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from: Secretary-General of the European Commission,
signed by Mr Jordi AYET PUIGARNAU, Director

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to: Mr Uwe CORSEPIUS, Secretary-General of the Council of the European
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Implementation of the second Programme of Community action in the field of
health in 2011

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COMMISSION STAFF WORKING DOCUMENT

**Implementation of the second Programme of Community action in the field of health in
2011**

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Implementation of the second Programme of Community action in the field of health in 2011

This document is a European Commission staff working document for information purposes. It does not represent an official position of the Commission on this issue, nor does it anticipate such a position.

1. INTRODUCTION

Article 13(1) of Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)¹ requires the Commission to report annually to the Health Programme Committee on all actions and projects funded through the Programme and keep the European Parliament and the Council informed. The purpose of this working document is to meet this requirement.

This working document provides detailed information on all actions and projects funded in 2011, the relevant budget and its execution. Moreover, examples of key results achieved in 2011 of actions funded through the Programme are provided in an appendix to this report.

2. BUDGET

The budget for the second Health Programme for the period 2008-2013 is EUR 321.5 million. The budget set out in the work plan for 2011 was EUR 48.5 million. This was broken down as follows:

- operational expenditure: EUR 47.1 million corresponding to budget line 17 03 06 — *EU action in the field of health*;
- administrative expenditure: EUR 1.4 million corresponding to budget line 17 01 04 02 — *Expenditure on administrative management*.

With the inclusion of EFTA/EEA and Croatia credits and recovery credits from previous budgetary years, the total operational budget amounted to EUR 48 421 723 and the total administrative budget to EUR 1.4 million.

The Executive Agency for Health and Consumers (EAHC) has been providing the Commission with technical, scientific and administrative assistance in implementing the Health Programme since 2005². The EAHC organises annual calls for proposals, coordinates the evaluation of submissions, and negotiates, signs and manages related contracts. The EAHC is also responsible for most procurement procedures. In 2011, the EAHC managed EUR 36 146 178, and the Commission managed the remaining EUR 12 275 545.

¹ OJ L 301, 20.11.2007, p. 3.

² Decision 2004/858/EC of 15 December 2004 (OJ L 369, 16.12.2005, p. 73) amended by Decision 2008/544/EC of 20 June 2008 (OJ L 173, 3.7.2008, p. 27).

3. PRIORITIES FOR 2011 AND FINANCING MECHANISMS

The priorities for 2011 were set out in Commission Decision 2011/C 69/01 of 22 February 2011 adopting the 2011 work plan and related criteria³. Commission Implementing Decision 2011/C 353/08 of 2 December 2011⁴ amended that Decision. The amendment was introduced as a result of changes in the implementation of the work plan which modified the budget distribution among the various financing mechanisms. The modifications exceeded the 20% margin set out in Article 5 of Commission Decision 2011/C 69/01, making it necessary to amend the Decision.

The following financing mechanisms were used to implement the work plan for 2011:

- Project grants: these are awarded to projects involving several partners, usually public health bodies and non-governmental organisations (NGOs). The maximum EU contribution is 60% of eligible costs.
- Conference grants: these go towards conferences on public health issues, organised by public bodies or non-profit organisations and the EU Council Presidencies. The maximum EU contribution is 50% of eligible costs.
- Operating grants: these are awarded to non-profit organisations or specialised networks in the field of health. Such bodies must be non-governmental, non-profit, independent of industry or other conflicting interests and have as their primary objectives one or more goals of the programme. The maximum EU contribution is 60% of their annual operating costs.
- Grants for joint actions: these are awarded to Member States' authorities or bodies designated by them. The maximum EU contribution is 50%.
- Direct grant agreements with international organisations — awarded to international organisations active in the area of public health. The maximum EU contribution is 60%.
- Procurement (service contracts): these are used to purchase services, such as evaluations, studies, data procurement and IT applications. The Health Programme fully covers the cost of procurement actions.

Competitive selection and award procedures are used to select actions for funding, with the exception of direct grant agreements and conferences organised by Council Presidencies, which represent *de facto* and *de jure* monopolies.

Administrative credits cover expenditure such as studies, meetings of experts, information and publication costs, and technical and administrative assistance for IT systems.

³ OJ C 69, 3.3.2011, p. 1.

⁴ OJ C 358, 3.12.2011, p. 8.

4. IMPLEMENTATION OF THE OPERATIONAL BUDGET BY FINANCING MECHANISM

| Number of grants / contracts signed | Type of financing mechanism | Implementation € | Share of mechanism in total executed budget |
|-------------------------------------|---|-------------------|---|
| 50 | Calls for proposals: | 28 238 187 | 59.6 % |
| 20 | Project grants | 6 982 116 | 14.7 % |
| 11 | Conference grants | 700 757 | 1.5 % |
| 9 | Operating grants | 4 008 980 | 8.5 % |
| 10 | Grants for joint actions | 16 546 334 | 34.9 % |
| 10 | Direct grant agreements | 3 199 987 | 6.8 % |
| | Procurement (service contracts) | 15 139 422 | 32.0 % |
| | Other actions | 770 000 | 1.6 % |
| | Executed budget in 2011 | 47 347 596 | |
| | Total available budget | 48 421 723 | |
| | Credits not used (pre-accession credits not yet used, differences between amounts in the award decision and amounts actually contracted) | 1 074 127 | |
| | Level of budget execution | 97.8 % | |

4.1. Calls for proposals

Four calls for proposals — for projects, conferences, operating grants and joint actions — were launched on 3 March 2011 on the Public Health Europa website⁵ and the EAHC website⁶. The calls were also published in the Official Journal of the European Union⁷. The calls closed on 27 May 2011.

The EAHC organised a joint action workshop in January 2011 and a joint action quality assurance workshop in April 2011. Croatia organised a national information day. Guidelines for applicants were made available on the EAHC website. The EAHC helpdesk also provided assistance and practical help.

In all, 113 applications were submitted for an amount totalling EUR 49,472,501. Applications were evaluated in accordance with the rules and criteria set out in Commission Decision 2011/C 69/01 and the calls for proposals. Applications were evaluated by 21 external experts drawn from a list that was

⁵ http://ec.europa.eu/health/programme/policy/index_en.htm.

⁶ <http://ec.europa.eu/eahc/health/health.html>.

⁷ OJ C 69, 3.3.2011, p. 1.

established following a call for expressions of interest: ‘Experts for the second programme of Community action in the field of health in various evaluation activities’⁸.

The evaluation process took place in two stages.

In the first stage, three external evaluators reviewed each proposal. A consolidated evaluation report for each proposal was drawn up at a meeting organised by the EAHC.

In the second stage, an evaluation committee checked that the evaluators had adhered to the relevant rules and criteria. It then drew up final lists of proposals recommended for funding together with reserve lists. The evaluation committee comprised representatives from the Directorate-General for Health and Consumers, the Directorate-General for Research and Innovation and the EAHC.

The committee of the second programme of Community action in the field of health (2008-13) issued a favourable opinion on the actions proposed for funding at its meeting on 27 September 2011. The related awarding Commission Decision was adopted on 4 October 2011⁹.

The amendment of the 2011 work plan on 2 December 2011 enabled additional projects to be funded from the reserve list.

4.1.1. Project grants

In all, 38 proposals were submitted in response to the call for proposals for projects. Seven proposals were recommended for funding and 8 were placed on a reserve list. In the end, 10 projects were funded for a total of EUR 6982 116. Their distribution among the programme strands was as follows:

- Health security: EUR 797 732 (2 projects)
- Health promotion: EUR 5 654 504 (7 projects)
- Health information: EUR 529 880 (1 project).

Annex 1 contains a table of the projects funded. The EAHC database¹⁰ provides abstracts of these.

