



NOTE OF THE MEETING

MEETING TO DISCUSS THE TRANSFER OF BEST PRACTICES SELECTED BY THE STEERING GROUP ON PROMOTION AND PREVENTION WITH INTERESTED COUNTRIES

8 FEBRUARY 2018, LUXEMBOURG

The meeting took place under the umbrella of the Steering Group on Promotion, Disease Prevention and Management of Non-communicable diseases (SGPP). The objective of the meeting was to discuss the transfer of two best practices that had been selected for implementation during the first round of SGPP best practice selection: "CARDIO 50" and "Physical Activity on Prescription".

24 participants from 18 Member States and Iceland attended the meeting. In addition, a representative from CHAFEA attended the meeting. A representative from the OECD also attended the meeting.

Welcome and Introduction

The meeting was chaired DG Health and Food Safety (DG SANTE), who welcomed the participants and presented the draft agenda of the meeting, which was adopted.

DG Sante then gave an overview of the state of play of the best practice selection process of the SGPP, the scope of the support the Commission can offer Member States with regard to the transfer of best practices, and the key objectives of the discussions that would take place during the meeting.

Financial instrument options

CHAFEA gave an overview of the financial instrument options available under the 3rd Health Programme for the implementation of the actions on "CARDIO 50" and "Physical Activity on Prescription": Open Calls for Proposals (Project Grants), Direct Grants, and Procurement (Service Contracts). The presentation included a detailed comparison between the two main financial instruments available to fund the best practice transfer, Call for Proposals (Project Grant) and Service Contract (Call for Tenders).

"CARDIO 50" Working Group Discussion

Participating countries: Croatia, France, Hungary, Italy, Lithuania, Luxembourg.
The CARDIO 50 working group discussion began with a presentation from the Veneto Region.

The next part of the discussion focused on the specific needs Member States would need support for; these included:

- Situation analysis / feasibility study
- Sharing of material : for the population and/or for training health professionals (including translation)
- Re-programming of the IT tool used in the Veneto region for use in the participating countries (national data needed for the risk algorithm, translation)
- Twinning and staff exchanges, joint workshops, study visits etc.
- Piloting of CARDIO 50 in a region/city in participating countries
- Monitoring and evaluation (also in collaboration with OECD, subject to a parallel contract)

The working group then discussed potential indicators to monitor the implementation of the action. Indicator categories agreed are:

- Process indicators, examples:
 - At project level e.g. number of study visits carried out
 - At pilot action level e.g. health parameters of the 50-years old population, the satisfaction of the 50-years old population and the participating health professionals
- Outcome indicators, example:
 - Measuring potential sustainability and institutionalization e.g. through inclusion of CARDIO 50 in a regional health strategy or plan

"Physical Activity on Prescription" Working Group Discussion

Participating countries: Austria, Belgium, Denmark, France, Hungary, Iceland, Italy, Lithuania, Malta, Portugal, Romania, Slovenia, Sweden.

The "Physical Activity on Prescription" (PAP) working group discussion began with a presentation from Sweden about its PAP system.

Iceland presented how PAP was successfully transferred from Sweden to Iceland.

The next part of the discussion focused on the specific needs Member States would need support for; these included:

- Monitoring and evaluation: how many participants, effects on health, etc.
- Translation and translation study visits.
- eHealth tools.
- A knowledge centre with all the latest publications, training material for doctors, materials for patients, etc.
- Training trainers.
- Feasibility study.
- Legal checks.
- Assessment of needs.
- Cost estimates.
- A replication manual.
- Twinning.

The working group agreed that the *project objective* for the PAP transfer is: implementing PAP, or, in the case of countries who have already done it, expanding and improving the implementation of PAP.

The working group then discussed potential indicators to monitor the implementation of the action. Indicators proposed to measure the success of *transferring* PAP included:

- The first prescription is achieved.
- Number of medical professionals trained.
- Having the guidelines translated and validated.
- Number of PAPs per 1000 people.
- Number of follow-ups.
- Number of lifestyle counselling incorporated in the curriculum of doctors and other professionals.
- Translation indicators (e.g. number of tools translated and validated, number of users).

The importance of having baseline indicators was noted. The working group agreed that the main outcome indicator would be patients' level of physical activity a few months after being prescribed PAP. The working group also agreed on the ideal time span of the PAP project: 2.5-3 years.

Conclusions and next steps

The meeting concluded with both working groups coming together to summarize the conclusions of their discussions.