European Advisory Committee on Health Research

Fourth Meeting, Copenhagen, Denmark,
10-11 December 2013
ABSTRACT

The European Advisory Committee on Health Research (EACHR) reports directly to the WHO Regional Director for Europe. Its purpose is to advise on formulation of policies for the development of health research; review the scientific basis of selected regional programmes; advise on new findings on priority public health issues and evidence-based strategies to address them; and facilitate exchange of information on research agendas and evidence gaps. The Committee held its fourth formal meeting in Copenhagen, Denmark, on 10–11 December 2013. It reviewed and offered advice on key technical programmes, agreed recommendations and action points and updated the EACHR action plan for 2013-2014.

Keywords

- EVIDENCE-BASED HEALTH CARE
- HEALTH POLICY
- HEALTH STATUS INDICATORS
- HEALTHCARE RESEARCH
- PUBLIC HEALTH ADMINISTRATION
- SOCIAL DETERMINANTS OF HEALTH

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

© World Health Organization 2014

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.
# CONTENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>1</td>
</tr>
<tr>
<td>Introduction and Regional Director’s update.</td>
<td>1</td>
</tr>
<tr>
<td>The future of public health research in Europe.</td>
<td>3</td>
</tr>
<tr>
<td>Horizon 2020: the European Union framework programme for research and innovation</td>
<td>7</td>
</tr>
<tr>
<td>The WHO evidence-informed policy network</td>
<td>8</td>
</tr>
<tr>
<td>Mapping European national health research systems</td>
<td>11</td>
</tr>
<tr>
<td>Violence and maltreatment in childhood</td>
<td>12</td>
</tr>
<tr>
<td>Healthy ageing in Europe</td>
<td>16</td>
</tr>
<tr>
<td>Noncommunicable diseases and research</td>
<td>18</td>
</tr>
<tr>
<td>Meeting conclusions and agreed actions</td>
<td>19</td>
</tr>
<tr>
<td>References</td>
<td>21</td>
</tr>
</tbody>
</table>

**Annex 1**
- Meeting agenda                                                   | 24   |

**Annex 2**
- List of participants                                              | 26   |
Preface

The European Advisory Committee on Health Research (EACHR) reports directly to the WHO Regional Director for Europe. Its purpose is to advise on formulation of policies for the development of health research; review the scientific basis of selected regional programmes; advise on new findings on public health priorities and evidence-based strategies to address them; and facilitate exchange of information on research agendas and evidence gaps.

The Committee held its fourth formal meeting in Copenhagen, Denmark, on 10–11 December 2013. It reviewed and offered advice on issues including the future of public health research in Europe and research needs in violence and maltreatment in childhood, ageing and noncommunicable diseases.

The Committee agreed a number of recommendations and action points, which are incorporated in an update of its action plan for 2013–2014 to ensure that it still reflects the priorities set by the Regional Committee and the WHO reform agenda and are captured in The European health report 2012 and other documents. The plan is aligned with the Committee’s terms of reference and sets out goals, actions, deadlines and responsible personnel. Particular attention was paid to a project for mapping public health research capacity with emphasis on eastern Europe and links to the recently launched WHO Evidence for Policy Network (EVIPNet) in Europe.

The meeting achieved its objectives. Participants appreciated the lively interaction and the genuine dialogue that led to the generation and sharing of new knowledge.

Introduction and Regional Director’s update

The rotating membership of the EACHR comprises public health research experts with a wide variety of specialist expertise and experience, drawn from a range of institutions in Member States of the Region. Its terms of reference include advising the Regional Director on formulation of policies for the development of research for health in the Region and on new findings emerging from research on public health priorities and effective evidence-based strategies and policies to address them (Box 1). It also reviews the scientific basis of selected programmes of the WHO Regional Office for Europe.

Box 1. EACHR terms of reference

1. Advise the Regional Director on formulation of policies for the development of research for health in the Region.
2. Review the scientific basis of selected programmes of the WHO Regional Office for Europe, with particular attention to their translational aspects.
3. Advise the Regional Director on new findings emerging from research on public health priorities and effective evidence-based strategies and policies to address them.
4. Facilitate dialogue and interaction among the public health community, research bodies and funding agencies to exchange information on research agendas in the Region and address evidence gaps for priorities such as noncommunicable diseases.
5. Facilitate the compilation and review of the results of major research programmes on public health priorities and assess their implications for policy at international, national and local levels.

6. Support the development of research potential and capability, nationally and regionally, with special attention to the eastern part of the Region.

