

Final Programme

**14th
European Health Forum
Gastein**

5th to 8th October 2011

Innovation and Wellbeing

**European health in
2020 and beyond**

Towards Health 2020

Active and Healthy Ageing

Health Technology Assessment

Social Innovation in Health

Non-communicable Diseases

Future of Medicine



Supported by the
European Commission





Mark your Calendar!

**15th
European Health Forum
Gastein**

**3rd – 6th October 2012
Gastein, Salzburg, Austria**

Further information
available from:

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PROGRAMMÜBERBLICK

	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00				
Mittwoch	W1 Gesundheit und Sicherheit B	W2 Globale Gesundheit 1	W3 Erfahrungen aus Ost-Europa * 2	L Poster Ausstellung	Plenum *** A			F1 Aktives und gesundes Altern ** A	F2 Nichtübertragbare Krankheiten ** 2	F3 Die Medizin der Zukunft 1	1 W4 Chronische Krankheiten	2 W5 Innovationen in der Medizin	P Eröffnungsabend				
Donnerstag	B1 Verbrauchereinblicke in Gesundheit (07:30 Start) B	F1 Aktives und gesundes Altern ** A	F2 Nichtübertragbare Krankheiten ** 2	F3 Die Medizin der Zukunft 1	N L1 Impfungen von Erwachsenen	1 L2 eHealth	2 L3 Leistungsfähigkeit	G L4 Gesundheitserhaltung	L L5 Networking	A Plenum ***	F4 Gesundheit 2020 A	F5 Soziale Innovation ** 2	F6 Health Technology Assessment ** 1	1 W6 Seltene Krankheiten	2 W7 Raucherentwöhnung	B W8 Digitale Agenda	P Networking Abend
Freitag	B2 Gesundheit am Arbeitsplatz (07:45 Start) B	F4 Gesundheit 2020 A	F5 Soziale Innovation ** 2	F6 Health Technology Assessment ** 1	Empfang	Plenum *** A			2 W9 Migration *	1 W10 Finanzierung von Gesundheitsversorgung				★ E Abschlussabend			
Samstag	W11 Aktives Altern 2	RAHMENPROGRAMM										★	Präsidentenabend				

* Simultanübersetzung in Englisch und Russisch ** Simultanübersetzung in Englisch und Deutsch *** Simultanübersetzung in Englisch, Deutsch und Russisch

Kursaal

- A** Kursaal A (Plenarsaal)
- B** Kursaal B
- L** EC Lounge

Kongresszentrum

- 1** Kongresszentrum Rm 1
- 2** Kongresszentrum Rm 2
- F** Kongresszentrum Foyer

Veranstaltungsorte in Hotels in Bad Hofgastein

- G** Grand Park Hotel **N** Hotel Norica
- P** Palace Hotel/Festival Hall

Veranstaltungsorte in Hotels in Bad Gastein

- E** Europäischer Hof

- ★ Freitag: Abfahrt der Shuttle Busse vom Kongresszentrum oder Ihr Hotel in Bad Gastein
- Samstag: 17.00 Start der geführten Wanderung oder 17.30 Abfahrt der Shuttle Busse vom Kongresszentrum

WEDNESDAY 5TH OCTOBER 2011

09:00–11:30	Pre-conference Workshops	Pre-conference Workshops
Kursaal B	W1 Health Security	W1 Gesundheit und Sicherheit
Congress Centre Room 2	W3 Lessons from the East	W3 Erfahrungen aus Ost-Europa
09:30–11:30	Pre-conference Workshops	Pre-conference Workshops
Congress Centre Room 1	W2 Global Health	W2 Globale Gesundheit
12:00–13:00	Reception	Empfang
EC Lounge	Poster Exhibition	Poster Ausstellung
13:00–15:00	Plenary	Plenarveranstaltungen
Kursaal A	Opening Plenary	Eröffnungsplenum
15:30–18:30	Parallel Forums	Parallelforen
Kursaal A	F1 The European Innovation Partnership on Active and Healthy Ageing	F1 Die europäische Innovationspartnerschaft für aktives und gesundes Altern
Congress Centre Room 2	F2 Non-communicable diseases	F2 Nichtübertragbare Krankheiten
Congress Centre Room 1	F3 The future of medicine	F3 Die Medizin der Zukunft
19:00–20:30	Workshops	Workshops
Congress Centre Room 1	W4 Chronic diseases	W4 Chronische Krankheiten
Congress Centre Room 2	W5 Medical Innovation	W5 Innovation in der Medizin
21:00 Palace Hotel Festival Hall	Welcome Evening	Eröffnungsabend



WORKSHOP 1

Health security

09.00 – 11.30
Wednesday
5 October 2011
Kursaal B

Health security in the European Union and globally

The workshop will have two sessions. The first session will focus on the health security policy framework at national, European and global level. The second session will provide an opportunity to learn about projects funded under the health programme on health security.

The European Commission is currently reviewing the health security framework at the EU level. On the basis of lessons learnt from some events such as the pandemic (H1N1) 2009 and the e.coli outbreak in 2011, this workshop will provide an opportunity for the stakeholders and policy makers to discuss how cross-border health threats can be effectively addressed in a globalised world.

An effective health security policy includes having good preparedness plans against threats, sufficient capacities to conduct health risk assessments of emerging threats, and the means and structures in place to manage the crises. The new developments on health security by the World Health Organisation and the work of the Global Health Security Initiative (G7 countries plus Mexico) will also be presented. A panel discussion and a dialogue with the audience will follow on ways forward to improve European and global health security.

This workshop brings together policy makers, health care professionals and researchers to discuss the health security challenges of today.

First session: Health security policy framework at national, European and global level

Welcome and opening remarks

P Testori Coggi, Director General of Directorate General Health and Consumers, European Commission

Moderator

M Takki, Acting Deputy Head of Unit, DG Health and Consumers, European Commission

Preparedness: Doctors' views on health security

B Beger, Secretary General, Standing Committee of European Doctors

Detection and Risk assessment: global collaboration

N Lightfoot, Chief Advisor Global Health Security, Department of Health, UK

Crisis management and communication: Member State views

K Fernandez de la Hoz, Head of Coordination Area, General Directorate for Public Health and International Health, Ministry of Health, Spain

Global context on health security

C Roth, Adviser, World Health Organization Headquarters

The speakers and audience have an opportunity to discuss on the presentations and the key themes on health security.

Second session: Examples of projects funded under the health programme on health security

Welcome and introduction

J Remacle, Head of Unit, EAHC

ASHT II project (Alerting System for Chemical Health Threats)

R Duarte Davidson, Head, International Research & Development Group, Centre for Radiation, Chemicals and Environmental Hazards (CRCE), Health Protection Agency, UK

Influenza preparedness project

C Brown, Programme Manager a.i., Influenza & other Respiratory Pathogens Program, Division of Communicable Diseases, Health Security & Environment, World Health Organization EURO

ETHREAT project (European training for health professionals on rapid responses to health threats)

A Baka, Office of the President, Hellenic Centre for Diseases Prevention and Control (KEELPNO), Greece

EUROLOP project (laboratory network)

John Parry, Head for HCV and HPV, Virus Reference Department, Health Protection Agency, UK

The speakers and audience have an opportunity to discuss the presentations and key themes emerging from the discussions.



WORKSHOP 2

Global Health

09.30 – 11.30
Wednesday
5 October 2011

Congress Centre
Room 1



Hosted by Global
Health Europe

New developments in global health governance

Chair: I Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies

Global health governance is concerned with the promotion and protection of health at the global level. The launch of a reform process at the World Health Organisation has become the prism around which many of the governance challenges at hand come into focus. The debate revolves around the question of where the leadership and the authority for global health lies. What should WHO's role be in the 21st century and what expectations do different stakeholders – member states, non-governmental organisations, the private sector, other global health actors such as the European Union – have with regard to the WHO? Should new multi-stakeholder governance models be pursued? What are the best models to ensure transparency and accountability? Is coherence necessary? What new models of financing should be considered to advance global health?

The workshop will provide a briefing on the WHO reform process and then debate the issues at hand with representatives of different constituencies, addressing also the governance challenges arising from the UN NCD Summit and the concern with the social determinants of health.

Rapporteur: S Battams, Research Fellow, Global Health Europe

Plenary discussion

*M Kökeny, immediate past Chairperson of the WHO Executive Board
A Rys, Director of Public Health, DG Health & Consumers, European Commission
L Andersen, Vice President, Global Health Partnerships, Novo Nordisk, Denmark
T Gebauer, Executive Director, medico international, Germany*

WORKSHOP 3

Lessons from the East

Simultaneous
interpretation



09.00 – 11.30
Wednesday
5 October 2011

Congress Centre
Room 2



Organized by the
Russian Academy of
Sciences with the
European Observatory
on Health Systems &
Policies

What can Western Europe learn from the health systems' reforms in the East?

The fall of the Berlin wall, now more than twenty years ago, and the whole process of political transition that followed in a large part of the European region, also have had tremendous implications for health systems in countries in Central and Eastern Europe. Initially, health systems reforms in these countries were driven by both ideological motivations to move towards more liberal, market-oriented solutions as well as by the need to adapt to a dramatically changing economic context.

The fiscal shock and the change in relative input prices forced governments to address the underlying fragmentation and inefficiencies in order to preserve universal protection and equity objectives. In this way, they have been compelled to think "outside the box" and "beyond the labels". As the whole of Europe is currently facing the consequences of a severe financial crisis and the effects of a global economic downturn, other countries may also benefit from the experience and the lessons learnt in the former transition countries to adapt health systems to a new political and economic context.

The workshop will explore various pathways to reduce fragmentation and improve incentives.

Implementing health financing reforms

Chair: O Chestnov, Deputy Director, Department of International Cooperation, Ministry of Health, Russian Federation

Collecting and pooling funds: preserving universal access

M Jakab, Senior Health Financing Specialist, WHO Barcelona Office for Health Systems Strengthening, WHO Regional Office for Europe

Exploring new ways to pay healthcare providers and improve performance

T Evetovits, Acting Director, WHO Barcelona Office for Health Systems Strengthening, WHO Regional Office for Europe

Linking health financing reform with health improvement

M Borowitz, Senior Health Policy Analyst, OECD Health Division

Lessons learnt for future health financing reform

Facilitator: J Figueras, Director, European Observatory on Health Systems and Policies

Panel discussion with policy makers from the Russian Federation and other countries from the Commonwealth of Independent States

Approaching wellbeing and European priorities

13:00 – 15:00
Wednesday
5 October 2011

Kursaal A

The issue of population ageing already extends to all aspects of life in Europe. But old age never comes alone; it's always accompanied by close companions that give rise to numerous concerns, many of them relevant to the field of health. Therefore, this year's European Health Forum Gastein will specifically address actions, policies and tools that are needed to pave the way for the wellbeing of citizens living in Europe.

Welcome address and official opening

G Leiner, President, European Health Forum Gastein

A Stöger, Minister of Health, Austria

C Schmidjell, Member of the Government responsible for Health, Austria

F Zettinig, Mayor, Bad Hofgastein, Austria

Presidency priorities in the EU

A Fronczak, Undersecretary of State, Ministry for Health, Poland

B Haarder, Minister for the Interior and Health, Denmark

Active and healthy ageing – setting the scene

P Testori-Coggi, Director General, DG Health & Consumers, European Commission

European Regions – the CoR component in HEALTH 2020

KU Petersen, representative, Interregional Group on Health of the EU Committee of the Regions

Rapporteur: T Lai, Senior Analyst, Ministry of Social Affairs, Estonia (Young Gasteiner)

Wellbeing und Prioritäten in Europa

13:00 – 15:00
Mittwoch
5 Oktober 2011

Kursaal A

Der demografische Wandel hat Auswirkungen auf alle Lebensbereiche in Europa. Dies ist nicht nur an der alternden Bevölkerung festzumachen, sondern an allen daraus resultierenden Gesellschaftsveränderungen, mitunter auch die des öffentlichen Gesundheitswesens. Ein zentrales Thema im Trend der Prävention ist das allgemeine Wohlbefinden der Bevölkerung und das „gesunde Altern“. Daher wird das diesjährige European Health Forum Gastein speziell auf Aktionen und Maßnahmen eingehen, die erforderlich sind, um den Weg für das Wohlergehen der Bürger in Europa zu ebnet.

Begrüßung und offizielle Eröffnung

G Leiner, Präsident, European Health Forum Gastein

A Stöger, Minister für Gesundheit, Österreich

C Schmidjell, Landesrätin für Gesundheit und Soziales, Österreich

F Zettinig, Bürgermeister, Bad Hofgastein, Österreich

Prioritäten der EU-Präsidentschaft

A Fronczak, Staatssekretär, Ministerium für Gesundheit, Polen

B Haarder, Minister für Inneres und Gesundheit, Dänemark

Aktives und gesundes Altern – thematische Einführung

P Testori-Coggi, Generaldirektorin, GD Gesundheit und Verbraucher, Europäische Kommission

Regionen Europas – der AdR-Beitrag zur GESUNDHEIT 2020

KU Petersen, Repräsentant, Interregionale Gesundheitsgruppe des EU Ausschuss der Regionen

Rapporteur: T Lai, Senior Analyst, Ministerium für Soziale Angelegenheiten, Estland (Young Gasteiner)

At MSD, we work hard to keep the world well. How? By providing people all around the globe with innovative prescription medicines, vaccines, and consumer care and animal health products. We also provide leading healthcare solutions that make a difference. And we do it by listening to patients, physicians and our other partners — and anticipating their needs.

Not just healthcare.



We believe our responsibility includes making sure that our products reach people who need them, regardless of where they live or their ability to pay. So we've created many far-reaching programs and partnerships to accomplish this. You can learn more about them at msd.com.

The recent merger between MSD and Schering-Plough expands and strengthens our capabilities to help make the world a healthier place. Our goals are clear and our commitment is fierce. We are dedicated to solving problems and pursuing new answers.



The concept of the European Innovation Partnership, as proposed in the Europe 2020 flagship initiative 'Innovation Union', provides a framework that aims to bring together all relevant stakeholders across policies, sectors and borders to speed up innovations that address a major societal challenge, and gain competitive advantages for growth and job creation in Europe. The massive interest it has generated, as well as broad support in the Council and European Parliament, confirms that it was right to choose active and healthy ageing as pilot for the European Innovation Partnerships. In this session, we will present the Partnership's objectives, activity scope and progress. We will look at details of the process as well as address the key issues, which were jointly developed so far by the Partnership with input from EU, national and regional level stakeholders.