4.1.2. Conference grants

A total of 35 proposals were submitted in response to the call for proposals for conferences. Seven proposals were recommended for funding and 4 were put on the reserve list. In the end, 7 conferences under the call for proposals and 2 conferences organised by the Presidencies of the European Council were funded for a total budget of EUR 700 757. Their distribution among the programme strands was as follows:

- Health promotion: EUR 242 975 (3 conferences)
- Health information: EUR 457 782 (6 conferences).

The conferences which were funded addressed: cancer, HIV, public health in general, Alzheimer’s, rare diseases and orphan products, active ageing and health services research. The Polish Presidency conference focused on brain ageing, and the Danish Presidency conference on eHealth.

⁸ OJ S 65, 2.4. 2011 and http://ec.europa.eu/eahc/phea_ami/.

⁹ http://ec.europa.eu/health/programme/docs/award_decision2011.pdf.

¹⁰ <http://ec.europa.eu/eahc/projects/database.html>.

Annex 2 contains a table of the conferences funded. The EAHC database provides abstracts of these.

4.1.3. Operating grants

A total of 35 proposals were submitted in response to the call for proposals for operating grants. Of these, 16 were proposed for funding and 3 were placed on a reserve list. In the end, 16 proposals — 7 new proposals and 9 renewal proposals — were funded for a total of EUR 4 008 980. The distribution of operating grants among the programme strands was as follows:

- Health promotion: EUR 2 687 734 (12 operating grants)
- Health information: EUR 1 321 246 (4 operating grants).

New operating grants were awarded to: EUROPA DONNA — the European Breast Cancer Coalition; European Federation of the Associations of Dieticians; the European Health Management Association Limited; the European Multiple Sclerosis Platform; the European Patients' Forum; the European Network for Smoking and Tobacco Prevention; and PREVENT.

Renewals were awarded to: Alzheimer Europe; Assistance publique des hôpitaux de Paris (rare diseases networks: porphyria); Assistance publique des hôpitaux de Paris (rare diseases networks: Wilson's disease); the Association of Schools of Public Health in the European Region; the European Alcohol Policy Alliance; the European Organisation for Rare Diseases; the European Public Health Alliance; Stichting Aids Fonds — Soa Aids Nederland; and Stichting Health Action International.

Annex 3 contains a table of the operating grants funded. The EAHC database provides abstracts of these.

4.1.4. Joint actions

Five proposals for joint actions were submitted and funded for a total of EUR 16 546 334. They were distributed among the programme strands as follows:

- Health security: EUR 4 936 164 (2 joint actions)
- Health promotion: EUR 2 994 162 (1 joint action)
- Health information: EUR 8 616 008 (2 joint actions).

These joint actions, involving a large number of Member States and third countries taking part in the programme, focused on: organ donation; patient safety and quality of care; rare diseases; health technology assessment; and eHealth.

Annex 4 contains a table of the joint actions funded. The EAHC database provides abstracts of these.

4.2. Direct grant agreements with international organisations

In all, 7 direct grant agreements were signed for a total of EUR 3 199 987 with the following:

- Council of Europe concerning cooperation on substances of human origin;
- International Agency for Research on Cancer (IARC) concerning cooperation on cancer (2 grant agreements);

- Organisation for Economic Cooperation and Development (OECD) concerning cooperation on health information;
- World Health Organisation (WHO) concerning cooperation on: health inequalities; nutrition and physical activity; and health economic evaluations (3 grant agreements).

Annex 5 contains a table of the direct grant agreements that were funded.

4.3. Procurements (service contracts)

Altogether, 91 service contracts were signed for a total of EUR 15 139 422. They were distributed among the programme strands as follows:

| Programme objective | Tenders contracts SANCO | Tenders contracts EAHC | Total tenders contracts |
|----------------------------|--------------------------------|-------------------------------|--------------------------------|
| Health Security | 169 913 | 1 428 197 | 1 598 110 |
| Health Promotion | 9 463 387 | 91 254 | 9 554 641 |
| Health Information | 1 728 715 | 2 257 956 | 3 986 671 |
| Total | 11 362 015 | 3 777 407 | 15 139 422 |

These contracts covered needs as specified in the work plan for 2011: evaluation and monitoring; studies; provision of advice, data and information on health; scientific and technical assistance; communication and awareness-raising activities; and IT applications in support of policy design and programme implementation.

Annex 6 contains a table of the service contracts which were funded.

4.4. Other actions

A sum of EUR 870 000 was earmarked for other actions in 2011. These covered: special indemnities to experts for their participation in and work for the EU Scientific Committees in line with Commission Decision 2008/721/EC¹¹ for a total of EUR 270 000; Commission membership of the European Observatory on Health Policies for a sum of EUR 500 000; and an administrative agreement with the Joint Research Centre (JRC) on scientific policy support on tobacco for a total of EUR 100 000. The administrative arrangement was not implemented.

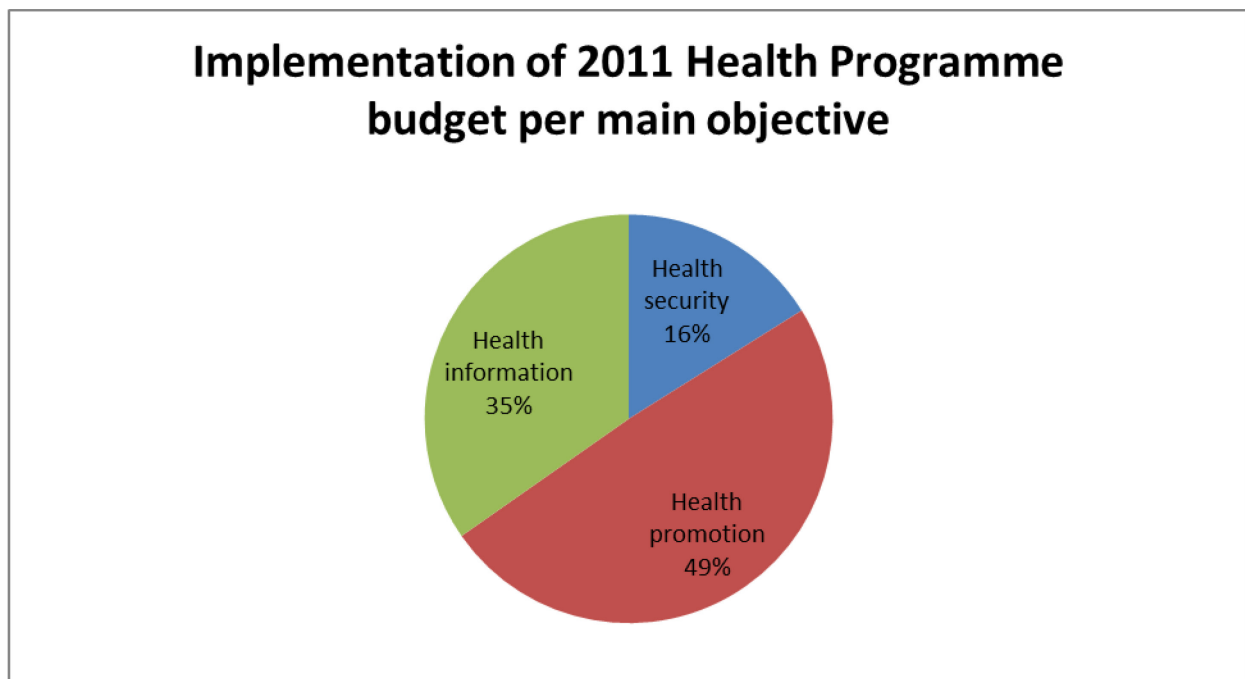
¹¹ OJ L 241, 10.9.2008, p. 21.