7. Pursue harmonization of research activities in the Region with those in other regions and at the global level.

8. Formulate, as appropriate, ethical criteria for public health research.

Opening the meeting, EACHR Chair Professor Tomris Türmen, President, International Children’s Centre, Bilkent University, Turkey, welcomed the participants and especially new members appointed according to the rotation principle. The agenda and programme were adopted, and Professor Jane Salvage, independent consultant, United Kingdom of Great Britain and Northern Ireland, was elected meeting rapporteur.

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, outlined the aims of the meeting. They were both technical and strategic, with actions in the EACHR action plan for 2013–2014 agreed at its third meeting (Copenhagen, Denmark, 2–3 May 2013) (1) and items requested by the Regional Director and members. She reminded members to declare any conflicts of interest in writing. Committee members’ feedback and input would be requested on a number of topics:

- implementation of actions in the EACHR action plan, including mapping research capacity with emphasis on eastern Europe, and links with the recently launched WHO EVIPNet in Europe;
- the future of public health research in Europe in the light of current activities, including European Union reports on the future of European public health research; and
- guidance on research needs in key areas of public health: violence and maltreatment in childhood, ageing and noncommunicable diseases.

Dr Stein briefly reviewed the action plan and indicated the status of its milestones, many of which had been achieved. The main steps would be discussed further during the meeting.

Ms Zsuzsanna Jakab, WHO Regional Director for Europe, welcomed participants and thanked the committee for its work and support to date. The meeting came at an opportune moment, a week before the meeting of the Standing Committee of the Regional Committee (SCRC) that would review the agenda for the Sixty-fourth WHO Regional Committee for Europe (RC64, Copenhagen 2014). EACHR input on the key issues would be invaluable.

She outlined the major events that had taken place since the last EACHR meeting. The many issues discussed included Health 2020, the European policy for health and well-being (2); the impact on health of the economic crisis; nutrition; health promotion; health systems development; the renewal of primary health care; and public health. The first WHO European ministerial conference on noncommunicable diseases had been held in Ashgabat, Turkmenistan (3). RC63 (Izmir, Turkey, 2013) had been inspirational and harmonious and had drawn on EACHR input into the European mental health action plan, health promotion and Health 2020.

The social determinants of health and the health divide remained high on the agenda in the Region, including discussion of the report by Sir Michael Marmot at the last EACHR meeting (4). Ms Jakab requested EACHR input on priorities for action.
Professor Türmen led the discussion with a reflection, prompted by her participation in a global meeting of the Consultative Expert Working Group on Research and Development, on the responsibility of EACHR to provide leadership both in Europe and more widely and the potential influence of its work in other forums.

Members welcomed Ms Jakab’s report and made additional suggestions. Professor Göran Tomson, Professor, Head of Health Systems Policy, Karolinska Institute, Sweden, requested the meeting to discuss the 2014–2015 work programme of Horizon 2020, the European Union Framework Programme for Research and Innovation (5). The committee agreed to include an additional agenda item on the topic.

Professor Walter Ricciardi, President of the European Union Public Health Association and Director of the Department of Public Health, Università Cattolica del Sacro Cuore, Rome, Italy, said that he was now a member of the Expert Panel on Effective Ways of Investing in Health, an independent multidisciplinary group set up by the European Commission "to provide sound and timely scientific advice so as to pursue modern, responsive, and sustainable health systems" (Commission Decision 2012/C 198/06). Members agreed that his membership could facilitate joint work between the panel and EACHR.

**Action points**

- All members will declare any conflicts of interest in writing.
- The EACHR action plan will be reviewed and updated during the meeting.
- An extra session will be held to discuss bids for research funds from Horizon 2020.
- Members will provide input by email via the Secretariat on actions and priorities for tackling the social determinants of health and the health divide in the WHO European Region.
- The Secretariat will explore with Professor Ricciardi the potential for working with the European Commission Expert Panel on Effective Ways of Investing in Health.
- The Regional Director will use the conclusions of the EACHR meeting, as appropriate, at the next SCRC meeting, to help shape agenda for RC64.

**The future of public health research in Europe**

**Presentation on the European Commission reports on public health research**

Professor Tomson summarized and discussed the findings of two independent European Commission expert subgroups on public health research (6,7). He had been a member of subgroup 2.

Subgroup 1 had evaluated the impact of 70 completed projects carried out under the fifth, sixth and seventh European Union research framework programmes and a further 120 projects, costing €425.5 million in all. It had found many examples of well-conducted projects that had achieved their intended outputs and impacts and some that had had significant, additional unintended impacts. No project had been terminated early or before completion. Only six of the 70 completed projects had not achieved the intended output.

