Kuijeren (NL), Gabriël ten Velden (NL), Anneke Wijbenga (NL).

17 **Summary**

18 The first EuSANH-meeting was opened by a welcome speech of Director Rys
19 (DG Health and Consumer Protection) and Director Quintana Trias (DG
20 Research). Part of the meeting was dedicated to the introduction of the EuSANH
21 members and the organisations that have an advisory role in EuSANH. During
22 the rest of the meeting the mission of EuSANH had a central place within the
23 discussion. The participants were positive about establishing a network of
24 science advisory bodies in the field of health. They suggested to phrase the
25 mission of EuSANH as concrete as possible by adding, amongst other things, the
26 purpose and the recipients of the EuSANH-advisory reports (on the national or
27 European level).

28 A pilot project regarding diabetes was discussed in the afternoon. The study
29 compared policy measures to prevent diabetes in Finland and the Netherlands.

30 During the meeting several topics were mentioned which could be
31 addressed by EuSANH in the future.

1 Welcome

Knottnerus and de Backer welcome the participants on the first meeting of the European Science Advice Network for Health (EuSANH) in Brussels.

2 Opening

Goal of the meeting is to discuss potential co-operation between national science advisory bodies in the fields of public health and health care. Knottnerus would like to thank the representatives of Directorate-General Research of the European Commission for facilitating this meeting, as well as the Dutch Ministry of Health for their financial contribution. The opening speeches are given by Rys and Quintana Trias.

Rys states in his speech that health policy in the EU should be founded on scientific evidence. The national advisory bodies are the obvious producers of scientific advice. A network to synergise the expertise and efforts of the national advisory bodies can be of great weight. In addition Rys suggests EuSANH could act as an antenna for the European Commission by drawing their attention to important health topics. Finally, policy makers could address EuSANH when they are looking for experts with a specific expertise.

Quintana Trias agrees on the fact that policy should be based on science, but he underlines research outcomes are rarely disseminated effectively among policy makers. EuSANH could provide the means to pass research outcomes to its members as well as to the policy makers. Next to that the members could translate research outcomes into policy practice so the society as a whole can benefit from it.

De Backer points out that there is a lack of transparency in the domain of public health at European level. We barely know from each other what we advise and practise, although we do address similar health problems. Co-operation provides us the advantages of scale and scope and enables peer review procedures.

3 Introduction, discussion on the mission of EuSANH

De Backer would like to see this meeting as the *kick-off meeting* of EuSANH and he invites the attendants to participate in a open discussion on the mission and goals of EuSANH. He stresses EuSANH should focus on those domains which are not yet covered by European agencies and other European institutes. De Backer expresses his appreciation for the European Commission's support for EuSANH. This support increases and fortifies the basis of EuSANH.

Eskola wonders how EuSANH relates to the tasks of the European Centre for Disease prevention and Control (ECDC). De Backer believes we should avoid overlap with the domains of European agencies like ECDC.

1 Most European countries are reorganising their health care systems, states
2 Wysocki. In line with this, EuSANH could address the common problems
3 stemming from the health care system reformation. This would be of great value
4 to Poland, besides knowledge on other fields like life styles.

5 Hartgerink remarks not every member state has a well developed policy-
6 advice structure. Those countries with a less developed structure could greatly
7 benefit from participation in EuSANH. They could learn from existing advisory
8 bodies.

9 Ryan points out that governments might receive different information on health
10 topics whereas the European Commission strives for a common policy in the
11 different fields. EuSANH could be the bridge between the research community
12 and the policy makers in the public health field.

13 Rys draws attention to the problems the Network of Technology Assessment
14 had, EuSANH could have similar organisational problems on how to share
15 reports, how to establish a benchmark for quality and how to share
16 responsibilities? EuSANH aims at developing more unity in the provision of
17 science advice to policy makers, taking into account that each country has its
18 own traditions in providing information and advice. Rys can tell from own
19 experience the most important problem is the time it takes to produce an advisory
20 report. The time-span is often too long for policy makers. He concludes by
21 pointing out Directorate C7 of DG Sanco is the contact point for scientific
22 networks like EuSANH.

