



EUROPEAN
COMMISSION

European
Research Area

Public Health Research

in Europe and beyond

PROJECT SYNOPSES



SEVENTH FRAMEWORK
PROGRAMME

Interested in European research?

Research*eu is our monthly magazine keeping you in touch with main developments (results, programmes, events, etc.). It is available in English, French, German and Spanish. A free sample copy or free subscription can be obtained from:

European Commission
Directorate-General for Research
Communication Unit
B-1049 Brussels
Fax (32-2) 29-58220
E-mail: research-eu@ec.europa.eu
Internet: <http://ec.europa.eu/research/research-eu>

EUROPEAN COMMISSION

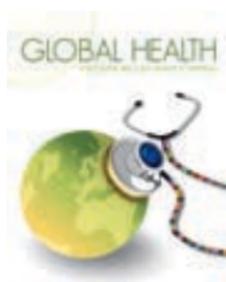
Directorate-General for Research
Directorate F
Health
Unit F3 Infectious Diseases
E-mail: RTD-HEALTH@ec.europa.eu

Contact: Stéphanie Caro
European Commission
Office CDMA 02/37
B-1049 Brussels
Tel. (32-2) 295 3938
Fax (32-2) 299 4561
E-mail: Stephanie.Caro@ec.europa.eu

EUROPEAN COMMISSION

Public Health Research

in Europe and beyond



***EUROPE DIRECT is a service to help you find answers
to your questions about the European Union***

Freephone number (*):
00 800 6 7 8 9 10 11

(*) Certain mobile telephone operators do not allow access to 00 800 numbers
or these calls may be billed

LEGAL NOTICE

Neither the European Commission nor any person acting on behalf of the Commission is responsible for the use which might be made of the following information.

The views expressed in this publication are the sole responsibility of the author and do not necessarily reflect the views of the European Commission.

More information on the European Union is available on the Internet (<http://europa.eu>).

Cataloguing data can be found at the end of this publication.

Luxembourg: Publications Office of the European Union, 2010

ISBN 978-92-79-17081-2
doi:10.2777/24522

© European Union, 2010
Reproduction is authorised provided the source is acknowledged.

Printed in Belgium

PRINTED ON ELEMENTAL CHLORINE-FREE BLEACHED PAPER (ECF)

Contents

Introduction	10
CLINICAL RESEARCH INTO PRACTICE	
ABC	
Ascertaining Barriers for Compliance: policies for safe, effective and cost-effective use of medicines in Europe	14
APRES	
The appropriateness of prescribing antibiotics in primary health care in Europe with respect to antibiotic resistance	15
ATOME	
Access to Opioid Medication in Europe	16
BRIDGE	
Scoping study of approaches to Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe	17
CAMbrella	
CAMbrella – A pan-European research network for Complementary and Alternative Medicine (CAM)	18
CEDAR	
Clinical decision making and outcome in routine care for people with severe mental illness	18
DECIDE	
Developing and Evaluating Communication strategies to support Informed Decisions and practice based on Evidence	19
DUQuE	
Deepening our understanding of quality improvement in Europe	19
EIS	
Development of a European Implementation Score for measuring implementation of research into healthcare practice using vascular disease as an example (EIS)	20
ENCE-CF-LAM-LTX	
European Networks of Centres of Expertise for CF (Cystic Fibrosis), LAM (Lymphangioliomyomatosis), and LTX (Lung Transplantation)	20
EPICE	
Effective Perinatal Intensive Care in Europe: translating knowledge into evidence-based practice	21
FIRE	
Facilitating Implementation of Research Evidence	21
FOCUS	
Fixed Dose Combination drugs for Secondary Cardiovascular Prevention	22
HANDOVER	
Improving the Continuity of patient care Through Identification and implementation of Novel patient handover processes in Europe	22
Homecare	
Clinical Continuity by Integrated Care	23
IMPACT	
Implementation of quality indicators in Palliative Care study	23



LINNEAUS EURO -PC

Learning from International Networks
about Errors and Understanding Safety
in Primary Care 24

Monitoring Medicines

Optimising drug safety monitoring
to enhance patient safety
and achieve better health outcome 24

ODHIN

Optimising delivery
of healthcare interventions 25

ORCAB

Improving quality and safety
in the hospital: The link between
organisational culture, burnout,
and quality of care 25

OTC SOCIOMED

Assessing over-the-counter (OTC)
medications in primary care and
translating the theory of planned
behaviour into interventions 26

PAIN-OUT

Improvement in Postoperative
PAIN OUTcome 26

PROHIBIT

Prevention of Hospital Infections
by Intervention and Training 27

QUASER

Quality and safety in European Union
hospitals: A research-based guide
for implementing best practice and a
framework for assessing performance 27

RESTORE

REsearch into implementation STRategies
to support patients of different ORigins
and language background in a variety
of European primary care settings 28

SAGhE

Safety and Appropriateness of Growth
hormone treatments in Europe 28

TICD

Tailored implementation
for chronic diseases 29

UMPIRE

Use of a Multidrug Pill
In Reducing Cardiovascular Events 29

HEALTH SYSTEMS RESEARCH

ANCIEN

Assessing Needs of Care
In European Nations 33

COURAGE in Europe

COllaborative Research on AGEing
in Europe 33

DISMEVAL

Developing and validating disease
management evaluation methods
for European healthcare systems 34

ECHO

European Collaboration
for Healthcare Optimisation 35

ECHOUTCOME

European Consortium in Healthcare
Outcomes and cost-benefit research 35

EUCBCC

EUropean Cross Border
Care Collaborations 36

Euprimicare

Quality and costs of primary care
in Europe 36

EuroDRG

Diagnosis-Related Groups in Europe:
towards Efficiency and Quality 37

EuroHOPE

EuroHOPE – European Health Care
Outcomes, Performance and Efficiency 38

EuroREACH

A Handbook to Access Health Care Data
for Cross-country Comparisons
of Efficiency and Quality 38

EURO-URHIS 2

European Urban Health Indicators Part
Two: Using indicators to inform policy 39

HEALTH PROMeTHEUS

HEALTH PROfessional Mobility
in THe European Union Study 40

HIScreenDiag

Building a Tool to Evaluate
and Improve Health Investments in
Screening and Diagnosis of disease 41

HSREPP

Health Services Research into European
Policy and Practice: preparation and
organisation of a European Health
Services Research Conference 41



INTERLINKS

Health systems and long-term care for older people in Europe – Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care 42

InterQuality

International Research on Quality in Healthcare 42

LIVING DONATION

Living Organ Donation in Europe 43

MANAGED OUTCOMES

Operations management and demand-based approaches to healthcare outcomes and cost-benefits research 43

MentDis_ICF65+

Prevalence, 1-year incidence and symptom severity of mental disorders in the elderly: Relationship to impairment, functioning (ICF) and service utilisation 44

MoHProf

Mobility of Health Professionals 45

PPACTE

Pricing Policies and Control of Tobacco in Europe 45

QUALICOPC

Quality and costs of primary care in Europe 46

REFINEMENT

Financing systems' effects on the Quality of Mental health care in Europe 46

RightTime

PlaceCare

Improving health service for European citizens with dementia: Best practice strategies' development for transition from formal professional homecare to institutional long-term nursing care facilities 47

RN4CAST

Nurse Forecasting: Human Resources Planning in Nursing 48

SHELTER

Services and Health for Elderly in Long TERM care 49

HEALTH PROMOTION AND DISEASE PREVENTION

AAA-PREVENT

Effective Environmental Strategies for the Prevention of Alcohol Abuse among Adolescents in Europe 53

AMPHORA

Alcohol Measures for Public Health Research Alliance 53

BECAN

Balkan Epidemiological Study on Child Abuse and Neglect 54

CHANCES

Consortium on Health and Ageing: Network of Cohorts in Europe and the United States 54

CHICOS

Developing a Child Cohort Research Strategy for Europe 55

COPING

Children of Prisoners, Interventions & Mitigations to Strengthen Mental Health 56

ECOSH

Occupational Health and Safety Economics 56

ENBREC

European Network of Bipolar Research Expert Centres 57

ENERGY

EuropeAN Energy balance Research to prevent excessive weight Gain among Youth: Theory and evidence-based development and validation of an intervention scheme to promote healthy nutrition and physical activity 58

FUTURAGE

A Roadmap for Ageing Research 59

GRADIENT

Tackling the Gradient: Applying Public Health Policies to Effectively Reduce Health Inequalities amongst Families and Children 59



HEALTHatWORK

An inquiry into the health and safety at work; a European Union perspective 60

INTEGRIS

Improved methodology for data collection on accidents and disabilities – Integration of European Injury Statistics 60

OSPI-Europe

Optimising suicide prevention programmes and their implementation in Europe 61

PAPA

Promoting Adolescent health through an intervention aimed at improving the quality of their participation in Physical Activity 62

RICHE

RICHE – a platform and inventory for child health research in Europe 62

ROWER

Building a knowledge Repository for Occupational Well-being Economics Research 63

SEYLE

Saving and Empowering Young Lives in Europe 63

TEMPEST

Temptations to Eat Moderated by Personal and Environmental Self-regulation Tools 64

WE-STAY

Work Together to Stop Truancy Among Youth 65

INTERNATIONAL PUBLIC HEALTH AND HEALTH SYSTEMS

AFRICA-BUILD

Building a Research and Education Infrastructure for Africa 69

AMASA

Accessing Medicines in Africa and South Asia 69

APARET

African Programme for Advanced Research Epidemiology Training 70

ARCADE HSSR

African Regional Capacity Development for Health Systems and Services Research 70

ATP

Access to Pharmaceuticals 71

CBHI India

Developing efficient and responsive community-based micro health insurance in India 71

CERCA

Community-embedded Reproductive health Care for Adolescents in Latin America 72

CHEPSAA

Consortium for Health Policy and Systems Analysis in Africa 72

COHEMI

Coordinating resources to assess and improve health status of migrants from Latin America 73

COST - Africa

Clinical Officer Surgical Training in Africa 73

EQUIP

Expanded Quality management Using Information Power for Maternal and New-born Health in Africa 74

EquitAble

Enabling universal and equitable access to healthcare for vulnerable people in poor resource settings 74



Equity-LA

Impact on equity of access and efficiency of Integrated Health care Networks (IHN) in Colombia and Brazil 75

ETATMBA

Enhancing Human Resources and Articulating Innovative Technologies for Maternal and Perinatal Survival in sub-Saharan Africa 75

EUNAM

EU and North African Migrants: Health and Health Systems 76

EVAL-HEALTH

Developing and testing of new methodologies to monitor and evaluate health-related EU-funded interventions in cooperation partner countries 76

FEMHEALTH

Assessing the impact of fee exemption on maternal health in West Africa and Morocco: new tools, new knowledge 77

HEFPA

Health Equity and Financial Protection in Asia 77

HEALTH Inc.

Socially inclusive health care financing in West Africa and India Short title: Financing health care for inclusion 78

HESVIC

Health system stewardship and regulation in Vietnam, India and China 78

HITT-CIS

Health in Times of Transition: Trends in Population Health and Health Policies in CIS Countries 79

HURAPRIM

Human Resources for Primary Health Care in Africa 79

IntHEC

Health Education and Community Integration: Evidence-based Strategies to increase equity, integration and effectiveness of reproductive health services for poor communities in sub-Saharan Africa 80

ISSC

An integrated surveillance system for infectious disease in rural China: generating evidence for early detection of disease epidemics in resource-poor settings 81

MATIND

Large scale innovative pro-poor programmes focused on reducing maternal mortality in India: a proposal for impact evaluation 81

MEDCHAMPS

MEDiterranean studies of Cardiovascular disease and Hyperglycaemia: Analytical Modelling of Population Socio-economic transitions 82

MOMI

Missed Opportunities in Maternal and Infant Health: reducing maternal and newborn mortality and morbidity in the year after childbirth through combined facility- and community-based interventions 82

MUTHI

Multi-disciplinary University Traditional Health Initiative (MUTHI): Building Sustainable Research Capacity on Plants for Better Public Health in Africa 83

OPTIMUNISE

Optimising the impact and cost-effectiveness of child health intervention programmes of vaccines and micronutrients in low-income countries 83

PERFORM

Supporting decentralised management to improve health workforce performance in Ghana, Uganda and Tanzania 84

PREPARE

Promoting sexual and reproductive health among adolescents in southern and eastern Africa – mobilising parents, schools, and communities 84

QUALMAT

Quality of maternal and prenatal care: bridging the know-do gap 85

SURE

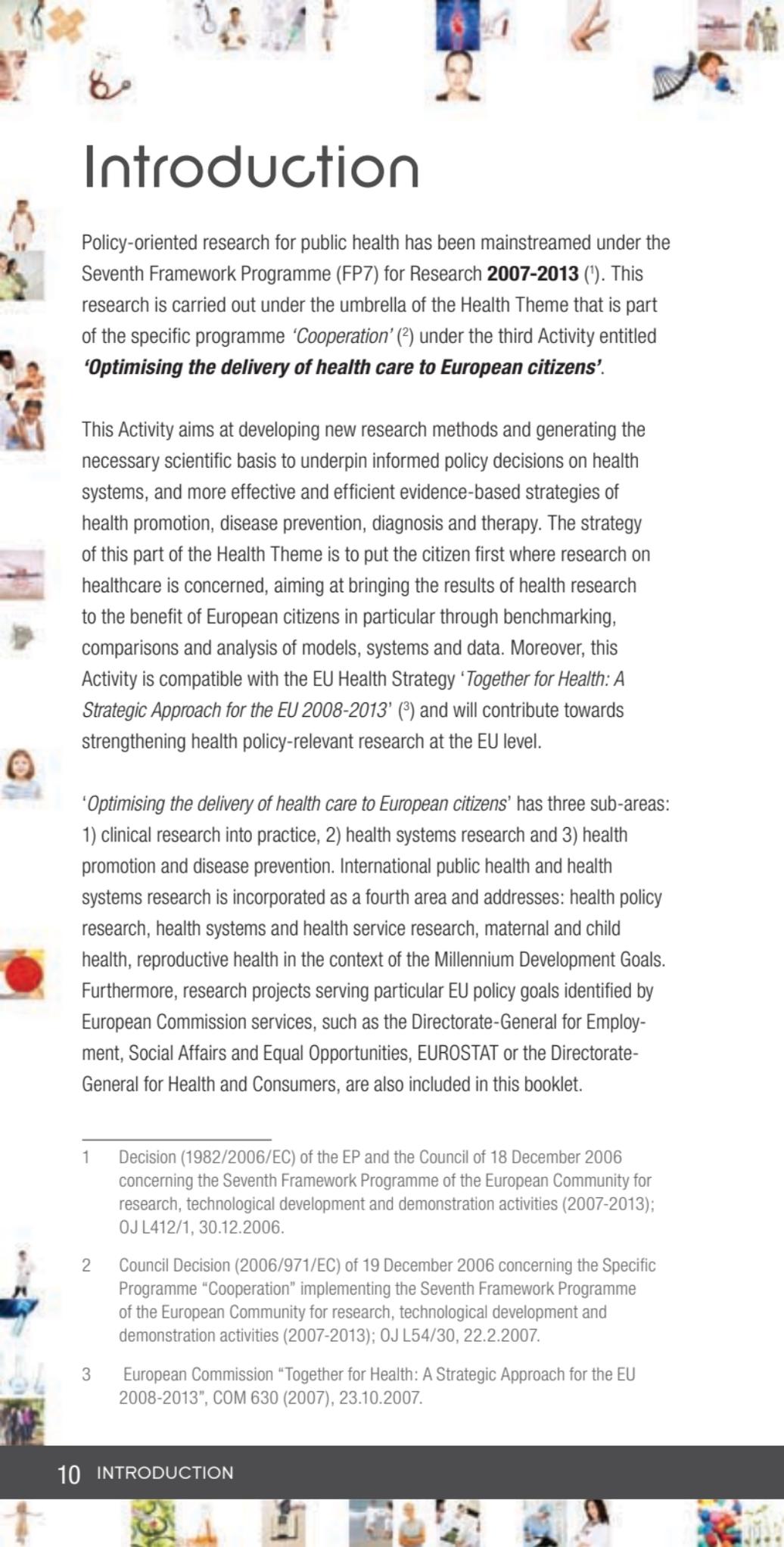
Supporting the Use of Research Evidence for Policy in African Health Systems 86

T-REC

Building research capacity of blood transfusion services in Africa 86

UNITAS

Universal coverage in Tanzania and South Africa 87



Introduction

Policy-oriented research for public health has been mainstreamed under the Seventh Framework Programme (FP7) for Research **2007-2013** ⁽¹⁾. This research is carried out under the umbrella of the Health Theme that is part of the specific programme 'Cooperation' ⁽²⁾ under the third Activity entitled '**Optimising the delivery of health care to European citizens**'.