5. IMPLEMENTATION OF THE OPERATIONAL BUDGET BY PROGRAMME OBJECTIVES

5.1. Global budget consumption in 2011

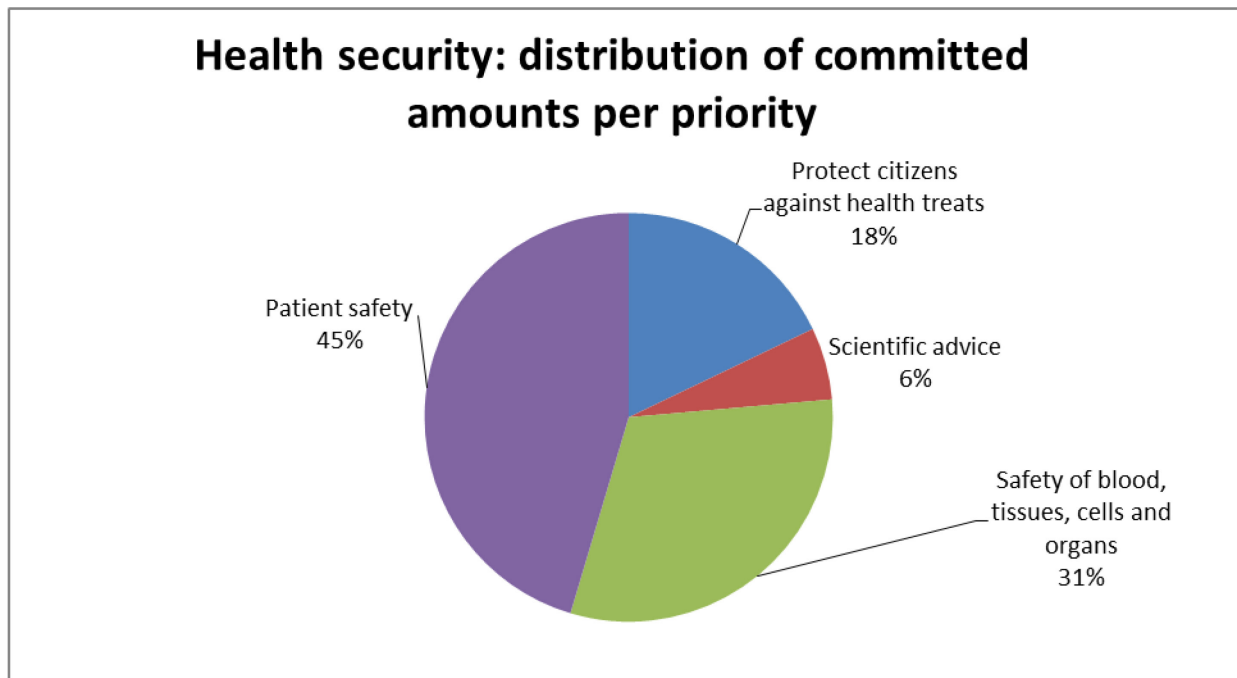
The graph below illustrates the consumption of the budget in 2011 according to the three programme strands.

In the following sections the graphs and tables give details of budget consumption for the three programme strands.



5.2. Health security

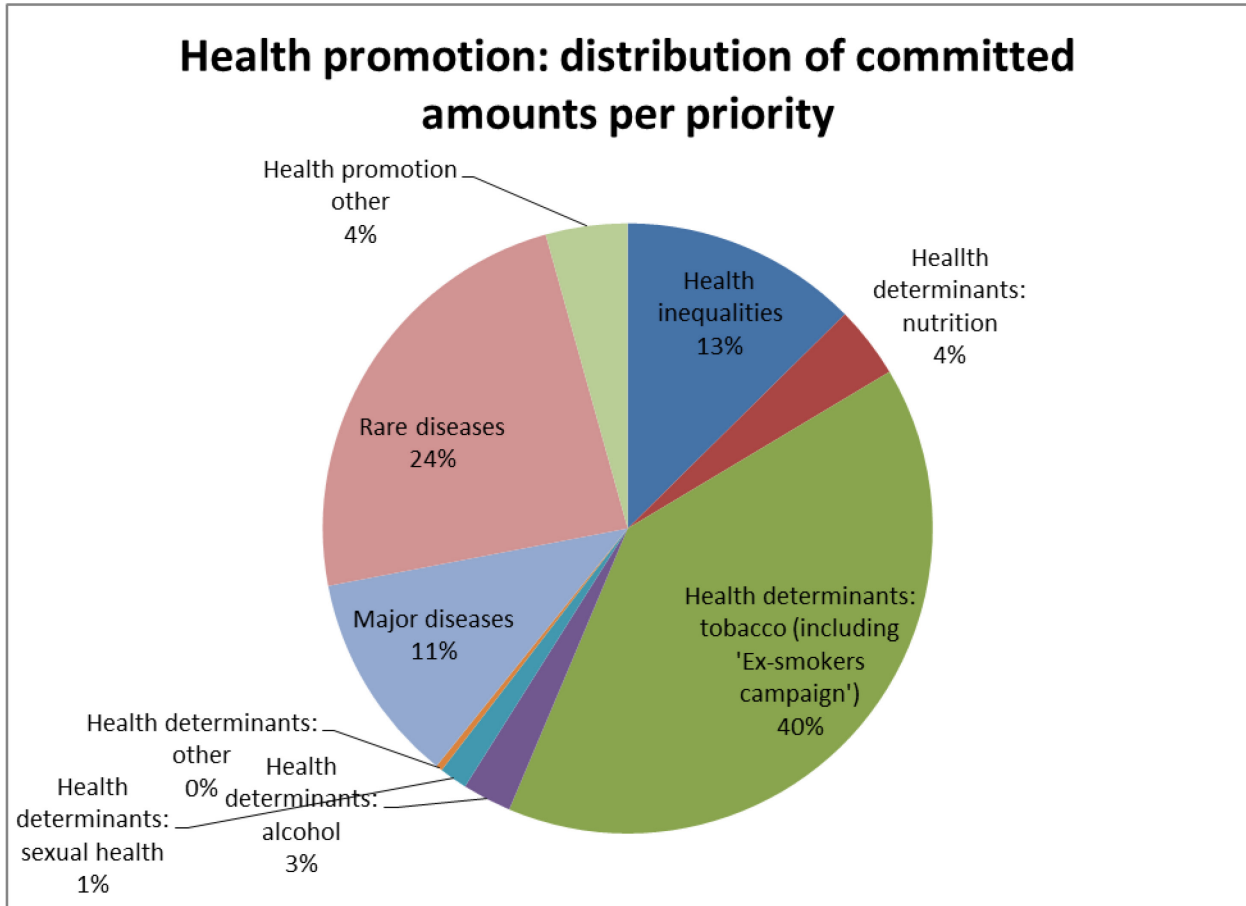
EUR 7 702 006 – 16 % of the operational budget in 2011



| HEALTH SECURITY | |
|--|-------------------|
| Protect citizens against health threats | 1 377 532 |
| Scientific advice | 439 913 |
| Safety of blood, tissues, cells and organs | 2 388 397 |
| Patient safety | 3 496 164 |
| TOTAL | 7 702 006 |
| Health programme budget in 2011 (all strands) | 47 347 596 |

