

777/EuSANH-64

3rd EuSANH conference 4-5 December 2008 – Conclusions

Those present 4 December, 10:40 AM – 1:00 PM

André Knottnerus, chair (GR-NL), Guy de Backer (SHC-BE), Dorine Coenen (GR-NL, EuSANH secretariat), Ellen Van Hoof (SHC-BE), André Pauwels (SHC-BE), Lidewij Vat (VU-NL), Anneke Wijbenga (GR-NL), Mirosław Wysocki (NIPH/NIH - PL), Antonio Sarría Santamera (ISCIII-ES), Nico de Neeling (GR-NL), Nina Rehnqvist (SBU-SE), Patricia Cediél (ISCIII-ES)

Those present 4 December, 2:00 pm – 7:00 pm

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

Those present 5 December, 9:00 am – 3:00 pm

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

Apologies: Rumanian and French representatives

I. The network is developing

- Further growth is ongoing, a number of new member states have shown interest
- Criteria for membership are: permanent, statutory body//providing scientific advice//advising national government and/or parliament//addressing health (care) issues
- As suggested during the meeting, these criteria will be reviewed in work package 4.
- Given the variety of advisory structures, there is and will be some heterogeneity within EuSANH. However, this will also ensure diversity and comprehensiveness as the coverage of the broad area of health (care) related domains vary between national situations.

- In this context, it is important to distinguish evidence-based medicine (providing the key methodology for clinical research and the evidence base for clinical decisions), systematic reviews (reproducible summary of present knowledge, taking methodological quality into account), health technology assessment (comprehensively assessing the added value and cost-effectiveness of specific technologies to improve health outcome) and science advice (coherently synthesing and interpreting the results of the previous approaches, taking complex contextual aspects into account, presenting options for policy making, and to bridge the gap towards policy and implementation).
- EuSANH is keen to support member states that work at developing a science advice structure.
- To cover basic activities and continuity, a proposal for a financial contribution for 2009 will be prepared, with the possibility of a lower fee for very low budget organisations

II. The EuSANH – ISA project is starting

Strengthening the international network requires (1) collaboration as to subject matter and (2) a common ground regarding the methodology of science advice

The EuSANH – ISA is addressing these objectives in its work packages:

- a. Thematic & policy analysis (current advisory practices)
- b. Methodological framework (best advisory practices)
- c. Network development
- d. Case study (to test and illustrate the developed approach)
- e. Dissemination (to all relevant stakeholders and public)

Input from EuSANH-members and advisers is important in elaborating and running the project. This will be organised during the project. The kick-off meeting will be at 23 and 24 April in Brussels.

III. Input for case study/studies

Within the current advisory programs and plans of EuSANH members, some areas have shown to be simultaneously covered by three members or more: vaccination, screening, mental health, and innovation of hospitals. Other fields of interest like are occupational health and environmental health.

During the meeting, possible topics for EuSANH-ISA case studies have been suggested, such as:

- Learning from different screening policies given the same general scientific evidence base; how are the Wilson and Jungner criteria applied or adapted?
- Learning from different vaccination policies given the same general scientific evidence; inclusions of other vaccinations depending on country specific epidemiological data, demographic and budgetary issues; should general criteria be used (that may work out differently in specific national situations)?
- What are the priorities for mental health in Europe in the next decade? (elderly; dementia)
- Autism
- Dealing with infrequent disorders and procedures, and expensive and complex infrastructures on the European scale (possible role of supranational centres of excellence, with new interactions between hospitals).

- Evidence-based design and evaluation of hospitals (as a ‘medical device’): technological, professional, organisational, and architectural aspects, and basic conditions such as hygiene and nutrition.
- Telemedicine in Europe.
- Transparency of healthcare quality and best practices to consumers.
- Innovation of hospital care in an ageing society.
- Health impact of transportation: injuries, (un) healthy lifestyle, environmental implications, etc.
- Societal and economic impact of prevention (see also next section).
- (Determinants of) the impact of health systems (international comparison).

Possibilities of working together included amongst others exchange of data/literature; comments on draft reports; topic leaders; discussion forums; contact persons per domain per EuSANH member.

In the next months, a short list of possible topics will be circulated for review. Topics that can only or preferably be dealt with in a transnational/European context have priority.

As to these and other topics, in future, apart from the FP7 project, various ways of transnational collaboration are simultaneously possible: from bilateral to including all participants, depending from the subject.

IV. Input for methodology development

- In methodology development, possible differences between solicited and unsolicited advice should be explored (from phrasing the question to the type of signal or advice to be given)
- It is also important to distinguish content (e.g., the methodology to assess evidence) and process/procedures (e.g., how to select the best experts, how to run a committee, procedures for independence and review, etc.)
- As to content, not only advising on what is known is important but also identifying what is not yet known but should be investigated (research agenda from a societal perspective). These aspects are often complementary, with interaction between ‘evidence base’ and ‘evidence chase’.
- Important process aspects have been mentioned (in addition to the topics in the 2007 conference report):
 - a. Interaction with policy about the question in an early phase
 - b. Involvement/commitment of policy makers during the process to enhance the effectiveness of the advice for policy, with safeguards for independence
 - c. Multilevel approach (micro-, meso-, macro- aspects that can be relevant for e.g., the impact of interventions)
 - d. (Open) consultation of stakeholders to consider relevant experience expertise and anticipate broad acceptance
 - e. The methodology of translating general evidence to specific national/local situations that may vary (e.g., varying vaccination and screening policies for cervical cancer)
 - f. Productive interaction between national and European agencies (e.g., nutritional recommendations)

- g. Relevance of international comparison of national data for priority setting for advice

V. Societal and economic impact of prevention

The presentation by prof. Suhrcke and the related discussion yielded some important insights

- Given the societal and economic benefits of prevention, in addition to cost-effectiveness analysis more emphasis should be put on cost-benefit analysis, with 'benefit' being interpreted in a broad sense.
- (Especially indirect) societal benefits of prevention, including the required methodology to evaluate these, are underresearched, especially in areas not directly profitable for commercial providers, e.g., health promotion. Accordingly, an important research agenda is to be defined in this context.
- An EuSANH workshop with experts from health, economic and policy domain can be considered.

VI. Messages that were received from politics (Minister Timmermans) and policy (Dr. Ruwaard)

- Science has a crucial role in improving the health of the population
- Dealing with complexity and uncertainty should be the core business of science advice, not the answering of simple questions.
- There are fast developments as to the European 'healthcare market', which will imply new challenges and responsibilities for science advice.
- Independent cross-border scientific advice is essential to bridge gaps
 - o in the field of science and health
 - o between science and policy
 - o and to guide policy makers to anticipate rather than be reluctant for progress and innovation in a European context.

VII. Future perspectives for EuSANH

On the shorter term

- ⊙ Successfully running EuSANH – ISA project
- ⊙ Ongoing exchange as to content and methodology in our annual meetings

On the longer term

- ⊙ Positioning our science advisory network as a generally recognised source for advice in the European policy arena. This will imply
 - Continuing and extending our communication with DG SANCO and DG Research
 - Evaluating whether - in comparison to the situation in the USA where in addition to federal agencies such as CDC and the FDA the IOM is responsible for independent science advice for policy - EuSANH can develop to represent the independent voice of the scientific community in the health domain, with relevant interactions with European agencies such as ECDC and EFSA
 - To achieve this, an effective relationship with the Academies (EASAC and FEAM) and EUnetHTA is important, guided by collaboration and complementarity.