This Activity aims at developing new research methods and generating the necessary scientific basis to underpin informed policy decisions on health systems, and more effective and efficient evidence-based strategies of health promotion, disease prevention, diagnosis and therapy. The strategy of this part of the Health Theme is to put the citizen first where research on healthcare is concerned, aiming at bringing the results of health research to the benefit of European citizens in particular through benchmarking, comparisons and analysis of models, systems and data. Moreover, this Activity is compatible with the EU Health Strategy '*Together for Health: A Strategic Approach for the EU 2008-2013*' ⁽³⁾ and will contribute towards strengthening health policy-relevant research at the EU level.

'*Optimising the delivery of health care to European citizens*' has three sub-areas:

1) clinical research into practice, 2) health systems research and 3) health promotion and disease prevention. International public health and health systems research is incorporated as a fourth area and addresses: health policy research, health systems and health service research, maternal and child health, reproductive health in the context of the Millennium Development Goals. Furthermore, research projects serving particular EU policy goals identified by European Commission services, such as the Directorate-General for Employment, Social Affairs and Equal Opportunities, EUROSTAT or the Directorate-General for Health and Consumers, are also included in this booklet.

- 1 Decision (1982/2006/EC) of the EP and the Council of 18 December 2006 concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013); OJ L412/1, 30.12.2006.
- 2 Council Decision (2006/971/EC) of 19 December 2006 concerning the Specific Programme "Cooperation" implementing the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013); OJ L54/30, 22.2.2007.
- 3 European Commission "Together for Health: A Strategic Approach for the EU 2008-2013", COM 630 (2007), 23.10.2007.

To-date, there are 109 projects supported under the 3rd Activity, EU policy needs and international scientific cooperation mandates, representing some EUR 275 million in EU financial support. The majority of these projects are either underway or under negotiation following the outcome of calls for research proposals in 2007, 2008, 2009 and 2010 including the 2010 Africa call. International public health and health systems research account for 35 of the 109 projects corresponding to approximately EUR 97 million. This booklet contains an overview of these projects. More detailed and up-to-date information on running and completed research projects can be found on the CORDIS website (http://cordis.europa.eu/fp7/health/home_en.html).



PUBLIC HEALTH SECTOR
HEALTH DIRECTORATE DG RESEARCH
EUROPEAN COMMISSION

For any further information, please contact

Mr Kevin McCarthy, Head of Sector

Public Health Research Sector Secretariat: Stephanie.caro@ec.europa.eu

The contribution of Stéphanie Caro and the support of Jan Paehler, Oyvind Hope, Albrecht Jahn and Agnieszka Zmaczynska are recognised in the preparation of this booklet.

CLINICAL RESEARCH INTO PRACTICE





INTRODUCTION

The first area is entitled: 'Translating the results of clinical research outcome into clinical practice including better use of medicines, and appropriate use of behavioural and organisational interventions and new health therapies and technologies' (1). The main objectives are to better understand clinical decision making and to establish the appropriate use of behavioural and organisational interventions, new health therapies and technologies that are evidence-based. Special attention is to be given to patient safety, identifying the best clinical practice; understanding decision making in clinical settings in primary and specialised care; and fostering applications of evidence-based medicine and patient empowerment. The focus is on the benchmarking of strategies; investigating outcomes of different interventions including medicines, taking into consideration pharmacovigilance evidence, specificities of the patient (e.g. genetic susceptibility, age, gender and adherence) and cost benefits. This area has 28 projects accounting for some EUR 67.5 million in the Seventh Framework Programme (FP7) funding support.

1 Area 3.1. under the Health Theme.

ABC

Ascertaining Barriers for Compliance: policies for safe, effective and cost-effective use of medicines in Europe

The aim of the project is to produce evidence-based policy recommendations for improving patient compliance to medication in Europe. Research activities involve: building a pan-European consensus on terminology and taxonomy of non-compliance; identification of determinants of compliance through systematic review of literature, survey across 16 European countries, and discrete choice experiment; comparison of compliance management practices by healthcare professionals and pharma industry, and in curricula of medical and pharmacy schools across Europe. The project findings will be discussed with European experts and final recommendations will be presented to the relevant stakeholders.

Coordinator

Dr Aneta Andrzejczyk
Medical University of
Lodz
Office for Research and
International Relations
Lodz, Poland

E-mail

aandrzejczyk@wp.pl

EC contribution

€ 2 235 023

Starting date

01/01/2009

Duration

36 months

<http://www.abcproject.eu/>



APRES

The appropriateness of prescribing antibiotics in primary health care in Europe with respect to antibiotic resistance _____

The APRES project aims at providing recommendations on the appropriateness of prescribing antibiotics in primary care defined as the extent to which the pattern of prescribed antibiotics is congruent with the antibiotic resistance pattern of bacteria. More than 90% of antibiotics are prescribed in primary care, but existing information on the antibiotic resistance pattern is mainly based on samples from hospitalised patients. The APRES project includes the establishment of the antibiotic resistance pattern of *S. aureus* and *S. pneumoniae* in nine European countries, based on samples from healthy persons consulting in primary care practices and the five-year pattern of prescribed antibiotics. On the basis of the results, country specific guidelines will be formulated for appropriate prescribing of antibiotics.

Coordinator

Prof. F.G. Schellevis
MD PhD
Netherlands Institute
for Health Services
Research
Utrecht, the Netherlands

E-mail

f.schellevis@nivel.nl

EC contribution

€ 2 809 511

Starting date

01/10/2009

Duration

48 months

<http://www.nivel.eu/apres>

ATOME

Access to Opioid Medication in Europe

The overall goal of this project, is to undertake applied research into the reasons why opioid medicines for moderate to severe pain and for the treatment of opioid dependence are not used adequately in 12 European countries; to elaborate and disseminate tailor-made recommendations to each country for improving the accessibility, availability and affordability of controlled medicines; to disseminate these to governments, healthcare professionals, other key decision making bodies as well as to the general public. The outcome of the research will serve to underpin informed policy decisions on health systems and more effective and efficient evidence-based strategies for health therapies (pain management) in 12 European countries.

Coordinator

Mr Volker Legewie
Universitaetsklinikum
Aachen
Aachen, Germany

E-mail

vlegewie@ukaachen.de

Dr rer. medic.
Saskia Jünger
sjuenger@ukaachen.de

EC contribution

€ 2 449 062

Starting date

01/12/2009

Duration

60 months

<http://www.atome-project.eu/>



BRIDGE

Scoping study of approaches to Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe

This study will explore current efforts to broker information for policy and bridge the information-action gap. The study will: develop a framework for organising and understanding models of brokering research into policy; describe and compare EU Member States' experiences with information-packaging and interactive knowledge-sharing mechanisms; identify national and European models for knowledge brokering; undertake country case studies to explore how knowledge-brokering approaches intersect with and support policymaking. The study will set out the implications that comparative research on knowledge brokering has for the organisation and management of information systems in the EU.

Coordinator

Mrs Suszy Lessof
World Health
Organization
Copenhagen, Denmark

E-mail

szy@obs.euro.who.int

EC contribution

€ 790 997

Starting date

01/01/2009

Duration

24 months

<http://www.euro.who.int/en/home/projects/observatory/activities/research-studies-and-projects/knowledge-brokering-for-health-policy-making-bridge-project>

CAMbrella

CAMbrella – A pan-European research network for Complementary and Alternative Medicine (CAM)

This coordinating project is to develop an EU network of research centres in the field of CAM, to develop consensus-based terminology to describe CAM interventions, to create a knowledge base regarding patients' demand for CAM and its prevalence, to review the current legal status and policies governing CAM provision in the EU and, to explore the needs, beliefs and attitudes of the EU citizens with respect to CAM. In the end a prioritised EU research roadmap for CAM will be recommended. The consortium consists of 16 partners from 12 European countries supported by an Advisory Board, which reflects relevant stakeholders like patients, practitioners, medical providers and manufacturers.

<http://www.cambrella.eu>

Coordinator

Wolfgang Weidenhammer PhD
Klinikum Rechts der Isar
Internal Medicine
- Centre for
Complementary
Medicine Research
Munich, Germany

E-mail

wolfgang.
weidenhammer@lrz.
tum.de

EC contribution

€ 1 498 597

Starting date

01/01/2010

Duration

36 months

CEDAR

Clinical decision making and outcome in routine care for people with severe mental illness

This study will investigate the effect of clinical decision making (CDM) on outcomes in people with severe mental illness in six European countries (Denmark, Germany, Hungary, Italy, Switzerland, and the UK). Instruments will be developed to measure CDM in the target population which will be applied in a multi-national prospective observational study (bi-monthly assessments during a one-year observation period; N = 540). Results will guide informed delineation of quality indicators of CDM, as well as identification of prime areas for improvement of health service provision. Furthermore, ingredients of best practice in CDM in the routine care for people with severe mental illness will be extracted.

<http://www.cedar-net.eu>

Coordinator

Bernd Puschner PhD
Ulm University
Department of
Psychiatry and
Psychotherapy II
Günzburg, Germany

E-mail

bernd.puschner@bkh-
guenzburg.de

EC contribution

€ 1 763 856

Starting date

01/04/2009

Duration

36 months

DECIDE

Developing and Evaluating Communication strategies to support Informed Decisions and practice based on Evidence_____

To improve the dissemination of evidence-based recommendations to develop and evaluate methods that address the targeted dissemination of guidelines. This will be done across a wide range of health systems in Europe. The targeted dissemination strategies will be evaluated in randomised trials, refined and used and evaluated with real guidelines developed by the DECIDE partners and other guideline developers that we support. Expected results: Dissemination strategies for recommendations that have been rigorously evaluated in diverse settings, support the transfer of research into practice, and are adapted to real-world healthcare systems.

Coordinator

UNIVERSITY OF DUNDEE

EC contribution

approximately EUR 3 million

Duration

60 months

Under negotiation

DUQuE

Deepening our understanding of quality improvement in Europe_____

Hospitals in European countries apply a wide range of quality improvement strategies; however, knowledge on their effectiveness is limited. DUQuE will study how these strategies are associated with clinical effectiveness, patient safety and patient involvement. Employing multi-methods, data will be collected at hospital, departmental, professional and patient level in eight European countries. The products of DUQuE will include a catalogue of instruments to build a department and/or hospital-specific quality and safety programme, and an appraisal scheme to assess the maturity of the quality improvement system.

Coordinator

Prof. Rosa Suñol
Fundación Avedis
Donabedian
Barcelona, Spain

E-mail

duque@fadq.org

EC contribution

€ 2 996 189

Starting date

01/11/2009

Duration

42 months

<http://www.duque.eu>

EIS

Development of a European Implementation Score for measuring implementation of research into healthcare practice using vascular disease as an example (EIS)

This collaborative project will develop a European methodology to assess the implementation of research evidence into practice (the European Implementation Score (EIS)) using stroke and Cardiovascular disease as examples in primary, secondary and specialist care from the perspectives of different target groups. EIS will measure how well new knowledge is implemented into clinical practice in Europe and will address implementation of research knowledge at different levels of the healthcare system and in different healthcare settings.

<http://www.eisproject.com/>

Coordinator

Prof. Charles Wolfe
King's College London
London, United Kingdom

E-mail

Charles.wolfe@kcl.ac.uk

EC contribution

€ 2 767 922

Starting date

01/04/2009

Duration

48 months

ENCE-CF-LAM-LTX

European Networks of Centres of Expertise for CF (Cystic Fibrosis), LAM (Lymphangioleiomyomatosis), and LTX (Lung Transplantation)

European Centres of Expertise Networks for rare diseases have been identified by the European Commission as one important area of future activity in the attempt to optimise healthcare for European citizens. Especially in rare diseases the joined forces of experts networking throughout Europe are more likely than isolated national services to meet the patients' needs and expectations. Against this background, ENCE-CF-LAM-LTX aims at designing a blueprint for the implementation of Networks of Centres of Expertise for Rare Diseases – exemplified here by Cystic Fibrosis, Lymphangioleiomyomatosis and Lung Transplantation, but ultimately to be applied to other rare diseases as well.

<http://www.ence-plan.eu>

Coordinator

Prof. Dr Thomas Wagner
Goethe University
Hospital
Frankfurt am Main,
Germany

E-mail

t.wagner@em.uni-frankfurt.de

EC contribution

€ 857 310

Starting date

01/04/2009

Duration

24 months



EPICE

Effective Perinatal Intensive Care in Europe:
translating knowledge into evidence-based practice

The aim is to improve very preterm infants' survival and long-term health and development by ensuring that available medical knowledge is translated into effective perinatal care. The project will produce empirical data about the uptake of medical interventions in European maternity and neonatal units and new knowledge about catalysts for the adoption of medical knowledge. Its results will provide a methodological and conceptual basis for future scientific work on the effectiveness of intervention strategies.

Coordinator

INSTITUT NATIONAL
DE LA SANTE ET
DE LA RECHERCHE
MEDICALE (INSERM)

EC contribution

approximately
EUR 3 million

Duration

60 months

Under negotiation

FIRE

Facilitating Implementation of Research Evidence

This study will identify and validate key factors determining the successful implementation of research evidence in practice, focusing on the feasibility and effectiveness of facilitation as an implementation strategy. A randomised, controlled trial with three intervention arms (standard dissemination and two different models of facilitation) and 6 units in 5 countries (4 in Europe, plus Canada; n=30) is planned. The units will be asked to implement research-based guidance on continence promotion and receive differing levels of facilitation support to do so. Detailed contextual, process and outcome data will be collected to fully explore the complex processes at work during implementation.

Coordinator

Dr Catherine Seers
The University of
Warwick
Research Support
Services
Warwick, United
Kingdom

E-mail

kate.seers@warwick.
ac.uk

EC contribution

€ 2 999 914

Starting date

01/01/2009

Duration

48 months

<http://www.parihs.org/pages/firestudy.html>

FOCUS

Fixed Dose Combination drugs for Secondary Cardiovascular Prevention

FOCUS aims to test the Fixed-Dose-Combination (FDC) concept for secondary cardiovascular disease (CVD) prevention, and for a better understanding of socioeconomic factors that influence access and adherence to CVD treatment. The FOCUS FDC pill is a single-day pill containing three active components of well-demonstrated efficacy. It can be produced and administered at a much lower cost than conventional equivalents and is thus suitable for widespread use in resource-poor countries. The FDC pill will be tested in two complementary controlled clinical studies: a descriptive non-interventional study followed by an interventional randomised trial. The studies will analyse data collected at 40 clinical sites in Europe and 40 sites in three middle-income developing countries. FOCUS is an international collaboration between research institutes, clinicians, pharma industry, small and medium-sized enterprises (SMEs) and scientific organisations.

Coordinator

Dr Stefan Jungbluth
Fundación Centro
Nacional de
Investigaciones
Cardiovasculares
Carlos III
Madrid, Spain

E-mail

sjungbluth@cnic.es

EC contribution

€ 2 999 999

Starting date

01/07/2010

Duration

36 months

HANDOVER

Improving the Continuity of patient care Through Identification and implementation of Novel patient handover processes in Europe

Poor continuity of clinical care either at a patient's referral to a hospital by a primary care specialist or at a patient's discharge from the hospital, is a critical aspect of a patient's care. The overall objective of the HANDOVER project is to optimise the continuum of clinical care by identifying and studying best practices and creating standardised approaches to handover communication at the primary care hospital interface and measuring the effectiveness of these practices in terms of costs and impact.

Coordinator

Loes Pijnenborg MD PhD
University Medical
Center
Utrecht, the Netherlands

E-mail

l.pijnenborg@umcutrecht.nl

EC contribution

€ 2 623 200

Starting date

01/10/2008

Duration

36 months

<http://www.handover.eu>

Homecare

Clinical Continuity by Integrated Care

The fragmented delivery of health and social services is an acknowledged problem in many European countries. The HOMECARE project launches research for better ways to ensure continuity in discharge planning across the secondary/primary care interface selecting frequent chronic conditions as stroke, COPD and heart failure as focus areas.

The mission is to document the benefits of Integrated Homecare combining effective home rehabilitation of patients with economic savings for society.

Eleven scientific deliverables are expected from the project, comprising practical guidelines as well as a comprehensive health technology assessment addressing decision makers at national and regional levels in Europe.