Rapporteur: R Way, Head of Lancashire & Cumbria HIEC, Research Innovation & Development, NHS North Lancashire (Young Gasteiner)

Das Konzept der Europäischen Innovationspartnerschaft, wie in der Europa-2020 Leitinitiative 'Innovationsunion' vorgeschlagen, schafft die Bedingungen, alle relevanten Stakeholder über Politik, Sektoren und Grenzen hinaus, zusammen zu bringen, um Innovationen zu beschleunigen, um wichtige gesellschaftliche Aufgaben zu thematisieren, und um Wettbewerbsvorteile für Wachstum und Schaffung von Arbeitsplätzen in Europa zu gewinnen. Das massive Interesse sowie die breite Unterstützung im Rat und im Europäischen Parlament, bestätigen, dass es richtig war, aktives und gesundes Altern als Pilotprojekt für die Europäische Innovationspartnerschaft zu wählen. In diesem Forum möchten wir die Ziele der Partnerschaft, dessen Tätigkeitsumfang und Fortschritt sowie Details des Ablaufs präsentieren. Weiterhin werden die zentralen Fragen besprochen, die gemeinsam von der Partnerschaft durch Input von Akteuren auf EU-, nationaler und regionaler Ebene entwickelt wurden.



The European Innovation Partnership on Active and Healthy Ageing

15:30–18:30 • Wednesday • 5 October 2011 • Kursaal A

Main aim and objectives of the partnership

Chair: R Madelin, Director General, DG INFSO, European Commission

State of play at EU level – objectives, process and progress so far in the European Innovation Partnership on Active and Healthy Ageing

M Iglesia Gomez, Head of Unit for Strategy and International, DG Health & Consumers, European Commission

Introduction of three priority areas:

Prevention J Chave, Secretary General, Pharmaceutical Group of the European Union

Care and cure J Turner, Chief Executive, NHS 24, Scotland

Independent assisted living E Zafeiratou, Head of EU Affairs, Group External Affairs, Vodafone

Round table discussion: What to do to make the Partnership a success?

Moderator: C Needle, Director, EuroHealthNet

Steering Group M Starr, Head of Innovation, Carers, UK

members: N Bedlington, Director, European Patients' Forum

AS Parent, Secretary General, AGE Platform Europe

S Olsson, Acting Director, Central Management Unit, AAL Joint Programme

Other M Kosinska, Secretary General, European Public Health Alliance

stakeholders: G Baum, President, HOPE

P Jacon, Director General (interim), European Diagnostic Manufacturers Association

Die europäische Innovationspartnerschaft für aktives und gesundes Altern

15:30–18:30 • Mittwoch • 5 Oktober 2011 • Kursaal A

Hauptziele der Partnerschaft

Vorsitzender: R Madelin, Generaldirektor, GD INFSO, Europäische Kommission

Aktueller Stand auf EU-Ebene – Ziele, Prozesse und bisherige Fortschritte in der europäischen Innovationspartnerschaft für aktives und gesundes Altern

M Iglesia Gomez, Abteilungsleiterin, GD Gesundheit und Verbraucher, Europäische Kommission

Einführung in die drei Schwerpunktbereiche:

Prävention J Chave, Generalsekretär, Zusammenschluss der Apotheker in der Europäischen Union

Pflege und Heilverfahren J Turner, Generaldirektor, NHS 24, Schottland

Eigenständig betreutes Wohnen E Zafeiratou, Abteilungsleiterin für EU Angelegenheiten, auswärtige Angelegenheiten, Vodafone

Runder Tisch: Was ist zu tun, um die Partnerschaft erfolgreich umzusetzen?

Moderator: C Needle, Direktor, EuroHealthNet

Mitglieder des M Starr, Abteilungsleiterin für Innovation, Carers, UK

Lenkungsausschusses: N Bedlington, Direktorin, European Patients' Forum

AS Parent, Direktorin, AGE Platform Europe

S Olsson, geschäftsführende Direktorin der Zentralmanagement Einheit, AAL Joint Programme

Weitere Stakholder: M Kosinska, Generalsekretärin, European Public Health Alliance (EPHA)

G Baum, Präsident, HOPE

P Jacon, Generaldirektor ad interim, European Diagnostic Manufacturers Association (EDMA)



Forum 2

Session 1

Non-communicable diseases

Nichtübertragbare Krankheiten

Non-communicable diseases are on the rise globally, and were the subject of a UN High Level Meeting in September. This Forum will explore how the global NCD prevention, development and social determinants agendas can be integrated.

The first session will identify how the outcomes from the UN meeting and rising prominence of NCDs globally can help support action in the EU and beyond. It will include an interactive discussion on key lessons Europe can export to and import from other regions, as well as what role partners in Europe can play in shaping the issue of NCDs at the global level.

Facilitator: T Marsh, Associate Director, National Heart Forum

Rapporteur: L Day, Associate Director of Education Programmes, World Cancer Research Fund International

Assistant Rapporteur: A Skat Nielsen, Special Advisor, Ministry of the Interior and Health, Denmark (Young Gasteiner)

Nichtübertragbare Krankheiten sind global auf dem Vormarsch und waren Thema eines speziellen UN-Gipfels im September. In diesem Parallel Forum werden wir schauen, wie die Zielsetzungen globaler Prävention nichtübertragbarer Krankheiten, die Entwicklungspolitik und soziale Determinanten integriert werden können.

In der ersten Session wird erläutert, wie die Ergebnisse aus der UN-Konferenz und die steigende Bedeutung von NCDs weltweit, Maßnahmen der EU und darüber hinaus unterstützen können. Weiterhin wird es eine interaktive Diskussion über wichtige Erkenntnisse geben, die Europa in- und aus anderen Regionen der Welt exportieren kann, sowie welche Rolle die Partner in Europa bei der Gestaltung von nichtübertragbaren Krankheiten auf globaler Ebene spielen können.

Moderatoren: T Marsh, Stellv. Direktor, National Heart Forum

Rapporteur: L Day, Stellvertretende Direktorin für Weiterbildung, World Cancer Research Fund International

15:30–18:30 • Wednesday • 5 October 2011 • Congress Centre Room 2

Supporting action on NCDs in the EU and beyond

Chair: KN Kuo, Taipei Medical University and National Health Research Institutes, Taiwan

Key outcomes from the United Nations High Level Meeting on non-communicable diseases
B Pettersson, Senior Advisor Public Health Policy, Ministry of Health and Social Affairs, Sweden

UN summit and beyond: an Asian perspective
WT Chiu, Minister of Health, Taiwan

Next steps for the global NCDs agenda
B Merkel, Minister Counsellor, Head of Food Safety Health and Consumer Affairs Section at European Union Delegation to the USA (tbc)

Integrating NCDs within the global health & development agenda
A Fidler, Adviser, Health Policy and Strategy, World Bank

Panel discussion

K Andersen, Representative, European Chronic Disease Alliance

WT Chiu, Minister of Health, Taiwan

A Fidler, Adviser, Health Policy and Strategy, World Bank

A Parvanova, MEP, Bulgaria

B Pettersson, Senior Advisor Public Health Policy, Ministry of Health and Social Affairs, Sweden

B Merkel, Minister Counsellor, Head of Food Safety Health and Consumer Affairs Section at European Union Delegation to the USA (tbc)

V Skvortsova, Deputy Minister, Ministry of Health and Social Development, Russia

15:30–18:30 • Mittwoch • 5 Oktober 2011 • Congress Centre Room 2

Unterstützende Maßnahmen nicht übertragbarer Krankheiten in der EU und darüber hinaus

Vorsitzender: KN Kuo, Taipei Medical University and National Health Research Institutes, Taiwan

Schlüsselergebnisse des Vereinte Nationen Gipfels zu nichtübertragbaren Krankheiten
B Pettersson, Senior Berater öffentliche Gesundheitspolitik, Ministerium für Gesundheit und Soziales, Schweden

Der UN Gipfel und darüber hinaus: eine asiatische Sichtweise
WT Chiu, Minister für Gesundheit, Taiwan

Nächste Schritte in der globalen Agenda für nichtübertragbare Krankheiten
B Merkel, Minister-Berater, Abteilungsleiter Nahrungssicherheit, Gesundheit und Verbraucherangelegenheiten, Delegation der EU in den USA (tbc)

Nichtübertragbare Krankheiten in die globalen Gesundheits- und Entwicklungsagenden integrieren
A Fidler, Berater, Gesundheitspolitik und Strategien, Weltbank

Podiumsdiskussion

K Andersen, Repräsentant, European Chronic Disease Alliance

WT Chiu, Minister für Gesundheit, Taiwan

A Fidler, Berater, Gesundheitspolitik und Strategien, Weltbank

A Parvanova, MEP, Bulgarien

B Pettersson, Senior Berater öffentliche Gesundheitspolitik, Ministerium für Gesundheit und Soziales, Schweden

B Merkel, Minister-Berater, Abteilungsleiter Nahrungssicherheit, Gesundheit und Verbraucherangelegenheiten, Delegation der EU in den USA (tbc)

V Skvortsova, Stlv. Ministerin, Ministerium für Gesundheit und soziale Entwicklung, Russland



KRISTALLKLAR.
AUS DEN HOHEN TAUERN.



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Forum 3

Session 1

The future of medicine – developing an infrastructure for personalised medicine

Personalised Medicine enters clinical and Public Health practice. The wider implementation requires favourable health policies and a new health infrastructure. Europe has to provide citizens with an equitable access to emerging knowledge and technologies resulting in better quality of life over an extended lifetime. Information and Communication Technology (ICT) has been identified as one of the bottlenecks.

Due to growing demands for data-rich, individualised medicine, ICT and healthcare are increasingly merging. As data-intensive analysis and computer intensive modelling become common practice this will result in a shift from personnel-intensive to ICT-intensive applications. ICT, governance and policies are cross-cutting issues, which need to be addressed in order to pave the way for timely, effective and responsible translation of the innovations into safer and better services and products.

A discourse is needed on how policy can address these revolutions and provide the right incentives allowing Europe to keep an innovation-friendly economic environment at the leading edge of global science and technology developments.

Assistant Rapporteur: N Zylinska-Puta, Specialist, Ministry of Health, Poland (Young Gasteiner)

Organised by the Max Planck Institute for Molecular Genetics, Berlin

In cooperation with the FP7 flagship initiative project ITFoM and the Institute for Public Health Genomics, Maastricht University

Sponsored by AMGEN, Janssen, Pfizer

15:30–18:30 • Wednesday • 5 October 2011 • Congress Centre Room 1

The future of medicine I

Chair: E Anklam, Director, Institute for Health and Consumer Protection, Joint Research Centre, European Commission

Co-chair: N Malats, Spanish National Cancer Research Center, Spain

Future of medicine – from a political and public health perspective
D Byrne, former European Commissioner for Health & Consumer Protection

Networks for truly individualised medicine
H Westerhoff, Director, Manchester Centre for Integrative Systems Biology, University of Manchester

The future of cancer genome analysis
I Gut, Director, Centro Nacional de Analisis Genomico, Spain

The ICT challenge in personalised medicine
K Solchenbach, Director, Exascale Labs Europe, Intel

Patient's expectations towards personalised medicine
K Immonen-Charalambous, Policy Officer, European Patients' Forum

A forward look at personalised medicine
S Berghmans, Head of Biomedical Unit, European Science Foundation



WORKSHOP 4

Chronic diseases

19:00 – 20:30
Wednesday
5 October 2011

Congress Centre
Room 1

The rise in chronic diseases: the health economic challenges

This workshop will play host to an interactive discussion on the challenge for health systems and budgets posed by the rapid rise in chronic diseases, and the implications for health policy.

Speakers will consider the new requirements for market access and the changing focus in health care systems, the evolving role of different stakeholders, and the need for greater transparency to facilitate better access to treatments.

An informal debate is planned where you will have the unique opportunity to put your questions to the experts. To ensure ample time for debate and questions from the audience, this will take the format of a discussion panel moderated by Andrew Jack.

Panellists

D Byrne, former European Commissioner for Health & Consumer Protection, Ireland

B Jönsson, Professor of Health Economics, Centre for Health Economics, Stockholm School of Economics, Sweden

J Mossman, Policy Advisor, European Federation of Neurological Associations

J Griffiths, Company Group Chairman, Europe, the Middle East and Africa, Janssen, pharmaceutical companies of Johnson & Johnson

Moderator: A Jack, Pharmaceuticals correspondent, Financial Times



Sponsored by Janssen

WORKSHOP 5

Medical innovation

19:00 – 20:30
Wednesday
5 October 2011

Congress Centre
Room 2

Medical Innovation – a burden or a blessing?

How does society perceive and value innovation? Do these perceptions matter? In the past medical breakthroughs were associated with finding a cure. Are today's more complex, step-by-step, advances accurately understood? This workshop aims to explore issues linked to society's understanding of medical science and the impact that this may have on future research. For instance:

- Is society aware of how medical research occurs and who does it?
- Can society benefit from a better understanding of science?
- Who should communicate about medical innovation?

Panellists

L Matthiessen, Head of Unit Infectious Diseases and Public Health, DG Research and Innovation, European Commission

J Geissler, Patient Advocate

H Neubert, President, European Union of Science Journalists' Association

S Hurst, Senior Director, European Government and Public Affairs, Eli Lilly and Company

Moderator: I Scott, Senior Editor of the Economist Intelligence Unit



Answers That Matter.

Sponsored by Eli Lilly
and Company

THURSDAY 6TH OCTOBER 2011

07:30–09:00	Breakfast Session	Frühstücks-Session
Kursaal B	B1 Public insights on health	B1 Verbrauchereinblicke in Gesundheit
09:00–12:00	Parallel Forums (continued)	Parallelforen (Fortsetzung)
Kursaal A	F1 Active and healthy ageing	F1 Aktives und gesundes Altern
Congress Centre Room 2	F2 Non-communicable diseases	F2 Nichtübertragbare Krankheiten
Congress Centre Room 1	F3 Future of medicine	F3 Die Medizin der Zukunft
12:15–13:45	Lunch Workshops	Lunch Workshops
Norica Hotel	L1 Adult vaccination	L1 Impfungen von Erwachsenen
Congress Centre Room 1	L2 eHealth	L2 eHealth
Congress Centre Room 2	L3 Health capacities	L3 Leistungsfähigkeit im Gesundheitswesen
Grand Park Hotel	L4 Grease – get your hands dirty	L4 Krempel die Ärmel hoch
Kursaal EC Lounge	L5 Networking	L5 Networking
14:00–14:30	Plenary	Plenum
Kursaal A	Linking innovation and ICT to health	Innovation und ICT mit Gesundheit verbinden
15:00–18:00	Parallel Forums	Parallelforen
Kursaal A	F4 Health 2020	F4 Gesundheit 2020
Congress Centre Room 2	F5 Social innovation	F5 Soziale Innovation
Congress Centre Room 1	F6 Health Technology Assessment	F6 Health Technology Assessment
18:00–18:30	Edelman Reception	Edelman Empfang
18:30–20:00	Workshops	Workshops
Congress Centre Room 1	W6 Rare diseases	W6 Seltene Krankheiten
Congress Centre Room 2	W7 Smoking cessation	W7 Raucherentwöhnung
Kursaal B	W8 Digital Agenda	W8 Digitale Agenda
20:30 Festival Hall	Networking Evening	Networking Abend

Breakfast Session

WORKSHOP B1

Health Barometer 2011

07:30–09:00
Thursday
6 October 2011

Kursaal B

Public insights on health: results of the Edelman Health Barometer 2011

What does being healthy mean to the general public? How healthy are we? What motivates people to change their behaviour and what channels do people use to help make these decisions? How much are societal, governmental and business institutions responsible for our health and what are they expected to do to help?

