



Minutes

of the third conference of the European Science Advisory Network for Health (EuSANH) on 4 December 2008, 2:00 pm – 7:00 pm in The Hague

Those present

André Knottnerus, chair (GR, NL), Frans Timmermans, guest speaker (Buza-NL), Guy de Backer (SHC- BE), Carolien Bouwman (GR-NL), Helena De Carvalho Gomes (ECDC-SE), Louisa Couceiro (HCH-PT), Patricia Cediél (ISCI-ES), Hans-Peter Dauben (DIMDI-DE), Robin Fears (EASAC-UK), Ellen Van Hoof (SHC, BE), Pekka Jousilahti (KTL-FI), Jaroslaw Kolanowski (SHC-BE), Daan Kromhout (GR-NL), Künzli (SPH-CH), Djien Liem (EFSA-IT), Nico de Neeling (GR, NL), André Pauwels (SHC-BE), Nina Rehnqvist (SBU-SE), Veronique Ruiz (GR-NL), Antonio Sarría Santamera (ISCI-ES), Eert Schoten (GR-NL), Anneke Wijbenga (GR-NL), Christiaan Wittevrongel (GR-NL), Mirosław Wysocki (NIPH/NIH-PL)

EuSANH secretariat: Dorine Coenen (GR-NL)

Apologies: Rumanian and French representatives, De Visser (GR-NL), James Woodcock (LSHTM-UK)

Summary

The third EuSANH conference was opened by the chair, André Knottnerus, (Health Council of the Netherlands). Mr Frans Timmermans spoke about European problems in health care and underlined the importance of a network organisation like EuSANH. After a discussion on topics in national work programmes in parallel groups, the different Work Packages of the EuSANH-ISA project were presented and discussed. Finally, a business meeting took place on the financial aspects of EuSANH.

1. Welcome

At 2:00 pm, Mr Knottnerus welcomes the participants of the conference of the third European Science Network for Health (EuSANH) in The Hague and introduces guest speaker Mr Frans Timmermans, Dutch Minister for European Affairs.

2. Speech Mr Timmermans

Mr Timmermans explains why EuSANH is of great importance: Europe needs to find solutions to actual problems in the health field, for instance demographic developments. In the years to come, a lot of people will be suffering from dementia, which has consequences in the fields of capacities, finances, workforce and research. Other collective problems that need to be dealt with are climate change and the consequences for health, global diseases and pandemics. These problems require a European approach.

Europe is facing an intricate problem in health care: member states are strongly attached to their own organisational structures and financing, whereas citizens increasingly demand European answers to actual problems. During the past few decades people have been developing consumerist attitudes towards health care: patients are having a hip fixed in a neighbouring country, because travelling is no obstacle any more. Mr Timmermans also mentions the closed airport Tempelhof, which may be used as a specialised international medical centre. Should things like these be incorporated in the financing system or not?

More input from the science perspective is necessary in Europe. This could help Europe to overcome the problem of countries protecting their own national domains. Problems to be solved are financing, open border quality control and differences between member states in health care organisation. A European forum has to be created to avoid contradictory measures in different member states and to enable consumers to choose the best possibilities on the European market.

Discussion, questions and answers

The European Commission adopted a draft directive that enables European citizens to consume health care all over Europe and get remunerated from their national insurance company. Will this create a more comprehensive and simple health care market and will there be implications for advisory boards like EuSANH? Mr Timmermans is in favour of such a European approach. Dutch parliament however, argues that there are no grounds for Europe to act on this. This may be due to the never-ending tension between the European Commission that seemingly always wants to enlarge its competence and the member states, which will always try to prevent the Commission from doing this. It would be much better if both sides concentrate on what is at stake for European citizens. Contradictions between health care systems should be taken out. There are only two options: either we *choose* for a European approach, or it will simply *happen*, because the consumers will take decisions themselves. It will be much better to take the opportunity the Commission offers, including scientific input, than fighting to keep them out and making the population choose for you.

Mr Timmermans states that it would be helpful if the scientific community came up with ideas that underscore the fact that operating on a higher level is necessary. Projections of future developments can be translated in ideas of how national health care systems should be organised and how things could be coordinated in Europe. This will also prevent health care spending from getting out of hand. Unless scientific breakthroughs are created, spending on health care in the Netherlands will hurt economic development. A scientific network that has an impact on politics is of the essence. Things will be more easily accepted if scientists tell what should be done.

Top clinical care needs high investment, which can probably not be paid by separate countries. Will there be a supranational policy for such centres? Mr Timmermans thinks this is inevitable. As an example, he mentions the merger to come between two hospitals in Maastricht and Aachen. Integrating two hospitals while crossing country borders is new and extremely difficult to organise. Specialised hospitals already exist all across Europe. Then there is the interesting shift within Philips towards medical systems/life sciences. It had great effect on other Dutch companies, which, as a consequence, also specialised in life sciences-related products. Nowadays, Philips is creating synergy between all kinds of companies and has opened its facilities much more for other companies. This open source policy may have consequences for the health care system and for the way it is financed.

There is an increasing role of health issues in European neighbourhood policies. Big challenges on this item are in Eastern Europe and in the Mediterranean. In the first place, there will be a continuing migration within Europe, with people trying to profit from the opportunities. This will have consequences for the health care system in terms of challenges and demand. Second, certain environmental issues will play an increasing role in Europe, especially water shortage in the Mediterranean. This will have huge geopolitical strategic consequences that need to be addressed. However, the direct effect will be on health. Third, the impact of HIV/Aids has not yet been assessed to its full extent, especially in Eastern Europe. It takes a huge toll on those populations, which will cause an enormous demographic problem and force Europe to help solving the issue in Russia. If this cannot be solved, Russia will not have sufficient resources to exploit its energy fields, which will have consequences for Western Europe as well. Moreover, Russia suffers a lot from immigration

from China. Mr Timmerman concludes by saying that from this point of view health care issues can influence political stability.