Coordinator

Torben Larsen
University of Southern
Denmark
CAST
Odense, Denmark

E-mail

tla@cast.sdu.dk

EC contribution

€ 2 159 991

Starting date

01/04/2009

Duration

36 months

<http://www.integratedhomecare.eu>

IMPACT

Implementation of quality indicators in Palliative Care sTudy

The aim is to develop optimal implementation strategies for using quality indicators to improve the organisation of palliative cancer and dementia care in Europe. Focus will be on the organisation of palliative care, the development of a set of setting-specific implementation strategies including an interactive website and instruction by consultants, the evaluation of the use of selected strategies to improve the organisation of palliative care and factors influencing the effectiveness of the implementation strategies. A conceptual model will be developed that is applicable across diverse healthcare settings and that allows rigorous assessment of the effectiveness of implementation strategies.

Coordinator

STICHTING
KATHOLIEKE
UNIVERSITEIT

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation

LINNEAUS EURO -PC

Learning from International Networks about Errors and Understanding Safety in Primary Care

This project will extend the current knowledge and experience from countries where the importance of patient safety is nationally recognised to countries where it is less developed, ensure that there is an appropriate focus on primary care and encourage cooperation and collaboration for future interventions through large scale trials. With patient involvement, we will develop taxonomy, recommend best practice, measure safety culture, develop a reporting system and share information through workshops and seminars to improve patient safety in primary care.

<http://www.linneaus-pc.eu/>

Coordinator

Prof. Aneez Esmail
The University of
Manchester
School of Community
Based Medicine
Manchester, United
Kingdom

E-mail

aneez.esmail@
manchester.ac.uk

EC contribution

€ 2 461 250

Starting date

01/03/2009

Duration

48 months

Monitoring Medicines

Optimising drug safety monitoring to enhance patient safety and achieve better health outcomes

The incidence of medicines' adverse effects is high. The project will fill knowledge gaps, share knowledge and put it to use. Patient safety actions: 1) support consumer reporting, 2) prevent medication errors, 3) use existing data better, 4) develop additional methods. Achievements will support policy decisions on disease prevention and resource management by identifying best clinical practice, understanding decision making and fostering patient empowerment.

<http://www.monitoringmedicines.org>

Coordinator

Mr Sten Olsson
WHO Collaborating
Centre for International
Drug Monitoring
Uppsala, Sweden

E-mail

sten.olsson@who-umc.
org

EC contribution

€ 1 995 096

Starting date

01/09/2009

Duration

42 months



ODHIN

Optimising delivery of healthcare interventions

ODHIN will use the implementation of identification and brief intervention programmes (IBI) for hazardous and harmful alcohol consumption in primary healthcare (PHC) as a case study to better understand how to translate the results of clinical research into every day practice. Systematic reviews investigating the impact of different behavioural, organisational and financial strategies in changing provider behaviour across a range of clinical lifestyle interventions will be undertaken. A stepped cluster randomised controlled trial will test the incremental effect of strategies. ODHIN will develop a clinical evidence-based database on effective and cost-effective IBI measures for use in PHC.

Coordinator

FUNDACIO PRIVADA
CLINIC PER A LA
RECERCA BIOMEDICA

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation

ORCAB

Improving quality and safety in the hospital:

The link between organisational culture, burnout, and quality of care

ORCAB aims at benchmarking the organisational and individual factors that impact on quality of care and patient safety and at designing bottom-up interventions that both increase quality of care and physician well-being. A multi-centre survey will be conducted in health professionals and patients from selected hospital sites from South and SE Europe in order to: 1) profile the specific factors of hospital-organisational culture that increase burnout, and 2) monitor burnout and its associations to quality of hospital care. In addition, action research will be used to involve stakeholders in each hospital site to develop their own interventions for improving quality of care.

Coordinator

Dr Efharis
Panagopoulou
Medical School
Department Social
Medicine
Thessaloniki, Greece

E-mail

efharis@the.forthnet.gr

EC contribution

€ 1 910 480

Starting date

01/11/2009

Duration

54 months

<http://orcab.web.auth.gr/orcab/Index.html>

OTC SOCIOMED

Assessing over-the-counter (OTC) medications in primary care and translating the theory of planned behaviour into interventions_____

The inappropriate supply and consumption of non-prescribed medicines remains a major public health problem. The aim is to develop new research methods to reduce the incidence of drug-related mishaps and maximise the potent effect of medicines. A theory-specific approach (TPB; Ajzen, 1991) is utilised to identify and understand general practitioners (GPs) and primary care patients' behaviour towards prescription and consumption of medicines. The project's objectives include: the assessment of the extent of OTC misuse in countries of southern Europe, the identification of influential factors on GPs and patients and the design and implementation of selected pilot interventions.

Coordinator

Prof. Christos Lionis
University of Crete
Faculty of Medicine,
Clinic of Social and
Family Medicine
Heraklion, Greece

E-mail

lionis@galinos.med.
uoc.gr

EC contribution

€ 967 185

Starting date

01/12/2009

Duration

24 months

<http://www.otcsociomed.uoc.gr/>

PAIN-OUT

Improvement in Postoperative PAIN OUTcome _____

PAIN OUT is an EC-funded, multinational research project that will provide a unique and user-friendly web-based information system to improve treatment of patients with post-operative pain. The project's main objective – developing and validating a system for measurement and feedback of outcome quality and supporting the process of decision making – will enable an optimised treatment of patients. As our information system will serve as a model, any field of medicine with a high variation of care will benefit from PAIN OUT.

Coordinator

Winfried Meissner
University Hospital Jena
Clinic for
Anaesthesiology and
Intensive Care Therapy
Jena, Germany

E-mail

winfried.meissner@
med.uni-jena.de

EC contribution

€ 2 912 325

Starting date

01/01/2009

Duration

48 months

<http://www.pain-out.eu>

PROHIBIT

Prevention of Hospital Infections by Intervention and Training

Healthcare-associated infections are adverse events in healthcare delivery which are associated with increased morbidity and mortality. It is not known what practices have been adopted by European hospitals to prevent such events and whether they are effective. The aim of PROHIBIT is to understand existing guidelines and practices to prevent healthcare-associated infections in European hospitals, identify factors that enable and reduce compliance with best practices, and test the effectiveness of interventions of known efficacy. The information will be synthesised to develop recommendations for the EU, policymakers, managers and medical professionals.

Coordinator

Prof. Didier Pittet
University of Geneva
Hospitals, Infection
Control Programme
Geneva, Switzerland

E-mail

Didier.Pittet@hcuge.ch

EC contribution

€ 2 999 934

Starting date

01/01/2010

Duration

48 months

<http://www.prohibit.unige.ch>

QUASER

Quality and safety in European Union hospitals:
A research-based guide for implementing best practice
and a framework for assessing performance

This translational study will produce an evidence-based guide for hospitals for implementing quality and safety improvement and a framework for payers to assess the quality and safety of hospitals across the EU. The study will take place in five European countries: the Netherlands, Norway, Portugal, Sweden, and the UK. The study will compare the macro-level (national) healthcare contexts of the countries and identify the hospital characteristics and cultures that are associated with quality at the organisational and clinical microsystem levels.

Coordinator

Prof. Naomi Fulop
King's College London
Department of
Management
London, United Kingdom

E-mail

naomi.fulop@kcl.ac.uk

EC contribution

€ 2 999 842

Starting date

01/04/2010

Duration

36 months

[http://www.kingspssq.org.uk/
programmes/quality-and-safety-in-eu-hospitals](http://www.kingspssq.org.uk/programmes/quality-and-safety-in-eu-hospitals)

RESTORE

REsearch into implementation STRategies to support patients of different ORigins and language background in a variety of European primary care settings

This project aims to optimise the delivery of primary healthcare to migrants who experience language and cultural barriers in host countries. We focus on the implementation of evidence-based health information (e.g. guidelines to enhance communication in cross-cultural consultations) and interventions (e.g. training initiatives on interculturalism and the use of paid interpreters) designed to address language and cultural barriers in primary care settings. We explore how these are translated (or not) into routine practice in primary care settings. We will investigate and support implementation processes for these using a unique combination of contemporary social theory, the Normalisation Process Theory and a participatory research methodology.

Coordinator

NATIONAL UNIVERSITY OF IRELAND, GALWAY

EC contribution

approximately EUR 3 million

Duration

48 months

Under negotiation

SAGhE

Safety and Appropriateness of Growth hormone treatments in Europe

Approximately 40 000 children are treated with daily injections of growth hormone (GH) in the EU. GH efficacy is undisputed in severe GH deficiency but is more limited in other situations. The possibility has been raised that GH use in childhood might increase the risk of cancer later in life but little data is available. SAGhE will evaluate the impact of GH treatment on height, psychosocial status as well as long-term mortality and cancer incidence in a large unbiased metacohort of patients. The data will then be integrated and disseminated to several levels of users. SAGhE is unique worldwide in its design, size and potential to answer important questions raised on childhood GH treatments.

Coordinator

Prof. Jean-Claude Carel
Endocrinologie
Diabétologie Pédiatrique
& INSERM U690
Université Paris 7 Denis Diderot
Paris, France

E-mail

jean-claude.carel@inserm.fr

EC contribution

€ 2 989 154

Starting date

01/06/2009

Duration

36 months

<http://saghe.aphp.fr/site/spip.php/>

TICD

Tailored implementation for chronic diseases

The project aims to develop better methods of tailoring implementation interventions to barriers and enablers for knowledge implementation in chronic illness care. We will perform comparative evaluations focusing on five chronic conditions: chronic heart failure, obesity, mental health, asthma and COPD, and multimorbidity. Deliverables of the project are: scientific papers on the validity and effectiveness of specific tailoring methods and models, practical guidelines on tailoring for stakeholders, and specific evidence on improving medical care for the targeted chronic conditions.

Coordinator

STICHTING
KATHOLIEKE
UNIVERSITEIT

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation

UMPIRE

Use of a Multidrug Pill In Reducing Cardiovascular Events

People with established cardiovascular disease need secondary prevention that addresses multiple risk factors. Complexity and cost confer particularly difficult barriers to uptake of treatment; recovery from a stroke or heart attack typically necessitates multiple drugs for cholesterol, blood pressure and platelet function. A low-cost, fixed-dose, once-daily combination polypill, the Red Heart Pill, has been formulated by Dr Reddy's Laboratories. UMPIRE will evaluate whether provision of this polypill compared with usual medications improves adherence and clinical outcomes among high-risk patients in Europe and India. The results will be used to develop recommendations for equitable access.

Coordinator

Prof. Simon Thom
Imperial College London
International Centre for
Circulatory Health
London, United
Kingdom

E-mail

s.thom@imperial.ac.uk

EC contribution

€ 2 999 866

Starting date

01/02/2010

Duration

36 months

<http://www.spacecollaboration.org>



The image features a large, detailed profile of a woman with curly hair and glasses, wearing a white lab coat and a stethoscope. This profile is set against a background of a dense grid of small, overlapping photographs. These photos depict various healthcare scenarios: doctors examining patients, medical equipment, laboratory settings, and people in clinical environments. The overall color palette is dominated by soft blues, whites, and natural skin tones, creating a professional and clinical atmosphere.

HEALTH SYSTEMS RESEARCH

ANCIEN

Assessing Needs of Care In European Nations

The objectives of ANCIEN are to review the long-term care (LTC) systems in EU Member States, to assess the actual and future numbers of elderly-care-dependent people in selected countries and to develop a methodology for comprehensive analysis of actual and future LTC needs and provisions across European countries, including the potential role of technology and policies on maintaining and improving quality. Performance indicators will be identified and relative performances of the different types of LTC systems assessed. State-of-the-art demographic, epidemiologic and econometric models are used to project future needs and use of long-term care in different LTC systems.

Coordinator

Z. Güldem Ökem PhD
Centre for European
Policy Studies (CEPS)
Brussels, Belgium

E-mail

guldem.okem@ceps.eu

EC contribution

€ 2 712 777

Starting date

01/01/2009

Duration

44 months

<http://www.ancien-longtermcare.eu>

COURAGE in Europe

COllaborative Research on AGEing in Europe

The European Commission has identified ageing as the most pressing policy issue of the century. Valid and comparable longitudinal data on health are essential for evidence-based policymaking and require better measurement instruments and methodologies for longitudinal and cross-population comparative analyses. After an in-depth critique of existing ageing studies, COURAGE in Europe will develop, and validate in population surveys in Finland, Poland and Spain, measures, grounded in the WHO's ICF Classification, of health and health-related outcomes for an ageing population. COURAGE is not proposing another ageing study, but the development of a tool to measure health and health-related outcomes, for an ageing population, that offers 

Coordinator

Dr Matilde Leonardi
Fondazione IRCCS
Istituto Neurologico
Carlo Besta
Neurology, Public
Health, Disability Unit
Milano, Italy

E-mail

leonardi@istituto-
besta.it

EC contribution

€ 2 999 992

Starting date

01/05/2009

Duration

36 months

objective and evidence-based prevalence trends, and which relates these to both quality of life and well-being outcomes as well as to the role of determinants of health and disability such as the built environment and social networks.

<http://www.courageineurope.eu>

DISMEVAL

Developing and validating disease management evaluation methods for European healthcare systems

Structured disease management is seen as a means to improve healthcare quality and outcomes for the chronically ill and to reduce the cost of care. Yet, evidence on the impact of such approaches is mainly based on small studies of high-risk patients, often in academic settings. There is a need to learn more about the effects of population-based approaches using universally accepted evaluation methods that are scientifically sound and are also practicable in routine settings. DISMEVAL aims to support this process through reviewing approaches to chronic care and disease management in Europe and through testing and validating possible evaluation methods and so provide evidence for best practice.

Coordinator

Dr Ellen Nolte (Project Leader & Scientific Coordinator)
Annalijn Conklin (Administrative Coordinator)
RAND Europe
Cambridge, United Kingdom

E-mail

dismeval@rand.org

EC contribution

€ 2 651 891

Starting date

01/01/2009

Duration

36 months

<http://www.dismeval.eu>

ECHO

European Collaboration for Healthcare Optimisation

ECHO consortium is formed by six National Research Institutions and one International Policy Analysis body. It aims at describing the performance of six healthcare systems at different levels: hospital, healthcare area, region and country (Austria, Denmark, England, Portugal, Slovenia and Spain). Based on routinely collected administrative databases, it applies an innovative methodology entailing both population-geographical and provider-specific analysis. Utilisation, equity, allocative efficiency, healthcare outcomes and associated costs will be measured. In addition, ECHO will yield a refined set of accurate performance indicators suitable for routine use in policy and decision making.

<http://www.echo-health.eu/>

Coordinator

Dr Enrique Bernal-Delgado
Health Services
Research Unit - ARiHS
Institute for Health
Sciences in Aragon
Zaragoza, Spain

E-mail

ebernal.iacs@
aragon.es

EC contribution

€ 2 737 998

Starting date

01/03/2010

Duration

42 months

ECHOUTCOME

European Consortium in Healthcare Outcomes and cost-benefit research

ECHOUTCOME is a European platform aiming to assess methodological properties of Healthcare Outcome and Cost-Benefit studies. ECHOUTCOME consortium, eight partners-four countries, aims to study European health systems for assessing decision making criteria in the frame of national needs and expectations across EU states concerning healthcare outcomes and cost-benefit analyses. ECHOUTCOME will investigate relationships between quality of care, costs, efficiency by assessing usual approaches and developing new ones. It considers properties and consequences of published guidances (ex: QALY from NICE), which lead to requirements for access to health technologies for further recommendation to EU states.

<http://www.echoutcome.eu/>

Coordinator

Prof. Michel Lamure
Université Claude
Bernard Lyon 1
Liris Laboratoire
Informatique Images et
Systèmes d'Information
UMR 5205
Villeurbanne, France

E-mail

michel.lamure@univ-
lyon1.fr

EC contribution

€ 1 064 143

Starting date

01/02/2010

Duration

36 months

EUCBCC

EUropean Cross Border Care Collaborations

EUCBCC aims to facilitate a process whereby European citizens can make an informed choice about whether to seek healthcare in another Member State and, if they so choose, to ensure that the processes are straightforward and ensure continuity of care. ECAB examines five aspects of healthcare delivery – quality of health professionals; treatment pathways; public reporting of quality; content and scope of medical records; and medical prescribing – where procedures need to be compatible if patients are to be assured that the care they receive is safe, of adequate quality, and capable of providing continuity where some parts of the overall care process are provided in different Member States.