5.3. Health promotion

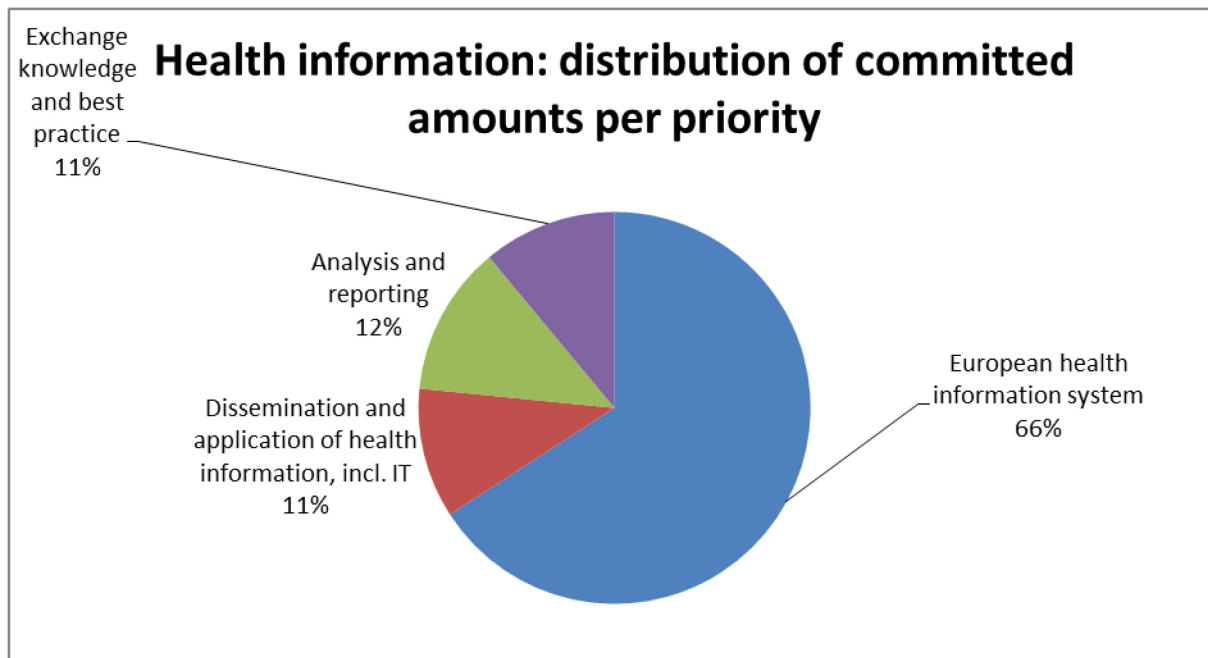
EUR 23 534 003 – 50 % of the operational budget in 2011



| HEALTH PROMOTION | |
|--|-------------------|
| Health inequalities | 2 967 920 |
| Health determinants: nutrition | 896 522 |
| Health determinants: tobacco | 9 397 663 |
| Health determinants: alcohol | 613 057 |
| Health determinants: sexual health | 350 000 |
| Health determinants: other | 81 065 |
| Major diseases | 2 633 593 |
| Rare diseases | 5 573 457 |
| Health promotion: other | 1 020 726 |
| TOTAL | 23 534 003 |
| Health programme budget in 2011 (all strands) | 47 347 596 |

5.4. Health Information

EUR 16 111 587 – 34 % of the operational budget in 2011



| HEALTH INFORMATION | |
|---|-------------------|
| European Health information system | 10 610 267 |
| Dissemination and application of health information, incl. IT | 1 728 715 |
| Analysis and reporting | 1 993 577 |
| Exchange of knowledge and best practice | 1 779 028 |
| TOTAL | 16 111 587 |
| Health programme budget in 2011 (all strands) | 47 347 596 |

ANNEX 1 –Project grants (signed and committed)

| HEALTH SECURITY | | | |
|---|-------------------|---|------------------|
| 3.1.1. Protect citizens against health threats | | | |
| Number | Acronym | Title | Amount |
| 3.1.1.1 | ASHT phase III | Project on multi-sectoral preparedness and health security | 497 760 |
| 3.1.1.2 | CriCoRM | Project on crisis communication in the area of risk management | 299 972 |
| Total | | | 797 732 |
| HEALTH PROMOTION | | | |
| 3.2.1. Identifying the causes of, addressing and reducing health inequalities and promoting investment in health in cooperation with other EU policies and funds | | | |
| 3.2.1.1 | HEALTHY EQUITY | Reducing health inequalities: preparation for action plans and structural funds projects | 1 145 040 |
| 3.2.1.1 | EPHE | Reducing health inequalities: preparation for action plans and structural funds projects | 834 017 |
| 3.2.1.1 | ACTION FOR HEALTH | Reducing health inequalities: preparation for action plans and structural funds projects | 588 863 |
| 3.2.2. Addressing health determinants to promote and improve physical and mental health | | | |
| 3.2.2.5 | BISTAIRS | Good practice on brief interventions to address alcohol use disorders in primary health care, workplace health services, emergency care and social services | 340 095 |
| 3.2.3 Prevention of major and rare diseases | | | |
| 3.2.3.0 | SHARE | Single Hub and Access point for paediatric Rheumatology in Europe | 860 244 |
| 3.2.3.1 | RARECARENet | Information network on rare cancers | 1 000 631 |
| 3.2.3.3 | EUHANET | European Haemophilia Network EUHANET | 885 614 |
| Total | | | 5 654 504 |
| HEALTH INFORMATION | | | |
| 3.3.1. European Health Information System | | | |
| 3.3.1.1 | HoNCAB | Support creation of pilot network of hospitals related to payment of care for cross-border patients | 529 880 |
| Total | | | 529 880 |
| TOTAL PROJECTS | | | 6 982 116 |

ANNEX 2 — Conference grants (signed and committed)

| HEALTH PROMOTION | |
|---|----------------|
| 3.2.2. Addressing health determinants to promote and improve physical and mental health | |
| Title | Amount |
| HIV in Europe 2012, Optimal testing and Earlier Care | 100 000 |
| 3.2.3. Prevention of major and rare diseases | |
| 1st European Day of the Brain. Ageing, Stroke, and Alzheimer's Disease — Finding Innovative Solutions (CFR 2011) — PL Presidency Conference | 49 475 |
| Quality of Life and Symptom Research in Cancer Clinical Trials | 93 500 |
| Total | 242 975 |
| HEALTH INFORMATION | |
| Exchange knowledge and best practise | |
| Fifth European Public Health Conference | 100 000 |
| 22nd Alzheimer Europe Conference: Changing Perceptions, Practice and Policy | 60 000 |
| European Conference on Rare Diseases and Orphan Products 2012 Brussels | 100 000 |
| “Active Ageing citizens at the centre of EU health policy”. 6th European Patients' Rights Day | 68 376 |
| Strengthening the European Dimension in Health Services Research | 29 406 |
| High Level eHealth Conference 2012, Copenhagen, 7-9 May 2012 — DK Presidency Conference | 100 000 |
| Total | 457 782 |
| TOTAL CONFERENCES | 700 757 |

ANNEX 3 –Operating grants (signed and committed)

| HEALTH PROMOTION | | |
|--|---|------------------|
| 3.2.2. Addressing health determinants to promote and improve physical and mental health | | |
| Acronym | Title | Amount |
| SANL_FY2012 | Stichting Aids Fonds — Soa Aids Nederland | 250 000 |
| ENSP_FY2012 | European Network for smoking and tobacco Prevention | 201 473 |
| EFAD_FY2012 | European Federation of the Associations of Dieticians | 172 694 |
| EUROCARE_FY2012 | European Alcohol Policy Alliance | 99 000 |
| 3.2.3. Prevention of major and rare diseases | | |
| AE_FY2012 | Alzheimer Europe | 190 000 |
| EURORDIS_FY2012 | European Organisation for Rare Diseases | 580 000 |
| AP-HP-WILS_FY2012 | Assistance publique des hôpitaux de Paris | 159 150 |
| APHP-EPNET_FY2012 | Assistance publique des hôpitaux de Paris | 94 287 |
| Other | | |
| EPHA_FY2012 | European Public Health Alliance | 549 232 |
| HAI_FY2012 | Stichting Health Action International | 218 000 |
| ASPHER_FY2012 | The Association of Schools of Public Health | 80 000 |
| PREVENT_FY2012 | PREVENT | 93 898 |
| Total | | 2 687 734 |
| HEALTH INFORMATION | | |
| Exchange knowledge and best practise | | |
| ED_FY2012 | EUROPA DONNA — The European Breast Cancer Coalition | 273 415 |
| EMSP_FY2012 | European Multiple Sclerosis Platform | 294 588 |
| EPF_FY2012 | European Patients' Forum | 568 488 |
| EHMA_FY2012 | European Health Management Association Limited | 184 755 |
| Total | | 1 321 246 |
| TOTAL OPERATING GRANTS | | 4 008 980 |