Mr Knottnerus expresses his gratitude towards Mr Timmermans' willingness to speak at the conference and for sharing his views (2:30 pm).

3. Towards collaboration on pending issues on national work programmes – parallel sessions

Mr Knottnerus introduces Professor Guy de Backer, President of the Belgian Superior Health Council. Mr De Backer proceeds by asking the participants of the meeting to introduce themselves.

This agenda point should lead to more concrete collaboration plans. Therefore, discussions in parallel groups will be held on four fields that cover quite a number of projects of common interest in the participating countries:

- breast cancer;
- healthier hospitals;
- mental health;
- vaccination.

The participants start discussing these topics in parallel groups at 2:45 pm.

Group reports and discussion

- *Breast cancer* (Ms Bouwman reports)

There are many different aspects to this subject. Breast cancer is diagnosed by screening, but the way it is done differs per country and there is hardly any cooperation in this field. Sharing knowledge is the best way of collaborating at this moment. More information is needed, for instance by exchanging abstracts of each topic, reports and by making a systematic review.

Discussion, questions, answers, remarks

Why is cooperation on this topic hardly possible? It may be quite helpful to look at the differences in the field of screening and see what can be learned from this. Moreover, it would be very interesting to look at the different screening practices. The group also discussed the relevance of screening programs. Mr De Backer says that the Health Council of the Netherlands produces an interesting recommendation on screening last year, which may be very useful to other countries.

- *Healthier hospitals* (Mr Schoten reports)

The group discussed a healthier way of hospital organisation, both indoors and outdoors. There was some concern about the new generation of doctors. They appear to be very competent in the technical field, but their responsiveness to the needs and cares of the patients needs improvement.

Another topic discussed was the internal and external organisation of hospitals. Good international relationships and communication with centres of excellence, for instance, are quite rare. Such collaboration can be very important. For example, the Netherlands is too small to develop a solid and safe routine practice on heart transplants for children. Collaboration with other countries on this topic might provide new opportunities, so a good relationship between the centres of excellence and the local care facilities is essential.

When it comes to communication, it is not always necessary to have patients travel. It is also possible to make information travel, or the doctors themselves. There are sometimes cultural inhibitions that do not allow patients to go to a hospital abroad. In that case, the doctor can come to the patient. Then the topic of telemedicine came up. Long distance communication can be used for specific kinds of care or for care for chronic patients.

The group also discussed the possibilities of implementing Europe-wide activities, as Mr Timmermans already mentioned when he talked about the merger between two hospitals in different countries.

Not much is yet known about designing healthier hospitals. However, from a science-based perspective, there may be opportunities for the future. Once the knowledge is there, it is very important to implement knowledge transfer on this issue as well.

Discussion, questions, answers, remarks

The average age of patients is increasing, which needs a different approach and adjustments to hospitals.

Spain is divided in 17 regions. Cross border movements of patients take place constantly. The National Health Council has decided to implement a strategy for defining centres of excellence. The objective is to send patients with specific conditions to specific centres. These centres will first go through an accreditation process. The National Health Council will define indicators for such centres of excellence. A discussion follows about what should happen to patients with chronic diseases. They can go to such a centre once or twice a year, but if a patient has a chronic disease, whole families need to be moved. Mr Sarría, the Spanish representative, answers that the issue of organisation has not yet been completed.

The group did not discuss biological problems in hospitals, like MRSA. However, this is an interesting topic that needs attention. It is important to get input from all sides on this topic, also from consumers (of foods and cosmetics). EuSANH members should also exchange information on this topic.

- *Mental health* (Mr Pauwels reports)

It is not very probable that all EuSANH countries would work on the same subject. More can be covered if just a limited number of countries will work on the same topic. A possible point of interest may be autism. There is an enormous increase in the number of children diagnosed with autism. This is partly due to the change of criteria. Autism already gets attention from the Health Councils of Spain and the Netherlands; they will get into contact with each other on this item.

Second, there are the problems of the elderly (dementia, Alzheimer's). Some advice has already been developed, but other countries are still invited to join the group.

The mental health group also deliberated on possible ways of collaboration. Some countries already work together on certain issues (autism), and some literature exists, but still more input is needed from other countries. The working procedure may be as follows: as soon as something new comes up, a volunteer will be asked to develop an approach. In the long term, the National Health Councils should make a choice in the topics to treat. A framework (for instance in Sinapse) will be necessary to share health topics of European relevance.

The last idea that came up was to identify a contact person for a certain domain in each Health Council. In a later stage, one certain Health Council can take the lead in a specific domain.

- *Vaccination (Mr Wittevrongel reports)*

First there is the need of vaccination data on a European level. Therefore, EuSANH needs contact persons. Then a system has to be implemented in which adverse effects of vaccination can be monitored, especially rare effects. ECDC is working on this, but is having difficulties in obtaining sufficient information.

Discussion, questions, answers, remarks

There is a lack of information on immunisation in Europe when it comes to side effects. This seems to be a simple thing, but this is not the case.