Coordinator

Dr. Alistair McGuire
London School of
Economics and Political
Science
LSE Health
London,
United Kingdom

E-mail

a.j.mcguire@lse.ac.uk

EC contribution

€ 4 499 437

Starting date

01/05/2010

Duration

36 months

<http://www2.lse.ac.uk/LSEHealthAndSocialCare/LSEHealth/7th%20Framework%20Programme%20Projects/ECAB%20Project%20Overview.aspx>

Euprimecare

Quality and costs of primary care in Europe

The overall objective of this project is to use research methods to describe different primary care models in Europe, assess their quality in different dimensions – particularly access, equity and satisfaction – and determine their cost. We will analyse variations of both quality and cost as they apply to specific organisational models in Europe, and will study the possible trade-offs between quality and costs in each model. The core aim of the project is to inform policy decisions on primary care, giving explicit evidence of what measures can crucially be used to improve the overall quality of health systems, emphasising their equity, evidence

Coordinator

Dr Antonio Sarriá-Santamera
Instituto de Salud
Carlos III
Madrid, Spain

E-mail

asarria@isciii.es

EC contribution

€ 2 351 535

Starting date

01/01/2010

Duration

36 months



base, social cohesion, and sustainability as the values underlying the design of primary care models and its provision to European citizens.

<http://www.euprimecare.eu/>

EuroDRG

Diagnosis-Related Groups in Europe: towards Efficiency and Quality _____

The EuroDRG project analyses the way DRG systems in 10 European countries (AUT, ENG, EST, FIN, FRA, GER, NET, POL, SPA, SWE) are used to classify and reimburse patients in hospitals. Furthermore, it draws conclusions about the determinants of costs of hospital services and the relationship between DRGs and quality of care across Europe. Finally, the project outlines the preconditions for a European-wide DRG-system. Methodologically, the project uses 10 to 15 'episodes of care' (such as: hip implant, stroke or diabetes) to gain insights into how different DRG systems deal with comparable patients and to (re-) group patient data in a comparable manner across Europe. Hospital costs, quality and efficiency will then be analysed using routine cost and medical outcome data from representative samples from each participating country.

Coordinator

Prof. Dr med. Reinhard Busse, MPH
Department of Health Care Management
Berlin, Germany

E-mail

rbusse@tu-berlin.de

EC contribution

€ 2 809 732

Starting date

01/01/2009

Duration

36 months



<http://www.eurodrg.eu>

EuroHOPE

EuroHOPE – European Health Care Outcomes, Performance and Efficiency

By using available databases as well as by collecting additional data on health-related quality of life measures (enabling Quality Adjusted Life Years as an outcome measure) and patient satisfaction (including expectations) the project will evaluate, through a microeconomic disease-based approach, the performance of European healthcare systems in terms of outcomes, quality, use of resources and cost. Concentration will be on five important health problems/diseases: acute myocardial infarction, stroke, hip fracture, breast cancer and very low birth weight infants.

Coordinator

Prof. Unto Häkkinen
Helsinki, Finland

E-mail

Unto.Hakkinen@thl.fi

EC contribution

€ 2 995 318

Starting date

01/01/2010

Duration

48 months

<http://www.eurohope.info>

EuroREACH

A Handbook to Access Health Care Data for Cross-country Comparisons of Efficiency and Quality

EuroREACH explores how coordination among innovations for better healthcare information systems and performance measurement at national, European and international levels can lead to improved access to data for cross-country, comparative research. This will be undertaken for a broad range of questions into the efficiency, quality and equity of healthcare services for people with chronic conditions. Results will include guidance to data access; policy lessons on good practice of national and international performance measurement and information system design, including questions of data linkages, data protection and mapping to international classifications and data framework.

Coordinator

Dr Catharina Hjortsberg
European Centre for
Social Welfare Policy
and Research
Wien, Austria

E-mail

hjortsberg@euro.
centre.org

EC contribution

€ 1 481 898

Starting date

01/03/2010

Duration

36 months

http://www.euro.centre.org/detail.php?xml_id=1574

EURO-URHIS 2

European Urban Health Indicators Part Two:
Using indicators to inform policy

Urban health is important due to urbanisation and requires specific information not captured by national datasets. The EURO-URHIS project funded by DG SANCO identified urban health indicators and their availability. EURO-URHIS 2 aims to develop methodology and validated tools useful to policymakers to make health gains via evidence-based policy decisions for urban populations. The objectives are to collect data at UA level, provide tools for evidence-based policy and apply the tools in the field and ensuring they are easy and intuitive to use by policymakers. We will collaborate with policymakers, researchers and civil society through a number of activities including consultation during the development stage, through training workshops and the conference.

<http://www.urhis.eu>

Coordinator

Dr Arpana Verma
The University of
Manchester
Manchester, United
Kingdom

E-mail

arpana.verma@
manchester.ac.uk

EC contribution

€ 2 915 121

Starting date

01/01/2009

Duration

48 months

HEALTH PROMeTHEUS

HEALTH PROfessional Mobility in THE European Union Study

Health professionals always moved to, from and within Europe. However, not enough is yet known about the scale of mobility, the range of professions and the potential impact on health systems. HEALTH PROMeTHEUS, led by EHMA and the European Observatory on Health Systems and Policies, aims to better understand the organisational, contextual and personal factors of mobility, mapping international, national and managerial responses that seek to manage it better. Covering all EU Member States and selected neighbouring countries, the project will make a significant contribution to future thinking on health professional mobility in the EU.

Coordinator

Ms Jeni Bremner
European Health
Management
Association (EHMA)
Dublin, Ireland and
Brussels, Belgium

E-mail

jeni.bremner@ehma.org

EC contribution

€ 2 510 297

Starting date

01/01/2009

Duration

36 months

<http://www.euro.who.int/en/home/projects/observatory/activities/research-studies-and-projects/prometheus>

HIScreenDiag

Building a Tool to Evaluate and Improve Health Investments
in Screening and Diagnosis of disease

Health policymakers are faced with the challenge of making choices for health investments to improve healthy life expectancy within the context of constrained resources. There is a lack of standardised procedures and criteria for evaluating health investments related to screening and diagnosis (HISD). The project will develop a draft tool, with procedures and criteria for evaluating HISD. This tool will be assessed by a panel of experts. A list of recent HISD in MS will serve as subject for testing the applicability of the tool. Finally, ways for implementing the tool and for the evaluation of HISD in MS will be proposed together with recommendations and political implications at EU level.

Coordinator

Prof. Dr Lieven
Annemans
Department of Public
Health
Faculty of Medicine and
Health Sciences
Ghent University,
Belgium

E-mail

Lieven.Annemans@
Ugent.be

EC contribution

€ 438 885

Starting date

01/03/2009

Duration

24 months

HSREPP

Health Services Research into European Policy and Practice: preparation
and organisation of a European Health Services Research Conference

In order to identify, evaluate and improve the contribution of health services research (HSR) to health policy in Europe, a special Working Conference (8-9 April 2010) is organised. Input comes from state-of-the-art reports on main HSR areas, an open call for contributions and an online stakeholder survey to assess HSR priorities across Europe. Discussing these with researchers, policymakers and stakeholders contributes to an exchange of HSR insights and examples of HSR use in policy. It also leads to an agenda with policy-supportive HSR priorities for future research programmes, published in reports and Policy Briefs, with special attention to the geographical coverage of HSR in Europe.

Coordinator

Dr Johan Hansen
Stichting Nederlands
Instituut voor Onderzoek
van de Gezondheidszorg
Utrecht, the Netherlands

E-mail

j.hansen@nivel.nl

EC contribution

€ 699 961

Starting date

01/03/2009

Duration

24 months

<http://www.healthservicesresearch.eu>

INTERLINKS

Health systems and long-term care for older people in Europe – Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care

This project is to construct and validate a general model to describe and analyse long-term care (LTC) systems for older people from a European perspective. The particular aspects of the different emerging national models that currently address LTC needs in Europe will be used to show how the links to healthcare services, the quality of LTC services, the incentives for prevention and rehabilitation and the support for informal carers can be governed and financed to enhance structures, processes and outcomes of LTC systems. The project will be carried out by a consortium of 16 partners from universities and research institutes with international and interdisciplinary expertise.

Coordinator

Mr Kai Leichsenring
European Centre for
Social Welfare Policy
and Research
Vienna, Austria

E-mail

leichsenring@euro.
centre.org

EC contribution

€ 2 985 919

Starting date

01/11/2008

Duration

36 months

<http://www.euro.centre.org/interlinks>

InterQuality

International Research on Quality in Healthcare

This research will address the utilisation of resources and efficiency, quality of care, including: equity of access, patient satisfaction and safety of treatment for four different sectors: hospital, outpatient, pharmaceutical and integrated care. Resources allocated by each sector will be analysed in relation to risk of their overuse, underuse or misuse. The research will be conducted in Denmark, Germany, Italy, Poland, the UK and the US. This research will provide support for Member States to choose the right financing mechanisms in the different areas of the healthcare system, according to their needs, in order to achieve better health with available resources.

Coordinator

WARSZAWSKI
UNIwersYTET
MEDYCZNY

EC contribution

approximately
EUR 2.9 million

Duration

36 months

Under negotiation

LIVING DONATION

Living Organ Donation in Europe

This project is a coordination action that focuses on ethical, legal and psychological aspects of organ transplantation. It aims to 1) establish an inventory of living donation practices in Europe, 2) explore and promote living donation as a way to increase organ availability, and 3) develop tools that improve the quality and safety of living organ donations in Europe. The project draws upon the support, knowledge and network of the European platform on Ethical, Legal and Psychosocial Aspects of Organ Transplantation (ELPAT) and the European Society for Organ Transplantation (ESOT). Its end-goal is to exchange best practices and effective organisational models to promote and safeguard living donation in Europe.

<http://www.elpat.org>

Coordinator

Project leader:
Prof. Dr Willem Weimar
Project coordinator: Ms
Frederike Ambagtsheer
Kidney Transplant Unit,
Internal Medicine,
Erasmus Medical
Center
Rotterdam,
the Netherlands

E-mail

j.ambagtsheer@
erasmusmc.nl

EC contribution

€ 1 099 647

Starting date

01/04/2010

Duration

24 months

MANAGED OUTCOMES

Operations management and demand-based approaches
to healthcare outcomes and cost-benefits research

The project explores the assumption that healthcare outcomes and costs are affected by the efficiency of service production, the regional structure of healthcare delivery, and the degree people are empowered to participate in the co-production of their care. The principal method is comparative case studies and the project aims to develop scenarios and models of future healthcare systems. Impacts are methods for benchmarking healthcare production and distribution practices across Europe, to further the exchange of best practices across cultural contexts, demand-based tools for designing healthcare systems, 

Coordinator

Mr Tomi Malmström
Helsinki University of
Technology
Espoo, Finland

E-mail

tomi.malmstrom@tkk.fi

EC contribution

€ 2 972 081

Starting date

01/01/2010

Duration

36 months

and knowledge on the impacts of service channels on health outcomes and cost-benefits.

<http://www.managedoutcomes.eu>

MentDis_ICF65+

Prevalence, 1-year incidence and symptom severity of mental disorders in the elderly: Relationship to impairment, functioning (ICF) and service utilisation

Reliable data on the prevalence and incidence of the spectrum of mental disorders in older people are currently lacking for the EU. This has been attributed to a number of methodological factors (e.g. lack of appropriate diagnostic instruments). The objective of the proposed study is to: 1) develop, respectively to adapt existing instruments, and 2) collect data on the prevalence, the incidence and on the natural course and prognosis of mental disorders in the elderly. Results will help to change healthcare in direct contact with people, and beyond this, they offer starting points for structural changes initiated on the level of health politics.

Coordinator

Dr Sylke Andreas
Universitaetsklinikum
Hamburg-Eppendorf
Department of Medical
Psychology
Hamburg, Germany

E-mail

sandreas@uke.uni-
hamburg.de

EC contribution

€ 2 997 684

Starting date

01/10/2008

Duration

48 months

<http://www.mentdiselderly.eu/>



MoHProf

Mobility of Health Professionals

MoHProf's objective is to research current trends of mobility of health professionals to, from and within the EU. Research will also be conducted in non-European sending and receiving countries, but the focus lies on the EU. Comparative studies in a selected range of representative states will determine the impact of different types of migration on national health systems. The project's policy dimension comprises recommendations on human resource policies in European and third countries for policy and decision makers on the basis of sound empirical research with conceptual frameworks for monitoring systems concerning the mobility of health workers as a key part. Consultation meetings and roundtables with policymakers will be essential in the project.

Coordinator

Dr Caren Weilandt
Wissenschaftliches
Institut
der Ärzte Deutschlands
(WIAD) gem. e.V.
Bonn, Germany

E-mail

caren.weilandt@
wiad.de

EC contribution

€ 2 340 347

Starting date

01/11/2008

Duration

36 months

<http://www.mohprof.eu/LIVE/>

PPACTE

Pricing Policies and Control of Tobacco in Europe

Smoking is the largest single cause of preventable death and disease in the EU. The PPACTE Consortium allows a world-class team of Tobacco Control experts, economists, econometricians, policy specialists, epidemiologists and public health specialists to develop evidence-based policy recommendations to improve market regulation of tobacco products for more effective and equitable control of tobacco use in EU.

Coordinator

Prof. Luke Clancy
Research Institute for a
Tobacco Free Society
Dublin, Ireland

E-mail

lclancy@tri.ie

EC contribution

€ 2 991 656

Starting date

01/02/2009

Duration

36 months

<http://www.ppacte.eu>

QUALICOPC

Quality and costs of primary care in Europe

The QUALICOPC study aims to evaluate primary care systems in Europe against criteria of quality, equity and costs. The study answers what effects strong primary care systems have on the performance of overall healthcare systems. The study will collect data in 32 countries by means of surveys among general practitioners and patients. The study will also use data from the OECD/Eurostat System of Health Accounts; the OECD Healthcare Quality Indicators Project and the PHAMEU data base. The consortium for QUALICOPC consists of six partner institutes. By combining different data sources QUALICOPC will advance the state-of-the-art in primary care research.

Coordinator

Wienke Boerma PhD
NIVEL
Utrecht, the Netherlands

E-mail

w.boerma@nivel.nl

EC contribution

€ 2 198 877

Starting date

01/03/2010

Duration

36 months

<http://www.qualicopc.eu/>

REFINEMENT

Financing systems' effects on the Quality of Mental health care in Europe

This project will conduct the first ever comparative and comprehensive overview of links between the financing of mental healthcare in Europe and the outcomes of mental health services. The core scientific objectives to determine the variations in the structure and characteristics of mental health financing systems in nine European states are:

- 1) impact on quality of care;
- 2) impact on the appropriateness of pathways through the services system;
- 3) help identify best practice and effective innovations and components of the financing system;
- and 4) draw conclusions and present recommendations on how best to structure funding systems in different country contexts.

Coordinator

UNIVERSITA DEGLI
STUDI DI VERONA

EC contribution

approximately
EUR 3 million

Duration

36 months

Under negotiation



RightTime PlaceCare

Improving health service for European citizens with dementia:
Best practice strategies' development for transition from formal professional
homecare to institutional long-term nursing care facilities _____

RightTimePlaceCare will analyse the European health, social care and welfare systems, advocacy and informal caregiver support systems for patients/consumers with dementia and intersectoral communication. A survey will assess the factors influencing the time of admission to long-term institutional nursing care facilities, living conditions and gather clinical and economical data of patients with dementia and their informal caregivers in both settings. Best practice strategies will be developed for intersectoral arrangements needed to improve the integrated healthcare in European dementia care systems, and recommendations for best practice models or interventions in long-term facilities.

<http://www.righttimeplacecare.eu>

Coordinator

Prof. Dr Gabriele Meyer
Private Universität
Witten/Herdecke
gGmbH
Faculty of Medicine,
Institute of Nursing
Science
Witten, Germany

E-mail

Gabriele.Meyer@
uni-wh.de

EC contribution

€ 2 982 797

Starting date

01/01/2010

Duration

42 months



RN4CAST

Nurse Forecasting: Human Resources Planning in Nursing

RN4CAST aims at innovative forecasting methods by quantifying important unmeasured factors (ie. impact of hospital work environment on nurse and patient outcomes). Innovative elements of the project include unique measures of workplace dynamics and patient outcomes. Nurse workforce planning initiatives at national and EU levels will be reviewed and newly collected data added to enhance accuracy for nurse workforce management. The University of Pennsylvania will contribute specialised expertise derived from previous international research. RN4CAST will be the largest nurse workforce study ever conducted in Europe and will generate new approaches to more effective management of nursing resources.