23 De Backer illustrates the draft-mission for EuSANH in order to have a starting
24 point for a discussion on the tasks of EuSANH: *"To exchange and synthesize*
25 *scientific knowledge between national science advisory councils in the fields of*
26 *public health."* Ferrinho remarks that the mission should specify to whom
27 EuSANH addresses its advice and with what purpose. He suggests EuSANH to
28 give advice to policy makers or the government. Catchpole agrees on Ferrinho's
29 opinion. He would like to see the added value of EuSANH, on the short term but
30 also in the long run, expressed in the mission statement namely exchanging and
31 synthesising scientific knowledge. Kromhout wonders whether the mission should
32 distinguish between the national and the European level. Science is the same for
33 everybody, but problems differ from region to region. Therefore he thinks it is
34 important to specify what is interesting for the European level and what concerns
35 the regional/national level. De Backer thinks the best way to develop EuSANH is
36 to unfold its activities. He believes that advising governments will be a future
37 activity, but that for now EuSANH should focus on knowledge exchange between
38 members.

1 **4 Presentations EuSANH members**

2 Volf, National Institute of Public Health (NIPH), Czech Republic. The mission of
3 NIPH is to promote health through e.g. research and monitoring. Specific
4 advisory boards exist in several different health domains. These boards mostly
5 advise on daily work (e.g. how to manage the health system) in stead of provision
6 of scientific advice. Next to that, each of the 14 regions in the Czech Republic
7 has its own public health office (authoritative body) and public health institute
8 (supporting body e.g. with laboratories). Within the Ministry of Health a scientific
9 committee is active which gives strategic advice to the Ministry. There is no
10 unique advisory council which gives science advice on health. In conclusion
11 NIPH could be seen as the best participant in the Czech Republic.

12 Eskola, National Public Health Institute (KTL), Finland (*The presentation is*
13 *available on the SINAPSE website*). KTL works for the Ministry of Social Affairs
14 and Health as a research institute and science advisory body. KTL provides
15 advice for the Ministry of Health and other ministries. It is the responsibility of KTL
16 to advise on the working fields of the Health Ministry but also to look for gaps in
17 knowledge on broader issues and to fill those gaps. This is done by gathering
18 scientific knowledge through research and scientific collaboration. Because of the
19 public health functions of KTL, it has a broad public ranging from decision makers
20 to health care professionals and the general public.

21 Bacou, Haute Autorité de Santé (HAS), France (*The presentation is*
22 *available on the SINAPSE website*). The French national authority for health,
23 HAS, is an independent body which is accountable to government and parliament
24 and covers all assessment activities in the field of health care. HAS has 7
25 committees ranging from the assessment of medical devices to accreditation of
26 health care organisations. The actions of HAS consist of assessing, producing
27 guidelines and measuring. An external peer review procedure takes place for
28 each report. Priority health topics are multiple co-morbidities, drugs in the elderly,
29 obesity (planned for 2007). Suggested topics for European cooperation are
30 exchange of information, methodology for producing advice for policy and
31 guidelines.

32 Kolominsky-Rabas, Institute for Quality and Efficiency in Health Care
33 *(IQWiG), Germany* (*The presentation is available on the SINAPSE website*). This
34 institute was established in 2003 to ensure provision of science advice to the
35 Ministry on Health regarding the German health care system. The tasks of IQWiG
36 vary from evaluation of pharmaceuticals to provision of evidence-based health
37 information for patients and public. The principles and methods for preparing
38 science advice are explicit and strict. Kolominsky-Rabas suggests the following
39 activities for cooperation: guidelines on diabetes, concepts of evidence-based
40 information, scientific exchange (common methodological language in the EU)
41 and priority setting, benchmarking on processing of policy advice.

42 Knottnerus, Health Council of the Netherlands (GR), the Netherlands (*The*
43 *presentation is available on the SINAPSE website*). Its task is to advise the Dutch
44 government and parliament, on request and on it's own initiative, on public health

1 issues in a broad sense. Priority topics are prevention, advanced health care and
2 environmental determinants. Possible topics for co-operation are chronic health
3 problems, infectious diseases, environmental problems, health care and
4 demography and health.

5 Wysocki, National Institute of Hygiene (NIH), Poland (*The presentation is*
6 *available on the SINAPSE website*). NIH's mission is to protect and promote
7 public health. Its activities include monitoring of public health, research and
8 providing advice for the Ministry of Health. Financial means are provided by the
9 Ministry of Health (1%) and the Ministry of Science (30%) while 70% is provided
10 by own activities. The advisory procedure is very fast. Priority health topics are
11 monitoring of overall health situation of the population, research, surveillance and
12 control and epidemiological research.