ANNEX 4 –Joint actions (signed and committed)

| HEALTH SECURITY | | | |
|--|----------------|--|-------------------|
| 3.1.3. Improve citizens' safety — Safety of blood, tissues, cells and organs | | | |
| Point | Acronym | Title | Amount |
| 3.1.3.3 | ACCORD | Achieving Comprehensive Coordination in Organ Donation throughout the European Union | 1 440 000 |
| 3.1.4. Improve citizens' safety — Improving patient safety through high-quality and safe healthcare | | | |
| 3.1.4.1 | PaSQ | European Union Network for Patient safety and Quality of Care | 3 496 164 |
| Total | | | 4 936 164 |
| HEALTH PROMOTION | | | |
| 3.2.3. Prevention of major and rare diseases | | | |
| 3.2.3.4 | ESA | Joint Action: working for rare diseases | 2 994 162 |
| Total | | | 2 994 162 |
| HEALTH INFORMATION | | | |
| 3.3.1. European health information system | | | |
| 3.3.1.3 | EUNETHTA2 | European network for HTA Joint Action 2 | 6 599 777 |
| 3.3.1.4 | Parent | Cross-border Patient Registries Initiative | 2 016 231 |
| Total | | | 8 616 008 |
| TOTAL JOINT ACTIONS | | | 16 546 334 |

ANNEX 5 –Direct grant agreements with international organisations (signed and committed)

| HEALTH SECURITY | | | |
|---|---------------------|---|------------------|
| 3.1.3. Improve citizens' safety — Safety of blood, tissues, cells and organs | | | |
| Point | Organisation | Title | Amount |
| 3.1.3.1 | Council of Europe | Ad-hoc cooperation with the Council of Europe on specific matters relating to substances of human origin | 100 000 |
| Total | | | 100 000 |
| HEALTH PROMOTION | | | |
| 3.2.1. Identifying the causes of, addressing and reducing health inequalities and promoting investment in health in cooperation with other EU policies and funds | | | |
| 3.2.1.2 | WHO | European Review of Social Determinants and the Health Divide: collaboration with WHO to produce policy guidelines and tools for addressing health inequalities | 400 000 |
| 3.2.2. Addressing health determinants to promote and improve physical and mental health | | | |
| 3.2.2.1 | WHO | Monitoring the implementation of the European Strategy for Nutrition and Physical Activity jointly with WHO | 700 000 |
| 3.2.3. Prevention of major and rare diseases | | | |
| 3.2.3.2 | IARC | Scientific and technical support to the European Partnership for action against Cancer and follow-up of the implementation of the Council Recommendation on Cancer Screening (ECAC) | 524 451 |
| 3.2.3.3 | IARC | Scientific and technical support to the European Partnership for Action against Cancer and follow-up of the implementation of the Council Recommendation on Cancer Screening (SCR) | 775 536 |
| Total | | | 2 399 987 |
| HEALTH INFORMATION | | | |
| 3.3.1. European Health Information System | | | |
| 3.3.1.5 | OECD | Collaboration with OECD on health information | 500 000 |
| 3.3.3. Analysis and reporting | | | |
| 3.3.3.1 | WHO | Research agenda for the EU on health economic evaluations | 200 000 |
| Total | | | 700 000 |
| TOTAL DIRECT GRANTS | | | 3 199 987 |

ANNEX 6 — List of service contracts — procurement (signed and committed)

| HEALTH SECURITY | | |
|---|---|------------------|
| 3.1.1. Protect citizens against health threats | | |
| Point | Title | Amount |
| 3.1.1.3 | Study on the environmental risks of medicinal products | 180 800 |
| 3.1.1.4 | HIV and co-infections, prevention strategies — concepts for the future | 399 000 |
| 3.1.2. Improve citizens' safety — Scientific advice | | |
| 3.1.2.2 | Technical assistance PR COMITES SCIENTIFIQUES — MARTIN CENTRAL | 17 931 |
| | Technical support for application to fluoridation opinion | 11 796 |
| | Response to comments on fluoridation opinion | 3 732 |
| | Response to comments on fluoridation opinion — additional tasks | 1 866 |
| | Conference on electromagnetic fields | 34 238 |
| | Preparation of web-based texts on selected opinions — COGENERIS | 70 686 |
| | Comments to opinion on toxicity — OF 40 | 3 265 |
| | Editorial support committee opinion on allergens OF N°36 | 4 308 |
| | Editorial support committee opinion on body scanners OF N°35 | 2 154 |
| | Editorial support committee opinion improvement on risk assessment OF N°37 | 4 308 |
| | Editorial support committee opinion on chemical mixtures OF N°38 | 4 308 |
| | Editorial support COMM opinion on nitrosamines OF N°39 | 2 154 |
| Health effects of laser printers on indoor air quality — OF 41 | 9 167 | |
| 3.1.3. Improve citizens' safety — Safety of blood, tissues, cells and organs | | |
| 3.1.3.2 | Organisation of training sessions for inspectors in the field of blood and blood components | 398 927 |
| 3.1.3.4 | Supporting registers for the European single coding system for human tissues and cells | 449 470 |
| Total | | 1 598 110 |
| HEALTH PROMOTION | | |

| 3.2.2. Addressing health determinants to promote and improve physical and mental health | | |
|--|---|------------------|
| 3.2.2.2 | Communication campaign on smoking cessation 'Ex-smokers are unstoppable' — part 2 — SAATCHI&SAATCHI | 9 104 936 |
| 3.2.2.3 | Study on the tobacco industry's new marketing, sales and product strategies | 91 254 |
| 3.2.2.6 | Provide material for the EAHF science group — C4 | 3 000 |
| | European Alcohol Forum 2011 scientific work | 30 575 |
| | Assessment added value EU alcohol strategy — COWI | 116 800 |
| | Asses quality of 2011 monitoring activities by EAHF members | 23 587 |
| 3.2.2.7 | EU Health Forum 03-12/2011 | 81 065 |
| | Best class in food products | 3 864 |
| | Best class in food products | 19 964 |
| | Prep. work evaluation report on prevention of injury and promotion of safety — IBF | 19 596 |
| | Prep. work evaluation report on prevention of injury and promotion of safety — IBF | 60 000 |
| Total | | 9 554 641 |
| HEALTH INFORMATION | | |
| 3.3.1. European Health Information System | | |
| 3.3.1.6 | Setting up guidelines in support of ePrescription interoperability | 464 379 |
| 3.3.2. Dissemination and application of health information | | |
| 3.3.2.1 | Journalism Prize 2012 | 133 524 |
| | GASTEIN 2011 | 60 000 |
| | GASTEIN 2011 | 98 215 |
| | Promotion portail agenda journalistes | 1 250 |
| | Promotion portail agenda journalistes français | 1 250 |
| 3.3.2.2 | Contrat spécifique webmaster portail C1 — EUROPEAN SERVICE NETWORK | 88 000 |
| | Contrat spécifique SENIOR PROJECT MANAGER portail C1 — EUROPEAN SERVICE NETWORK | 119 680 |
| | CS 003818 FC DI6775 LOT 4 for portal C1 ONE4EU2 — IRIS — DEG | 264 000 |
| 3.3.2.3 IT Master Plan | | |
| | CS N°003036 – 4 Developers for public health systems — DEG | 50 000 |
| | CS N°003036 – 4 Developers for public health systems — DEG | 50 000 |
| | CS N°003036 – 4 Developers for public health systems — DEG | 50 000 |
| | CS N°003036 – 4 Developers for public health systems — DEG | 50 000 |