Coordinator

Prof. Walter Sermeus
Katholieke Universiteit
Leuven
Center for Health
Services & Nursing
Research
Leuven, Belgium

E-mail

walter.sermeus@med.
kuleuven.be

EC contribution

€ 2 999 988

Starting date

01/01/2009

Duration

36 months

<http://www.rn4cast.eu>

SHELTER

Services and Health for Elderly in Long TERM care

One of the most relevant obstacles to assess and compare nursing home (NH) services and patients across countries relates to the fact that standardised and validated methodologies are not routinely in use in daily practice in Europe. We proposed to conduct a study aimed to validate the use of the Minimum Data Set (MDS) as a methodology to assess provision of care in NHs in Europe. Such a methodology will make it possible to: 1) measure patients' outcomes and identify predictors of outcomes; 2) evaluate and monitor quality of care provided and identify incentives to improve quality and enhance prevention; 3) compare structural and organisational characteristics of NH services in European countries.

Coordinator

Mr Filippo E. Leone PhD
Head of Research Office
Università Cattolica del
Sacro Cuore
Roma, Italy

E-mail

feleone@rm.unicatt.it

EC contribution

€ 2 350 758

Starting date

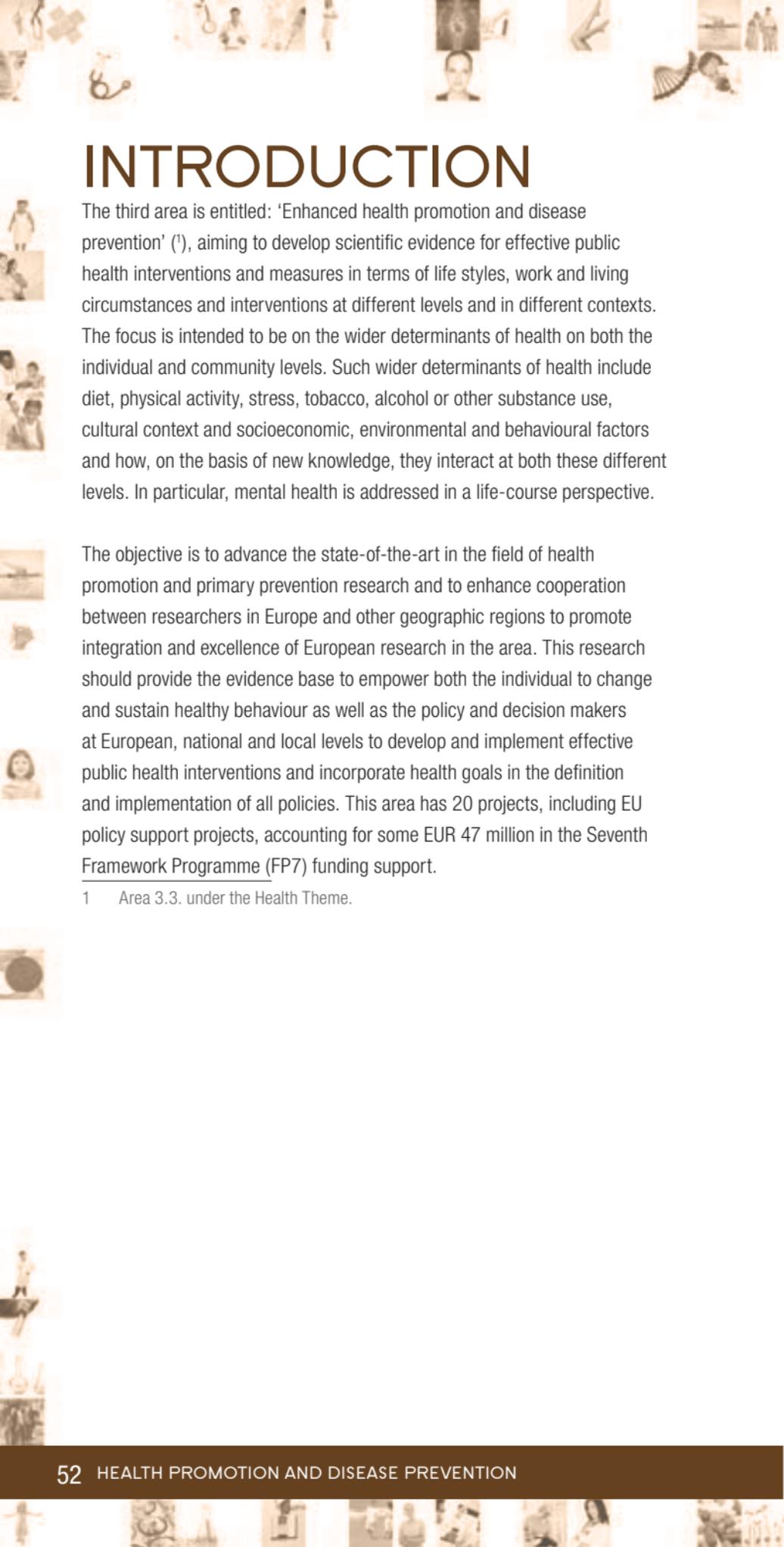
01/01/2009

Duration

36 months

<http://www.shelter-elderly.eu>





INTRODUCTION

The third area is entitled: 'Enhanced health promotion and disease prevention' ⁽¹⁾, aiming to develop scientific evidence for effective public health interventions and measures in terms of life styles, work and living circumstances and interventions at different levels and in different contexts. The focus is intended to be on the wider determinants of health on both the individual and community levels. Such wider determinants of health include diet, physical activity, stress, tobacco, alcohol or other substance use, cultural context and socioeconomic, environmental and behavioural factors and how, on the basis of new knowledge, they interact at both these different levels. In particular, mental health is addressed in a life-course perspective.

The objective is to advance the state-of-the-art in the field of health promotion and primary prevention research and to enhance cooperation between researchers in Europe and other geographic regions to promote integration and excellence of European research in the area. This research should provide the evidence base to empower both the individual to change and sustain healthy behaviour as well as the policy and decision makers at European, national and local levels to develop and implement effective public health interventions and incorporate health goals in the definition and implementation of all policies. This area has 20 projects, including EU policy support projects, accounting for some EUR 47 million in the Seventh Framework Programme (FP7) funding support.

¹ Area 3.3. under the Health Theme.



AAA-PREVENT

Effective Environmental Strategies for the Prevention of Alcohol Abuse among Adolescents in Europe

The consumption of alcohol among young people in Europe is rising over the last decade, especially in the age group 12 to 14 years. The research project aims to study the different strategies for the prevention of alcohol abuse among adolescents in Europe. It will therefore analyse existing environmental strategies at different governance levels and confront these with outcomes of a study to identify and analyse risk factors that influence alcohol use among young people. The study will build upon a previous survey of self-reported delinquency among young people in 33 countries. The outcomes of the study will be disseminated through conferences and a web-based prevention policy guidance book

Coordinator

Dr Majone Steketee
Stichting Dr Hilda
Verwey-Jonker Instituut
Utrecht, the Netherlands

E-mail

MSteketee@verwey-
jonker.nl

EC contribution

€ 1 601 589

Starting date

01/01/2010

Duration

36 months

<http://www.aaaprevent.yse.nl>

AMPHORA

Alcohol Measures for Public Health Research Alliance

AMPHORA involves researchers and institutions from 14 European countries, and counterparts from all 27 Member States. The project will provide new scientific evidence for public health measures to reduce alcohol-related harm, through addressing social and cultural determinants, marketing and advertising, taxes and pricing, availability and access, early diagnosis and treatment of disease, interventions in drinking environments and safer untaxed alcohol products. Methodologies will be developed to allow tools for benchmarking and comparative analysis at the European level, advancing the state-of-the-art in alcohol policy research, and enhancing cooperation between researchers in Europe and other geographic regions to promote integration and excellence of European research in alcohol policy.

Coordinator

Dr Antoni Gual
Hospital Clínic de
Barcelona, Institute of
Neurosciences
Department of
Psychiatry, Alcohol Unit
Barcelona, Spain

E-mail

tgual@clinic.ub.es

EC contribution

€ 2 996 687

Starting date

01/01/2009

Duration

48 months

<http://www.amphoraproject.net>

BECAN

Balkan Epidemiological Study on Child Abuse and Neglect

BECAN aims at mapping child abuse & neglect (CAN) in 11 to 16 year-old children's general population and reported CAN cases recorded in 9 Balkan countries. This will be achieved by applying two of the ICAST questionnaires, ICAST-CH and ICAST-P, to matched pairs of children and parents, respectfully. There are no available CAN prevalence data in the Balkans. This study is the largest in sample size ever conducted in the area (approximately 30 000 children and parents), and one of the biggest globally. CAN is associated with various unhealthy behaviours as well as mental health disorders. BECAN will contribute to harmonisation of CAN screening procedures and offer tools to policymaking activities.

<http://www.becan.eu>

Coordinator

Dr George Nikolaidis
Institutouton Ygeias tou
Paidiou
Department of Mental
Health and Social
Welfare Centre for the
Study and Prevention of
Child Abuse and
Neglect
Athens, Greece

E-mail

ich-mhsw@otenet.gr

EC contribution

€ 2 323 346

Starting date

01/10/2009

Duration

36 months

CHANCES

Consortium on Health and Ageing: Network of Cohorts
in Europe and the United States

The CHANCES project aims at combining and integrating ongoing cohort studies in order to produce evidence on ageing-related health characteristics and determinants in Europe, and their socioeconomic implications. The project will address the following characteristics: 1) incidence of chronic conditions, disabilities and mortality; 2) prevalence of chronic conditions and disabilities; 3) health-related determinants of chronic conditions and disabilities; 4) ageing-related characteristics as determinants of chronic condition, disabilities and mortality; and 5) social and economic implications of chronic conditions, disabilities and mortality in the elderly.

<http://www.chancesfp7.eu>

Coordinator

Dr Paolo Boffetta
Hellenic Health
Foundation
Athens, Greece

E-mail

boffetta@hhf-greece.gr

EC contribution

€ 11 932 398

Starting date

01/02/2010

Duration

60 months



CHICOS

Developing a Child Cohort Research Strategy for Europe

Mother-child cohorts are collecting a wealth of data on child health and determinants across Europe, but these data are often of fragmented nature. CHICOS aims to develop an integrated strategy for mother-child cohort research through coordination of the most important European cohorts. The project will make an inventory of cohorts in Europe, evaluate existing information on health outcomes and determinants from these cohorts, identify gaps in knowledge and develop recommendations for research action at the European level. CHICOS focuses on key child health areas where European cohorts can and should work together towards a more solid evidence base, which can be used by policymakers.

Coordinator

Dr Martine Vrijheid
Centre for Research in
Environmental Epidemi-
ology (CREAL)
Barcelona, Spain

E-mail

mvrijheid@creal.cat

EC contribution

€ 1 490 124

Starting date

01/01/2010

Duration

36 months

<http://www.chicosproject.eu/>

COPING

Children of Prisoners, Interventions & Mitigations
to Strengthen Mental Health

COPING presents a child-centred research strategy covering four European countries, which will identify the characteristics of children with imprisoned parents, their resilience and their vulnerability to mental health problems. The project will commission surveys of 200 children in each country aged 11 to 16 with an imprisoned parent, using the Strengths and Difficulties Questionnaire and the Rosenberg Self-Esteem Scale, to ascertain coping strategies and mental health problems for these young people, which will be compared with normative population samples. Impacts of the COPING research will include improvements in information about this group of children; step changes in government and public awareness about their plight; potential new legislation; and improvements in prison regimes to enable effective contact and visits for children to the imprisoned.

Coordinator

Mrs Jacqueline Pybus
The University of
Huddersfield
Research and
Enterprise
Huddersfield, United
Kingdom

E-mail

j.pybus@hud.ac.uk

EC contribution

€ 2 682 813

Starting date

01/01/2010

Duration

36 months

<http://www.coping-project.eu/>

ECOSH

Occupational Health and Safety Economics

Occupational health and safety (OSH) of workers is at the heart of the production process. The economic dimension is therefore an important but not clearly defined aspect. ECOSH's objective is to clarify the economic dimension of OSH. It will bring together researchers and stakeholders and present the results of their discussions in the following three different international workshops. 1) The impact of OSH and OSH-interventions on productivity, 2) Economic evaluation of OSH-interventions, 3) Economic incentives for enhancing the uptake of preventive OSH-interventions. 

Coordinator

Dr Jos Verbeek
Työterveyslaitos
Knowledge Transfer in
Osh Team
Kuopio, Finland

E-mail

jos.verbeek@ttl.fi

EC contribution

€ 210 574

Starting date

01/02/2008

Duration

25 months



The results of the workshops will be reported on a website and in a scientific journal. ECOSH builds on previous work of the EU Agency for Safety and Health at Work and combines it with the latest findings from scientific research on effectiveness and economic evaluation of OSH interventions.

<http://www.ecosh.eu>

ENBREC

European Network of Bipolar Research Expert Centres

Bipolar (BP) disorder is characterised by recurrent manic and depressive episodes, affecting more than 1% of the EU population. Delay in the diagnosis (based only on clinical features), uncertainties in the definition of episodes and on the best treatment strategy as a function of the clinical heterogeneity lead to devastating socioeconomic, professional and family consequences that could be avoided by optimised diagnostic and treatment procedures. ENBREC is designed to build an EU-wide network of expert centres (at present representing more than 300 million EU citizens) specialising in research and care on BP disorder, in order to integrate research efforts on the mechanism of disease, and on optimised diagnostics and treatment.

Coordinator

Prof. Chantal HENRY
Institut National de
la Santé et de la
Recherche Médicale
(INSERM)
Creteil, France

E-mail

chantal.henry@
inserm.fr

EC contribution

€ 662 900

Starting date

01/07/2009

Duration

24 months

<http://www.enbrec.eu>

ENERGY

European Energy balance Research to prevent excessive weight Gain among Youth: Theory and evidence-based development and validation of an intervention scheme to promote healthy nutrition and physical activity

The aim of the ENERGY project is the development and formative evaluation of a school-based and family-involved intervention scheme ready to be implemented across Europe. This scheme aims at promoting health behaviours that contribute to a healthy energy balance among youth. Led by a multidisciplinary team of researchers from 11 EU countries and supported by a team of Australian experts, the development of the intervention scheme is informed by a comprehensive analysis based on 1) systematic reviews, 2) secondary data analyses, 3) focus group research, and 4) a cross-European survey. The intervention scheme will undergo formative and pilot evaluation in five countries. The results of ENERGY will be disseminated among key stakeholders including researchers, policymakers and the general population.

Coordinator

Amika Singh PhD
Vereniging
voor Christelijk
Hoger Onderwijs
Wetenschappelijk
Onderzoek en
Patiëntenzorg
EMGO+ Institute
Amsterdam,
the Netherlands

E-mail

a.singh@vumc.nl

EC contribution

€ 2 872 588

Starting date

01/02/2009

Duration

36 months

<http://www.projectenergy.eu>



FUTURAGE

A Roadmap for Ageing Research

FUTURAGE will produce the definitive road map to guide European research on ageing and health until 2025. As the most extensive consultation ever conducted in this field it will mobilise leading scientists and stakeholders in a unique partnership, and bring together ERA-AGE 2 and the major Coordination Actions in ageing of the past decade. The roadmap will represent the state-of-the-art in scientific terms and will also reflect the needs of a wide range of research users including funders, industry, policymakers, practitioners and older people. It will be the most comprehensive formally grounded and scientifically credible road map, as well as one that commands wide support.

Coordinator

Ms Juliet Craig
The University of
Sheffield
Sheffield, United
Kingdom

E-mail

j.craig@shef.ac.uk

EC contribution

€ 1 751 791

Starting date

01/09/2009

Duration

24 months

<http://futurage.group.shef.ac.uk/>

GRADIENT

Tackling the Gradient: Applying Public Health Policies to Effectively Reduce Health Inequalities amongst Families and Children

Health inequalities are a key public health challenge in the EU. As there isn't sufficient knowledge of what actions are effective to reduce the socioeconomic gradient in health inequalities, GRADIENT addresses this knowledge gap by developing a consensus-based European evaluation framework, researching differential impacts of health policies across the gradient; studying the influence of social capital as a protective factor and identifying which targeted and universal policy approaches are effective in tackling the gradient in different policy contexts. The focus is on families and children, as this is where the greatest impact on reducing the health gradient can be achieved.