13 Audera, Institute of Health Carlos III, Spain. This institute is part of the
14 Ministry of Health and Consumer Affairs and undertakes research and public
15 health activities. The Institute funds research and national networks. The
16 government of Spain is decentralised to the communities where public health
17 activities take place. Advisory projects take place on ad-hoc basis, groups of
18 experts are then formed to answer specific health questions. As to this moment
19 no formal advisory boards within the Institute exist.

20 Catchpole, Health Protection Agency (HPA), United Kingdom. (*The*
21 *presentation is available on the SINAPSE website*). HPA, established in 2003, is
22 an English organisation which has counterparts in Scotland, Wales and Northern-
23 Ireland. It is financed by the Ministry of Health and has an independent status.
24 The HPA exists of three national centres, a regional health service and regional
25 laboratories. One of the functions of HPA is to give evidence-based advice for
26 policy, however it also has an increasing role in providing advice to the public.
27 The annual work programme is divided into programme areas as infections,
28 chemical hazards and emergency response. Catchpole suggests a framework for
29 EuSANH activities consisting of three main pillars: public health priorities, added
30 value in international co-operation (complementary knowledge among
31 collaborators, inequalities in exposure or impact between countries, translation
32 into EU or national policy) and gaps in existing co-operative structures. In answer
33 to an additional question Catchpole suggests the National Institute of Clinical
34 Excellence as second partner for EuSANH within the UK.

35 Ferrinho, Portugal. Ferrinho explains the situation of science advice in
36 Portugal. Advice in the field of health is fragmented between 20 different advisory
37 bodies. The Ministry of Health is planning to create a national advisory body on
38 health in the near future which can provide scientific advice tot the Ministry of
39 Health.

40 De Backer, Superior Health Council (HGR), Belgium. The Superior Health
41 Council is an independent advisory board to the federal Belgium authorities
42 which provides science advice on request and on its own initiative. Members of
43 the committees are experts from universities or scientific institutions. The HGR
44 does not perform research but bases its reports on existing scientific knowledge.

1 De Backer invites Dumont to tell the attendants something about SINAPSE. The
2 aim of SINAPSE is to make better use of scientific information in support of policy
3 making. Within SINAPSE a community with registered members is established.
4 This can help to achieve the goals of EuSANH for example by sharing reports,
5 setting up debates or developing short questionnaires on a specific topic. It can
6 provide logistic support for the network.

7 In addition to the EuSANH members, the advisory organisations of EuSANH who
8 are present introduce themselves briefly.

- 9 ▪ WHO Health Evidence Network (HEN): HEN tries to produce information in a
10 way that is usable for policy makers. A lot of information from institutes does
11 exist but is not immediately usable. Permanand explains that HEN could
12 assist EuSANH in developing a same format for the presentation of
13 information.
- 14 ▪ Federation of European Academies' of Medicine (FEAM): FEAM's goal is to
15 promote cooperation between different academies but also to connect to the
16 political arena of the European Union. Govaerts elucidates the agreement
17 which was set up this year between DG Sanco and FEAM. FEAM shall have
18 the possibility to provide DG SANCO with expertise in the field of health,
19 without obligations to incorporate that expertise.
- 20 ▪ European Academies Science Advisory Council (EASAC): The goal of
21 EASAC is to collect science in order to use it in policy making. It covers all
22 areas of science including health. Reports are produced by ad hoc working
23 groups, supported by a small secretariat. Fears puts forward an earlier
24 project which EASAC performed on request of the European Parliament.
- 25 ▪ European Food Safety Authority (EFSA): Bloemendal explains EFSA is
26 established in 2002 after some heavy food crises in the European Union. Its
27 task is to provide scientific evidence for new legislation on food and food
28 safety in a transparent way. A scientific committee and eight scientific panels
29 cover the different aspects of food and food safety. EFSA would like to
30 strengthen its contacts with national food safety agencies. Kromhout informs
31 whether EFSA also has a task in recommending dietary allowances.
32 Bloemendal explains that the tasks of EFSA are not only restricted to food
33 safety but also extends to (the debate on) nutrition.

34 **5 Presentation parallels and differences between the member organisations**

35 Van Kuijeren presents the results of a survey on the organisation and work
36 process of the EuSANH members. (*The presentation is available on the*
37 *SINAPSE website*). The goal of the survey was to indicate the parallels and
38 differences between the participating organizations. It can be concluded there are
39 several similarities between the EuSANH members. This is a good basis for co-
40 operation. However some practical issues need to be overcome to establish
41 concrete and efficient co-operation. For example by putting effort in English
42 summaries of the reports and translation of working programmes.