Results of this year's twelve-country, 15,000 respondent, *Edelman Health Barometer* will be revealed for the first time in this breakfast workshop. In its third year, the *Edelman Health Barometer 2011*, aims to understand the specific factors that motivate people to make healthy decisions and to help others do the same. It also continues its examination of health as fundamental to a company's license to operate and, ultimately, its prosperity.

The survey is representative of the general population in all study markets (these include Canada, France, Germany, Italy, Japan, UK, Russia, US, India, China, Brazil and Mexico) and will reveal:

- What people across demographics, psychographics and geographies believe being healthy means
- How to influence and engage – through communication, feedback and education – health behaviour motivation, action and sustainment
- The systemic role of self, family, community (including online), public and private sector organisations, and government in influencing the factors that affect health
- The opportunity and imperative for business to help improve health in order to maximize value to society and be relevant and prosperous
- What technologies and digital information channels people use to make health decisions and influence health behaviour

Data highlights

N Mensch Turett, Global President Health, Edelman, with perspectives given by our panel:

Panel discussion

N Fahy, Senior Adviser, Edelman, Consultant and Researcher on European Health Policy and Practice, and former Head of Health Information Unit, DG Health and Consumers, European Commission

R Madelin, Director General, DG INFSO, European Commission

A Fidler, Lead Adviser, Health Policy and Strategy, World Bank

D Boyd, Director European Government and Public Affairs, GE Healthcare

M Besser, Founder and Medical Director, Mothers2Mothers

Data highlights and an opportunity for in-depth discussions with spokespeople will be available during the reception in the afternoon.



Sponsored and
organised by Edelman

European Innovation Partnerships are about increasing coordination and removing unnecessary barriers to innovation. With the EIP the Commission has pioneered a sustained collaboration with other stakeholders that has enabled the Partnership to take its first steps. Its approach is unique as it depends on the commitment from stakeholders to identify and undertake tangible actions to overcome obstacles that have kept innovations in health care delivery from reaching patients, doctors and carers. We are making good progress, with the selection of the first priority actions this autumn. Stakeholders, supported by the Commission, will then implement these actions over the next two years. To help generate ideas, this session will look at examples being carried out by other stakeholders. These will be presented and discussed in order to obtain an insight into the development of the EIP's Strategic Implementation Plan.

Rapporteur: E Turk, National Institute of Public Health, Slovenia (Young Gasteiner)

Die europäischen Innovationspartnerschaften erweitern die Koordination, um unnötige Hindernisse der Innovationsentwicklung zu beseitigen. Mit der EIP hat die Kommission den Weg für nachhaltige Zusammenarbeit mit weiteren Akteuren geebnet, um erste Schritte der Partnerschaft einzuleiten. Dieser einzigartige Ansatz ist vollständig vom Engagement der Beteiligten abhängig, konkrete Maßnahmen zu identifizieren und zu treffen, um Hindernisse zu überwinden, die verhindert haben, dass Innovationen in der Gesundheitsversorgung den Menschen, Ärzten und Betreuern zu Gute kommen. Wir machen gute Fortschritte, um die ersten Maßnahmen im Herbst zu sondieren. In den nächsten zwei Jahren werden Beteiligte diese Maßnahmen mit Hilfe der Kommission umsetzen. Um Ideen zu entwickeln und um Einblick in die Entwicklung der Umsetzung des EIP Strategieplan zu erhalten, werden in dieser Sitzung konkrete Beispiele von weiteren Stakeholdern vorgestellt und diskutiert.

The European Innovation Partnership on Active and Healthy Ageing

9:00–12:00 • Thursday • 6 October 2011 • Kursaal A

The partnership in real life: concrete ideas and real life examples

Chairs: M Iglesia Gomez, Head of Unit for Strategy and International, DG Health & Consumers, European Commission; P Timmers, Director, DG INFSO, European Commission

The German National Programme "Healthy and Active Ageing"
E Pott, Director, Bundeszentrale für gesundheitliche Aufklärung, Germany

The Spanish National Health System: chronic disease strategy
J Fernández Martín, Jefe de Servicio de Investigación, Dirección General de Atención Sanitaria y Calidad, Servicio de Salud de Castilla-La Mancha

Innovation for active and healthy ageing – The Danish approach
T Börner, Chairman, ABT Fund, Senior Adviser, Danish Ministry of Finance

Data and evidence
M Leonardi, Coordinator of the FP project 'COURAGE IN EUROPE'

Round table discussion: From a strategic plan to reality – the way forward

Moderator: C Needle, Director, EuroHealthNet

Steering Group members: S Pecorelli, Chairman of the Board, Italian Medicines Agency (AIFA); A Franco, Secretary General-Vice President, International Association of Gerontology and Geriatrics (IAGG); W van Kuijen, General Manager Home Healthcare, Philips
Other stakeholders: S Peresson, Regional Manager, International Diabetes Federation; Representative of the Ministry for Welfare, Public Health and Family, Flanders; J Wilkinson, Chief Executive, Eucomed; Regional Representative

Die europäische Innovationspartnerschaft für aktives und gesundes Altern

9:00–12:00 • Donnerstag • 6 Oktober 2011 • Kursaal A

Die Partnerschaft im wirklichen Leben: Konkrete Ideen und Beispiele aus der Praxis

Vorsitzende: M Iglesia Gomez, Abteilungsleiterin, GD Gesundheit und Verbraucher, Europäische Kommission; P Timmers, Direktor, GD INFSO, Europäische Kommission

Das deutsche nationale Programm "Gesund und aktiv älter werden"
E Pott, Direktorin, Bundeszentrale für gesundheitliche Aufklärung, Deutschland

Das spanische Gesundheitssystem: Strategien für chronische Krankheiten
J Fernández Martín, Jefe de Servicio de Investigación, Dirección General de Atención Sanitaria y Calidad, Servicio de Salud de Castilla-La Mancha

Innovation für aktives und gesundes Altern – ein dänischer Ansatz
T Börner, Vorsitzender, ABT Fund, Senior Berater, Finanzministerium, Dänemark

Daten und Fakten
M Leonardi, Koordinatorin für das FP Projekt 'COURAGE IN EUROPE'

Runder Tisch: von einem strategischen Plan zur Wirklichkeit – der Weg nach vorn

Moderator: C Needle, Direktor, EuroHealthNet

Mitglieder des Lenkungsausschusses: S Pecorelli, Vorstandsvorsitzender, Agenzia Italiana del Farmaco; A Franco, Generalsekretär, International Association of Gerontology and Geriatrics (IAGG); W van Kuijen, Generaldirektor Home Healthcare, Philips
Weitere Stakeholder: S Peresson, Regionalleiterin, International Diabetes Foundation; Repräsentant des Ministeriums für Wohlfahrt, Volksgesundheit und Familie, Flandern; J Wilkinson, Generaldirektor, Eucomed; Regional Representative



The session will examine some of the priority interventions, evidenced-based policies and tools for the prevention and control of non-communicable diseases, and assess the challenges and opportunities for effective action. It will be followed by an interactive discussion on who the key players are and what roles they should play, and how the European Union can facilitate transferability of learning on the upstream determinants to address NCDs both within the EU and globally.

Rapporteur: L Cooney, Associate Director of Education Programmes, World Cancer Research Fund International

Assistant Rapporteur: A Skat Nielsen, Special Advisor, Ministry of the Interior and Health, Denmark (Young Gasteiner)

Facilitators: T Marsh, Associate Director, National Heart Forum; M Mwatsama, International Programme Manager, National Heart Forum

Die zweite Session wird untersuchen, was auf globaler, regionaler und nationaler Ebene in Bezug auf nichtübertragbare Krankheiten erreicht werden kann. Weiterhin werden Beispiele für Initiativen, Mechanismen und Maßnahmen beleuchtet, die zur Prävention und Kontrolle nichtübertragbarer Krankheiten beitragen.

Rapporteur: L Day, Stellvertretende Direktorin für Weiterbildung, World Cancer Research Fund International

Moderatoren: T Marsh, Stellv. Direktor, National Heart Forum; M Mwatsama, Programm-Managerin international, National Heart Forum

9:00–12:00 • Thursday • 6 October 2011 • Congress Centre Room 2

A life-course approach to tackling NCDs

Chair: KN Kuo, Taipei Medical University and National Health Research Institutes, Taiwan

Film on youth and NCD risks in the Commonwealth

Featuring Sir G Alleyne, Director Emeritus, Pan American Health Organisation

Prioritising and mobilising NCD prevention and control at country level

ST Chiou, Director General, Bureau of Health Promotion, Taiwan

Innovative developments to address unhealthy diets and obesity

I Kiefer, Director, Austrian Agency for Health and Food Safety, Austria

Innovative developments to promote physical activity

H Rutter, Director, National Obesity Observatory, UK

Addressing alcohol for the prevention of NCDs

B Pettersson, Senior Advisor Public Health Policy, Ministry of Health and Social Affairs, Sweden

Strengthening monitoring and surveillance on NCDs

S Stachenko, Chair, Countrywide Integrated Noncommunicable Disease Intervention, Canada

Interactive discussion

9:00–12:00 • Donnerstag • 6 Oktober 2011 • Congress Centre Room 2

Bekämpfung von nichtübertragbaren Krankheiten über den gesamten Lebenszyklus

Vorsitzender: KN Kuo, Taipei Medical University and National Health Research Institutes, Taiwan

Ein Film über Jugendliche und Risiken nichtübertragbarer Krankheiten in den Vereinigten Staaten: in der Hauptrolle

Sir G Alleyne, Direktor Emeritus, Pan American Health Organisation

Prioritätensetzung und Mobilisierung bei der Prävention und Kontrolle auf Landesebene

ST Chiou, Generaldirektorin, Büro für Gesundheitsaufklärung, Taiwan

Innovative Entwicklungen um ungesunde Ernährung und Übergewicht zu reduzieren

I Kiefer, Direktorin, Österreichische Agentur für Gesundheit und Ernährungssicherheit, Österreich

Innovative, nachhaltige und gleichberechtigte Entwicklung zur Förderung der körperlichen Aktivität

H Rutter, Direktor, National Obesity Observatory, UK

Das Thema ‚Alkohol‘ ansprechen für die Prävention von nichtübertragbaren Krankheiten

B Pettersson, Senior Berater öffentliche Gesundheitspolitik, Ministerium für Gesundheit und Soziales, Schweden

Stärkung der Kontrolle und Überwachung nichtübertragbarer Krankheiten

S Stachenko, Vorsitzende, Countrywide Integrated Noncommunicable Disease Intervention, Kanada

Interaktive Diskussionsrunde

Personalised medicine enters clinical and public health practice. The wider implementation requires favourable health policies and a new health infrastructure. Europe has to provide citizens with an equitable access to emerging knowledge and technologies resulting in better quality of life over an extended lifetime. Information and Communication Technology (ICT) has been identified as one of the bottlenecks.

Due to growing demands for data-rich, individualised medicine, ICT and healthcare are increasingly merging. As data-intensive analysis and computer intensive modelling become common practice this will result in a shift from personnel-intensive to ICT-intensive applications. ICT, governance and policies are cross-cutting issues, which need to be addressed in order to pave the way for timely, effective and responsible translation of the innovations into safer and better services and products.

A discourse is needed on how policy can address these revolutions and provide the right incentives allowing Europe to keep an innovation-friendly economic environment at the leading edge of global science and technology developments.

Assistant Rapporteur: N Zylinska-Puta, Specialist, Ministry of Health, Poland (Young Gasteiner)

9:00–12:00 • Thursday • 6 October 2011 • Congress Centre Room 1

The future of medicine II

Chair: E Anklam, Director, Institute for Health and Consumer Protection, Joint Research Centre, European Commission

Co-chair: N Malats, Spanish National Cancer Research Center, Spain

The digital agenda of the European Commission

R Madelin, Director General, DG INFSO, European Commission

Demographic change in Europe and the burden of chronic diseases

P Boyle, International Prevention Research Institute, Lyon, France

Genomics and systems biology of cancer

H Lehrach, Director, Max Planck Institute for Molecular Genetics

Personalised medicine: a nationwide initiative for an equal access to cancer treatment in France

F Calvo, Deputy Director General and Director of Research, French National Cancer Institute

Personalised medicine – a new paradigm

A Penk, Regional President, Oncology Europe, Pfizer

Panel discussion

D Byrne, former European Commissioner for Health

H Westerhoff, Director, Manchester Centre for Integrative Systems Biology, University of Manchester

I Gut, Director, Centro Nacional de Analisis Genomico, Spain

T Lillie, MD, PhD, International Therapeutic Area Head for Oncology, Amgen

K Solchenbach, Director, Exascale Labs Europe, Intel

A Penk, Regional President, Oncology Europe, Pfizer

K Torfs, Vice President HEMAR EMEA, Janssen Cilag

L Kristiansen, Science Officer, European Science Foundation

P Boyle, International Prevention Research Institute, Lyon, France

K Immonen-Charalambous, Policy Officer, European Patients' Forum

F Calvo, Deputy Director General and Director of Research, French National Cancer Institute

H Lehrach, Professor, Max Planck Institute for Molecular Genetics, Berlin, Germany

A Brand, Professor, Institute for Public Health Genomics, Maastricht University, the Netherlands

Organised by the Max Planck Institute for Molecular Genetics, Berlin

In cooperation with the FP7 flagship initiative project ITFoM and the Institute for the Public Health Genomics, Maastricht University

Sponsored by AMGEN, Janssen, Pfizer

Lunch Workshops

LUNCH WORKSHOP 1

Adult Vaccination

12:15 – 13:45
Thursday
6 October 2011

Norica Hotel



Sponsored by Pfizer

Healthier working populations in 2020 – optimising adult vaccination in Europe

The workshop will examine the means to improve the environment for adult vaccination in Europe. It will assess how to advance public health by optimising best practices to improve vaccine delivery and enhance vaccine uptake, such as through public health campaigns. The workshop will investigate the current environment, including successes and challenges, anticipate future public health needs and look at existing best practice and possible future initiatives to meet Europe's needs.