EuSANH should inform the ministers of each country and the Institutes of Public Health in each country to provide the information to organisations such as ECDC.

This information is available in quite a few countries in Central Europe. Vaccination coverage and registration of side effects is well organised there. It is reported every two weeks and it works quite well. The problem in these countries is the anti-vaccination movements. In Ukraine, Poland's neighbouring country, vaccination stopped and a huge diphtheria outbreak took place.

It might be interesting to see how vaccination programmes are organised in European countries and whether common criteria could be adopted. The Netherlands already uses general criteria.

Information on special kinds of diseases, for instance measles, is collected in all separate countries, but when a disease breaks out just across the border, this is not incorporated in the database, which should change.

EuSANH should promote and support ECDC.

4:30 pm – 4:55 pm Coffee break and photo session

4. Outcome of EuSANH – ISA project submitted to FP7

First Mr Knottnerus informs the audience about the current status of the EuSANH-ISA project (see presentation sheet). He states that there are twelve EuSANH members now. A few of these member states committed themselves to this project as beneficiaries and invest a lot in it. They are Spain, Sweden, Belgium, Poland, Rumania and the Netherlands. These countries are responsible for Work Packages 1 – 6. Besides this, there is an external advisory committee that guides and supports the EuSANH project and which include the other EuSANH participants and the advisors.

Then he introduces Ms Coenen who will present Work Package (WP1). Mr Knottnerus remarks that these presentations are still pre-presentations. The final versions of the WPs will be ready in April 2009. See the presentation sheets for the content of all presentations.

- *WP1, Project management (Ms Coenen, the Netherlands)*

The Dutch Health Council will coordinate and monitor progress on this project and will deal with the administrative and financial management. This is done in cooperation with the Steering Committee in which all the beneficiaries are involved. The Dutch will also prepare and organise the Steering Committee meetings. A dynamic handbook will be composed in which all procedures will be described, in order to make collaboration within the project easier. Progress and final reports will be made as defined in the contract with the Commission.

- *WP2, Policy & thematic analyses (Mr Wysocki, Poland and Ms Coenen, representing Rumania).*

Poland and Rumania are responsible for this Work Package. Poland will be involved with policy analysis and organising the first annual meeting. The objective of this policy analysis is to describe the structure and functions of existing national science advisory organisations for health in twelve European countries and their roles in the process of developing policies and taking decisions. This will be done by gathering standardised information from beneficiaries and EuSANH members, according to a predefined structure and a checklist. The research results will provide a profile of the organisations included in the study and will lay the foundation for an 'ideal' science advice structure or a set of logical alternatives.

Rumania will be in charge of developing a thematic analysis on national advisory reports.

The Rumanians planned to accomplish this task in five steps:

- making an inventory of national reports;
- noting the subjects covered;
- selecting the reports;
- characterising the reports according to methodological issues;
- determining the usefulness at EU decision-making level.

Ms Coenen announces that the Rumanians will also organise the final conference as part of WP6.

Discussion, questions, answers, remarks

How many science advisory organisations were found throughout Europe? How is communication between these organisations going on and what selection criteria have been used? Ms Coenen answers that a first inventory was done three years ago and ten of about 200 organisations were selected. Communication and collaboration between these organisations is the aim within EuSANH. WP4 will cover this issue. Ms Van Hoof remarks that the Portuguese are now developing a science advisory body based on the EuSANH initiative.

How does the Steering Committee define 'science advisory organisation'? How did the committee deal with countries that had no advisory organisation or with countries that had more than one? Do these twelve participating countries only have one advisory group that covers all the health issues? Ms Coenen answers that the committee just did a quick scan three years ago and thus picked out the first ten advisory organisations to start with. Not all the organisations cover the whole all health field. France, for instance, has two advisory organisations to cover the public health and health care area. Mr Knottnerus says that the criteria when selecting the organisations were:

- the organisation should be a permanent, statutory body;
- the organisation should have a position in providing scientific advice to national government and/or parliament;
- the organisation should have an independent status;
- the organisation should be active in more than one domain of the health(care) area.

It will be very difficult to get to a uniform definition, because things differ per country. For example, there are national institutes of public health that do research, implement essential public functions and also advise the government. Sometimes on request, but sometimes on his or her own initiative.

- *WP3, Methodological framework (Mr Sarría-Santamera, Spain)*

The world is facing complex issues and decision makers therefore need advice based on broadly accepted scientific knowledge and evidence. Such scientific advice needs a common methodological framework, which will be described in a handbook. The draft text will be

submitted to external reviewers from international institutes. This international handbook will be the basis for further development and will be updated in the future, integrating the experience of the participating science advice organisations.

Discussion, questions, answers, remarks

This may possibly lead to some transatlantic cooperation with scientific advisory bodies, also in the US.

What does EuSANH want to achieve with such a handbook? Is there something to gain in having a common methodology? What is the reason for doing this? Mr Sarría believes that there is a common core in such a methodology that can be used in any kind of scientific advice.

A comparison is made to the Cochrane handbook; it is applicable to almost any topic.

Possible discrepancies between the methodologies used within the organisations that take part in this project should be considered. Assessments should be made as to where these discrepancies can lead to further actions in relation to harmonisation and standardisation. Mr Sarría remarks that the group has not yet reached that point. They first need to understand how things are done within the different organisations. Once this is clear, determinants can be established to successfully carry out the work.

The conclusions might be relevant to other domains as well (for instance, environmental issues).

A methodological framework will be needed in the future if the different partners want to be complementary to each other, or if they want to develop joint scientific advice.