Coordinator

Ms Aagje Ieven
Eurohealthnet

E-mail

a.ieven@eurohealthnet.
eu

EC contribution

€ 1 881 257

Starting date

01/04/2009

Duration

36 months

<http://www.health-gradient.eu>



HEALTH atWORK

An inquiry into the health and safety at work;
a European Union perspective

This proposal aims to review current knowledge on the economic impact of health at work, to assemble, organise and synthesise data from national projects and surveys, and to recommend future actions for research and policy development aiming at improving health and safety at work. This is achieved through comparative EU-wide coordinated reviews, the development of common databases and the associated GIS analysis capability regarding indicators of health and safety at work and through a pilot study aiming at designing appropriate data collection protocols via purpose-built questionnaires to evaluate the preferences of employers and employees with regard to health and safety at work.

<http://www.abdn.ac.uk/haw>

Coordinator

Prof. Ioannis
Theodossiou
Centre for European
Labour Market
Research (CELMR)
University of Aberdeen
Business School
Aberdeen, Scotland,
United Kingdom

E-mail

theod@abdn.ac.uk

EC contribution

€ 1 046 444

Starting date

01/08/2008

Duration

36 months

INTEGRIS

Improved methodology for data collection on accidents and disabilities
– Integration of European Injury Statistics

For the implementation of prevention-oriented injury surveillance in the EU valid and reliable indicators for the array of external causes of injury morbidity are needed. Whereas no single EU health statistics fulfil that demand to date, the integration of two existing data sources – the prevention-oriented European Injury Database (IDB) and the routine Hospital Discharge Registers (HDR) – is considered the most promising approach to that avail. The INTEGRIS project aims to provide the necessary research and technology input for the IDB-HDR integration through an evaluated demonstration project in six Member States.

<http://www.rp7integrism.eu>

Coordinator

Gerald Furian, Robert
Bauer
Austrian Road Safety
Board (KfV)
Vienna, Austria

E-mail

gerald.furian@kfiv.at

EC contribution

€ 1 975 544, 50

Starting date

01/05/2008

Duration

36 months



OSPI-Europe

Optimising suicide prevention programmes
and their implementation in Europe

Suicide is a serious public health problem in the EU calling for effective interventions. The aim of this project is to provide EU Member States with an evidence-based prevention concept, concrete materials and instruments for running and evaluating these interventions and recommendations for the proper implementation of the intervention. These aims will be achieved by: - Analysis of differences in suicide rates, harmonisation of procedures for definition, assessment and evaluation of suicidality; - Develop an intervention concept for the prevention of suicidality; - Implementation of comparable multi-level community-based prevention interventions; - Evaluation of the interventions in a pre-post, controlled and cross-nationally comparable design concerning effectiveness, efficiency, involved processes and finally the interplay between the single intervention measures.

Coordinator

Prof. Ulrich Hegerl
Leipzig, Germany

E-mail

ulrich.hegerl@medizin.
uni-leipzig.de

EC contribution

€ 2 991 727

Starting date

01/10/2008

Duration

48 months

<http://www.ospi-europe.com/>

PAPA

Promoting Adolescent health through an intervention aimed at improving the quality of their participation in Physical Activity _____

The PAPA project entails the development and testing of a theoretically-grounded youth coach training programme aimed at creating an empowering psychological environment that should foster a number of positive outcomes. These include children's adoption of positive lifestyle habits (i.e., greater leisure-time physical activity, healthy eating), improvement of well-being (e.g., enjoyment of the sport, self-esteem), promotion of a more intrinsic motivation toward sport participation, and encouragement of children to continue with their sport for a longer time. The project brings together motivation and physical activity and children's health expertise from major research groups in five EC countries (eight universities).

Coordinator

Prof. Joan Duda
The University of
Birmingham
Birmingham, United
Kingdom

E-mail

j.j.duda@bham.ac.uk

EC contribution

€ 2 980 680

Starting date

01/04/2009

Duration

48 months

<http://www.projectpapa.org>

RICHE

RICHE – a platform and inventory for child health research in Europe _____

Compared with others, the health of European children is not bad, but serious problems persist, e.g. social inequality, obesity, mental health, alcohol abuse and sexuality. Fixing these will require answers to complex questions, crossing disciplinary and policy boundaries. We are a network for researchers, funders, policymakers, advocates and young people in Europe, to support developing the future of child health research. We will produce reports on an inventory, gaps and roadmaps for the future of research in Europe, and establish an open and Open Source multi-lingual platform for child health research. We will work with others, including young people, and their advocates. Join us!

Coordinator

Prof. Anthony Staines
Dublin City University
School of Nursing
Dublin, Ireland

E-mail

anthony.staines@dcu.ie

EC contribution

€ 1 499 307

Starting date

01/02/2010

Duration

36 months

<http://www.childhealthresearch.eu/>



ROWER

Building a knowledge Repository for Occupational Well-being Economics Research

The ROWER project aims to enhance research on Occupational Health and Safety (OHS) Economics in order to assist policies regarding this issue. This is attempted through a Support Action which will bring together the leading OHS economists in Europe. Their knowledge will be outlined and made available to the community through a dynamic online repository, which will actually be an online handbook of OHS Economics. Two specialised Working Group (WinG) meetings focusing on OHS Macroeconomics and OHS Microeconomics, respectively, and two conferences on OHS Economics will attract new contributions in order to assess the impact of changing conditions of economy and labour on OHS.

Coordinator

Dr Antonis Targoutzidis
Alexander Technological
Educational Institute of
Thessaloniki
Thessaloniki, Greece

E-mail

targoutzidis@elinyae.gr

EC contribution

€ 784 791, 64

Starting date

01/07/2008

Duration

36 months

<http://www.rower-eu.eu>

SEYLE

Saving and Empowering Young Lives in Europe

SEYLE is a health promoting programme for adolescents in European schools. Three different intervention strategies will be evaluated among 11 000 students across 11 European countries: screening by professionals; gatekeepers training on how to recognise and refer students at risk; and awareness-increasing intervention targeting students' awareness of unhealthy behaviours. The main impact of the project will be to compare the effectiveness of school-based interventions, based on different philosophies that empower teachers, professionals or the students themselves, respectively. The comparison will allow for the recommendation of a culturally adjusted model for mental health promotion and suicide prevention in European schools.

Coordinator

Danuta Wasserman,
MD PhD
Professor of Psychiatry
and Suicidology at
Karolinska Institutet
National Prevention
of Suicide and Mental
Ill-Health,
Stockholm, Sweden

E-mail

danuta.wasserman@ki.se

EC contribution

€ 2 983 941

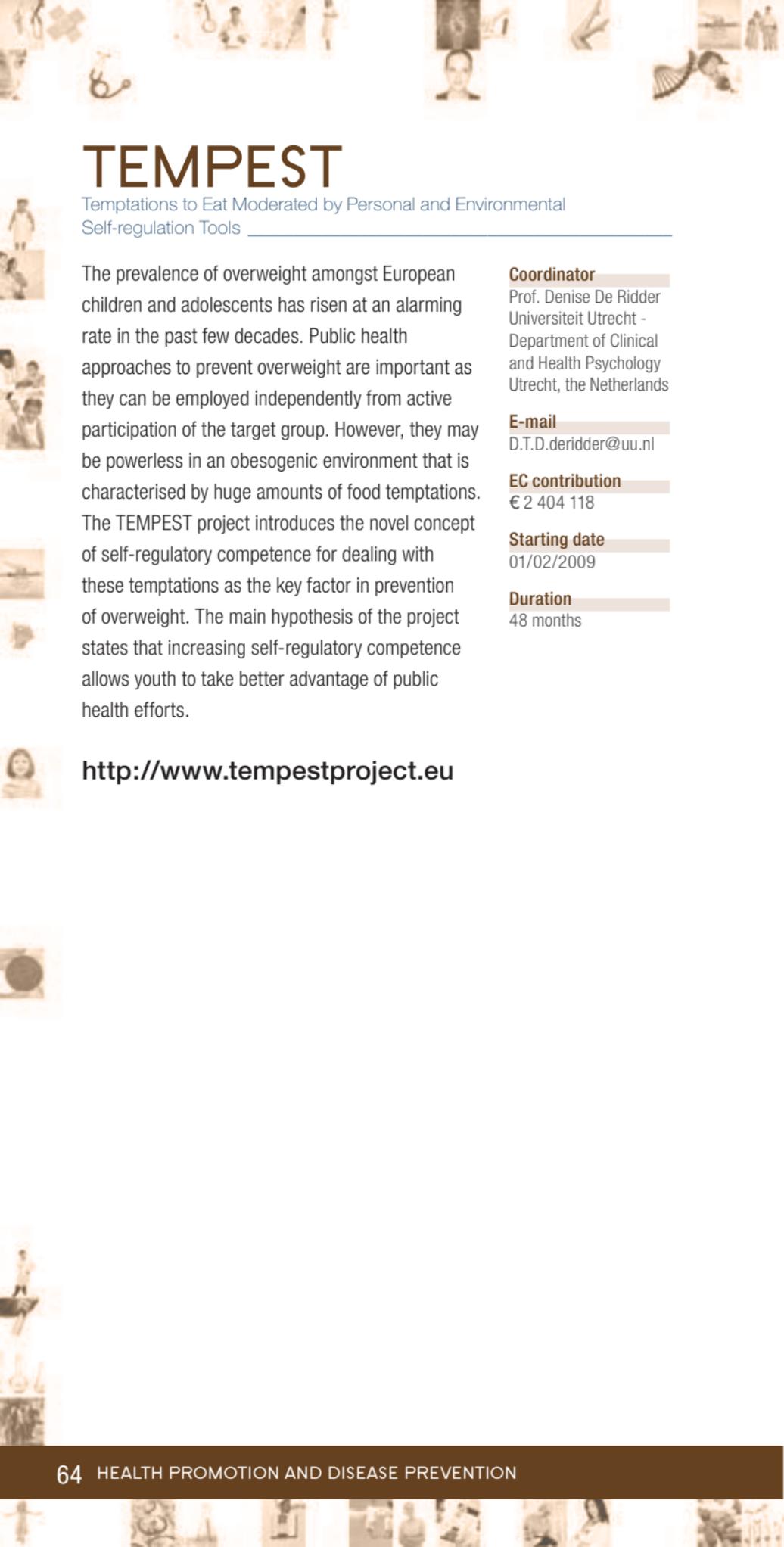
Starting date

01/01/2009

Duration

36 months

<http://www.seyle.org>



TEMPEST

Temptations to Eat Moderated by Personal and Environmental Self-regulation Tools

The prevalence of overweight amongst European children and adolescents has risen at an alarming rate in the past few decades. Public health approaches to prevent overweight are important as they can be employed independently from active participation of the target group. However, they may be powerless in an obesogenic environment that is characterised by huge amounts of food temptations. The TEMPEST project introduces the novel concept of self-regulatory competence for dealing with these temptations as the key factor in prevention of overweight. The main hypothesis of the project states that increasing self-regulatory competence allows youth to take better advantage of public health efforts.

<http://www.tempestproject.eu>

Coordinator

Prof. Denise De Ridder
Universiteit Utrecht -
Department of Clinical
and Health Psychology
Utrecht, the Netherlands

E-mail

D.T.D.deridder@uu.nl

EC contribution

€ 2 404 118

Starting date

01/02/2009

Duration

48 months

WE-STAY

Work Together to Stop Truancy Among Youth

The main objectives of the WE-STAY (Working in Europe to Stop Truancy among Youth) project are to gather epidemiological information on truancy in European adolescents; to perform intervention school-based programmes for adolescents; to evaluate outcomes of the interventions, in comparison with a control group, from a multidisciplinary perspective including social, psychological and economical aspects; to recommend effective, culturally adjusted models for preventing truancy and promoting mental health of adolescents. The WE-STAY project proposes to implement and evaluate outcomes of three different kinds of intervention against truancy: 1) a universal intervention based on an awareness programme; 2) a screening intervention aimed at identifying students at risk and refer them to mental health services; 3) a combination of the above interventions.

Coordinator

Prof. Danuta Wasserman
Karolinska Institutet
National Prevention
of Suicide and Mental
Health
Stockholm, Sweden

E-mail

danuta.wasserman@
ki.se

EC contribution

€ 2 995 947

Starting date

01/05/2010

Duration

36 months

<http://www.we-stay.org>





INTRODUCTION



The Health Theme includes a mandate on research to serve the Millennium Development Goals (MDGs) under the section titled: 'International cooperation'. To date, including the very successful special Call on Africa, some 35 research projects are currently supported or under negotiation in this area through '*specific international cooperation actions*' (SICAs) corresponding to approximately EUR 97 million. This area is of particular relevance in the light of the European Commission Communication ⁽¹⁾ to enhance the EU's role in global health that was adopted in March 2010. The objective is to make Europe's contribution more effective so as to better accompany developing countries in getting back on track towards achieving health-related MDGs. Four approaches to improving global health were presented including improving coordination of EU research on global health and boosting access to new knowledge and treatments in developing countries. The Council, in its May 2010 Conclusions ⁽²⁾ on the EU role in global health, called on the EU and Member States to promote effective and fair financing of research that benefits the health of all.



The objective of such actions in this domain is to support research in order to provide a scientific base for International Cooperation Partner Countries to improve their health service delivery, including aspects of accessibility, effectiveness, efficiency and quality of care and user friendliness. The mandate also covers public health concepts and interventions beyond health services through cross-sectorial and multidisciplinary research approaches. These actions on particular priorities, such as health systems, health policy, maternal and child care, reproductive health and neglected communicable diseases, aim to reinforce the research and cooperative capacities of candidate, neighbourhood, developing and emerging countries. Particular attention is paid to facilitating access to these actions for these countries, in particular developing countries. Note: research on neglected infectious diseases is taken up under the 2nd Activity, 'Translational research in major infectious diseases: to confront major threats to public health'.

1 Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions, The EU Role in Global Health, COM128 (2010), 31.3.2010.

2 Council of the European Union, 3011th Foreign Affairs Council Meeting Conclusions, 10.05.2010.



AFRICA-BUILD

Building a Research and Education Infrastructure for Africa

To promote health research, education and practice in Africa through the creation of centres of excellence, by using information technology (IT), 'know-how', e-learning and knowledge-sharing through Web-enabled virtual communities. Initial EU-Africa transfer aims to create sustainable South-South communities of African researchers. Expected impact: Based on the experience of the partners – including WHO – we aim to improve know-how, research and technological capacities at the African centres of excellence. Successful actions will be transferred to other organisations and industry.

Coordinator

Universidad Politecnica de Madrid

EC contribution

approximately EUR 2 million

Duration

36 months

Under negotiation - Africa call

AMASA

Accessing Medicines in Africa and South Asia

The aim of the proposed research is to investigate how the interplay of patent regimes, pharmaceutical regulation, availability of drug production facilities, health systems and engagement by foreign donors influence appropriate, affordable access to medicines in South Asia and sub-Saharan Africa. We will map patterns of production, distribution, supply and consumption of medicines in five areas – HIV/AIDS, Malaria, Reproductive Health, Tuberculosis and Mental Health, with respect to public health needs. We will use our findings to help develop public health policy recommendations with respect to appropriate access to medicine based on need; these will be disseminated to key stakeholders in the international and country-level policy arena.

Coordinator

Prof. Allyson Pollock
The University of Edinburgh
Centre for International Public Health Policy
Edinburgh, United Kingdom

E-mail

allyson.pollock@ed.ac.uk

EC contribution

€ 2 995 790

Starting date

01/05/2010

Duration

36 months

http://www.sps.ed.ac.uk/csas/research_projects/access_to_medicines_in_south_asia_and_africa_amasa

APARET

African Programme for Advanced Research Epidemiology Training _____

This fellowship programme will catalyse independent research activities of graduates of Field Epidemiology Training Programmes and Field Epidemiology Laboratory Training programmes in Africa. It will support the fellows in meeting the following objectives: 1) Proposal preparation for a major research grant. 2) i. Plan, develop and conduct an epidemiological research project. ii. Perform epidemiological analyses. iii. Submission to a peer-reviewed journal. iv. Submit an abstract for poster or oral presentation at a scientific conference. v. Critically review a scientific paper. vi. Participate in the training of other epidemiologists. APARET supports well trained epidemiologists in establishing a career in Africa.