Speakers:

H Larson, Senior Lecturer, London School of Hygiene and Tropical Medicine

A Rys, Director of Health Systems and Products, DG Health & Consumers, European Commission

Moderator: G Watts, Journalist, BBC Radio 4

LUNCH WORKSHOP 2

eHEALTH

12:15 – 13:45
Thursday
6 October 2011

Congress Centre
Room 1



Sponsored by
Merck Serono

Achieving sustainable health outcomes 'beyond the pill': are we embracing eHealth solutions?

Will ICT applications in healthcare help European health systems adjust to budgetary and demographic challenges? What roles do the pharmaceutical and ICT industries as well as governments need to play in order to realize eHealth solutions that drive improved health outcomes?

Join us for an informal over-lunch discussion about how the future of healthcare will be shaped by advances in eHealth and put your questions to:

R Madelin, Director General, DG INFSO, European Commission

R Picard, Health referee, French High Council for Industry, Energy and Technology (Conseil Général de l'Industrie, de l'Energie et des Technologies – CGIET)

E Bonfiglioli, Senior Director for Health, Public Sector EMEA, Microsoft

J Weiss, Vice President, Strategic Marketing for Endocrinology, Merck Serono

Lunch Workshops

LUNCH WORKSHOP 3 Public health capacities

12:15 – 13:45
Thursday
6 October 2011

Congress Centre
Room 2



Sponsored and organised by the European Centre for Disease Prevention and Control

Strengthening and building up new public health capacities in a time of increased migration

Strengthening public health capacities in a diverse European setting has become a major issue in an enlarged European Union. Migration within the Member States and incoming migrants from neighbouring countries is influencing national and regional public health policies. For example, within Europe measles outbreaks have been linked to cross-border population movements, and the unrest in the Mediterranean region has resulted in an increased number of migrants arriving at the borders of the European Union.

This workshop brings together policy makers, academics, researchers and practitioners to share views on public health professionals of the future.

Welcome and introduction

M Sprenger, Director, European Centre for Disease Prevention and Control

The Public Health Professionals for the future

H Brand, Professor, Maastricht University, The Netherlands

Role of ECDC in development of public health capacities in the area of communicable diseases

K Ekdahl, Head of Public Health Capacity and Communication Unit, ECDC

The access to healthcare of migrants in an irregular condition: a comparative study of 10 European countries

L Banfi, Programme Manager Social Research, European Union Agency for Fundamental Rights

Panellists

J Figueras, Director, European Observatory on Health Systems and Policies

D Zeegers Paget, Executive Director, European Public Health Association

LUNCH WORKSHOP 4 Grease

12:15 – 13:45
Thursday
6 October 2011

Grand Park Hotel



Organised by European Men's Health Forum

Grease – get your hands dirty – a health maintenance workshop

We are calling all Health Mechanics as we need you to help us fix men's health across Europe. So who is doing anything about it? Well, the EMHF has produced the first manual for European men's health. And we are relying on you as expert health mechanics to debate with us on how best to fix men's exhaust pipes – which are worryingly falling off far too frequently. With just a few minor adjustments to their aerodynamics, fuel intake and driving habits we can make a difference. The following expert Health Mechanics and Marshals will steer the production over any rough terrain, through the chicanes and on to the finishing line.

In pole position will be

J Bowis, Vice President, European Health Forum Gastein

SA Madsen, Vice-President, EMHF

A White, Editor, European Men's Health Report

Chief Marshal

I Banks, President, EMHF

'Continuity' will be led by

N Bedlington, Executive Director, European Patients' Forum

But it will be essential for mechanics to bring along their toolkits and be prepared to work in the pits and get their hands dirty!

LUNCH WORKSHOP 5 Networking lunch

12:15 – 13:45
Thursday
6 October 2011

Kursaal EC Lounge

No presentations will be held in this session. This networking lunch is designed as an informal gathering to encourage networking among delegates. Use this valuable opportunity to make connections, seek out others with similar interests and develop personal and professional relationships.

Hier finden keine Präsentationen statt. Der Networking-Lunch ist als informelles Mittagessen geplant, welches Networking zwischen Teilnehmern fördern soll. Nutzen Sie diese Gelegenheit, andere Teilnehmer mit ähnlichen Interessen kennenzulernen, sowie persönliche und berufliche Kontakte herzustellen.

Linking innovation and ICT to health

14:00 – 14:30
Thursday
6 October 2011

Kursaal A

The healthcare sector is currently facing a particularly difficult mix of cross-cutting challenges: ensuring sustainable healthcare systems with an increasing ageing population.

The plenary will focus on the possible gains that Innovation and ICT can bring to healthcare as a whole, while defining how they can contribute to tackle the current and future challenges for more sustainable healthcare systems in Europe. It will also be an opportunity to discuss the different strategies and funding schemes that have been put in place at EU level to maximise the benefit that ICT can bring to health.

R Madelin, Director General, DG INFSO, European Commission

L Matthiessen-Guyader, Head of Unit Infectious Diseases and Public Health, DG Research & Innovation, European Commission

Innovation und ICT mit Gesundheit verknüpfen

14:00 – 14:30
Donnerstag
6 Oktober 2011




Kursaal A

Das Gesundheitswesen steht derzeit vor einer besonders schwierigen Mischung aus überschneidenden Herausforderungen: Die Sicherstellung von nachhaltigen Gesundheitssystemen in Zeiten einer zunehmenden alternden Bevölkerung.

Das Plenum wird sich auf mögliche Mehrwerte konzentrieren, die durch Innovation und ICT im Gesundheitswesen erzielt werden und wie diese dazu beitragen können, aktuelle und zukünftige Herausforderungen für nachhaltige Gesundheitssysteme in Europa anzugehen. Es werden auch verschiedene Strategie und Finanzierungsmodelle besprochen, die auf EU-Ebene eingeführt wurden, die es ermöglichen, Gewinne durch Innovation und ICT zu maximieren.

R Madelin, Generaldirektor, GD INFSO, Europäische Kommission

L Matthiessen-Guyader, Abteilungsleiterin für infektiöse Krankheiten und öffentliche Gesundheit, GD Forschung & Innovation, Gesundheitsabteilung, Europäische Kommission

Simultaneous interpretation   
Simultanübersetzung

Mark your Calendar!

15th European Health Forum Gastein

3rd – 6th October 2012
Gastein, Salzburg, Austria

Further information
available from:

International Forum Gastein
Ignaz-Harrer Str. 77, 5020
Salzburg
Austria

Tel.: +43 (662) 422400
info@ehfg.org
www.ehfg.org

European Commission funded FP7 'Food' projects with Public Health impact



Food addiction – fact or fiction?

NeuroFAST will explore:

- Whether eating food can be so rewarding that it leads to a state of addiction which is similar to that seen with alcohol and drugs. An evidence base for or against food addiction will be a major outcome.
- The relationship between stress in the workplace and eating behaviour and the properties of food and food components that influence choice and energy intake.

The project brings together a unique multi-disciplinary team from seven EU member states with wide-ranging expertise including clinical psychology epidemiology, nutrition and endocrinology.

NeuroFAST is a five-year €6 million project funded by the EU Seventh Framework Programme under grant agreement no. 245009. It is coordinated by the Sahlgrenska Academy at the University of Gothenburg in Sweden.

Website: www.neurofast.eu

A food solution for obesity

The Full4Health project brings together 19 of Europe's best academic and industry labs to enable a multidisciplinary approach to studying the mechanisms of hunger and satiety ('feeling full') and food choice, and how these change across the life course.

The effects of dietary components and food structure will also be investigated, to provide a comprehensive understanding of the potential for using food to control calorie intake.

Full4Health is a five-year €9 million project funded by the European Union Seventh Framework Programme under grant agreement no. 266408. The project is coordinated by the University of Aberdeen Rowett Institute of Nutrition and Health.

Website: www.full4health.eu

Representatives will be at the 2011 European Health Forum Gastein and will be delighted to provide more details, or can be contacted as below

Contacts:

Project Coordinator:

Professor Suzanne Dickson
Suzanne.dickson@neuro.gu.se

Stakeholder Engagement:

Professor Julian Mercer
j.mercer@abdn.ac.uk



Contacts:

Project Coordinator:

Professor Julian Mercer
j.mercer@abdn.ac.uk

Project Manager:

Dr Gabi Wagner
g.wagner@abdn.ac.uk

Dissemination :

Dr Sue Bird
sue.bird@abdn.ac.uk

WHO Regional Office for Europe is in the process of coordinating the development of a new European policy for health – Health 2020.

The Health 2020 will provide an overarching value-based policy framework for health development, including realistic but challenging targets, as well as tools for implementation. It will bring together and interconnect new and existing evidence on health and its determinants, and will be designed to offer practical pathways for addressing current and emerging health challenges in Europe.

In the policy development process, WHO Europe is consulting with a wide range of stakeholders, decision-makers, public health professionals, civil society and international agencies through several fora, including the European Health Forum Gastein.

Assistant Rapporteur: N Bergmann, International Secretary, Swedish Association of Health Professionals (Young Gasteiner)

15:00–18:00 • Thursday • 6 October 2011 • Kursaal A

Session 1A: Health 2020 – a new policy for health for a new era

Chair: M Kökeny, Chairman, Executive Board, WHO

Co-chair: I Kickbusch, Director Global Health Programme, Graduate Institute, Geneva

The case for a big shift in our strive for health and wellbeing: promoting a whole of government approach

Z Jakab, Regional Director, WHO Europe

Health policies to tackle social determinants and close the health gap in Europe

A Fronczak, Undersecretary of State, Ministry of Health, Poland - Representing the Polish EU Presidency

Working jointly towards the European health policy of the future

A Rys, Director, Public Health and Risk Assessment, DG Health and Consumers, European Commission.

Health in all Policies: key challenges we face as Ministry of Health in reaching out to other sectors

R Skrbic, Minister of Health and Social Welfare, Republika Srpska, Bosnia and Herzegovina

Back to the future: three decades of Europe's experience of health policy development.

A Nanda, Senior Adviser to the Regional Director, WHO Europe

Panellists and discussants

O Chestnov, Deputy Director, Department of International Cooperation, Ministry of Health and Social Development, Russian Federation

Young Gasteiner perspective

Session 1B: Developing capacity to implement Health 2020

Chair: D Dimitrova, Deputy Minister of Health, Bulgaria (tbc)

Co-Chair: R Alderslade, Senior Adviser, Public Health, WHO Europe

Making Health 2020 happen: instruments and tools for inter-sectoral action, a whole of government approach and health systems strengthening

A Tsouros, Head, Policy and Cross-cutting programmes, WHO Europe

What skills and capacities are needed by Ministries of Health to promote and support a whole of government approach to health and wellbeing?

V Soltan, Deputy Minister of Health, Republic of Moldova

Capacity to collect and interpret health information and to translate evidence into policy

C Stein, Director, Division of Information, Evidence, Research & Innovation, WHO Europe

Panellists and discussants

A Leventhal, Department of International Relations, Ministry of Health, Israel

Young Gasteiner perspective

Innovation is important not only in research, science and business, but in all areas of society including the health sector. Social innovation in the public, private and not-for-profit sectors must be harnessed to improve the quality of life of older citizens and society as a whole.

In the Innovation Union Partnership and EU research context, the intention is to hold an open debate on a number of issues relating to social innovation and health:

- What does social innovation mean for Europe's health and how can it be measured in relation to the health sector?
- What steps can be taken to stimulate and promote social innovation for Europe's health?
- What are the platforms and the regulatory environment needed and what are the research and capacity-building needs and challenges?

Assistant Rapporteur: J Ingudottir, Project Manager, Public Health Institute, Iceland (Young Gasteiner)

Innovation ist nicht nur in Forschung, Wissenschaft und Wirtschaft wichtig, sondern in allen Bereichen der Gesellschaft einschließlich des Gesundheitssektors. Im öffentlichen, privaten und gemeinnützigen Bereich muss soziale Innovation genutzt werden, um die Lebensqualität der älteren Bürger und der gesamten Gesellschaft zu verbessern.

Ziel ist es, im Kontext der EU-Forschung und der Unionsinnovationspartnerschaft, eine offene Diskussion zu Fragen sozialer Innovation und Gesundheitsproblemen zu führen:

- Was bedeutet soziale Innovation für die Gesundheit in Europa und wie kann sie im Gesundheitswesen gemessen werden?
- Welche Schritte müssen unternommen werden, um soziale Innovation im europäischen Gesundheitswesen anzuregen und zu fördern?
- Welche Plattformen und regulatorische Maßnahmen werden dafür benötigt? Und wie sehen die Bedürfnisse und Herausforderungen für die Forschung und den Aufbau von Kapazitäten aus?

15:00–18:00 • Thursday • 6 October 2011 • Congress Centre Room 2

What does social innovation mean for Europe's health, in particular for Europe's ageing population – can it be measured and how can it be stimulated?

Chair: C Needle, Director, EuroHealthNet

Opening

L Matthiessen-Guyader, Head of Unit Infectious Diseases and Public Health, DG Research & Innovation, European Commission

Keynote speech

M Sedmak, President, AGE Platform-Europe

Presentations from the following stakeholders:

J Millard, Senior Consultant, Danish Technological Institute

J Bremner, Director, European Health Management Association

R Anderson, President, European Association working for Carers

S Olsson, Perspective from the Joint Programming Initiative on Ambient Assisted Living

D Natali, Research Director, European Social Observatory

Representative of the Joint Programming Initiative on 'More Years, Better Lives'

M Dyakova, Representative of the Young Gastein initiative

Open debate with audience

Session conclusions

C Needle, Director, EuroHealthNet

Session remarks

P Radlberger, Researcher, Ludwig Boltzmann Institute for Health Technology Assessment, Austria

15:00–18:00 • Donnerstag • 6 Oktober 2011 • Congress Centre Room 2

Welche Bedeutung hat soziale Innovation für Europas Gesundheit, vor allem für die alternde Bevölkerung – kann sie gemessen und wie kann sie gefördert werden?