There are differences in technology assessments: on the one hand, there is a very abstract TA level and, on the other hand, there is the HTA level, in which very concrete techniques are discussed. If the committee wants to make a proposal to the Commission, it needs to clarify whether EuSANH is focussing on working at an abstract or at a concrete level. If this is not clear, the Commission will ask questions about this. Mr Knottnerus tells that the Steering Committee members have already convinced the Commission, by writing a successful proposal.

The differences between the EUnetHTA project and the EuSANH project are mentioned. Both projects are complementary to each other. EuSANH particularly needs to focus on the implementation of gathered knowledge. Therefore, it is really necessary to convince politicians of the advantages of scientifically-based policy making. Having this insight is a matter of the maturity of the different countries.

During the past two years, EFSA has focussed on how to create transparency in providing scientific advice. It appeared that transparent advice can be split up in two things: process/procedure and technical content. A couple of years ago, EFSA issued the procedural aspects of transparency. The general principles of transparency in providing scientific advice will very shortly be issued on a special website. A second activity is finding out how to harmonise methodology to evidence, because the contexts in the various countries can be quite different. However, a lot of similarities were also found.

- *WP4, Network development (Ellen van Hoof, Belgium)*

WP4 is involved with developing a sustainable communication and cooperation structure. Communication tool will be Sinapse. Besides this, well-prepared meetings will be organised, and there will be a mutual review of advice, collaborative activities and teleconferences. WP4 will also work at the sustained functioning of the network beyond the time frame of the

project. Another task will be to organise the kick-off meeting, which is planned to be in Brussels on 23 and 24 April 2009.

Discussion, questions, answers, remarks

Sinapse is actually an e-community, which enables the participants to upload all kinds of documents, send messages, post things on a message board, etc. It is still in a developing phase, so it can still be adapted to the users' demands.

Sinapse can still be improved and it would even become much more useful if other member countries use it more often. This will lead to an enormous increase of the exchange of scientific information. However, there is still a language problem at the moment. It would be a lot better if all the information were in English. The EUnetHTA project uses the Epi-system. It would be good to get into contact with the responsible persons, so that the two systems can be adapted to each other.

- *WP5, Case study (Ms Rehnqvist, Sweden)*

The choice of the topic of the case study depends on the outcome of the previous WPs. It is important to consider in which system the case study is brought into (centralised, decentralised, tax based, insurance based, etc.), who is the recipient of the advice and what is the mandate of the sender. Research in Sweden proved that budget steered organisations in health care cause problems. People who work there do not get the right incentives. This led to the conclusion that values and knowledge cannot be absent from health care organisations. This will also reflect on the case to be chosen. A general conclusion is that a case study is very context dependent.

Discussion, questions, answers, remarks

Is this case study meant for showing the impact on European decision makers?

Ms Rehnqvist answers that her group has not yet gotten that far. The case study starts in phase two of the project. The results may be suitable for generalisation, but different national contexts should always be taken into account. Ms Rehnqvist does not foresee legislation as a consequence, but cooperation and the added value of being a community that has some basic values in common can be illustrated by the case study.

- *WP6, Dissemination (Ms Coenen, the Netherlands)*

Ms Coenen describes the internal and external dissemination. She asks the attendants of the meeting to deliver input on the issue of dissemination.

6:30 pm: end of the first part of the afternoon session. Most advisers leave the room.

5. Business meeting

Ms Coenen briefly addresses two issues: financial aspects and initial costs 2009 (see presentation sheets).

The annual membership fee for 2009 will be € 5,000. This will be used for basis EuSANH activities, i.e. the running of the secretariat. The investments for the EuSANH-ISA project (about € 300,000 per year) are in a separate project budget financed by the EU Commission. The annual conferences next three years will be financed by this budget. The previous conferences were hosted by the EC in Brussels and Luxemburg, with major financial support of the Dutch Ministry of Health.

Discussion, questions, answers, remarks

When it comes to membership fees, a distinction is made between countries with large and small budgets. Not all countries will be able to pay the full € 5,000.

The financial data in the contract with the European Commission are classified information and cannot be circulated. However, Ms Coenen can say that the six beneficiaries get € 950,000, for three years. As the beneficiaries can only claim 7% indirect costs, a certain matching by beneficiary organisations will be needed. After some discussion, Mr Knottnerus admits that it should be possible to circulate these figures on a confidential basis and he will try to find out how this can be done.

Mr Künzli wants to know why the € 50,000 membership fee expenses per year are not in the whole project. Ms Coenen answers that after three years of EC project support, the EuSANH network wants to go further and at that moment there will be no European support anymore, which is the reason why these budgets are separated. Credibility as to continuity is also a requirement of the Commission. The budget was already approved by the Commission. The beneficiaries are accountable for the project. The Dutch members will work out the financial part and come up with a proposal.