Coordinator
Bernhard-Nocht Institut
Für Tropenmedizin

EC contribution
approximately
EUR 2 million

Duration
45 months

Under negotiation -
Africa call

ARCADE HSSR

African Regional Capacity Development
for Health Systems and Services Research _____

This project will add new research training capacity at sub-Saharan African (SSA) universities, for health systems and services strengthening. The focus is doctoral and post-doctoral training, institutional strengthening for education, financial and administrative research management, and South-South network building. ARCADE-HSSR will support evidence-informed service delivery by producing a stream of well trained young HSSR scientists, the next generation of health system leaders and researchers in SSA. Activities will be aimed at individuals, institutions and at the network.

Coordinator
Karolinska Institutet

EC contribution
approximately
EUR 2 million

Duration
48 months

Under negotiation -
Africa call

ATP

Access to Pharmaceuticals

The ATP (Access to Pharmaceuticals) collaborative project consists of research into issues that affect equitable access to affordable pharmaceuticals and health technologies by those who need it most, particularly in poorer countries. It addresses several mechanisms to improve access such as compulsory licensing of pharmaceuticals, public-private partnerships (PPPs) to accelerate drug development for under-served needs and socially responsible licensing of health technologies by public funded research organisations. Together with St George's University of London as coordinating institution, four other partner institutions are involved from Brazil, South Africa, South Korea and Switzerland.

Coordinator

Dr Harry Thangaraj
Division of Cellular &
Molecular Medicine
St George's, University
of London
London, United
Kingdom

E-mail

hthangar@sgul.ac.uk

EC contribution

€ 1 754 774

Starting date

01/10/2009

Duration

36 months

<http://www.accesstopharmaceuticals.org/>

CBHI India

Developing efficient and responsive community-based micro health insurance in India

In most developing countries, including India, the lion's share of health spending is made out of pocket. This leads to impoverishment and low access to healthcare, especially for weaker segments of the population. Community-based health insurance (CBHI) has the potential to reduce the severe consequences of unforeseen illness. This project sets out to investigate the aspects important for the successful implementation of CBHI. It does so through a set of controlled randomised trials through which CBHI is implemented in villages of three states of India. Rigorous longitudinal research is used to identify causal effects of CBHI on equitable access to healthcare and financial protection.

Coordinator

Dr E. Van de Poel
Erasmus University
Rotterdam
Institute of Health Policy
and Management
Rotterdam,
the Netherlands

E-mail

vandepoel@bmg.eur.nl

EC contribution

€ 2 999 997

Starting date

01/07/2009

Duration

60 months

<http://www.microinsuranceacademy.org/content/developing-efficient-responsive-community-based-health-insurance-cbhi-india>

CERCA

Community-embedded Reproductive health Care
for Adolescents in Latin America

CERCA aims to develop a framework for health systems to improve the responsiveness to the sexual and reproductive health needs of adolescents. The settings are cities in Bolivia, Ecuador and Nicaragua. The research involves the process and impact analysis of community-embedded interventions targeting at improved access to adolescent-friendly health services, an enabling environment and strengthened adolescent competence to make reproductive health choices. The use of internet and text message on mobiles will be studied as a gateway to reach adolescents. Policymakers are continuously involved in the research as a part of the project strategy to bridge the gap between research and policies.

Coordinator

Prof. Marleen
Temmerman
Universiteit Gent
Gynaecology and
Obstetrics Department
International Centre for
Reproductive Health
Gent, Belgium

E-mail

peter.decat@ugent.be

EC contribution

€ 2 893 700

Starting date

01/03/2010

Duration

48 months

<http://www.icrh.org>

CHEPSAA

Consortium for Health Policy and Systems Analysis in Africa

The goal of this project is to extend sustainable African capacity to produce and use high quality health policy and systems (HPS) research. It will review capacity development needs amongst the African organisations and their national networks; strengthen African skills and organisational capacity to support HPS research and training; extend existing training programmes provided by the African participants; and support the development of excellent academic teaching and research networks both to sustain national and regional demand for HPS training and research, and to facilitate the use of research in policymaking.

Coordinator

London School of
Hygiene and Tropical
Medicine

EC contribution

approximately
EUR 2 million

Duration

48 months

Under negotiation -
Africa call

COHEMI

Coordinating resources to assess and improve health status of migrants from Latin America

European health systems are committed to meeting the needs of migrant populations. The difficulties inextricably linked to this challenge are caused by the complexity of migration patterns and the differences between migrant populations across EU countries. COHEMI's general objective is to coordinate referral centres dealing with specific Latin American (LA) diseases in order to provide a clear understanding of the full migration cycle in relation with the health systems in Europe and Latin America and to provide an in-depth insight into priority health-related aspects of LA migration in order to facilitate the development and transfer of evidence and information relevant to migrant health policies.

Coordinator

ISTITUTO DI RICERCHE FARMACOLOGICHE MARIO NEGRI

EC contribution

approximately EUR 2 million

Duration

36 months

Under negotiation

COST - Africa

Clinical Officer Surgical Training in Africa

Obstetrical and abdominal emergencies, and trauma, much of it affecting children, represent a major and neglected part of Africa's burden of disease. We propose a surgical training intervention targeted at Clinical Officers (COs), who are trained non-medical professionals that form the backbone of Africa's district hospital services. It has never been rigorously evaluated, nor been subject to economic and population impact assessments. Two different two-year training models are proposed: district hospital in-service training in Malawi and centralised training in Zambia. Before-and-after and controlled trial evaluations are planned. Cost-effectiveness analyses and population impact assessments will be conducted.

Coordinator

Royal College of Surgeons in Ireland

EC contribution

approximately EUR 3 million

Duration

60 months

Under negotiation - Africa call

EQUIP

Expanded Quality management Using Information Power for Maternal and New-born Health in Africa

We propose an innovative intervention in Tanzania and Uganda to improve maternal and new-born health with an expanded health system quality management approach that links communities and facilities using locally generated data. Cost and community effectiveness of this intervention will be estimated with population and facility-level indicators. Changes in contextual factors will be carefully documented to enhance our understanding of how health improvements were achieved. The impact on mortality will be modelled using the Lives Saved Tool. Furthermore, the intervention could serve as a more general model for scaling-up quality management of other health interventions in low-resource settings.

Coordinator

Karolinska Institutet

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation -
Africa call

Equitable

Enabling universal and equitable access to healthcare for vulnerable people in poor resource settings

Equitable brings together recent thinking on disability, public health and health policy to provide crucial data to enable universal and equitable access to health services in Malawi, Namibia, South Africa and Sudan. International and country-level health policies have been analysed; intensive qualitative interviews and case studies are being undertaken to explore the experiences of healthcare users, non-users and providers, and feed into the development of a household survey of 8 000 people across 4 countries. The household survey will test models of access to healthcare and examine whether the relationship between disability and healthcare access is mediated by, or interacts with, cultural, contextual and systems variables.

Coordinator

Prof. Mac MacLachlan
Centre for Global Health
& School of Psychology
Trinity College Dublin
Dublin, Ireland

E-mail

mlachlan@tcd.ie

EC contribution

€ 2 654 943

Starting date

01/03/2009

Duration

48 months

<http://www.equitableproject.org/>



Equity-LA

Impact on equity of access and efficiency of Integrated Health care Networks (IHN) in Colombia and Brazil

Integrated healthcare networks (IHN) as a way of organising healthcare provision have been widely promoted in Latin America. Equity-LA aims at providing evidence on the impact of different types of integrated healthcare networks to 1) healthcare access, and 2) healthcare provision efficiency in Colombia and Brazil. Analysis will be at national and cross-national level and will combine qualitative and research quantitative methods. Equity-LA wants to contribute to reducing inequities in access to care by improving healthcare organisation. It also wants to further develop methods to assess health providers' performance and to strengthen the research capacity of the institutions involved.

Coordinator

Dr M. Luisa Vázquez
Consorti Hospitalari de Catalunya
Barcelona, Spain

E-mail

mlvazquez@chc.es

EC contribution

€ 1 722 053

Starting date

01/03/2009

Duration

48 months

<http://www.equity-la.eu>

ETATMBA

Enhancing Human Resources and Articulating Innovative Technologies for Maternal and Perinatal Survival in sub-Saharan Africa

The project aims to develop, implement and evaluate clinical service improvement through clinical guidelines and pathways, structured education and clinical leadership training and workforce development of Non-Physician Clinicians (NPCs) and faculty. A key element will be continuing support for NPCs in the workplace using communications technology and mentorship from local and international physicians. Bringing together key European and African partners with GE Healthcare to address the major issues of enhancing a sustainable healthcare workforce should help to significantly reduce the loss of mothers and babies in Africa.

Coordinator

University of Warwick

EC contribution

approximately
EUR 2.6 million

Duration

36 months

Under negotiation -
Africa call

EUNAM

EU and North African Migrants: Health and Health Systems

The coordinates of human health are complex even in a single population but they are even more complex in migrants whose life situation is always influenced by the host country and the country of origin. Thus it is important to survey well-being, health status, disease panorama and use of health services of immigrants compared to the native population; such analyses would be incomplete without casting a view on the same indicators and parameters in the country of origin. We will review health effects of migration from the country of origin to the host country with scientifically valid state-of-the-art evaluations and develop appropriate recommendations for scientific and health policy measures in improving the conditions for the EU immigrants.

Coordinator

DEUTSCHES KREBS-
FORSCHUNGS-
ZENTRUM

EC contribution

approximately
EUR 2 million

Duration

48 months

Under negotiation

EVAL-HEALTH

Developing and testing of new methodologies to monitor and evaluate health-related EU-funded interventions in cooperation partner countries

The major objectives of EVAL-HEALTH are: 1) To develop a sound methodological approach to evaluate and monitor implementation and performance of EU-funded interventions in developing countries in the health sector, 2) To understand how the developed tools and methodologies adapt to different EU interventions, 3) To disseminate the results obtained in the project to the main project stakeholders as a means to increase and improve European-funded interventions effectiveness in the health sector.

Coordinator

Sociedad para
el Fomento de la
Innovación Tecnológica
S.L.

EC contribution

approximately
EUR 2 866 000

Duration

36 months

Under negotiation



FEMHEALTH

Assessing the impact of fee exemption on maternal health in West Africa and Morocco: new tools, new knowledge

User fee exemption for delivery and emergency obstetric care (EmOC) has been introduced by several African countries with the aim of improving access to care and thus improving maternal and neonatal outcomes. However, the current evidence base regarding the impact of this policy is not well developed, in part because of evaluation designs that are not able to capture all the necessary information for policymakers to make informed decisions. This proposal aims to reduce this gap by developing research methodologies and tools that will lead to enhanced research on policy implementation, stronger evidence and improved dissemination.

Coordinator

THE UNIVERSITY
COURT OF THE
UNIVERSITY OF
ABERDEEN

EC contribution

approximately
EUR 2.9 million

Duration

36 months

Under negotiation

HEFPA

Health Equity and Financial Protection in Asia

In much of Asia, households are liable for large out-of-pocket payments when they use health services. As a result, many fail to seek care, get inadequate care or end up in financial difficulty. This project aims to identify both the causes and consequences of inequitable access to healthcare and lack of financial protection from health risks. A first strand of the project examines financial and other constraints on the utilisation of healthcare in Asia and how households cope with the economic consequences of illness. A second strand evaluates the distributional impact of health financing programmes in six countries (Cambodia, China, Indonesia, the Philippines, Thailand and Vietnam).

Coordinator

Prof. Eddy Van
Doorslaer
Erasmus University
Rotterdam
Institute of Health Policy
and Management
Rotterdam,
the Netherlands

E-mail

vandoorslaer@ese.
eur.nl

EC contribution

€ 2 885 767

Starting date

01/06/2009

Duration

48 months

<http://www.hefpa.nl>

HEALTH Inc.

Socially inclusive health care financing in West Africa and India Short title:
Financing health care for inclusion _____

In four countries/states (Ghana, Karnataka, Maharashtra and Senegal), Health Inc. employs mixed methods to analyse whether different types of financing arrangements overcome social exclusion and also increase social inclusion by empowering socially marginalised groups. A multi-sectoral stakeholder analysis will explore whether vulnerable populations participate in policymaking and whether their needs are understood. Health Inc. will compare policies across contexts in order to elicit lessons. Local policymakers and population groups will be consulted in a feasibility analysis to identify and test policy recommendations, which will be widely disseminated.

Coordinator

LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE

EC contribution

approximately
EUR 2.8 million

Duration

36 months

Under negotiation

HESVIC

Health system stewardship and regulation in Vietnam, India and China _____

This project investigates stewardship, regulation and governance of health systems through an integrated approach in Vietnam, India and China. It will provide an evidence-based approach to policy decisions, with a focus on accessibility, affordability, equity and quality of care. Previous research suggests that the stewardship and regulation capacity of governments is pivotal in this context. As maternal health is a key area for policy and healthcare delivery, the project uses maternal health as a case study for stewardship and regulation. The outputs will include policy guides for national and international health policymakers and recommendations for national standards of stewardship and regulation. The project will contribute to improved health policy decisions related to the provision of equitable maternal health services in China, India, Vietnam and beyond.

Coordinator

Ms Kathy Brownridge
University of Leeds
Research Support
Leeds, United Kingdom

E-mail

k.brownridge@leeds.
ac.uk

EC contribution

€ 2 999 894

Starting date

01/07/2009

Duration

36 months

<http://www.leeds.ac.uk/nuffield/research/HESVIC.htm>

HITT-CIS

Health in Times of Transition: Trends in Population Health and Health Policies in CIS Countries

HITT-CIS is a follow-up project that continues the research efforts started by the FP5 INCO-Copernicus Project LLH (Living Conditions, Lifestyles and Health). The project tries to better understand the circumstances under which people in post-Soviet countries live, what the quality of the health services is and how they access healthcare facilities.

Furthermore, our aim is to access their healthy or unhealthy lifestyles, patterns of nutrition, quality and forms of food they usually buy and consume, as well as habits of alcohol and tobacco consumption. On top of that, we shall evaluate the efficiency of public policies at national, regional and local levels.

<http://www.hitt-cis.net/>

Coordinator

Dr Alexander Chvorostov
Institute for Advanced Studies (IHS-Vienna)
Center for Comparative Eurasia Studies and Surveys (CEASS)
Vienna, Austria

E-mail

alex.chv@ihs.ac.at

EC contribution

€ 3 000 000

Starting date

01/05/2009

Duration

48 months

HURAPRIM

Human Resources for Primary Health Care in Africa

The HURAPRIM project will develop innovative interventions and policies and address the human resources in health (HRH) crisis. The objectives are to analyse the actual situation of HRH in Africa, to understand the complexity of the causes for the actual shortages in primary healthcare, to test interventions, strategies and policies that may improve the situation and to maximise networking and synergies. The interventions will target different levels (capacity building, recruitment and retention, task differentiation and cooperation with informal sector/traditional healers), will address (in various degrees of importance) aspects at the micro, meso and macro-levels and will be designed with involvement of all stakeholders, political authorities, non-governmental organisations (NGOs) and especially the local population.

Coordinator

UNIVERSITEIT GENT

EC contribution

approximately
EUR 3 million

Duration

36 months

Under negotiation -
Africa call

IntHEC

Health Education and Community Integration: Evidence-based Strategies to increase equity, integration and effectiveness of reproductive health services for poor communities in sub-Saharan Africa

IntHEC will generate new evidence about effective ways to strengthen the provision, equity and effectiveness of adolescent reproductive health (ARH) programmes in Tanzania and Niger. Based on a situation analysis of current community and implementer experiences, priority areas in RH service provision and integration will be identified. This will be followed by an intervention strategy in four areas: 1) workplace ARH strategy in health units; 2) RH support to teachers in schools; 3) integrated school and community guardian support to pupils; 4) enhanced community referral to health services. We will evaluate the processes of the interventions through rigorous process of evaluation studies. The overall impact of the interventions will be evaluated in a population-based cluster randomised trial. Involvement of the ministries directly responsible for ARH policy in both Niger and Tanzania will ensure the policy relevance of this research and its continued impact beyond the life of this project.

Coordinator

Dr Angela Obasi
Liverpool School of
Tropical Medicine
Clinical Group
Liverpool, United
Kingdom

E-mail

aobasi@liv.ac.uk

EC contribution

€ 2 750 000

Starting date

01/03/2010

Duration

48 months

<http://www.inthec.org/>



ISSC

An integrated surveillance system for infectious disease in rural China: generating evidence for early detection of disease epidemics in resource-poor settings

A crucial goal of infectious disease surveillance is the early detection of epidemics. In China, the current surveillance system is based on confirmed case reports and only covers notifiable diseases. However, in rural areas it is not practical for doctors to confirm disease and people are more likely to get 'old' and emerge with infectious diseases. Syndromic surveillance which collects non-specific syndromes before diagnosis has great advantages in promoting the early detection of epidemics and reducing the necessities of disease confirmation. ISSC is designed to improve the early detection of epidemics in rural China by integrating syndromic surveillance with the current surveillance system.