| | |
|--|-------|
| CS N°003036 – 4 Developers for public health systems — DEG | 18947 |
| CS N°003199 – 2 Senior consultant for public health | 6000 |
| CS N°003199 – 2 Senior consultant for public health | 10000 |
| CS N°003199 – 2 Senior consultant for public health | 94600 |
| CS N°003119 — J2EE WEBLOGIC & ORACLE APPLICATIONS — CD | 21281 |
| SC N°004094 — INTERFACE DESIGNER — CD | 9000 |
| SC N°004094 — INTERFACE DESIGNER — CD | 1000 |
| SC N°004094 — INTERFACE DESIGNER — CD | 6500 |
| Order form N°2961 — maintenance & support RNW — CD | 1616 |
| CS N°000279 — Local application administrator for EUROPHYT | 39501 |
| CS N°004558 – 3 architects or for J2EE&XML — CD | 12950 |
| CS N°004558 – 3 architects or for J2EE&XML — CD | 50000 |
| CS N°004558 – 3 architects or for J2EE&XML — CD | 25000 |
| CS N°004558 – 3 architects or for J2EE&XML — CD | 5400 |
| CS N°004558 – 3 architects or for J2EE&XML — CD | 22000 |
| CS N°004558 – 3 architects or for J2EE&XML — CD | 29600 |
| CS N°004598 – 3 analysts for content & document management | 9000 |
| Order form N°517 — licences natural reader | 225 |
| Order form N° 552 — licences REDHAT ENTERPRISE SERVER | 5000 |
| Order form N° 3062 — licences ADOBE FLASH BUILDER | 135 |
| Purchase order N°20110831 — purchase of 2 MAC BOOK — DEG | 1797 |
| CS N°004815 – 2 consultants for public health in Lux | 20000 |
| CS N°004815 – 2 consultants for public health in Lux | 20000 |
| CS N°004815 – 2 consultants for public health in Lux | 1253 |
| CS N°004815 – 2 consultants for public health in Lux | 18719 |
| CS N°004815 – 2 consultants for public health in Lux | 50499 |
| CS N°004815 – 2 consultants for public health in Lux | 129 |
| CS N°638 — purchase of net advantage software | 782 |
| CS N°004772 — Public health IT TEAM — CD | 10271 |
| CS N°004772 — Public health IT TEAM — CD | 59767 |
| CS N°3093 — Licence acceleration | 782 |

| | | |
|---|--|-------------------|
| CS N°670 — Licences divers — CD — MOD MT | 1 161 | |
| Order form N°8 — maintenance Business Object — CD –DEG | 298 | |
| CS N°150 — Local operation services in BRX — 01/01/2012 – 30/06/2012 — CD | 3 733 | |
| CS N°004772 — Public health IT TEAM — CD | 95 060 | |
| Best practice-based approach to national contact websites | 110 790 | |
| 3.3.3. Analysis and reporting | | |
| 3.3.3.2 | Health and Economics analysis for an EU drug budget forecast: 2012-2015 impact from medicinal products going off patent and new medicinal patent products drawing reimbursement on EU Member State public drug budgets | 57 950 |
| | Assessment of young exposure to alcohol marketing in audiovisual and online media | 149 709 |
| | Economic analysis of the EU market of tobacco, nicotine and related products | 104 400 |
| | A study on the availability of medicinal products for human use | 166 750 |
| | Economics of blood and plasma markets in the EU | 97 250 |
| | Set-up of organ donation and transplantation in the EU Member States, uptake and impact of the Commission's Action Plan | 139 359 |
| | Study on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence. | 99 900 |
| | Chronic diseases (with a focused report on the health of 55-plus people and a technical support component to the chronic disease reflection process) | 174 234 |
| | Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives | 49 800 |
| | Health and Economics analysis for an evaluation of Public-Private Partnerships in health care delivery across EU | 90 949 |
| | Economic and governance analysis of the establishment of a permanent secretariat for European cooperation on Health Technology Assessment | 83 200 |
| 3.3.3.3 | Feasibility study on health workforce | 405 500 |
| 3.3.3.4 | Study on the package leaflets and the summaries of product characteristics of medicinal products for human use | 174 576 |
| Total | | 3 986 671 |
| TOTAL PROCUREMENT (SERVICE CONTRACTS) | | 15 139 422 |

Annual Report 2011

Key results of actions funded under the second Health Programme

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In the following pages are presented actions having finished in 2011 or having delivered substantial results in 2011.

1. HEALTH SECURITY

1.1. Testing the limits of specialised laboratories

EQADeBa project: Establishment of Quality Assurances for Detection of highly pathogenic bacteria of potential Bioterrorism risk

1.1.1. Background information

The project was funded under the 2007 work plan of the first EU Health Programme 2003-2008, with co-funding from the EU totalling €1.127.863.12. It started in May 2008 and ended in July 2011.

1.1.2. Brief description

The project was created to provide a suitable infrastructure and to design, organise and manage practical external quality assurance exercises for bacteria of potential bioterrorism risk. External quality assurance exercise analyses have helped the EU laboratories to validate and improve their diagnostic capacities by sharing best practices. The long-term objective was achieved by establishing a supportive European high threat pathogen laboratory network, which is continued through the QUANDHIP Joint action, funded in 2010.

1.1.3. Concrete outcomes

The main outcome of the EQADeBa project was the creation of a network of 23 bio safety level national laboratories. Participation in 3 external quality assurance exercises has increased the capacity of the national laboratories to diagnose anthrax, tularemia, plague, glanders, melioidosis, brucellosis and Q-fever.

Biosafety and biosecurity checklists were developed for assessing the laboratories' capacity to analyse biosafety-level pathogen samples.

Training activities were organised by 6 partners; 17 partners have sent staff to be trained. The training covered biosafety and biosecurity issues, and detection methods for highly pathogenic bacteria. The EQADeBa network has become a recognised actor in the international health security sphere.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007204>

1.2. A helpful toolkit for all kinds of tissue establishments

EURO GTP project: European Good Tissue Practices

1.2.1. Background information

The project was co-funded under the 2007 work plan of the first EU Health Programme, with co-funding totalling €491.824. The project started in September 2008 and finished in October 2011.

1.2.2. Brief description

The European Good Tissue Practice Guidance provides detailed guidelines for tissue bankers and tissue establishment inspectors in Europe. These guidelines describe the current minimum regulatory requirements of the European tissue and cells directives and go one step further by providing a set of practical recommendations for good practices in European tissue establishments. The guidelines were developed as a helpful tool for all kinds of tissue establishments in different phases of development and evolution, as well as for competent authorities when inspecting tissue establishments.

1.2.3. Concrete outcomes

The European Good Tissue Practice Guidance encompassed procedural recommendations on: donor screening and selection for each tissue type; tissue procurement, processing, preservation and storage; and how to validate these processes. The guide is structured in two main parts: 'generic good tissue practices' and 'tissue-specific good tissue practices'. The Euro-GTP project contributed to greater confidence in the exchange of tissues for transplant among the Member States by bringing added value to current European legislation on tissue and cells.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007207>

1.3. Quick and effective mass decontamination

ORCHIDS project: Evaluation, optimisation, trialling and modelling procedures for mass casualty decontamination

1.3.1. Background information

The project was funded under the 2007 work plan of the first EU Health Programme, with co-funding from the EU totalling €1.549.388. It started in June 2008 and ended in May 2011.

1.3.2. Brief description

The ORCHIDS project developed recommendations, protocols and procedures for conducting decontamination on a large scale and in less time, through laboratory studies and field trials that evaluated the capacity of emergency services to react to incidents. It improved the preparedness of EU countries in reacting to incidents involving the deliberate release of potentially hazardous substances. Response capabilities can be enhanced by identifying ways of optimising decontamination processes for emergencies involving large numbers of casualties. This project not only looked at incidents involving mass casualties but also at incidents, such as chemical spills or accidents, that happen fairly regularly on a small scale across Europe every day. ORCHIDS paid particular attention to vulnerable populations with respect to decontamination.

