Joint Action on Addressing Chronic Diseases and Healthy Ageing Across the Life-Cycle (JA-CHRODIS)

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What is a Joint Action (JA)?

• JAs are initiatives jointly designed and financed by EU Member States authorities and the EC
• They are conducted by national competent authorities (e.g. Ministry of Health) and other public bodies or non-governmental organisations nominated by the EU Member States or other participating countries.
• They must have clear EU added value
The reflection process on chronic diseases

The European Union approach to the challenge of chronic diseases requires an integrated response focusing on risk factors across sectors and policy fields, and on prevention, combined with efforts to strengthen health systems.

National governments meeting in the Council have invited EU countries and the European Commission to:

- initiate a reflection process on chronic diseases, in order to identify ways to optimize the response to chronic diseases and the cooperation between EU countries;
- lead that reflection process in close dialogue with relevant stakeholders, including patients, professionals, healthcare payers and providers;
- take into account the health and the potential contribution of other policy areas, in particular, employment, disability, education and housing.

Council conclusions – innovative approaches for chronic diseases (7 Dec. 2010)

Undertaken steps

An interim report (3200 KB) identified 2 main priorities for EU action on chronic diseases:

- prevention & health promotion;
- disease management with an emphasis on patient empowerment.

The work carried out starting from this basis has been summarized in a final report (334 KB).

Follow up

Under the 2013 Health Programme, a joint action has been launched with EU countries addressing chronic diseases & promoting healthy aging across the life cycle.

The joint action addresses the challenge of the increased burden that chronic conditions and diseases place on health systems and individuals in Europe, with a specific focus on multi-morbidity (co-existence of two or more chronic diseases in one person). The main objectives are to:

- map across Europe new innovative actions in social media, behavioural science and new technologies, as well as more traditional actions on risk factors;
- examine barriers to uptake for prevention, targeted screening of risk groups, and treatment of major chronic diseases (using diabetes as an example);
- look in more detail at how to address multi-morbidity and other complex issues in the framework of chronic diseases.

Council conclusions “Innovative approaches for chronic diseases in public health and healthcare systems”

3053rd EMPLOYMENT, SOCIAL POLICY HEALTH and CONSUMER AFFAIRS Council meeting
Brussels, 7 December 2010

The Council adopted the following conclusions:

The Council of the European Union:

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organization and delivery of health services and medical care;

2. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, the Member States, in liaison with the Commission, are to coordinate among themselves their

www.chrodis.eu
JA-CHRODIS: Estructura

- 25 Countries
- 39 Associated Partners
- 32 Collaborating Partners
- 7 Work packages
- 30 Tasks
- 3-year duration

Budget: 9.2m € (Co-funded EC and Partners)

Led by: Health Institute Carlos III and Spanish Ministry of Health, Social Services and Equity
Associated Partners:

1. Institute of Health Carlos III, ISCIII, Coordinator, Spain
2. Spanish Foundation for International Cooperation, Health and Social Policy, FCSAI, Spain
3. EuroHealthNet, EHNet, Belgium
4. European Health Management Association, EHMA, Ireland
5. Institute for Health Sciences in Aragon, IACS, Spain
6. Federal Centre for Health Education, BZgA, Germany
7. Italian Medicines Agency, AIFA, Italy
8. National Institute of Health, ISS, Italy
9. Dresden University of Technology, TUD, Germany
10. Vilnius University Hospital Santariskiu Klinikos, VULSK, Lithuania
11. National Institute of Public Health, NIJZ, Slovenia
12. National Center of Public Health and Analyses, NCPHA, Bulgaria
14. Heinrich Heine University Düsseldorf, HHU, Germany
15. Ministry of Health, MINSAL, Italy
16. 1st Regional Health Authority of Attica, YPE, Greece
17. Health Service Executive, HSE, Ireland
18. Institute of Public Health, IPH, Ireland
19. Netherlands Institute for Health Services Research, NIVEL, Netherlands
20. Ministry of Health and Care Services, HOD, Norway

21. Directorate-General of Health, DGS, Portugal
22. National Health Institute Doutor Ricardo Jorge, IP, INSA, Portugal
23. European Patients Forum, EPF, Belgium
25. Health Education and Diseases Prevention Centre, SMLPC, Lithuania
26. Directorate of Health, DOHI, Iceland
27. European Institute of Women Health, EIWH, Ireland
29. European Regional and Local Health Authorities, EUREGHA, Belgium
30. Spanish Ministry of Health, Social Services and Equality, MSSSI, Spain
31. Andalusian Regional Ministry of Health, CSBSJA, Spain
32. Progress and Health Foundation, FPS, Spain
33. Basque Foundation for Health Innovation and Research, BIOEF, Spain
34. Galician Health Service, SERGAS, Spain
35. Foundation for Education and Health Research of Murcia, FFIS, Spain
36. Aragon Foundation for Research and Development, ARAID, Spain
37. University of Zaragoza, UNIZAR, Spain
38. Agency for Health Quality and Assessment for Catalonia AQuAS, Spain
39. Portuguese Diabetes Association, APDP, Portugal
Consorcio

- Selección de socios: entidades públicas, no necesariamente expertas en tema pero sí interesadas.
- Compromiso EC vs MS participación: consorcios extensos
- Bondades y dificultades en consorcios extensos
JA-CHRODIS: Acción

Horizontal work

WP1 Coordination
WP2 Dissemination
WP3 Evaluation

Core work

WP4 Platform for knowledge exchange
WP5 Good practices in the field of health promotion and chronic disease prevention across the life cycle
WP6 Development of common guidance and methodologies for care pathways for multimorbid patients
WP7 Diabetes: a case study on strengthening health care for people with chronic diseases

Governing Board (Ministries of Health) | Advisory Board
Resultados: NO investigación

Importancia de resultados, su uso posterior y sostenibilidad de acción: interés y apoyo
Estructura de Gobierno y gestión

Coordinator
Carlos Segovia

Executive Board
WD leaders

Governing Board
Ministerios de Salud

Advisory Board
Experts

General Assembly
All partners

• Toma de decisión: EB & WP leaders
• Gestión jerarquizada
• Governing Board: esencial en proyecto
• Advisory Board: no optimizado
• General Assembly: punto reunión

Consortium Agreement NO obligatorio
Interacción con EC/ CHAFEA

- Comunicación EC/ CHAFEA-> Coordinador
- Participación directa en reuniones
- Entregables directos a CHAFEA
- Diferente reglas de financiación e informe
- Conformidad Grant Agreement
JA-CHRODIS Executive Board

JA-CHRODIS GA Meeting

WELCOME TO THE CHRODIS JOINT ACTION!
ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE

Knowledge platform
Health promotion
Multimorbidity
Type 2 diabetes
Propuesta presentada 3 Nov
Participan 45 socios
The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*

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