Vorsitzender: C Needle, Direktor, EuroHealthNet

Eröffnungsvortrag

L Matthiessen-Guyader, Abteilungsleiterin für infektiöse Krankheiten und öffentliche Gesundheit, GD Forschung & Innovation, Gesundheitsabteilung, Europäische Kommission

Keynote Präsentation

M Sedmak, Präsident, AGE Platform-Europe

Präsentationen der folgenden Stakeholder:

J Millard, Leitender Berater, Danish Technological Institute, Dänemark

J Bremner, Direktorin, European Health Management Association

R Anderson, Präsident, European Association working for Carers

S Olsson, Perspektive der Joint Programming Initiative on Ambient Assisted Living

D Natali, Wissenschaftliche Direktorin, European Social Observatory

Repräsentantin der Joint Programming Initiative on 'More Years, Better Lives'

M Dyakova, Repräsentantin der Young Gastein Initiative

Offene Gesprächsrunde mit dem Publikum

Schlussfolgerungen dieser Session

C Needle, Director, EuroHealthNet

Sessionbemerkungen

P Radlberger, Forscher, Ludwig Boltzmann Institut für Health Technology Assessment, Österreich



HTA has gained prominence as a key policy instrument for development and management of health care systems.

With growing demographic challenges such as an ageing population, the need for both achieving and assessing value for patients in our health care expenditures while responding to the needs of providers, payers, and innovators has become increasingly important.

These demographic challenges and the current economic situation have placed considerable pressure on public expenditures, making it critical that a broad health system-wide approach should be taken, involving all stakeholders.

Chair: B Jönsson, Professor, Stockholm School of Economics, Sweden

Assistant Rapporteur: P Radlberger, Researcher, Ludwig Boltzmann Institute for Health Technology Assessment, Austria (Young Gasteiner)

HTA hat als wichtiges Instrument für die Entwicklung und das Management von Gesundheitssystemen große politische und wirtschaftliche Bedeutung erlangt. Mit den wachsenden demografischen Herausforderungen, ist es notwendig, den Nutzen medizinischer Technologien für Patienten in unserem Gesundheitssystem systematisch zu beurteilen.

Inzwischen ist auch die Reaktion auf die Bedürfnisse von Anbietern, Kostenträgern und Innovatoren immer sichtbarer geworden. Die demografischen Herausforderungen und die aktuelle wirtschaftliche Situation üben erheblichen Druck auf die öffentlichen Ausgaben aus, so dass ein umfassender und alle Interessengruppen einbeziehender Ansatz von HTA unabdingbar ist.

Vorsitzender: B Jönsson, Professor, School of Economics, Schweden

15:00–18:00 • Thursday • 6 October 2011 • Congress Centre Room 1

The broader health care system context

Meeting the demographic and health expenditure challenge: improving outcomes for an ageing population and efficiency of health care systems

P Eckefeldt, Co-Author of the Aging Report, DG ECFIN, European Commission

Overview of current HTA trends

HTA and relative efficacy/effectiveness discussions in Europe, early joint advice developments, risk sharing agreements and value based pricing

C Henshall, Chair, HTAi Policy Forum

Comparative Effectiveness Research (CER) and Relative Effectiveness Assessment (REA)

Contrasting PCORI and the European approach to HTA and relative effectiveness

*JS Schwartz, Professor, The Wharton School of the University of Pennsylvania, USA
B Jönsson, Professor, Stockholm School of Economics, Sweden*

Benchmarking HTA organisations – principle and practices

Which principles and methods can be used to set standards of good HTA practice? How well and to what extent are these standards achieved in the different healthcare systems? Successes and areas for improvement

U Siebert, Professor, HTA Division, Oncotyrol Center for Personalized Cancer Medicine, Austria

Q&A session with all speakers

15:00–18:00 • Donnerstag • 6 Oktober 2011 • Congress Centre Room 1

Das Gesundheitswesen im breiteren Kontext

Sich den Herausforderungen im Bereich Demografie und Gesundheitsausgaben stellen: Verbesserung der Ergebnisse für eine alternde Bevölkerung und Effizienz der Gesundheitssysteme

P Eckefeldt, Co-Autor des 'Aging Report', DG ECFIN, European Commission

Überblick der aktuellen HTA Trends

HTA und Diskussionen zur relativen Wirksamkeit / Effektivität in Europa, frühe Entwicklungen gemeinsamer Beratung, Vereinbarungen zur Risikoteilung und nutzen-orientierte Preisbildung

C Henshall, Vorsitzender, HTAi Policy Forum

Vergleichende Wirksamkeitsforschung und Beurteilung der relativen Wirksamkeit

Gegenüberstellung von PCORI und dem europäischen Konzept der HTA und der relativen Wirksamkeit

*JS Schwartz, Professor, The Wharton School of the University of Pennsylvania, USA
B Jönsson, Professor, Stockholm School of Economics, Schweden*

HTA-Organisationen vergleichen: Prinzipien und Umsetzung

Welche Prinzipien und Methoden können angewandt werden, um Maßstäbe guter HTA-Praxis zu setzen? Wie gut werden diese Maßstäbe in den verschiedenen Gesundheitssystemen erreicht? Erfolge und Bereiche für Verbesserungen

U Siebert, Professor, HTA Division, Oncotyrol Center for Personalized Cancer Medicine, Österreich

Q&A session with all speakers

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WORKSHOP 6

Rare diseases

18:30 – 20:00
Thursday
6 October 2011

Congress Centre
Room 1



Organised and
sponsored by Shire

European policies for rare disease patients

There are between 6000 and 8000 rare diseases, together affecting up to 30 million people in the European Union. 80% of rare diseases are of genetic origin, and these are often chronic and life-threatening. But for rare disease patients and their families, the journey to a diagnosis and subsequent treatment can be a very long and complicated process.

All stakeholders cooperate at the EU and Member State levels to address the important inequalities that remain across Europe in terms of access to information, diagnosis, treatment and care of rare diseases. The European Commission Communication (2008) and Council Recommendation for Rare Diseases (2009) have given momentum to the design and implementation, by 2013, of National Plans for Rare Diseases. New EU-level initiatives have also been launched to facilitate faster and equal access to approved orphan drugs.

The presentations and discussion will address:

- Rare disease patients and cross-border healthcare services
- Development of national plans on rare diseases in the EU
- Research and reward for innovation in rare diseases
- Early access programmes for orphan drugs
- Pricing and reimbursement of orphan drugs
- Sustained multi-stakeholder cooperation in rare diseases

Panelists

A Rys, Director, Directorate D – Health Systems and Products, DG Health and Consumers, European Commission
C Nourissier, Board Member & General Secretary, EURORDIS

M Rothera, Vice-President & General Manager EMEA, Shire Human Genetic Therapies

WORKSHOP 7

Smoking cessation

18:30 – 20:00
Thursday
6 October 2011

Congress Centre
Room 2



Sponsored by Pfizer

European quitting: towards effective smoking cessation policy

Tobacco use is the single largest cause of death and disease in the EU, killing half of all lifetime users, and half of those dying between 35 and 69 years old. Not only is tobacco dependence one of Europe's biggest health problems, but it places considerable, avoidable strain on the economy. Tobacco's toll on society should not be underestimated:

- 650,000 Europeans die every year prematurely because of tobacco use, which is more than the population of Malta or Luxembourg.
- 19,000 European non-smokers die every year from exposure to second-hand smoke at home or at the workplace.
- The economic loss for our societies caused by smoking amounted to more than 100 billion euros in the year 2000.

The session aims to take stock of policies around smoking cessation across Europe and propose solutions, setting this in the context of important international and EU tobacco control initiatives and policies, notably the WHO's Framework Convention on Tobacco Control (FCTC) and the EU Tobacco Products Directive. Key issues for discussion include:

Welcome and Chair

R Barazon, Journalist, Austria

State of play: EU policies and the situation in Austria

K Kadenbach, MEP, Austria

Tobacco control through legislation

D Byrne, former European Commissioner for Health & Consumer Protection, Ireland

Best practice: "Smokefree Finland 2040"

K Reijula, Chair, Smoke-Free Finland 2040

Workshops



WORKSHOP 8

Digital Agenda

18:30 – 20:00
Thursday
6 October 2011

Kursaal B

Towards Digital Agenda targets: patients' access to their health data

The objective of the workshop is to provide an overview of the Digital Agenda for Europe with a specific focus on health. The challenging target to enable Europeans to have access to their health data (key action 13 in the Commission Communication a Digital Agenda for Europe) will be addressed in detail with experts in this area.

The discussion will focus on how such action could contribute to enhance patients' empowerment and better care.

Background information on the Digital Agenda for Europe

P Timmers, Director, DG INFSO, European Commission

B Ecklund, County Council of Uppsala & Chairman, Swedish National Organisation Carelinks

M Elbæk Petersen, Director, Danish Portal

Panel discussion



Organised by DG INFSO,
European Commission

Mark your Calendar!

15th European Health Forum Gastein

3rd – 6th October 2012
Gastein, Salzburg, Austria

Further information available from:
International Forum Gastein
Ignaz-Harrer Str. 77, 5020 Salzburg, Austria
Tel: +43 (662) 422400
info@ehfg.org
www.ehfg.org

FRIDAY 7TH OCTOBER 2011

07:45–09:00	Breakfast Session	Frühstücks-Session
Kursaal B	B2 Manage your health at work	B2 Gesundheit am Arbeitsplatz
09:00–12:00	Parallel Forums (continued)	Parallelforen (Fortsetzung)
Kursaal A	F4 Health 2020	F4 Gesundheit 2020
Congress Centre Room 2	F5 Social innovation	F5 Soziale Innovation
Congress Centre Room 1	F6 Health Technology Assessment	F6 Health Technology Assessment
12:00–13:00 EC Lounge	Reception	Empfang
13:00–15:30	Plenary	Plenum
Kursaal A	Closing Plenary European Health Award	Abschlussplenum European Health Award
16:00–19:00	Workshops	Workshops
Congress Centre Room 2	W9 Migration	W9 Migration
Congress Centre Room 1	W10 Healthcare financing	W10 Finanzierung von Gesundheitsversorgung
20:00 Europäischer Hof	Conclusion Evening	Abschlussabend
	Departure of shuttle buses at 19:30 in front of the congress centre in Bad Hofgastein or your hotel in Bad Gastein.	Abfahrt der Shuttlebusse um 19:30 vor dem Kongresszentrum oder Ihrem Hotel in Bad Gastein.

Breakfast session

WORKSHOP B2

Manage your health

07:45–09:00
Friday
7 October 2011

Kursaal B

Maintaining productivity at work with a chronic disease: Successful case management approaches in multiple sclerosis (MS)

Faced with an ageing population and the increasing strain debts place on national social systems – including invalidity insurance and pension funds – there is growing political pressure across Europe to restructure and balance the commitment between governments, social systems and employers to secure stable funding and financial support. This pressure, which has resulted in initiatives to reduce the number of people receiving welfare benefits and the amount of those benefits, has implications for employees with long term or chronic health problems, such as MS. Welfare to work reforms are intended, in part, to focus on the ‘capacity’ of individuals rather than their ‘incapacity’.

It is important that employers take basic but critical steps to ensure the optimal conditions are met for employees to remain in productive employment. These areas include the adaption of the workplace environment and working schedule so that employees with MS can best perform their duties, a definition of career plan fitting ability to function and the provision of optimized, multidisciplinary care. A coordinated approach to achieving and maintaining has been realised in the form of case management strategies that includes the identification and coordination of all external and internal stakeholders. Case management programs represent a systematic, cooperative process that is tailored to engage individual needs and abilities with the objective of achieving results efficiently within the work environment.

This breakfast session seeks to address the role of individualised case management strategies in keeping those with chronic diseases productive at work. Chaired by the Swiss MS society, experts in this area will present and discuss the benefits of programs carried out by the Swiss MS society and in two multinational corporations and the specific benefits to people, business and government from social and economic perspectives. A new paper highlighting these examples of case management at work in Europe will be introduced and made available to session participants.

Confirmed speakers include:

C Lotter, Vice Director, Swiss MS Society

I Goertler, Occupational Health Specialist, Novartis Pharma AG

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15th European Health Forum Gastein

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3rd – 6th October 2012

Gastein, Salzburg, Austria

WHO Regional Office for Europe is in the process of coordinating the development of a new European policy for Health – Health 2020.

The Health 2020 will provide an overarching value-based policy framework for health development, including realistic but challenging targets, as well as tools for implementation. It will bring together and interconnect new and existing evidence on health and its determinants, and will be designed to offer practical pathways for addressing current and emerging health challenges in Europe.

In the policy development process, WHO Europe is consulting with a wide range of stakeholders, decision-makers, public health professionals, civil society and international agencies through several fora, including the European Health Forum Gastein.

Assistant Rapporteur: N Bergmann, International Secretary, Swedish Association of Health Professionals (Young Gasteiner)

09:00–12:00 • Friday • 7 October 2011 • Kursaal A

Session 2A: Strengthening public health capacities and services: a core component of Health 2020

Chair: M Wysocki, Director, National Institute of Public Health, Poland

Strengthening health systems by revitalizing public health services
R Alderslade, Senior Adviser, Public Health, WHO Europe

Proactive prevention of noncommunicable diseases – the Finnish experience
P Puska, Director General, National Public Health Institute, Finland

The European study on public health capacities
H Brand, Professor, Maastricht University, the Netherlands

Panellists and discussants

JM Casals Alís, Director General, Ministry of Health, Welfare and Labour, Andorra

Young Gasteiner perspective

Session 2A: All about people: empowerment and assets for health and wellbeing

Chair: E Ziglio, Head of the WHO European Office for Investment for Health and Development
Co-Chair: R Alderslade, Senior Adviser, Public Health, WHO Europe

Assets for health and wellbeing: Creating resilience and understanding salutogenesis
E Ziglio, Head, Office for Investment for Health and Development, WHO Europe

Patients as equal partners in health policy making and care – how to make it real?
R Johnstone, Board Member, International Alliance of Patient Organisations

Ensuring citizens' participation and patients' empowerment
J Fisker, Permanent Secretary of State, Ministry of Interior and Health, Denmark, Representative of the Danish EU Presidency

Panellists and discussants

BI Larsen, Chief Medical Officer, Norway

Young Gasteiner perspective

Concluding remarks

Z Jakab, Regional Director, WHO Europe

Innovation is important not only in research, science and business, but in all areas of society including the health sector. Social innovation in the public, private and not-for-profit sectors must be harnessed to improve the quality of life of older citizens and society as a whole.

In the Innovation Union Partnership and EU research context, the intention is to hold an open debate on a number of issues relating to social innovation and health:

- What does social innovation mean for Europe's health and how can it be measured in relation to the health sector?
- What steps can be taken to stimulate and promote social innovation for Europe's health?
- What are the platforms and regulatory environment needed and what are the research and capacity-building needs and challenges?