Mr Knottnerus closes the meeting at 7:00 pm

Action Points

Nr	Date	Action	Name	Deadline
1.	12-04-2008	Find out if classified financial information can still be circulated	Knottnerus/Coenen	
2.	12-04-2008	Work out financial report	Knottnerus/Coenen	Done



Minutes

of the third conference of the European Science Advisory Network for Health (EuSANH) on 5 December 2008, 9:00 am – 3:00 pm in The Hague

Those present

Guy de Backer, (SHC, BE), Dirk Ruwaard, guest speaker (VWS-NL), Michael Bos (GR-NL), Helena De Carvalho Gomes (ECDC-SE), Louisa Couceiro (HCH-PT), Patricia Cediël (ISCI-ES), Hans-Peter Dauben (DIMDI-DE), Robin Fears (EASAC-UK), Ellen Van Hoof (SHC, BE), P. Jousilahte (KTL-FI), Jaroslaw Kolanowski (SHC-BE), André Knottnerus, (GR, NL), Daan Kromhout (GR-NL), Christopher Künzli (SPH-CH), Djien Liem (EFSA-IT), André Pauwels (SHC, BE), Cees Postema (GR-NL), Nina Rehnqvist (SBU-SE), Jolanda Rijnkels (GR-NL), Antonio Sarría Santamera (ISCI-ES), Marc Sprenger (RIVM-NL), Marc Suhrcke (UEA-UK), Marianne De Visser (GR-NL), Anneke Wijbenga (GR-NL), James Woodcock (LSHTM-UK), Mirosław Wysocki (NIPH/NIH)

EuSANH secretariat: Dorine Coenen (NL)

Apologies: Rumanian and French representatives

Summary

On this second day of the EuSANH conference, guest speaker Dirk Ruwaard addressed the topic of public health and science advice, especially in relation to the prevention of NCDs. He outlined Dutch policy for the prevention of NCDs and emphasised the importance of EuSANH as a network on a European level. Marc Suhrcke proceeded by giving a keynote lecture on prevention of NCDs in Europe seen from an economic perspective. This was followed by the representatives of EuSANH member organisations giving presentations on the following topics: fortifying flour with folic acid, prevention of work related allergies, highlights of recent changes in health situation and health inequalities in Poland, nutritional intake of micronutrients, transport and health. The final lecture of Spain was on barriers and opportunities of conducting science advice to health authorities. There were four chairs: Guy de Backer, Antonio Sarría, Mirosław Wysocki and André Knottnerus.

1. Opening

Mr De Backer welcomes the participants of the conference at 9:00 am and introduces guest speaker Mr Dirk Ruwaard.

Public Health and Science advice, by Dr Dirk Ruwaard (see PPT presentation sheets)
Dr Ruwaard is from the Dutch Ministry of Health, Welfare and Sports. As director of Public Health within the ministry, Mr Ruwaard is dealing with infectious diseases, crisis management, visions and strategies on public health, youth health care, chronic diseases and screening policies.

In his presentation, Mr Ruwaard focuses on the reason why NCDs should be prevented, prevention policy of NCDs in The Netherlands, the role of the Health Council of the Netherlands in prevention, and the importance of international collaboration in this.

He states that The Netherlands are not doing badly, but internationally the country is starting to lag behind when it comes to the increase life expectancy, which is slowing down the past years. On the national level, socio-economic health differences persist. Youth especially

makes a poor start (obesity) and there is a dramatic increase in chronic diseases at high age. All these developments have great impact on individual health and welfare, sustainability of the health care system (increased costs) and on society as a whole (decreased labour productivity and increased sickness leave). There are several initiatives with policy statements from health care providers, health care instructors and consumers/patients.

Mr Ruwaard then introduces a book published by the Ministry of VWS, entitled: *Being Healthy and Staying Healthy: a vision of health and prevention (2007)*. A copy will be available for everyone.

He emphasises that international collaboration between countries, policy makers and scientists is extremely important and he recommends exploring all possible ways to intensify collaboration through EuSANH.

Mr De Backer thanks Mr Ruwaard for his speech and for the hospitality offered by the Ministry of VWS.

2. Introduction of the topic, by Professor André Knottnerus

Professor Knottnerus is from the Dutch Health Council.

The EuSANH project has been going on for three years now. The network was established in 2006. The 2007 conference was mainly dedicated to the exchange of methodological aspects of science advice and this year the focus is on improving science advice for health in Europe and prevention of NCDs.

There is an ongoing exchange within EuSANH of key topics of common interest; both content and methods. NCDs are an important topic in this field. Determinants of these diseases include ageing, lifestyle, nutrition, mobility, and the societal and physical context.

This has consequences for health policy but also for economic strategies. Therefore, health can also be seen as a societal investment in the long term and it may even be interesting to look at health care from an economic point of view. Marc Suhrcke will take care of that in the next presentation.

3. Keynote lecture: Prevention of NCDs in Europe: an economic perspective, by Professor Marc Suhrcke (see PPT presentation sheets and abstract)

Professor Suhrcke is from the East Anglia University in Norwich and is specialised in developing economic arguments for investing in health, focussed on prevention. Mr Suhrcke focuses on the potential and limitations of using economic arguments for health based on scientific evidence. His presentation covers three areas:

- Why prevention?, Why economics?;
- Why do we need to talk of an economic perspective?;
- What do we mean by economic arguments?.

Mr Suhrcke addresses problems like drinking, smoking, exercise and life-style education in relation to expenses on prevention and public health. He also clarified some misperceptions, such as 'prevention is cost-saving' or 'prevention is cheaper than cure'. This is not always true. More and better prevention has its economic benefits. Besides that, there's a justification for a government role in some areas of prevention and there is growing evidence on 'best buys'. Finally, he states that more research is needed, especially non-clinical research, because this currently lags behind.

Any economic relation relies, in the first place, on the demonstration of effectiveness. Here lies the key challenge. Methods that are already used in other disciplines, for instance economics or mathematics, need to be applied. There are methods that use observational data to assess policy interventions. Moreover, even if the evidence is there, we still don't

know how to organise it. Who should take care of it? Many stakeholders are involved and this should be coordinated. There is no idea yet of the organisation of prevention in Europe.