1 Ruwaard perceived several real differences between the missions of the
2 participating organisations from the morning discussion. Catchpole adds the
3 query sheet mostly contained questions about parallels instead of differences. He
4 thinks differences do exist but we also share several characteristics. The
5 question is whether we think the differences are more important than the
6 parallels. Knottnerus states the most organisations are involved in science
7 advice, with or without research activities. Secondly, all organisations are working
8 in a rather broad field covering various issues. The advisory reports are meant for
9 policy, government/parliament, but also the practice field: public or health
10 research. Ruwaard thinks it is important to find one or more common grounds for
11 the network, because a lot of other institutes are also involved in science advice.
12 Volf emphasises he has never heard of a network like EuSANH that covers the
13 quality of advice in the field of public health. He thinks EuSANH is unique and it
14 should not have a mission that is too widely extended, to prevent overlap.

15 Wysocki would like to address the national character of some science
16 advisory reports. Exchange of reports should focus on those with international
17 value. Kromhout remarks that it would be interesting to see how science advice is
18 given in different countries by different organisations with the goal to learn from
19 each other. Bacou sees two important goals. The first is to exchange information
20 regarding our methodology, the second is to have the possibility to establish a
21 flexible way to address different topics in the network, for example in working
22 groups. Choosing only one subject to address will be too difficult. Knottnerus
23 sees different ways to join forces on science advisory reports. National reports of
24 high quality could be reviewed within EuSANH and published as a joint advisory
25 report. We should find a way to deal with the language-barrier because not all
26 organisations have means to translate their reports or to add an English
27 summary. Wysocki puts forward a suggestion to add an English summary of
28 good quality in a standard format, with a maximum of 10 pages.

29 Marini wonders how the selection of topics will take place in practice, should
30 all organisations agree on a chosen topic or could a selection of participants
31 address a topic? Following this question Catchpole adds that he thinks a clear
32 mission statement is very important for a workable network. He put together
33 earlier suggestions from the discussion into the following mission: Establishing a
34 European network of institutions that have a responsibility for developing
35 evidence-based public health advice, in order to provide a mechanism for
36 exchanging scientific reports on public health between the member states and to
37 the EC Directorates. To provide rapid response on request from EC Directorates
38 or member states for evidence-based advice on public health. To develop a body
39 of evidence on health promotion and health protection and to translate research
40 applicable at the European level or in two or more member states.

41 Following Catchpole's suggestions Ryan clarifies the message Rys gave in
42 his speech regarding the role that could be foreseen for EuSANH. On the one
43 hand EuSANH could comment on preliminary opinions of the European
44 Commission. On the other hand DG Sanco would like to be informed on current
45 activities and reports in an early stage, even before they are published or

1 translated. This way the knowledge can be implemented in policy. Ryan identifies
2 a lack of transparency in national reports. Often knowledge is not shared
3 between members states or with the European Commission. Sanco should at
4 least have knowledge about the reports that are published. If EuSANH could
5 identify relevant national advisory reports, Sanco can do its best by trying to
6 facilitate translation of the summary into English. When EuSANH becomes
7 operational an agreement can be set up with DG Sanco regarding co-operation
8 on acquiring and exchanging expertise.

9 Marini adds the opinions of the scientific committees of DG Sanco could
10 acquire more value if EuSANH-members react on the requests for information
11 (e.g scientific data) or by sharing the request for information with the participants
12 of the network.

13 De Heusch offers the help of UNICA in identifying experts within medicine
14 departments of universities on topics EuSANH will address.

15 Knottnerus emphasises other organisations might fit in EuSANH as well. He
16 invites the participants to give additional information on their sister organisations
17 so in due course the network can be expanded.