Assistant Rapporteur: J Ingudottir, Project Manager, Public Health Institute, Iceland (Young Gasteiner)

Innovation ist nicht nur in Forschung, Wissenschaft und Wirtschaft wichtig, sondern in allen Bereichen der Gesellschaft einschließlich des Gesundheitssektors. Im öffentlichen, privaten und gemeinnützigen Bereich muss soziale Innovation genutzt werden, um die Lebensqualität der älteren Bürger und der gesamten Gesellschaft zu verbessern.

Ziel ist es, im Kontext der EU-Forschung und der Unionsinnovationspartnerschaft, eine offene Diskussion zu Fragen sozialer Innovation und Gesundheitsproblemen zu führen:

- Was bedeutet soziale Innovation für die Gesundheit in Europa und wie kann sie im Gesundheitswesen gemessen werden?
- Welche Schritte müssen unternommen werden, um soziale Innovation im europäischen Gesundheitswesen anzuregen und zu fördern?
- Welche Plattformen und regulatorische Maßnahmen werden dafür benötigt? Und wie sehen die Bedürfnisse und Herausforderungen für die Forschung und den Aufbau von Kapazitäten aus?

09:00–12:00 • Friday • 7 October 2011 • Congress Centre Room 2

What social innovation platforms and operating environment are needed to improve quality of life and wellbeing? What kind of research agenda is required?

Chair: J Bowis, Vice-President, European Health Forum Gastein

Opening

L Matthiessen-Guyader, Head of Unit Infectious Diseases and Public Health, DG Research & Innovation, European Commission

Keynote speech

A Peterle, MEP, Slovenia

Presentations from the following stakeholders:

A Walker, Coordinator, FP7 Futurage roadmap project on ageing research, University of Sheffield

K Leichsenring, Coordinator of the FP7 project INTERLINKS on long-term care

R Heinish, Member of the European Economic & Social Committee

M Wilks, Executive Committee Member, Standing Committee of European Doctors (CPME)

M Kosinska, Secretary General, European Public Health Alliance

S Wallyn, Agency for Care and Health, Ministry of Welfare, Public Health & Family Affairs, Flanders

E Buczak-Stec, Representative of the Young Gastein initiative

Open debate with audience

Session conclusions

J Bowis, Vice-President, European Health Forum Gastein

Session remarks

P Radlberger, Researcher, Ludwig Boltzmann Institute for Health Technology Assessment, Austria

Closing remarks

V Taipale, Professor, University of Kuopio, Finland

Forum Closure

L Matthiessen-Guyader

09:00–12:00 • Freitag • 7 Oktober 2011 • Congress Centre Room 2

Welche Plattformen und Arbeitsumgebungen sozialer Innovation und welche Forschungsprogramme werden benötigt, um Lebensqualität und Wellbeing zu verbessern?

Vorsitzender: J Bowis, Vizepräsident, European Health Forum Gastein

Eröffnungsvortrag

L Matthiessen-Guyader, Abteilungsleiterin für infektiöse Krankheiten und öffentliche Gesundheit, GD Forschung & Innovation, Gesundheitsabteilung, Europäische Kommission

Keynote Präsentation

A Peterle, MEP, Slovenien

Präsentationen der folgenden Stakeholder:

A Walker, Koordinator, FP7 FUTURAGE Road Map project on ageing research

K Leichsenring, Projekt Manager, FP7 project INTERLINKS on long-term care

R Heinish, Mitglied, European Economic & Social Committee

M Wilks, Vorstandsmitglied, Ständiger Ausschuss europäischer Ärzte (CPME)

M Kosinska, Generalsekretärin, European Public Health Alliance

S Wallyn, Flämische Agentur für Pflege und Gesundheit, Ministerium für Wohlfahrt, Gesundheit- und Familienangelegenheiten, Flandern

E Buczak-Stec, Repräsentantin der Young Gastein Initiative

Offene Gesprächsrunde mit dem Publikum

Schlussfolgerungen dieser Session

J Bowis, Vize-Präsident, European Health Forum Gastein

Sessionbemerkungen

P Radlberger, Forscher, Ludwig Boltzmann Institut für Health Technology Assessment, Österreich

Schlussbemerkungen

V Taipale, Professor, University of Kuopio, Finnland

Abschlussworte des Forums

L Matthiessen-Guyader



As our health care systems respond to our ageing population and other demographic challenges, how well are we doing in achieving science-based, multi-stakeholder, and transparent HTA that achieves value for patients and meets the needs of providers, payers, and innovators? Are we taking a sufficiently broad health-system based approach to achieve greater value and efficiencies in our health care spending? Are all stakeholders involved and heard? What are the examples of new and successful solutions to respond to the implications of these challenges?

Chair: U Siebert, Professor, Division of HTA, Oncotyrol Center for Personalized Cancer Medicine, Innsbruck, Austria

Assistant Rapporteur: P Radlberger, Researcher, Ludwig Boltzmann Institute for Health Technology Assessment, Austria (Young Gasteiner

Die alternde Bevölkerung und steigende Gesundheitsausgaben beeinflussen unsere Gesundheitssysteme. Dabei stellt sich die Frage: Wie gut sind wir beim Aufbau von HTA? Nicht nur in Bezug auf Wissenschaftlichkeit, Einbezug von Stakeholdern oder Transparenz, sondern auch in Bezug auf den Nutzen für Patienten, für Leistungserbringer, Zahler und die forschende pharmazeutische Industrie?

Vorsitzender: U Siebert, Professor, Division of HTA, Oncotyrol Center for Personalized Cancer Medicine /UMIT, Innsbruck/Hall, Österreich

9:00–12:00 • Friday • 7 October 2011 • Congress Centre Room 1

Patient preferences and participation in HTA

Ensuring the patient voice and impacts are adequately captured in HTA processes

*G Kobelt, President, Association Nationale de Défense contre Arthrite Rhumatoïde, France
J Mossman, Policy Adviser, European Federation of Neurological Associations (EFNA)*

The innovation perspective

The need to link health policy and HTA approaches with European research and development objectives. Stimulating innovation and the need for a broad social perspective

J Attridge, Imperial College London, UK

HTA and the broader EU health policy agenda

EUnetHTA and Joint Action Work Packages – getting the methodology and collaboration right

W Goettsch, Project Leader, EUnetHTA WP5, CVZ, Netherlands

The regulatory perspective

Lessons from joint early scientific advice and future directions

T Lönngren, Former Head, European Medicines Agency (EMA)

Panel discussion

U Siebert, G Kobelt, J Mossman, J Attridge, W Goettsch, T Lönngren

9:00–12:00 • Freitag • 7 Oktober 2011 • Congress Centre Room 1

Teilnahme in HTA-Prozessen / Einbezug in HTA

Angemessene Berücksichtigung der Mitspracherechte von Patienten in HTA-Prozessen

*G Kobelt, Präsidentin, Association Nationale de Défense contre Arthrite Rhumatoïde, France
J Mossman, Politischer Berater, European Federation of Neurological Associations (EFNA)*

Die innovative Perspektive

Die Notwendigkeit, Gesundheitspolitik und HTA-Ansätze mit europäischen Forschungs- und Entwicklungszielen zu verknüpfen – Förderung von Innovation und der Bedarf einer umfassenden gesellschaftlichen Perspektive

J Attridge, Imperial College London, UK

HTA und die breitere gesundheitspolitische Agenda der EU

EUnetHTA und gemeinsame Arbeitspakete – Die Methodik richtig verwenden

W Goettsch, Projektleiter, EUnetHTA WP5, CVZ, Niederlande

Die regulatorische Perspektive

Erfahrungen aus gemeinsamen anfänglichen wissenschaftlichen Empfehlungen und weitere zukunftsweisende Richtungen

T Lönngren, ehem. Abteilungsleiter, European Medicines Agency (EMA)

Podiumsdiskussion

U Siebert, G Kobelt, J Mossman, J Attridge, W Goettsch, T Lönngren

Closing Plenary

Health by design – The road to wellbeing

13:00 – 15:30
Friday
7 October 2011
Kursaal A

The road to wellbeing requires more than vision. It is not a random outcome, health is achieved by designing the right building blocks to get us there. Let us consider where we are today on our road to tomorrow's wellbeing. Are we developing the appropriate tools, policy approaches, and relationships to achieve tomorrow's goals? Are we building effective health strategies amid continued economic uncertainty? Are we investing in the right technological innovations for future health and social needs? Are we breaking new frontiers in stakeholder engagement to involve the right actors?

Official welcome address

S Illmer, President Regional Parliament of Salzburg, Austria

European Health Award Ceremony

A Parvanova, MEP, Bulgaria

Video reflection

T Rose, Progress Works, Belgium

Introduction by chair

N Tamsma, Senior Advisor International Affairs, National Institute for Public Health and the Environment, the Netherlands

Keynote presentations

J Dalli, EU Commissioner for Health and Consumer Policy, European Commission

Z Jakab, Regional Director for Europe, World Health Organization

Panel discussion:

J Leinen, Chair, Committee on the Environment, Public Health & Food Safety, European Parliament

S Jones, Policy Coordinator, European Anti Poverty Network

M Kosinska, Secretary General, European Public Health Alliance

M Pearson, Head of Health Division, Organization for Economic Co-operation and Development

Audience Question Time

Farewell address

G Leiner, President, European Health Forum Gastein

Gesundheit durch Design – Der Weg zum Wohlbefinden

13:00 – 15:30
Freitag
7 Oktober 2011
Kursaal A

Der Weg zu Wohlbefinden benötigt mehr als nur Visionen. Gesundheit ist kein zufälliges Ergebnis, sondern bedarf des Einsatzes der richtigen Bausteine. Wo befinden wir uns derzeit auf dem Weg zum Wohlbefinden von morgen? Entwickeln wir heute die richtigen Mittel und Partnerschaften, um unsere zukünftigen Ziele zu erreichen? Entwickeln wir effektive Gesundheitsstrategien inmitten der anhaltenden wirtschaftlichen Unsicherheit? Investieren wir in die richtigen technologischen Innovationen für zukünftige Gesundheit und soziale Bedürfnisse? Durchbrechen wir bestehende Grenzen des Stakeholder-Engagements, um die richtigen Mitwirkenden zu involvieren?

Offizielle Eröffnungsrede

S Illmer, Landtagspräsident Salzburg, Österreich

European Health Award Verleihung

A Parvanova, MEP, Bulgarien

Video Rückblick

T Rose, Progress Works, Brüssel, Belgien

Einleitung durch die Vorsitzende

N Tamsma, Senior Advisor internationale Angelegenheiten, Nationales Institut für öffentliche Gesundheit und Umwelt, Niederlande

Keynote Präsentationen

J Dalli, EU Kommissar für Gesundheit und Verbraucherschutz, Europäische Kommission

Z Jakab, Regionaldirektorin für Europe, World Health Organization

Podiumsdiskussion

J Leinen, Vorsitzender, Ausschuss für Umweltfragen, Volksgesundheit und Lebensmittelsicherheit, Europäisches Parlament

S Jones, Politik-Koordinator, European Anti Poverty Network

M Kosinska, Generalsekretärin, European Public Health Alliance

M Pearson, Leiter der Gesundheitsabteilung, OECD

Fragen aus dem Publikum

Abschlussrede

G Leiner, Präsident, European Health Forum Gastein

Simultaneous interpretation

Simultanübersetzung



European Health Award Ceremony

Shortlisted projects

13:10 – 13:30
Friday
7 October 2011

Kursaal A

In 2007, to mark its 10th anniversary, the EHFG established the European Health Award to recognise health policy initiatives that are contributing in a significant way to meeting European health challenges.

Child Safety Report Cards – A federated tool measuring the level of application of child safety policies in 32 countries in accordance with over 100 evidence-based public health policy interventions

ECORN-CF (European Centres of Reference Network for Cystic Fibrosis)

EFPC (European Forum for Primary Care)

GA²LEN (Global Allergy & Asthma European Network) Quality Management Programme

H-CUBE: HBV-HCV-HIV – three different and serious threats for European young people. A network to study and face these challenges in the EU

HeartScore: Cardiovascular disease risk assessment and management tool

IMAGE Project: Development and Implementation of a European Guideline and Training Standards for Diabetes Prevention

Move for Change campaign: A three-year pan-European survey launched on the first European Parkinson's Action Day 11 April 2010

OsteoLink: Building Better Bones – a social network for people who care about osteoporosis

Presentation of the European Health Award and the shortlisted projects

A Parvanova, MEP, Bulgaria

Award ceremony and acceptance speech by the winning project

A Parvanova, MEP, Bulgaria

G Leiner, President, EHFG

R Salhofer, Director General HYPO Salzburg

Award winner

Projekte in der Endausscheidung

13:10 – 13:30
Freitag
7 Oktober 2011

Kursaal A

Anlässlich des 10-jährigen Jubiläums hat das EHFG 2007 den European Health Award initiiert, um europäische gesundheitspolitische Initiativen zu fördern, die auf klarer und signifikanter Weise zur Bewältigung europäischer Gesundheitsherausforderungen beitragen.

Kindersicherheits- Bewertungskarten – Ein verbündetes Hilfsmittel, das die Anwendungen von Richtlinien für Kindersicherheit in 32 Ländern in Übereinstimmung mit über 100 evidenzbasierten öffentlichen Gesundheitsinterventionen misst

ECORN-CF (Referenz-Netzwerk für Mukoviszidose)

EFPC (Europäisches Forum für medizinische Grundversorgung)

GA²LEN (Globales Allergie und Europäisches Asthma Netzwerk) Qualitätsmanagement Programm (PM)

H-CUBE: HBV-HCV-HIV – Drei verschiedene und gravierende Bedrohungen für junge Europäer/Innen. Ein Netzwerk um diese Herausforderungen in der EU zu untersuchen und anzugehen

HeartScore: Herz-Kreislauf-Risikobewertungs-, - und Führungsmittel

IMAGE Projekt – Die Entwicklung und Einführung von europäischen Richtlinien und Trainingsmaßnahmen für die Prävention von Diabetes

Bewegung für Veränderung – Eine 3-jährige europaweite Studie, die am ersten Europäischen Parkinson Aktionstag am 11. April 2010 eingeführt wurde

Osteolink: Für bessere Knochen – Ein soziales Netzwerk für Menschen, die sich für Osteoporose interessieren

Vorstellung des European Health Awards und der Projekte in der Endausscheidung

A Parvanova, MEP, Bulgarien

Preisverleihung und Dankeswort des Siegerprojektes

A Parvanova, MEP, Bulgarien

G Leiner, Präsident, EHFG

R Salhofer, Generaldirektor, HYPO Salzburg

Award winner





WORKSHOP 9

Migration

Simultaneous
interpretation



16:00 – 19:00
Friday
7 October 2011

Congress Centre
Room 2

Migration and Health in the European Region: experiences from East and West

Increasing migration is placing European health systems before new challenges, both in terms of the health status of migrants as well as health professionals migrating to other countries. For a long time countries have been mainly focused on monitoring the public health risks of migration. Less is known about the health of migrants. Also their status as migrants creates specific administrative and health problems. Increased mobility of health professionals may not only create problems for source countries (brain drain), also destination countries face particular challenges in properly integrating these foreign healthcare workers, provide them with equal opportunities in developing their career and make them fully accustomed with local working cultures (brain waste). The specific experience of the Russian Federation and other Russian-speaking countries will be compared to the situation and responses in the EU.