Discussion, questions, answers, remarks

With clinical prevention, Mr Suhrcke means primary prevention, for instance lowering cholesterol by using medicines. A discussion follows about primary prevention. Primary prevention can also be located in the field of life-style.

Thirty years ago, in the declaration of Alma Ata, the concept of *health is wealth* was already introduced. There seems to be a bit of tension between Mr Suhrcke's approach and seeing health as a commodity. In the Alma Ata report it is stated that if health is seen as a commodity, there are some disadvantages. Mr Suhrcke says that there is something to gain and something to lose from the economic argument. On a net basis, society will gain from it. We simply have to make choices and the economic argument has, so far, been understated.

From an economic point of view, cost effectiveness is of the essence. The problem, however, is to find a balance between cost effectiveness and ethics in prevention in health care. Mr Suhrcke says that in some cases, such as screening on cervical cancer, prevention is not cheaper. In that case, ethics will prevail. Decisions have to be made on each individual case and he repeats that it is not unethical to maximise health care to the limited resources we have. Ethics come in later, when it comes to equity and equality. He prefers to keep that separate and to look at the overall situation first and make ethical decisions later.

Ms Rehnqvist asks if Mr Suhrcke uses the same denominators as in health care when it comes to calculating cost effectiveness. Mr Suhrcke answers that he does not use the same denominators. He argues for a cost benefit analysis in the case of public health prevention, because some broad public health interventions affect other aspects as well. If these aspects are not counted, the return on the investment will be understated.

Mr De Backer introduces the next six speakers, who represent the EuSANH member organisations and will give presentations on special topics related to prevention of NCDs within those organisations.

4. Presentation of EuSANH members on topic

- *Benefits and risks on fortifying flour with folic acid to reduce the risk of neural defects. A systematic review. (see PPT presentation sheets and abstract)*
by Professor Nina Rehnqvist

Professor Rehnqvist is from the Swedish Council of Technology Assessment in Health Care (SBU). Ms Rehnqvist introduces the topic and announces that the review can be consulted on the internet. Ms Rehnqvist tells that the task of SBU comprises the evaluation of new and established methods in health care from a combined medical, ethical, economic and societal perspective. SBU practices Health Technology Assessments (HTAs).

HTA research shows that folic acid fortification will have beneficial health effects, because it will reduce incidents of neural tube defects (NTDs). Therefore, it was recommended to offer free folic acid tablets to women of child bearing potential. Exposure to the general population however, may incur risks. The report was discussed in the joint conference of the National Food Administration and the National Board for Health and Welfare.

She concludes by saying that if one is providing science advice, one should not start the process of advising when the research results are finally there, but that this should be done far earlier, so that policy makers are prepared to change their policies. She also states that HTA is a useful tool to document scientific evidence.

10:30 am – 11.05 am: Sinterklaas break.

Discussion, questions, answers, remarks

The idea of involving politicians in an earlier phase in the project is very interesting. The problem is, however, to safeguard independence. Ms Rehnqvist says that no interaction with policy makers should take place during the research process. What the Swedish scientists do is educating the politicians, because the difficulties for outsiders have been underestimated. If politicians are informed beforehand, they will be better prepared and more open to policy change.

The supplement dose recommended on a daily basis is four hundred micrograms. The idea was to start giving the supplement at the age of eighteen. Women have to go to the pharmacist and will get it there for free. A discussion follows about such a high dose of the supplement. If it takes a long time for a woman to get pregnant, she may get too high a dose. On the other hand, it is generally known that folic acid intake of women at that age is too low anyhow, so this may not be a problem. However, the synthetic drug Ms Rehnqvist suggests, is compatible to adding 800 micrograms of ordinary folic acid to the diet. Ms Rehnqvist agrees on this: it is the other side of the balance.

This research was in collaboration with other Scandinavian countries. What were the results in those countries? Ms Rehnqvist does not know this yet.

Does folic acid have an official indication as a primary prevention drug and if not, how does the company deal with possible side effects? Who has to pay for this? Ms Rehnqvist says that it is already written down in the National Board recommendations, so legislation is already there.

From now on Mr Sarría will be chair. He introduces the next speaker, Jolanda Rijnkels.

- *Prevention of work related airway allergies* (see PPT presentation sheets and abstract)
by Dr Jolanda Rijnkels

Dr Rijnkels is from the Health Council of the Netherlands. She was involved in this report as a scientific staff member. First, Ms Rijnkels goes into the content of the report, then she outlines the advisory process, and finally, she considers the state of the art of the published report.

Until this research started, no clear threshold levels had been observed for health-based recommended maximum permissible exposure levels to a given airborne substance (OELs). Allergic sensitisation appeared to be the best way for the calculation of these health-based OELs. Next to this, research was done on periodic screening. The results were discussed and approved in standing committees of the Health Council. The advisory report was published and the recommendations will be used for policy making and in the business community.

Discussion, questions, answers, remarks

The whole process took two years.

A report like this has a big impact on the business community. What was the context of the business community, the worker unions, etc? Ms Rijnkels tells that a case of flour dust allergy forced the minister to look for the best way of determining occupational exposure limits. As a result, the minister asked the Health Council to do research on this.

There was a reaction time of eight weeks after the draft had been distributed. Were there any reactions? Ms Rijnkels answers that there was a lot of interest from the business community and from research institutions. This was discussed in the committee and some minor changes were made to the report.