1.3.3. Concrete outcomes

Recommendations were formulated on, for example, how to approach pregnant women, children and minority or religious groups caught up in such situations, taking into account that decontamination processes can involve public disrobing, showering and dressing, in accordance with instructions. Decontamination carried out in line with ORCHIDS procedures takes less time and is as effective as national standards. It is hoped it will be used as a benchmark both nationally and internationally.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007203>

1.4. Operating Grant: Stichting Aids Fonds — Soa Aids Nederland

1.4.1. Background information

The ‘Stichting Aids Fonds — Soa Aids Nederland’ was funded under the 2010 work plan of the second Health Programme. Support to the EU umbrella organisations, totalling €323.587, started in January 2011 and ended on 31 December 2011.

1.4.2. Brief description

The aim of the action was to strengthen civil society’s contribution to responding more effectively to the HIV epidemic by:

- making an effective contribution to regional and national policies relating to HIV and AIDS;
- facilitating continuous exchange among NGOs on good practices relating to HIV and AIDS;

- developing a stronger, more effective organisation and network.

The operating grant enabled AIDS Action Europe to carry out its core functions in 2011 in relation to advocacy and public policy dialogue, linking and learning and management of the network.

In 2011, social media tools such as the Action Europe Facebook account (<http://www.facebook.com/aidsactioneurope>) and the Twitter account (@aidsactioneurop) were included in the communication strategy.

1.4.3. Concrete outcomes

The final questionnaire on civil society's contribution to implementing the HIV/AIDS action plan, prepared in collaboration with the European Centre for Disease Prevention and Control, was disseminated among HIV/ AIDS Civil Society Forum members and a report of the responses was compiled as well as an analysis from the regional perspective.

Two meetings were organised: the Civil Society Forum XIII in Brussels on 27-28 June 2011 and the Civil Society Forum XIV in Luxembourg on 6-7 December 2011.

Leaflets and flyers were updated, printed and widely disseminated.

The AIDS Action Europe e-news informs its 650 readers of relevant developments relating to HIV and AIDS in Europe. All e-newsletters can be downloaded from: <http://www.aidsactioneurope.org/news/e-news>

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20113210>

2. HEALTH PROMOTION

2.1. FOOD project: Fighting Obesity through Offer and Demand

2.1.1. Background information

The project was funded under the 2008 work plan of the second EU Health Programme with co-funding from the EU totalling €499.642.47. The project started in January 2009 and ended in April 2011.

2.1.2. Brief description

The FOOD programme addresses the rising level of obesity in adults by targeting both the demand and offer sides of balanced nutrition in the workplace. Its main objectives are the improvement of the

nutritional habits of employees during the working day by raising their awareness of health issues and improving the nutritional quality of the food in restaurants. The FOOD programme has created essential channels of communication between companies and restaurants using its unique network of contacts.

2.1.3. Concrete outcomes

The balanced eating campaigns were run in parallel in six countries on a common basis but messages were adapted to the lifestyle and cultural habits of each of them. In total, 102 communication initiatives evolved from the project. Tools ranged from classical ones such as guides, leaflets, posters, videos and websites to more innovative tools such as animated explanations, e-learning DVD for chefs, tray mats, certificates and window stickers for restaurants, meal vouchers inserts, smart phone applications and training.

The communication campaign reached 352 000 restaurants, 4.2 million employees and 185 000 companies. Separate effort was put into creating a network of dedicated restaurants adhering to national FOOD recommendations. There is now an online geolocalisation tool (<http://www.food-programme.eu>) enabling employees to find a FOOD restaurant near their office or home. FOOD was so successful that even when the project officially ended in April 2011, 23 partners signed a new consortium agreement, taking Slovakia on board in February 2011 and Portugal in 2012, and launching a set of tools adapted to the specific features of these two additional countries.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081223>

2.2. Smoking in movies project: impact on European youth and policy options

2.2.1. Background information

The project was funded under the 2008 work plan of the second EU Health Programme, with co-funding from the EU totalling € 521.207. It started in January 2009 and ended in December 2011.

2.2.2. Brief description

The aim of the project was to analyse current policies on smoking in movies in EU Member States to measure the amount of youth exposure and to investigate the effect of the exposure to smoking in films on smoking initiation in young Europeans. Information on policies was collated by a systematic internet search and a survey of experts from 29 European countries. The amount of smoking in films released in European cinemas was assessed by analysing the content of the 250 commercially most successful movies in 2004 and 2009 in six European countries (Germany, Iceland, Italy, the

Netherlands, Poland and the UK). In addition, a population estimate of movie smoking exposure in European adolescents was carried out, based on the results of a survey of 16 551 European students.

2.2.3. Concrete outcomes

The surveys revealed considerable variations in the movie rating systems of the 29 European countries included. There was no evidence that smoking in movies was considered in any of the movie rating systems.

There was a robust dose-response relationship between the amount of exposure and the likelihood of starting to smoke, classifying exposure to movie smoking as an independent risk factor for smoking initiation amongst European youth.

The results were considered in the 2011 resolution of the fifth European conference on tobacco or health, the most important conference on tobacco control in Europe, which now explicitly recommends the implementation of an adult content rating for movies that contain smoking in all European countries until the end of 2014.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081202>

2.3. PROMO project: Best practice in promoting mental health in socially marginalised people in Europe

2.3.1. Background information

The project was funded under the 2006 work plan of the first EU Health Programme, with co-funding from the EU totalling €889.561. It started in September 2007 and ended on the 31 December 2010, and resulted in the publication in 2011 of a policy paper for the Mental Health Platform and other EU publications outlining the problem, factors for good practice and recommendations.

2.3.2. Brief description

The general objectives of the project are threefold.

The first objective is to improve mental health and prevent the mental ill-health of citizens in Member States, especially among individuals experiencing social marginalisation due to one or more of the following six factors: long-term unemployment, homelessness, prostitution, having a refugee or asylum/seeking status, being an illegal immigrant or being a member of the travelling population.

The second objective aims to contribute to the development of evidence-based policies promoting mental health and preventing the mental ill-health of socially marginalised people.

The final objective aims to develop implementation guidelines and best practice recommendations on promoting mental health and preventing mental illness among socially marginalised people across the EU.

2.3.3. Concrete outcomes

The PROMO project assessed 617 services providing mental health and social care to people from the target groups in 14 EU countries. In addition, a total of 153 health and social care experts were interviewed using case vignettes with specific questions on pathways into mental health care, typical barriers encountered and ways to overcome them. A critical review of existing policies and legislation regarding mental health care for these groups was carried out. PROMO also identified components of good practice, based on what was already in place or had been suggested as improvements. The project addressed public health issues that had not yet been investigated in a comprehensive manner and on a similar methodological level.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2006328>

2.4. HEPS schoolkit project: Development and implementation of a national policy for promoting healthy Eating and physical activity for schools in Europe

2.4.1. Background information

The project was funded under the 2007 work plan of the first EU Health Programme, with co-funding from the EU totalling €650 000. It started in May 2008 and ended in August 2011.

2.4.2. Brief description

The main action was the development of the HEPS school kit, to support EU countries in developing and implementing national policies to prevent children becoming overweight in schools. The HEPS school kit was used as an effective tool for a national policy on healthy eating and physical activity. The HEPS school kit, including teacher training activities, was introduced in each Member State. The kit also involved students in the process, empowering them and encouraging their participation. The approach serves to strengthen links between the school, school staff, parents and the community, using a broad and positive concept of health. The outcome was an evidence-based comprehensive school policy on promoting healthy eating and physical activity in each Member State.