Chair: O Chestnov, Deputy Director, Department of International Cooperation, Ministry of Health, Russian Federation

Migration and health in the EU: Impacts and policy options

B Rechel, Senior researcher, European Observatory on Health systems and Policies

Good practice in health service provision to migrants

D Ingleby, Professor of Intercultural Psychology, European Centre for Research on Migration and Ethnic Relations, Utrecht University

Health and migration: the global perspective

R Petrova-Benedict, Senior Regional Migration Health Manager for Europe and Liaison to the EU, International Organization for Migration

Health professional mobility in the European Union: impacts and policy options

M Wismar, Senior Health Policy Analyst, European Observatory on Health systems and Policies

Ethical recruitment of health professionals: implementing the WHO Global Code of Practice in the European Region

G Perfilieva, Regional Advisor, Division of Health Systems and Public Health, WHO Regional Office for Europe

The experience in the East: different challenges, different responses?

Panel discussion with policy makers from the Russian Federation and other countries from the Commonwealth of Independent States

Facilitator: J Figueras, Director, European Observatory on Health Systems and Policies



Organized by the Russian Academy of Sciences with the European Observatory on Health Systems and Policies

WORKSHOP 10

Healthcare financing

16:00 – 19:00
Friday
7 October 2011

Congress Centre
Room 1

Healthcare financing – the challenge of good decision making

Chair: T Czypionka, Senior Researcher, IHS HealthEcon, Austria

Political decisions depend on adequate and timely information. Information needs, existing sources and the use of these sources will be addressed in this workshop.

Three selected tools that are already in use and covering different aspects of information provision will be presented and discussed: the 'Inpatient Quality Indicators', the planning instrument 'Austrian Healthcare Structure Plan' and the OECD 'System of Health Accounts'. This workshop will mainly deal with information needs and provision; a follow-up workshop on decision processes is planned for EHFG 2012.

What kind of information is needed, what kind of information can be provided?

P Groenewegen, Professor, NIVEL, the Netherlands

Quality indicators generated from routine documentation (Inpatient Quality Indicators G-IQI)

PC Scriba, Professor, Initiative Qualitätsmedizin, Germany

Healthcare planning (Austrian Health Care Structure Plan)

G Fülöp, Austrian Health Institute, Austria

One decade of System of Health Accounts (SHA)

M Pearson, Head of Health Division, OECD



Organised by Federal Ministry of Health, Austria

SATURDAY 8TH OCTOBER 2011

09:00–18:00

Social Programme

Rahmenprogramm

09:00–12:00

Workshop

Workshop

Congress Centre
Room 2

W11 Ageing in action

W11 Aktives Altern

18:30

Alpengasthof
Prossau

Presidents Evening

Präsidentenabend

Departure from front of the congress
centre in Bad Hofgastein:
17:00 Departure guided walking tour
17:30 Departure bus transfer

Abfahrt ab dem Kongresszentrum in Bad Hofgastein:
17.00 Start der geführten Wanderung
17.00 Abfahrt der Shuttle Busse

Mark your Calendar!

15th

European Health Forum Gastein

3rd – 6th October 2012

Gastein, Salzburg, Austria

Further information available from:
International Forum Gastein
Ignaz-Harrer Str. 77, 5020 Salzburg, Austria
Tel.: +43 (662) 422400
info@ehfg.org
www.ehfg.org



WORKSHOP 11

Ageing in action

09:00 – 12:00
Saturday
8 October 2011

Congress Centre
Room 2

A renewed focus on the rights and needs of older patients

Healthy ageing across the life span and prevention of illness in old age is increasingly recognised as one of the main priorities for health policy development across the EU. The Commission's current high profile activities related to the European Innovation Partnership on Healthy and Active Ageing is a clear example of this increasing interest.

While the main focus in discussions on this topic tend to be on illness prevention and health promotion across the life span, older patients – both patients as they age as well as those first affected by illness in later life – are also an important element.

The workshop therefore aims to underline the importance of issues related to the rights and needs of older patients from a variety of stakeholder perspectives - older patients themselves, health professionals, policy makers, older people's advocates and industry. This will build on the conclusions from the EPF Conference on the Needs and Rights of Older Patients organised in Warsaw in July 2011, under the current Polish EU Presidency.

The outcome of the discussion will feed in to the Commission's current activities in relation to active and healthy ageing, such as the above mentioned Partnership and the 2012 European Year of Active Ageing and Solidarity between the Generations.

Setting the scene

R Taylor, Senior Researcher, International Longevity Centre/UK House of Lords

A Olauson, President, European Patients Forum

Roundtable 1: the rights of older patients

M Iglesia Gomez, Head of Unit for Strategy and International, DG Health & Consumers, European Commission

M Sedmak, President, AGE Platform Europe

N Bedlington, Director, European Patients' Forum

M Boada, Head of Unit, Fundacio ACE

Roundtable 2: the needs of older patients

JP Baeyens, Chair, EUGMS

J Alam, Vice President, Sanofi

P Timmers, Director, DG INFSO, European Commission

M Wilks, Immediate Past President, CPME

Facilitator: S Wheeler, Freelance journalist, BBC



SANOFI

Hosted and organised
by the European
Patients' Forum in
cooperation with
Sanofi

European Health Award

AWARD CEREMONY

13:10 – 13:30

Friday

7th October

Kursaal A

Members of the Jury

N Bedlington, Director, European Patients' Forum

G Leiner, President, EHFG

M McKee, Professor of European Public Health, London School of Hygiene & Tropical Medicine

A Parvanova, MEP, Bulgaria

A Rys, Director of Public Health & Risk Assessment Directorate – General Directorate Health and Consumers, European Commission

E Schödl, General Manager, GlaxoSmithKline Pharma GmbH; Representative of FOPI

J Smith, Deputy Editor, British Medical Journal



In 2007, to mark its 10th anniversary, the EHFG established the European Health Award to recognise health policy initiatives that contribute in a significant way to meeting European health challenges. The health challenges Europe faces touch both public health and health care services and the common theme is an inequality and disparity in health status, access to services and the provision of treatment.

The purpose of the European Health Award is to highlight and reward an initiative in more than one European country that has contributed in a clear and significant way to meet some of these challenges and to ameliorating disparities in health services provision within Europe.

Criteria for selection

- A (health) policy initiative of European importance that focuses on public health or health care delivery addressing an important threat to the health of the population.
- The initiative has to demonstrate a benefit to population health or health care, respectively, in terms of prevention, improving quality of care, access to care or through increased efficiency or cost-effectiveness.
- The initiative should already be in the implementation phase in at least two European countries, although it does not have to be completed at the time of application. It should show evidence of its applicability to further European countries.
- Expected outcomes and improvements should be demonstrated and measurable and at least initial results shall be presented.
- The health policy initiative needs to be transferable to other countries.

Short List

- ✦ Child Safety Report Cards: a federated tool measuring the level of application of child safety policies in 32 countries in accordance with over 100 evidence-based public health policy interventions
- ✦ ECORN-CF (European Centres of Reference Network for Cystic Fibrosis)
- ✦ EFPC (European Forum for Primary Care)
- ✦ GA²LEN (Global Allergy & Asthma European Network) Quality Management Programme
- ✦ H-CUBE. HBV-HCV-HIV: three different and serious threats for European young people. A Network to study and face these challenges in the EU.
- ✦ HeartScore: cardiovascular disease risk assessment and management tool
- ✦ IMAGE Project: Development and Implementation of a European Guideline and training Standards for Diabetes Prevention
- ✦ Move for Change Campaign: a three-year pan-European survey launched on the first European Parkinson's Action Day 11 April 2010
- ✦ OsteoLink: Building Better Bones – a social network for people who care about osteoporosis

European Health Award shortlist

Child Safety Report Cards

A federated tool measuring the level of application of child safety policies in 32 countries in accordance with over 100 evidence-based public health policy interventions



Project description

The Child Safety Report Cards initiative focuses on Member States' levels of safety provision as assessed through 'action indicators' measuring the adoption and implementation of evidence-based policies to reduce childhood injuries. The indicator-based Report Cards identify strengths and weaknesses in current measures of child safety in each country, detail gaps and make recommendations for policies that should be adopted to reduce the most critical injury issues in that country. Investigating, monitoring and benchmarking Member States' commitment to these national level evidenced policy measures and making these results public has provided increased awareness, knowledge and incentive for action in many countries to date and a record of their own performance and how they are performing compared to other Member States. Child Safety Report Cards also provide an indication at the EU level as to performance as a region.

Area of health and relevance

Injury is the leading cause of death and disability for children in every EU Member State. More than 10,000 children die each year in the EU as a result of unintentional injury; that is equivalent to losing 28 children – an entire classroom – every day of the year. Injury creates the greatest environmental burden compared to all other causes and in addition to the thousands of children killed annually, hundreds of thousands are treated in hospitals or emergency departments for injuries that sometimes lead to lifelong disabilities. Injury is also the leading cause of inequity in childhood deaths in the EU. There is a five-fold difference in rates of fatal child injury between EU Member States, and the mortality gap has not narrowed in the past 20 years despite the existence of effective prevention policy measures that could have been adopted and implemented.

Results

- Development of a monitoring and benchmarking tool for Member States to determine levels of safety provided to children based on evidenced good practices and used in 18 countries for 2007, 26 countries for 2009 and 32 countries in 2011 (and uptake in other continents).
- Comparison of performance scores from 2007 and 2009 for countries participating in both Report Card assessments showed policy and capacity improvement for all countries, with increases in overall performance scores ranging from 3.4% to 42.6%.
- National and European Report Cards were launched in the European Parliament with the participation and support of two EC Commissioners and a MEP Committee Chair and were publicly launched in 19 countries with nine involving joint releases with child injury experts and their national governments.

Contact

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*Consumers Commissioner
Meglena Kuneva, MEP;
Arlene McCarthy, Chair,
Internal Market and
Consumer Protection
Committee; Health
Commissioner Androulla
Vassiliou; and
Joanne Vincenten,
Director, European Child
Safety Alliance*

European Health Award shortlist

ECORN-CF (European Centres of Reference Network for Cystic Fibrosis)



Professor Wagner,
project leader of
ECORN-CF

Project description

ECORN-CF was originally co-funded by the EU and the Christiane Herzog Stiftung (2007–2010); 16 partners of nine different countries started the project. Today, almost 100 experts (for example, physicians, nurses, physiotherapists, psychologists, social workers) from various countries are providing their advice on a web-based expert advice platform in ten languages free of charge.

As soon as the answer is given in the original language, each question is translated into English and then sent to the quality check team via the internal system of ECORN-CF. If the answer is in accordance with European guidelines and consented local and/or foreign expert opinion, the question & answer pair is published in the English Central Archive. If not satisfactory, the English answer is amended and a feedback loop ensures that the answer in the original language is also updated in the local expert advice. This single-question feedback enables the same level of quality in all expert language groups.

Area of health and relevance

ECORN-CF's approach has set an example in the field of rare diseases of how to facilitate access to high-quality information for patients or other interested lay persons and care team members by building multilingual web-based "European Centres of Reference Network for Cystic Fibrosis."

Cystic fibrosis (CF) is a deadly chronic disorder requiring a high level of expertise for optimal care and best possible survival and quality of life. This expertise is not evenly distributed across the European Member States [McCormick J et al. *Lancet* 2010;375(9719):1007–13]. Prognosis has been shown to improve with intensified care and treatment regimens delivered by specialized CF centres. Therefore, access to quality assured information and advice is a crucial factor in improving chances of patients affected by this genetic disease. A European consensus on diagnostic and therapeutic strategies has been achieved and published.

The web-based multilingual expert advice for CF may serve as a model for the transfer of knowledge and expertise throughout European member states for other (rare) diseases as well.

Results

Prior to ECORN-CF, no cross-national web-based expert advice with a quality assured archive had been available for cystic fibrosis individuals, their relatives, and friends or members of the care team.

With the implementation of ECORN-CF, a new category of health information system has come into existence. While the basic elements already existed, it is their combination that makes the difference in ECORN-CF:

- Ease of access (native language)
- Quality assurance (cross-border pan-European consensus and quality control in place)
- Dynamic content (if no consensus is available, the specific question serves as an index case for a new European Consensus)
- The system has proved successful (patients and patient organizations sustainably fund the system and care team members give their advice on a good-will basis)

Contact

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European Health Award shortlist

EFPC (European Forum for Primary Care)



Project description

The European Forum for Primary Care was initiated in early 2005 by a group of interested representatives from organisations from several countries, following a recommendation from an EU 2004 conference under the Dutch EU presidency.

The European Forum for Primary Care is multidisciplinary and brings together interested people and organisations from many European countries. The aim of the Forum is to connect three groups of stakeholders in the field of primary care:

- The health care field; this includes practitioners from different professional background;
- Health policy makers at regional, national and European level;
- The producers and evaluators of (health) care information: universities and other research groups.

Area of health and relevance

Strong primary care (PC) produces better health outcomes against lower costs. That is the briefest summary of available scientific evidence. By promoting strong PC the population's health can be improved. Strong PC does not emerge spontaneously. It requires appropriate conditions at the health care system level and in actual practice to make PC providers able and willing to take responsibility for the health of the population under their care. Everywhere in Europe the process of strengthening PC is on-going. There is a strong need to collect and share information about what structures and strategies matter.

Results

The results of the activities of the EFPC are (1) increased awareness of the advantages of a PC orientation of health systems among policymakers (including patient organisations) and practitioners; (2) increased insight among policymaker principles of PC and how they are put into practice in the different countries of Europe; (3) shared information on good practice in PC among policymakers and practitioners, and (4) shared information on research and priorities for research among policymakers, researchers and practitioners.