Has it already been tested that people receive money from the insurance company if a disease was caused by the situation at the working place? Ms Rijnkels answers that this has not yet been done, but the employer is responsible for the workers, and he will be insured.

- *Highlights of recent changes in health situation and health inequalities in Poland.*
(see PPT presentation sheets)
by Professor Miroslaw Wysocki

Professor Wysocki is from the National Institute of Public Health – National Institute of Hygiene in Poland. Mr Wysocki shows the book published by the National Institute of Public Health, for which he was one of the contributors. It is a report on the health situation in Poland. This is done every five years. It is a piece of scientific advice the authors wrote on their own initiative from their own money and it is distributed among decision makers.

Then he proceeds to his presentation on the health situation in Poland. The health situation in Poland has changed a lot during the past twenty years. There was an enormous decline in infant mortality and a reduction in mortality from cardiovascular diseases and external causes of death. This led to an extension of life expectancy of almost five years. Then Mr Wysocki goes into the political and organisational background of health care. His final conclusion is that there is further improvement of the overall health situation of the Polish population. There is a good vaccination coverage, which led to a decline of CDs. However, there are significantly increasing societal and hereto related health inequalities. Aging is a problem and the system should be adapted to this new situation. There have been some unsuccessful health care reforms, in which the aspects of sensitiveness and responsiveness towards patients were lost.

Discussion, questions, answers, remarks

How can the difference between the extremely well covered vaccination programme and the failure of screening be explained? How is it possible that HPV vaccination lags behind? Mr Wysocki explains that vaccination is a long tradition in Poland. It may be considered a heritage from the communist system and one of the things that was not destroyed in 1998. Screening is free but the response rate is low. People are frightened by the invitation or not ready for it. In some districts, HPV vaccination is considered a possible facultative vaccination. The Catholic church however, does not like it. Moreover, this vaccination is not cheap, but it will possibly be available in two years.

The gain in life expectancy in twenty years time is impressive. This is due to healthy life style promotion (less smoking, change of diet, less animal fat consumption, more fruit, exercise, etc.). Mr Wysocki also thinks that the democratic system helps to improve the psychological condition of the Polish.

What recommendations would Mr Wysocki give to the Minister of Health? He already made some recommendations in his book. One was related to health care financing, which is at an

unacceptable low level. The second is about the approach towards preventable diseases, such as cervical cancer, breast cancer, diabetes etc. There should be an effective management of the screening programmes. The third is about the organisation of the public health system altogether. In the current situation, this happens without the involvement of the Minister of Health. Public health is more or less forgotten in Poland.

How many MDR-TB cases are there in Poland? The treatment costs of an MDR case are enormous. Mr Wysocki will look up the numbers and inform Mr Postma, who asked the question.

- *Updated recommended nutritional intake of micronutrients for the Belgian population.* (see presentation sheets)
by Professor Jaroslaw Kolanowski

Professor Kolanowski is from the Superior Health Council in Belgium.

In January 2005, the European Commission asked the European Food Safety Authority (EFSA) to review the SCF recommendations in micronutrients. EFSA indicated that this task would take some time. Since the Belgian Superior Health Council has recently (December 2006) updated the recommendations for energy and macronutrient intake, it decided to re-evaluate also the nutritional needs for micronutrients (Vitamines and Minerals).

At the end of his presentation, Mr Kolanowski mentions the Eurreca group (<http://www.eurreca.org/>) that was created quite recently. Their first paper was uploaded online one week ago. Eurreca is a network to align European micronutrient recommendations. Harmonisation of recommendations may improve European nutrient policy and possibly public health. The currently updated recommendations will hopefully contribute to the progress of the Eurreca network activities.

Discussion, questions, answers, remarks

The Belgian recommendations on vitamin C intake do not differ very much from those of the European Committee. This can all be harmonised on a European level, so that there will be one European recommendation. Mr Kolanowski agrees. The difference between the Belgian and Dutch recommendations in vitamin D intake however, is considerable. The Belgians claim that the 20 micrograms they are recommending for all age groups, may prevent certain diseases like diabetes, cardio vascular diseases, etc. The Dutch only want this dose for the high-risk groups and the Dutch report states that the evidence found for the prevention of these diseases by taking vitamin D was not sufficient for a renewed recommendation. Mr Kolanowski recommends this high vitamin D dose for all ages, because it is still far below the toxic level and it certainly has beneficial aspects. Besides, the intake of vitamin D by an important part of the whole population is too low.

How much salt do the Belgians consume and what are the trends? Mr Kolanowski answers that the consumption of salt varies from country to country in Europe, but in general it varies between 8 – 11 grams of sodium per day.

0:45 pm – 1:45 pm : lunch break.

Mr Wysocki is the chair and he introduces Mr James Woodcock.

- *Transport and health* (see presentation sheets)
by Mr James Woodcock MSc

Mr Woodcock is from the London School of Hygiene and Tropical Medicine in the UK. In his speech he addresses three issues: what do people want from the urban transport system, how do cars match up to these requirements, and can there be a response to the car?

Cars should be accessible for all, but this is not the case at the moment. Nor are cars environmentally sustainable and cars are certainly not healthy (air pollution, climate change, lack of exercise, crashes, psychosocial effects, noise). An environment should be created that encourages and supports more physical activity.

He concludes by saying that the car has environmental, social and public health effects. Public Health has to respond to this with comprehensive car control policies aiming at obtaining more car free space.