2.4.3. Concrete outcomes

The full HEPS toolkit, consisting of the guidelines, an inventory tool, an advocacy brochure, teacher training services, an implementation tool for schools and research was made available across 24 EU Member States and associated countries. Partners were encouraged to further disseminate the tool kit

at sub-national, regional, local and school level and this was done in 12 EU Member States and associated countries. The HEPS project was presented at the international symposium 'Linking health, sustainability and equity in schools', held in Geneva on the 9 and 10 July 2010. A poster presentation was held at the 20th World Conference of the International Union for Health Promotion and Education, also held in Geneva, from 11 to 15 July 2010. During both conferences, the HEPS publications were widely distributed to an international audience.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007310>

2.5. Injury Conference 2011 — Tackling the challenges of implementing good practices in safety promotion

2.5.1. Background information

The Injury Conference 2011 was funded under the 2010 work plan of the second EU Health Programme 2008-2013, with co-funding from the EU totalling €85.000.

2.5.2. Brief description

The Injury Conference 2011 aimed to encourage and support Member States in implementing their injury prevention actions at national, regional and local level, in line with the Council recommendation. It also encouraged actions for integrating injury prevention into existing policy programmes, such as those on health promotion, youth and health, health of older people, alcohol control and safe urban environments.

The conference was held on 16 and 17 June 2011 in Budapest/Godollo. A total of 193 delegates from 39 countries attended. The conference reported on evidence based good practices in injury surveillance and in addressing injury prevention priorities.

2.5.3. Concrete outcomes

The major outcome of the conference was the call for health sector leadership in establishing national strategies for preventing injuries and violence. A post-conference report was produced, presenting the main conclusions of the conference as well as the conclusions and recommendations of the sessions. This report was offered to the Hungarian Ministry of Health for dissemination during one of the Council meetings. It was also sent to 1 800 addresses. Particular strengths of the conference were the focus on the breadth of injury issues, the opportunities for networking and the strong plenary speakers. It provided a forum of exchange on national programmes and was successful in highlighting examples of evidence-based good practices and the multi-sectorial approach.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20104202>

3. HEALTH INFORMATION

3.1. HLS-EU: European Health Literacy Survey

3.1.1. Background information

The project was funded under the 2007 work plan of the EU Health Programme, with co-funding from the EU totalling €706.550.88. It started in January 2009 and ended in February 2012. The main event of this project, the European Health Literacy Conference, took place in November 2011.

3.1.2. Brief description

Health literacy is identified as a critical empowerment strategy that involves the ability to make sound health decisions in the context of everyday life. Whilst the health literacy field was emerging at global level, it became clear that Europe was lacking an evidence base in health literacy. The general objective of the project was to establish health literacy in Europe by demonstrating its presence in various European regions and cultures, and discussing its overall societal and political impact. The specific objectives were: to establish a network as an entry point in Europe; develop a model instrument for measuring health literacy in Europe, and thereby generate data on health literacy in European countries for comparative assessment and national and EU monitoring; and create national advisory boards in countries participating in the survey.

The European Health Literacy Survey was conducted in eight European countries (Austria, Bulgaria, Germany, Greece, Ireland, the Netherlands, Poland and Spain). In each country, a random sample of approximately 1 000 EU citizens — 15 years and older — was interviewed yielding a total sample of approximately 8 000 respondents.

3.1.3. Concrete outcomes

The concrete outcomes were:

- a European network on health literacy;
- comparable datasets on health literacy from 8 European countries;
- insight on how well health literacy can be measured by a survey instrument in different countries;
- results highlighting differences and similarities in health literacy in Europe;

- national or regional advisory boards.

This project received the European Health Award 2012, a prize organised by the Health Forum Gastein.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007113>

3.2. SWEET project: Better control in paediatric and adolescent diabetes in the EU: working to create centres of reference

3.2.1. Background information

The project was funded under the 2007 work plan of the EU Health Programme, with co-funding from the EU totalling approximately € 600.000. It started in April 2008 and ended in March 2011.

3.2.2. Brief description

The action sought to enhance the health and quality of life of children and young people affected by diabetes (type 1 and 2) by working on concrete improvements in the current status of secondary prevention, diagnosis and control. This was achieved by supporting the development of centres of reference for paediatric and adolescent diabetes services across the EU. SWEET brought together European and national diabetes organisations to support knowledge transfer and implementation. It involved key diabetes stakeholders from various member states: patients, specialists, GPs, educators, nurses, dieticians, psychologists and policymakers. Moreover, it was structured in a way that ensured sustainability beyond the 3-year project term — the network is not only still active, but has also expanded.

3.2.3. Concrete outcomes

The main result of the SWEET action was the creation of an EU network of multidisciplinary centres of reference to define, create and sustain innovative paediatric diabetes care in a coherent and consistent way across Member States.

The action further developed recommendations for minimum treatment and care standards, for patient education programmes and for paediatric training programmes for healthcare professionals, creating a unified minimum standard across the EU. The project also built a sophisticated eHealth platform, where patients and their carers can log onto a secure portal to complete assessment outcomes, receive educational material and relevant reminders, as well as communicate with their local diabetes centre. The project has also generated new data, insights and tools for improving paediatric and adolescent diabetes care across Europe. In addition, the project can serve as an example for the treatment and care of patients with other chronic diseases.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2007104>

3.3. CRCs: Better quality screening for colorectal cancer

3.3.1. Background information

The project was funded under the 2005 work plan of the first EU Health Programme, with co-funding from the EU totalling € 1.241.776. It started in July 2006 and ended in February 2010. The first edition of the European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis was launched on the 3 February 2011.

3.3.2. Brief description

The colorectal cancer screening project was launched following a recommendation from EU health ministers to all Member States to introduce a full cancer screening programme. The project developed guidelines for implementing this programme based on the successful development of previous editions of other EU screening guidelines.

3.3.3. Concrete outcomes

At the start of the project, no European country had a fully implemented screening programme in place as recommended by the EU, i.e. population-based. By 2007, 12 EU countries had population-based screening programmes, 7 had non-population based programmes and 8 had no screening programme at all. By 2011, based on the guidelines produced by the project, 17 countries were running nationwide population-based screening programmes. For example, the United Kingdom and the Netherlands now have official screening programmes.

The comprehensive guidelines cover the entire screening process from invitation to be screened to the management of screen-detected lesions, and include recommendations for standardised procedures, monitoring and evaluation. The guidelines are available on the web and in printed format. It is envisaged that the availability of the new European guidelines for quality assurance in colorectal cancer screening and diagnosis will create a standard across Europe.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=2005317>

3.4. EHES Joint Action: European Health Examination Survey Pilot Joint Action

3.4.1. Background information

The Joint Action "European Health Examination Survey Pilot Joint Action" (EHES) is funded under the 2009 work plan of the second Health Programme with an EC contribution of €841 837. It started in January 2010 and ended in December 2011.

3.4.2. Brief description

The EHES joint action is an important step in paving the way for a sustainable system of national health examination surveys, covering all EU and EFTA/EEA countries. Full-size health examination surveys could provide nationally representative, high quality and comparable information to support the planning and evaluation of health policies and preventive activities. They would provide information on major chronic disease risk factors and disease prevalence.

3.4.3. Concrete outcomes

The EHES joint action planned, piloted and prepared health examination surveys in twelve countries. The project piloted the fieldwork, data collection, assessment and reporting, thereby setting up the structure for a possible full-size European health examination survey in the pilot countries. The 12 countries prepared and planned all aspects of national surveys, including:

- preparation of pilot manuals and their English translations;
- planning and conducting pilot fieldwork. This also included obtaining ethical approvals, pilot sampling, media campaigns to promote the survey to achieve high response rates, organising laboratory facilities and storage of blood samples, organising survey logistics and data management, training of personnel and quality control;
- processing and assessing the data and preparing pilot reports of the results;
- transferring the pilot data and details of the survey procedures to the EHES reference centre for survey assessment and testing the EHES procedures and European level reporting.
- Updating the pilot manuals to national health examination survey manuals based on the pilot experiences.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20092301>