Presented in numbers as results over the period of the first six years:

- From zero to +/- 140 institutional and +/- 75 individual members
- Representatives from more than 30 countries in the WHO European region
- More than 20 medium and small events (conferences, seminars, workshops, etc.) on PC in general and core problem areas in PC, such as care for the chronically ill and human resources for PC organised together with local members
- Around 10 study visits on PC organised (for example, for the WHO) in Europe
- Several campaigns to convince (inter)national policy makers on the importance of investing in PC among which the successful campaign for the 2009 World Health Assembly Resolution WHA62.12: Primary health care, including health system strengthening.

Contact

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European Health Award shortlist

GA²LEN (Global Allergy & Asthma European Network) Quality Management Programme

Project description

The GA²LEN Quality Management (QM) Programme addresses the problem of differing standards of care for allergy and asthma patients in EU countries, in order to provide the best possible patient care in every country and to make research and clinical results more comparable. Before the GA²LEN QM Programme, budget considerations prevented many centres from establishing such a system. GA²LEN fills this gap by providing two levels of quality criteria, firstly fulfilling criteria for high quality allergy patients care and having passed necessary audits for Level 1, then given for level 2 to those centres which fulfil the highest quality standards and have proved to be able to offer interdisciplinary allergy care in all fields of allergy and asthma with a combination of allergy research and allergy care.

Area of health and relevance

GA²LEN's continuing aims are enhancing the quality of research, addressing all aspects in the field of allergic disease and harmonizing standards of care for allergy and asthma patients across Europe. GA²LEN is committed and contributes to developing better health care and improving the quality of life of more than 200 million European citizens who suffer from allergic diseases.

Results

The GA²LEN QM Programme continues its outstanding work by continuously extending the QM system to new centres in all EU countries, harmonizing collaboration and research in the field of allergy and asthma throughout Europe. The GA²LEN QM Programme continues to improve patient quality care, harmonize diagnostic procedures and relevance of European research whilst disseminating best practice and knowledge to health care professionals, patients and policy makers in a timely manner. GA²LEN's QM Programme ongoing objective is to reduce the social and economic burden for Europe which at present is more than EUR 100 billion of avoidable costs due to under-treatment.

Contact

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European Health Award shortlist

H-CUBE

HBV-HCV-HIV: Three different and serious threats for European young people. A network to study and face these challenges in the EU



Project description

H-CUBE aims to provide a strong basis for monitoring health determinants in the spread of STDs. The general objectives of the project will be to identify and disseminate good practices, information and tools about Hepatitis B, C and HIV training programmes and prevention campaigns aiming to help public administrations and NGOs in the EU, particularly in Italy, Romania, Greece, Slovenia, Poland, Czech Republic, Bulgaria, Hungary, Cyprus, Malta and Lithuania. All information will be useful to organise, targeted on local needs, training courses for health care personnel directly involved in treatments and support services.

The training will help parents to become aware of these specific infectious diseases issues, to be able to give detailed information to their children. Additionally, prevention campaigns in all meeting venues for young people, the population most at risk of infection, will be organised in the participating countries.

Area of health and relevance

H-CUBE will identify good practices that will be useful to organise, targeted on local needs, training courses for health care personnel directly involved in case management, including secondary prevention and treatment. The collected information will also be spread among parents and families to enable them to become more aware of HBV, HCV and HIV issues in order to be able to give detailed information to their children. Finally, the information will be used to organise targeted prevention campaigns in several meeting venues attended by young people. Thanks to the mapping and analysis of actions implemented in the participating countries, a multilingual and multimodal digital platform containing all the references about the health/education trainers, and the key actors of each participating country has been created. This platform also provides an e-learning environment for HBV, HCV and HIV education.

Results

Identification of best practices among country partners of H-CUBE project in the fight against HBV, HCV and HIV/AIDS

- Identification of innovative evidence based strategies to promote safer sex among adolescents, including those at higher risk. The innovative strategies will include access to targeted services, and actions to raise awareness of sexually transmitted infections and their prevention.

Transfer of good practices in the new European Member States

- These best practices will be adapted, transferred and disseminated in the new EU Member States by a series of actions.
- A training course for operators of the partners about how to use the digital platform
- The training course (six hours) will be organized during the first project meeting once the platform is operational.

E-learning training courses

- The courses will prepare professionals and parents to teach on the specific STDs subjects.

Contact

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European Health Award shortlist

HeartScore: Cardiovascular disease risk assessment and management tool

Project description

HeartScore® is an interactive tool for estimating and managing the risk of heart attack and stroke in Europe. It is aimed at supporting clinicians in optimising individual cardiovascular risk reduction.

HeartScore is internet-based (www.heartscore.com) and can also be down-loaded. Several versions (translated and/or adapted to local risk) are available. Age, gender and risk factors (smoking, blood fats such as cholesterol, blood pressure and weight) are entered and the risk of death from cardiovascular disease (CVD) is calculated instantly together with interactive information to guide the physician in advising the person how to manage their CVD risk. Graphical information with specific advice can be printed and given to the person, and the physician can also measure his/her patient's progress in risk management.

HeartScore is built to evolve, and a new version offering a refined risk assessment (with HDL cholesterol and BMI) will be launched in September 2011.

Area of health and relevance

The initiative addresses the prevention of CVD, the number one killer of both men and women in Europe. Over the next year, 4 million Europeans will die from CVD, 40% of all deaths, and many more will be disabled and suffer loss of earning and impaired quality of life. It is estimated that up to 80% of CVD can be prevented through the adoption of simple lifestyle changes.

Our objective is to improve the quality of health care in Europe by facilitating a reduction in CVD mortality and morbidity by providing a simple, interactive tool that facilitates both CVD risk assessment and management.

Results

HeartScore contributes to the health and well-being of European citizens by facilitating an increase in healthy life years.

Since the launch of HeartScore Europe, 14 national versions have been developed jointly with national cardiac societies. HeartScore is free for health professionals, and has more than 18 000 registered users. Over 34 500 examinations have been entered by health professionals since the launch of the programme.

Achieving effective risk estimation is crucial to improve CVD management in Europe. HeartScore facilitates this as it provides a harmonized risk assessment system, which enables health professionals and patients to identify their risk and adopt preventive measures.

HeartScore also helps reducing the gap between objectives outlined in the European Guidelines on CVD Prevention and the day to day situation in clinical practice.

Contact

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HeartScore



European Health Award shortlist

IMAGE – Development and Implementation of a European Guideline and training Standards for Diabetes Prevention

Project description

The IMAGE project was a European initiative which included 107 medical and public health experts from 31 European countries. The aim of the project was to collate evidence and practice experience in diabetes prevention and to develop standards and guidance for the implementation of prevention programmes to address chronic diseases in Europe, especially diabetes mellitus.

This evidence was then translated into good practice recommendations by the working groups which could be used in a clinical and public health setting. Furthermore, the European arena of educational curricula for health care professionals was reviewed and a necessary structure for a curriculum for European diabetes prevention managers was developed. The practice recommendations together with the prevention manager training was tested in six European countries to evaluate and adjust the deliverables to increase feasibility in clinical practice. Together with those actions, a state-of-the-art strategy for quality management in the prevention of chronic diseases on three different levels as well as chronic care was developed. Over a period of two and a half years the experts worked enthusiastically and were committed to the project and delivered everything proposed on time as an evidence-based guideline for the prevention of type 2-diabetes together with a practice toolkit for the implementation of diabetes prevention programmes in primary clinical and public health practice. Furthermore, a standard recommendation for quality management in diabetes prevention and care as well as a curriculum for the training of prevention managers were developed. The training of the prevention managers as well as the practice toolkit have already been implemented in nine European countries and successfully increased the ability to address health determinants for diabetes mellitus in order to prevent the disease from developing.

Area of health and relevance

In Europe more than 80 million people already suffer from diabetes mellitus and more than 120 million have a significantly increased risk of becoming diabetic within the next few years. This can be reduced by implementing structured and quality-controlled actions in public health and primary clinical setting to reduce the accumulation of risk factors and can combine a number of different initiatives and actions which all were defined and suggested in the IMAGE delivered material. By this, IMAGE has an enormous relevance because it collates the state-of-the-art evidence in diabetes prevention, translates this into a practice toolkit for the implementation of actions to prevent diabetes in real-world practice, but also develops curricula to train a relevant number of prevention managers to implement those actions and implements structures to make all this material and evidence available for free via the IMAGE e-health portal. IMAGE combines scientific evidence, practical relevance, health care environment, patient behaviour and educational actions to implement diabetes prevention in public health and clinical practice.

Results

The IMAGE project presented an evidence-based guideline for the prevention of type 2-diabetes together with a practice toolkit for the implementation of diabetes prevention programmes in public health and clinical practice. Together with this, a curriculum for the training of prevention managers was developed, tested and implemented in nine European countries. The state-of-the-art strategy for quality management has already been implemented in a number of health insurance companies in Europe leading to a continuous quality management and benchmarking and to an improvement of the quality of routine clinical care in diabetes prevention. All materials of the IMAGE project are freely available on an e-health portal and were presented at the 6th World Congress on Prevention of Diabetes and its Complications in Dresden, Germany in April 2010.

The results of the IMAGE project have changed the practice and public health view of diabetes prevention because for the first time it not only provides practice recommendation for the implementation of a prevention programme to address a chronic disease but it also develops educational and implementation models to realise the implementation in public health and clinical practice.

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European Health Award shortlist

Move for Change Campaign

A 3-year pan-European survey launched on the first European Parkinson's Action Day 11 April 2010

Project description

In 2006 the prevalence of Parkinson's disease in Europe was estimated at 1.2 million people with an annual cost of EUR 11 billion. As the population life expectancy increases this cost will continue to rise, especially in the late stages of the disease where the impact is at its greatest on the people with Parkinson's (PwPs), their families, carers and society as a whole.

The EPDA, together with its 45 member organisations, have long been highlighting the high and increasing economic and social impact of Parkinson's and raising awareness that there is substantially less cost to society when Parkinson's is treated early and properly. Yet, the 'Move for Change' campaign has identified that many people with Parkinson's in Europe are still not receiving appropriate and quality management.

The aim of the campaign – a 3-year pan-European survey – is to determine what difference the Charter for people with Parkinson's has made to the overall treatment and management of the condition across Europe since its launch in April 1997, highlighting the limitations currently existing concerning the *actual* management people are receiving.

The survey results will enable EPDA to document an accurate picture of Parkinson's management across Europe; enabling individual member organisations to highlight inequality of care that currently exist within their countries.

Area of health and relevance

The aim of this campaign is to measure the actual situation of how PwPs are being managed now across Europe, whereas the European Parkinson's Standards of Care Consensus Statement to be launched in October 2011 describes clearly how PwPs should be managed.

Across Europe the level of management of Parkinson's is variable in relation to access to medication and specialised support services. EPDA continues to advocate that there is substantially less cost to society when Parkinson's is treated early and properly i.e. the right treatment for the right person at the right time.

The collected evidence from the three-year pan-European Move for Change campaign will be used to raise awareness amongst policy makers, healthcare providers and the wider healthcare community of the challenges that PwP face on a daily basis and to lobby for equity of healthcare across Europe.

Results

The survey, targeted at people residing in Europe, consisted of 27 questions, and is designed for completion by people with Parkinson's, or a family member, or a health professional on their behalf.

It was administered online through the EPDA website and those of affiliated national Parkinson's organisations; launched on 12 April 2010 to coincide with the first European Parkinson's Action Day (World Parkinson's Day) and closed on 29 October 2010. A total of 2,149 forms were received from 35 countries (of which 2,068 were analysed).

- The majority of patients were diagnosed within 2 years after onset of first symptoms.
- Nearly 50% stated that diagnosis delivery was poor or very poor.
- Nearly 50% stated that after two years following diagnosis they had never seen a specialist in Parkinson's.
- Hospital doctors only had a minor role to play in PwPs management, while geriatricians were even less involved.
- A recurring theme was the lack of relevant or practical information about Parkinson's from professionals.
- The survey has highlighted areas where progress has been made and also where more work is required.
- Manuscript published in the *European Journal of Neurology*, September 2011.

Contact

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European Health Award shortlist

OsteoLink: Building Better Bones – a social network for people who care about osteoporosis

OsteoLink: Building Better Bones – a social network for people who care about osteoporosis



Project description

OsteoLink, an initiative of the International Osteoporosis Foundation (IOF) and the University of Geneva, is the first online and in-person social network for people with osteoporosis, their friends, family and healthcare professionals. OsteoLink is implemented by IOF National Societies who ensure the local needs of patients are addressed.

Underpinning the OsteoLink programme is a 2009 IOF Survey 'The Gaps Between Patient and Physician Understanding of the Emotional and Physical Impact of Osteoporosis' [*Arch Osteoporos* 2010;5:145–153], which highlighted unmet needs in communications between osteoporosis patients and health professionals. OsteoLink is a response to this need, supported by data showing that the over-55s are the fastest growing internet users.

OsteoLink is designed to address gaps in osteoporosis care and improve quality of life by enabling better osteoporosis management and greater community advocacy.

Area of health and relevance

Osteoporosis is characterised by low bone mass and increased risk of fractures. Globally 1 in 3 women and 1 in 5 men over the age of 50 will suffer an osteoporotic fracture leading to pain, deformity, disability and loss of independence.

The economic burden of osteoporosis in Europe is significant. Total direct medical costs are estimated at EUR 36 billion a year and are expected to double by 2050. Despite the availability of treatment and patients awareness of risk, treatment adherence is low, leading to an increased risk of fracture and decreased quality of life.

Community-wide patient support programmes help address unmet needs. Such programmes should enhance patient-physician dialogue, allow patient-patient contact and support treatment adherence to improve quality of life. OsteoLink combines online and in-person activities to bring a novel approach to osteoporosis management for the osteoporosis community.

Results

OsteoLink is live in Sweden and Austria and will soon go live in Germany, Greece, Portugal and Switzerland. The global media launch in March 2011 drew attendance from nearly 200 Osteoporosis Societies and 27 journalists.

As of July 2011, Austria counts 1,343 unique visitors. Over 30% of visitors returned to OsteoLink more than 15 times suggesting a higher than average quality of experience. Sweden had 1,346 unique visitors and received over 23,000 page views. Discussions and blogs focus on prevention, research and healthy living.

Communities take time to grow, but encouragingly figures for both pilot countries show similarly high engagement, highlighting a real need for a platform such as OsteoLink, regardless of whether internet usage is high (Sweden) or low (Austria). The growth potential for OsteoLink is promising.

Visit OsteoLink at: <http://www.iofbonehealth.org/patients-public/osteolink.html> and www.osteolink.org

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