Discussion, questions, answers, remarks

Mr Woodcock did not speak about confounders in his study, for instance in the comparison of cyclists and non-cyclists. There are many other things that differ between the groups. Mr Woodcock says that the studies have tried to adjust for confounders the best they could. He states that the positive physical effects of using the bike may even be underestimated.

Mr Woodcock has to do with quite a few different sectors in his work, which need a lot of coordination. Mr Woodcock agrees that his work cannot be limited to the health sector only, but the health sector can do a lot in terms of convincing the people of the idea of reduced car use.

What is Mr Woodcock aiming at: the absence of cars? Is there any evidence of effects of the London contestant charts? Mr Woodcock's goal is a very limited use of private cars in the urban environment and more small electric vehicles. Studies have shown benefits in terms of air pollution and that there is an increase in cycling in London.

- *Barriers and opportunities for conducting science advice to health authorities* (see presentation sheets) by Dr Antonio Sarría

Dr Sarría is from the Instituto de Salud Carlos III in Spain. He refers to his book, which is complementary to his presentation and is part of the deliverables of the EUnetHTA project. It is about the relationship between researchers and policy makers, the specific value of how evidence is organised and how the evidence is presented to those who make decisions.

Scientific advice takes place at three levels: the macro level of health authorities, who have to deal with coverage decisions, the intermediate level of administrators, who deal with impact on the local situation, and the micro level of clinicians who deal with patients.

Then he explains the decision making process from HTA to the actual decision. HTA has several advantages: it is timeless, relevant and transparent, and allows more participation of stakeholders. It has a high impact in the fields of awareness, acceptance, policy process, policy decisions, practices and outcome.

Quite often it takes too long before certain discoveries are applied (example: scurvy and vitamin C). He concludes by saying that more money has to be spent on interesting and valuable research.

Discussion, questions, answers, remarks

Ms Rehnqvist agrees that there should be more interaction between scientists and society. Mr Sarría continues that these are different worlds, but people should learn from these differences.

Something is needed between science and policy makers. NICE is a suitable tool to build this bridge. Mr Sarría says that a new way of conducting scientists has to come up. EuSANH can be very influential in this.

There is actually a lot of evidence that has not yet been put into practice. HTA is developing a tool that can estimate the usefulness of evidence transported from one country to another. Besides this, an overview will be given of what has been produced in the past. As soon as the report is finished, Mr Bos will distribute it among the EuSANH participants.

Continuous dialogue is necessary. All the players in the process should be aware of their responsibilities and there should be no separation between users and scientific advisors.

Having an open debate with society and policy makers is also an important issue within EuSANH-ISA.

Most problems occur with the impact that new topics should make on policy makers. A way should be found to inform policy makers in such a way that they consider the topic important for their personal career. Maybe scientists can learn from the way the industries are lobbying by making politicians more sensitive to certain issues.

5. Conclusion and perspectives, by Dr André Knottnerus.

Mr Knottnerus summarises the conference by saying that this was an interesting and productive meeting. The participants started by communicating and working out the various aspects to be implemented in the context of the EuSANH-ISA project which is focusing on improving science advice for health.

The EuSANH network is developing: there are now twelve member states, but some new countries are interested in being also a member of the network. Heterogeneity of the member countries can be a strength, because people can learn from different insights.

Things that were also discussed are the importance of coverage of the network and the support to member states. There was a discussion on the first day on the financial contribution to safeguard the continuity of the network.

The EuSANH-ISA project is starting and will address collaboration as to subject matter and a common ground regarding the methodology of science advice as objectives.

A lot of input was received from the participants during the past two days. This will make it easy to come with a short list of topics for EuSANH case studies for the future. Mr Knottnerus mentions some interesting topics discussed, such as health impact and transportation, screening and vaccination policies, innovation of health care in an ageing society, the impact of health systems and priorities for mental health in Europe.

The issue of the interaction between policy and science was also interesting to discuss. The involvement and commitment of policy makers in an early phase in the process is important to achieve more impact when it comes to implementation. On the other hand, safeguarding independence during the project is necessary.

The importance and feasibility of open consultation of stakeholders during the process, and the integration of it, was made very clear. The issue of sharing evidence and to respect and use international variety came up as well. Things can be learned from this.

Then there was the topic of nutritional guidelines and the issue of prevention of NCDs, which were intriguing issues.

There were also some important messages from the politics and policy: 'science has a crucial role to play in improving health of the population' and 'dealing with complexity and uncertainty seem to be more of the core business of science advice, not the answering of simple questions'. Mr Knottnerus agrees on this: for fully predictable success the easy way is to give simple answers; however, that is not the mission scientific advisors stand for. Scientists should also realise that they are in an extra strong position to guide policy makers in anticipating on new developments.

The future of EuSANH in the short term will be development of the EuSANH-ISA project and parallel to that EuSANH will continue the ongoing exchange of information during the annual meetings. In the long term, it is important to establish the position of the science advisory network as a generally recognised source for advice in the European policy arena. This implies continuing and extending our communication with DG Sanco and DG Research. EuSANH can be seen as an independent voice of the scientific community on the one hand and complementary to this, it can have interactions with organisations as ECDC and EFSA on the other hand. Collaboration with EUnetHTA may strengthen the role of both organisations.

Mr Knottnerus closes the meeting at 15:10. The minutes of this conference will circulate and the next meeting will be in Brussels on 23 and 24 April, 2009.

Action Points

Nr	Date	Action	Name	Deadline
1.	12-05-2008	Distribute NICE report when finished	Bos	
2.	21-05-2008	Inform Mr Postma about the number of MDR-TB cases	Wysocki	