Coordinator

Prof. Vinod K. Diwan
Karolinska Institutet
Division of Global Health
(IHCAR), Department of
Public Health Sciences
Stockholm, Sweden

E-mail

Vinod.Diwan@ki.se

EC contribution

€ 2 967 837

Starting date

01/03/2010

Duration

48 months

<http://www.issc-eu.com>

MATIND

Large scale innovative pro-poor programmes focused on reducing maternal mortality in India: a proposal for impact evaluation

This project will evaluate two innovative large scale programmes, which were set up to decrease maternal mortality among women living below the poverty line in India operating through the use of different innovative demand-side financing mechanisms, which are specifically aimed at improving access for vulnerable groups. One programme is a conditional cash transfer paid retrospectively to the woman on delivering in an institution while the other is a targeted bursary paid prospectively to accredited healthcare providers for delivery of the woman living in poverty. No such large-scale, demand-side financing programmes for maternal health have been evaluated before.

Coordinator

KAROLINSKA
INSTITUTET

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation

MEDCHAMPS

MEDiterranean studies of Cardiovascular disease and Hyperglycaemia:
Analytical Modelling of Population Socio-economic transitions

Non-communicable diseases (NCDs), particularly cardiovascular diseases (CVD) and diabetes are increasing dramatically in developing countries, mainly due to an increase in major risk factors, particularly obesity and tobacco use. This project will develop and test a CVD and diabetes model (IMPACT) and populate the model with data from four Mediterranean countries (Palestine, Syria, Tunisia, Turkey). We will also use qualitative techniques to assess NCD policy development in these countries. Informed by current policy development, and model analyses, we will identify possible future policies to reduce NCD burden, and use our model to assess the effectiveness and cost-effectiveness of these policies in each country. Finally, we will develop implementation and evaluation plans for selected policies.

Coordinator

Dr Julia Critchley
University of Newcastle
upon Tyne
Institute of Health and
Society
Newcastle Upon Tyne,
United Kingdom

E-mail

J.A.Critchley@ncl.ac.uk

EC contribution

€ 2 703 358

Starting date

01/03/2009

Duration

42 months

<http://research.ncl.ac.uk/medchamps/>

MOMI

Missed Opportunities in Maternal and Infant Health: reducing maternal and newborn mortality and morbidity in the year after childbirth through combined facility- and community-based interventions

This project aims to develop a package of interventions targeting newborn health and women in the early postpartum period and throughout the first year after childbirth. This package will be delivered through a combined facility- and community-based approach designed to integrate services and strengthen health systems. It will be implemented in four African countries (Burkina Faso, Kenya, Malawi and Mozambique). Intervention design will be informed by a situational analysis of postpartum policies and practices ensuring that interventions are amenable to scaling up and appropriately tailored to local contexts. Implementation will be followed by health systems research to evaluate effectiveness and impact.

Coordinator

Universiteit Gent

EC contribution

approximately
EUR 3 million

Duration

60 months

Under negotiation -
Africa call

MUTHI

Multi-disciplinary University Traditional Health Initiative (MUTHI): Building Sustainable Research Capacity on Plants for Better Public Health in Africa _

The overall objective of this project is to create sustainable research capacity and research networks in Africa (Mali, South Africa and Uganda). We will identify needs and develop and implement research training programmes. The research institutions from Africa will have implemented research methodologies so that they are able to improve traditional medicines, identify bio-active compounds, and clinically evaluate and register medicinal products that are used for treatment of illnesses that are frequent in African countries.

Coordinator

Universitetet i Oslo

EC contribution

approximately
EUR 2 million

Duration

48 months

Under negotiation -
Africa call

OPTIMUNISE

Optimising the impact and cost-effectiveness of child health intervention programmes of vaccines and micronutrients in low-income countries _____

There is a need to assess the real life impact and cost-effectiveness of child health intervention programmes in the context where they are being used. We propose to use health and demographic surveillance system (HDSS) sites in Africa to register information routinely on all interventions in childhood, such as all vaccinations, micronutrient supplementation and de-worming, given at health centres or in campaigns. Using this information we will measure the overall health impact of the child health programmes, we also aim to identify relevant comparable outcome parameters which correlate with mortality and can be used to assess the overall impact of existing and new interventions.

Coordinator

STATENS SERUM
INSTITUT

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation

PERFORM

Supporting decentralised management to improve health workforce performance in Ghana, Uganda and Tanzania

This project addresses the workforce deficit in sub-Saharan countries in Africa by improving the overall performance of the workforce. Management-strengthening activities will be tested to identify what improvements can be made within available resources in decentralised management structures. The management-strengthening activities will develop integrated approaches to improving workforce performance based on a situation analysis and monitor the impact on workforce performance and on unintended systems effects. New knowledge will be developed on the effectiveness of an action-based approach to management-strengthening and what strategies improve health workforce performance in different contexts.

Coordinator

Liverpool School of Tropical Medicine

EC contribution

approximately
EUR 3 million

Duration

48 months

Under negotiation -
Africa call

PREPARE

Promoting sexual and reproductive health among adolescents in southern and eastern Africa – mobilising parents, schools, and communities

The purpose of this project is to develop research-based, culture- and gender-sensitive, sustainable, community-based interventions to promote sexual and reproductive health among adolescents aged 12 to 14 years in southern and East Africa, with schools as the gateway for delivery. The aim of the interventions for these studies is that the adolescents use condoms correctly and consistently, postpone sexual debut, or reduce the number of sexual partners.

Coordinator

Prof. Leif Edvard Aarø
University of Bergen
HEMIL Centre
Bergen, Norway

E-mail

Leif.aaro@psych.uib.no

EC contribution

€ 2 998 017

Starting date

01/02/2010

Duration

54 months

<http://org.uib.no/prepare/>

QUALMAT

Quality of maternal and prenatal care: bridging the know-do gap _____

Besides a lack of financial and human resources, healthcare in developing countries is endangered by quality deficiencies caused by low staff motivation. This lack of motivation leads to an insufficient translation of knowledge into optimal utilisation of resources. The 'know-do' gap represents a challenge that must be addressed to strengthen health services performance towards achieving the Millennium Development Goals. This is in particular true for maternity care. A computer-assisted clinical decision support system (CDSS) will be developed, implemented and tested aiming at 1) quality improvement of maternal and newborn care, and 2) assessment of provider's performance. Based on this tool a commonly agreed incentive scheme to increase motivation will be shaped and tested in three SSA countries, namely Burkina Faso, Ghana and Tanzania. The incentive scheme might contain both non-monetary and monetary incentives and will be designed according to the human resource policy in the three countries.

Coordinator

Prof. Rainer Sauerborn
Universitätsklinikum
Heidelberg
Heidelberg, Germany

E-mail

rainer.sauerborn@med.
uni-heidelberg.de

EC contribution

€ 2 915 228

Starting date

01/05/2009

Duration

60 months

<http://www.qualmat.net/>

SURE

Supporting the Use of Research Evidence for Policy
in African Health Systems

SURE will support improvements in health policies and systems in Africa by improving access to and use of policy-relevant syntheses of research. SURE will develop and evaluate five strategies designed to strengthen access to and use of reliable and timely research syntheses in policymaking: user-friendly formats for research syntheses, clearing houses for policy-relevant research, mechanisms for responding rapidly to policymakers' needs for research evidence, methods for organising and managing deliberative forums involving policymakers, researchers and others, and methods for involving civil society and the public in policy development. SURE will develop capacity for evidence-informed healthcare policy and undertake a comparative evaluation of initiatives.

Coordinator

Dr Andy Oxman
Prevention and
International Health Unit
Norwegian Knowledge
Centre for the Health
Services
Oslo, Norway

E-mail

oxman@online.no

EC contribution

€ 2 988 536

Starting date

01/06/2009

Duration

60 months

<http://www.evipnet.org/local/SURE%20Website/home%20page.htm>

T-REC

Building research capacity of blood transfusion services in Africa

The purpose of this project is to build sustainable capacity for research in blood transfusion services in Africa. This project will coordinate EU and African collaborations to transfer research skills to the African partners. EU partners will benefit by enhancing their own blood transfusion research skills. To do this we will support three research training schemes (PhD, under/post graduates, in-service) in each of three African partner transfusion services.

Coordinator

Liverpool School of
Tropical Medicine

EC contribution

approximately
EUR 1.7 million

Duration

48 months

Under negotiation -
Africa call



UNITAS

Universal coverage in Tanzania and South Africa

This research aims to support reforms intended to achieve universal coverage in South Africa and Tanzania by monitoring and evaluating the policy processes. Specifically, it seeks to monitor the progress of policy implementation at both national and district levels, with an emphasis on identifying implementation problems and serving as an 'early warning system'; evaluate the impact of interventions aimed at progressing towards the goal of universal coverage; and compare the results of these two studies with experiences in other countries, to draw out policy implications on health financing mechanisms and implementation strategies supporting the achievement of universal coverage for quality healthcare in low and middle-income countries.

Coordinator

LONDON SCHOOL
OF HYGIENE AND
TROPICAL MEDICINE

EC contribution

approximately
EUR 3 million

Duration

60 months

Under negotiation



Index of Acronyms

A

AAA-PREVENT	53
ABC	14
AFRICA-BUILD	69
AMASA	69
AMPHORA	53
ANCIEN	33
APARET	70
APRES	15
ARCADE HSSR	70
ATOME	16
ATP	71

B

BECAN	54
BRIDGE	17

C

CAMbrella	18
CBHI India	71
CEDAR	18
CERCA	72
CHANCES	54
CHEPSAA	72
CHICOS	55
COHEMI	73
COPING	56
COST - Africa	73
COURAGE in Europe	33

D

DISMEVAL	34
DUQuE	19

E

ECHO	35
ECHOUTCOME	35
ECOSH	56
EIS	20
ENBREC	57
ENCE-CF-LAM-LTX	20
ENERGY	58
EPICE	21
EQUIP	74
EquitAble	74
Equity-LA	75
ETATMBA	75
EUCBCC	36
EUNAM	76
Euprimecare	36
EuroDRG	37
EuroHOPE	38
EuroREACH	38
EURO-URHIS 2	39
EVAL-HEALTH	76

F

FEMHEALTH	77
FIRE	21
FOCUS	22
FUTURAGE	59

G

GRADIENT	59
----------	----

H

HANDOVER	22
HEALTHatWORK	60
HEALTH Inc.	78
HEALTH PROMeTHEUS	40
HEFPA	77
HESVIC	78
HiScreenDiag	41
HITT-CIS	79
Homecare	23
HSREPP	41
HURAPRIM	79

I

IMPACT	23
INTEGRIS	60
INTERLINKS	42
InterQuality	42
IntHEC	80
ISSC	81

L

LINNEAUS EURO –PC	24
LIVING DONATION	43

M

MANAGED OUTCOMES	43
MATIND	81
MEDCHAMPS	82
MentDis_ICF65+	44
MoHProf	45
MOMI	82
MonitoringMedicines	24
MUTHI	83

O

ODHIN	25
OPTIMUNISE	83
ORCAB	25
OSPI-Europe	61
OTC SOCIOMED	26

P

PAIN-OUT	26
PAPA	62
PERFORM	84
PPACTE	45
PREPARE	84
PROHIBIT	27

Q

QUALICOPC	46
QUALMAT	85
QUASER	27

R

REFINEMENT	46
RESTORE	28
RICHE	62
RightTimePlaceCare	47
RN4CAST	48
ROWER	63

S

SAGhE	28
SEYLE	63
SHELTER	49
SURE	86

T

TEMPEST	64
TICD	29
T-REC	86

U

UMPIRE	29
UNITAS	87

W

WE-STAY	65
---------	----

European Commission

Health Research in Europe and beyond

Luxembourg: Publications Office of the European Union

2010 — 92 pp. — 10.5 x 21.0 cm

ISBN 978-92-79-17081-2

doi:10.2777/24522

How to obtain EU publications

Free publications:

- via EU Bookshop (<http://bookshop.europa.eu>);
- at the European Commission's representations or delegations. You can obtain their contact details on the Internet (<http://ec.europa.eu>) or by sending a fax to +352 2929-42758.

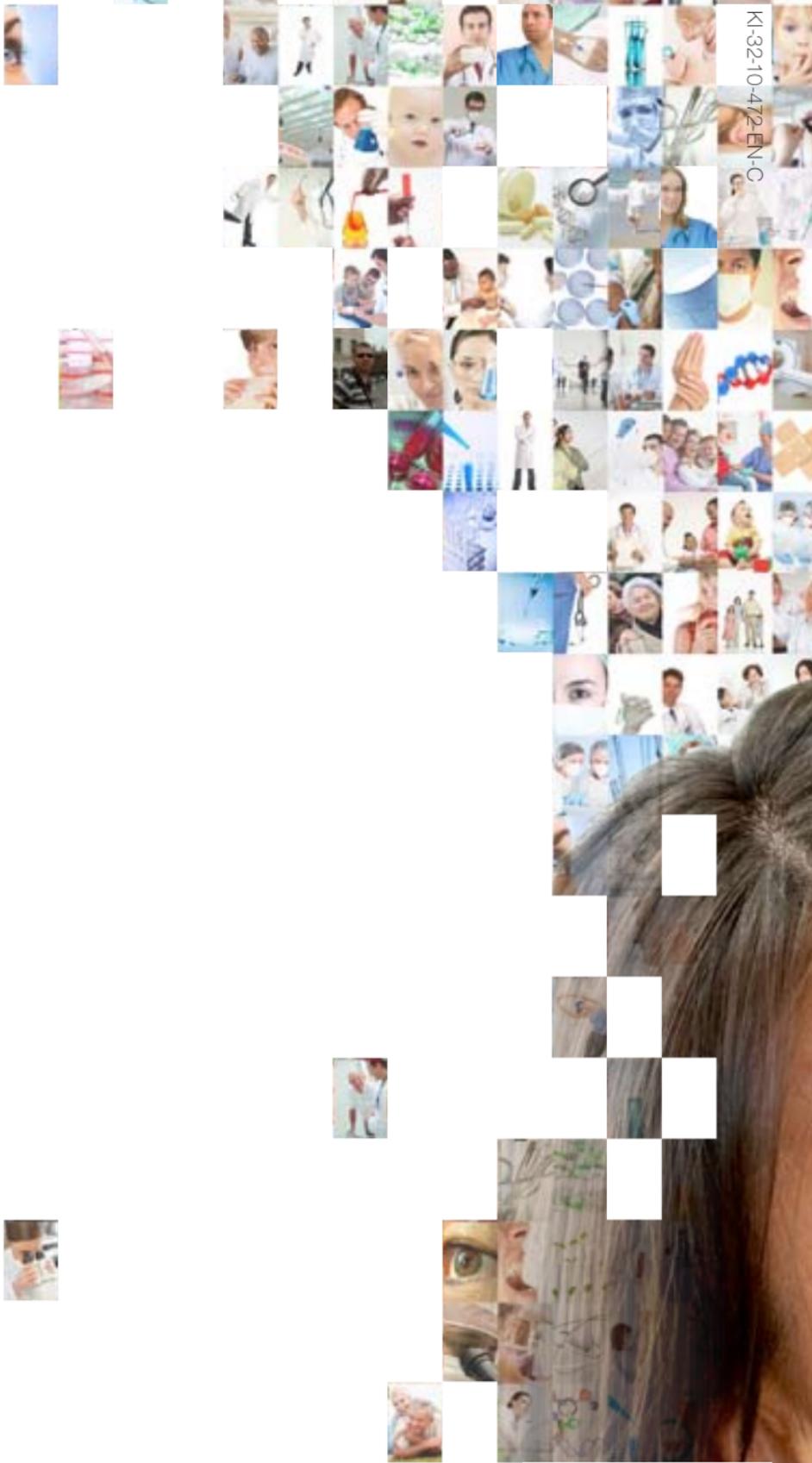
Priced publications:

- via EU Bookshop (<http://bookshop.europa.eu>);

Priced subscriptions (e.g. annual series of the Official Journal of the European Union and reports of cases before the Court of Justice of the European Union):

- via one of the sales agents of the Publications Office of the European Union (http://publications.europa.eu/others/agents/index_en.htm).

KI:32-10-472-EN-C



doi:10.2777/24522

ISBN 978-92-79-17081-2



9 789279 170812



Publications Office