18 **6 Presentation and discussion pilot project Diabetes**

19 Kromhout presents the results of the diabetes pilot study conducted by a Dutch
20 student, Marieke Hendriksen. (*The presentation is available on SINAPSE*
21 *website*). Within this study policy measures to prevent overweight and type 2
22 diabetes in Finland and the Netherlands are compared. The major difference in
23 health policy is that the Netherlands prioritise overweight and type 2 diabetes as
24 key action while Finland has general and age-related health goals. The Dutch
25 action programs are top-down oriented with emphasis on the individual
26 responsibility and the Finnish approach is bottom-up oriented with all important
27 stakeholders involved. Eskola adds the diet and the physical activity level of the
28 Finnish public has been improving over the last years, but the starting point was
29 very bad. Next to that, Non-Governmental Organisations are very important in
30 prevention of overweight and cardio vascular disease. Setting targets in public
31 health policy can be very stimulating to finally reach your goal, thinks Vercruysee.
32 Kromhout stresses that policy-makers do not like to set targets because of the
33 commitment it brings. De Backer explains the situation regarding diabetes in
34 Belgium where the Superior Health Council provides the evidence-base for policy
35 documents, including recommendations. Implementation of these
36 recommendations is being managed by other bodies. Wysocki thinks the lifestyle
37 factor should be an important part of the discussion on diabetes. Vercruysee
38 informs the participants on several reports (within and outside the EU) on
39 diabetes.

40 Kromhout stresses the importance of knowledge on the effectiveness of
41 programs and interventions in different countries. This way we can learn from

1 experience across the borders. Catchpole stresses it is interesting to see the
2 differences between the policies on diabetes in different European countries and
3 its effectiveness. However, he thinks it would be difficult to translate that
4 knowledge to useful policy advice for other countries, because of cultural
5 differences. This project is an interesting pilot but it might not generate useful
6 output. Kromhout partly agrees on this. It is too ambitious to expect we will be
7 able to recommend the most effective way to prevent this epidemic in all
8 European countries after this pilot. But we can reveal information on the way
9 different countries address the problem of diabetes and on effective policy
10 measures. Kromhout requests the help of the attendants by filling in a short
11 questionnaire for the follow-up of the diabetes project. Knotnerrus states the final
12 report of the pilot study will be send to all members within a month. Afterwards, a
13 decision will be made about the follow-up.

14 Volf points out in some countries public health is decentralised to regional level.
15 He thinks this level should be covered in EuSANH as well (in due course).

16 Ferrinho informs the attendants on the EU-presidency of Portugal in 2007.
17 Although Portugal does not have a Health Council yet, it would like to put science
18 advice on the agenda of the presidency. The EuSANH-members can for example
19 attend (round table) meetings.

20 **7 Conclusion**

21 Knottnerus observed a positive attitude during the meeting towards the goal of
22 strengthening science advice and at the same time he heard the pragmatism in
23 the reactions of the attendants. Concluding points are:

- 24 ▪ A realistic and pragmatic approach is needed.
- 25 ▪ For now the emphasis should be on the exchange of information that is
26 already available (reports and working programmes). SINAPSE can be used
27 to provide access to these reports throughout Europe.
- 28 ▪ On the long run EuSANH could provide science advisory reports for the
29 national and the European level.
- 30 ▪ We should deal with the language issue. We could strive for the introduction
31 of English executive summaries in relevant reports, or full translation. Maybe
32 support from DG SANCO regarding this goal is possible in the future.
- 33 ▪ Flexibility is important given the differences between the members. We
34 should maintain the possibility to expand EuSANH in the future with other
35 science advisory bodies.
- 36 ▪ The dialogue with other health organisations or networks is extremely
37 important to prevent overlap.
- 38 ▪ For now the diabetes project will move forward, with contributions of the
39 EuSANH members.

1 The necessity of a clearer view on the mission and the possible topics was
2 addressed as well as a the need for a plan on how to move forward. By doing so,
3 the need for meetings, telephone conferences, etc. will be identified. Follow-up
4 activities can be discussed in the next EuSANH-meeting. This will probably take
5 place within a smaller group of EuSANH-members and advisors. The agenda
6 group, for which 3 participants expressed their interest) will soon continue the
7 discussion on the mission and the steps that need to be taken.

8 **Summary of concrete topics mentioned:**

- 9
- 10 1. Chronic illness/aging
 - 11 ▪ Multimorbidity
 - 12 ▪ Drugs in elderly
 - 13 ▪ Obesitas/ diabetes
 - 14 2. Health care
 - 15 ▪ Advanced medical technology/care, infrequent diseases
 - 16 3. Prevention
 - 17 ▪ Immunisation programs
 - 18 ▪ Lifestyle
 - 19 4. Societal/environmental
 - 20 ▪ Social determinants of health
 - 21 ▪ Inequalities
 - 22 ▪ Air quality
 - 23 5. Methodology
 - 24 ▪ Process/methodology of science advice
 - 25 ▪ Evidence-based information
 - 26 ▪ Guidelines
 - 27 ▪ Priority setting topics
 - 28 ▪ Timing

29 Knottnerus would like to thank the attendants for their presence and valuable
30 input.