In most projects, the actions were planned actions to inform policy-makers, while a few focused on outputs related to diagnostic tools. Important post-funding impacts and training included transfer to practice and policy implementation; sustained pan-European multidisciplinary and intersectoral
networks; and capacity-building. There had been many examples of well-conducted knowledge transfer. The 70 completed projects resulted in 275 peer-reviewed articles and other publications and presentations. Five projects had not resulted in any category of publication at the time of reporting.

Knowledge transfer had been facilitated by active involvement of end-users in study design and implementation, existing contacts between academic partners and end-users, well-constructed dissemination plans and stated intentions to transfer knowledge to practice, and endorsement by politicians and policy-makers. Many project websites were not maintained after the project, limiting access to outputs. Outputs were not routinely reviewed or validated by independent experts, which could limit their uptake for policy-making and implementation.

Research was evenly spread between population health and health systems research in programmes 5 and 6, while health systems research accounted for two thirds of the projects in programme 7. The most intensively studied areas were health promotion, improving health service delivery and governance. The keyword ‘inequalities’ appeared in the titles of 22 ongoing and completed studies. There were no studies to evaluate the impact of policies on equity and redistribution and thus public health.

Coordinators from northern and western Europe and participation of partners from northern and southern Europe predominated; eastern European countries were underrepresented throughout. Universities and research centres predominated as coordinators and partners in all programmes. The number of female coordinators was higher in programme 7 than in the other programmes.

The subgroup made nine recommendations for the Horizon 2020 work programme:

- Research on the effect of economic policies on equity and inequalities, with specific reference to the impact of changes in health and welfare provision and public health, should be a priority.
- Public health research should be supported more strongly within the European Union and nationally and must continue to be free of commercial conflicts of interest.
- Priority-setting must be based on a review and consideration of the outcomes and recommendations of previous European Union-funded public health research and focus, the European dimension of research, the needs of member states and global public health priorities.
- An international public health advisory board of public health research experts, user groups and health policy-makers should be considered to assist the Directorate General for Research and Innovation in setting priorities for calls and projects. It should have a strong governance structure.
- The public health capacity of the Directorate should be strengthened, with strategies to facilitate greater synergy in setting priorities for research with the Directorate General for Health and Consumers, other directorates and national research institutes. A strong public health unit would facilitate project review, validation and knowledge transfer.
- Strategies should be developed to expand public health capacity in southern and eastern countries and in countries working with low- and middle-income countries outside Europe.
- The active involvement of end-users, robust dissemination plans with appropriate resources and mid-term reviews should be mandatory for all projects.
- A readily accessible, flexible repository of outputs should be established, which included long-term follow-up.
- A public health framework should be set up to evaluate European Union-funded research from the perspectives of equity, universality and solidarity, and public health goals.

Subgroup 2 had met and reported separately. Its most important recommendation was that European Union public health research funding should require that the projects provide added value. ‘Added value’ was defined as a scientific necessity or major advantage of conducting the project in a
European rather than a national setting. Specifically, the funding must be for projects that demonstrate potential for translation and policy uptake to benefit the health of Europeans, which might not be funded by national agencies.

The subgroup identified thematic priorities for research funding in four fields, with dedicated funding for methodological aspects of public health research and for research on knowledge translation. The four fields were:

- **Health promotion**: Deepen understanding of barriers to the adoption of healthy lifestyles, and use this understanding to develop innovative interventions.
- **Disease prevention**: Continue funding cutting-edge research on the causes and management of disease, but pay more attention to the ‘deprogramming’ interventions recognized as ineffective or more costly than other solutions.
- **Health services research**: Focus on innovations that improve the humanity, quality, safety and efficiency of care and encourage a shift towards prevention.
- **Health policy**: Focus on the major policy challenges for public health in the coming decades.

The subgroup also urged more research into ‘what works’ to solve the major societal challenges in public health, rather than research that confirmed the existence of well-established problems. The uncoordinated nature of current project funding was a major obstacle to such a strategic approach, and the subgroup therefore recommended that the Directorate General for Research and Innovation begin to support research networks, coordinated by a new board for public health research, to make progress on priority themes in 2014–2020.

It identified areas in which synergies could be achieved between European Union public health research funding and the activities of policy-makers and other research funding agencies. The Commission should present a new European Union health and health research strategy to the European Parliament and the Health Council that identified common public health challenges and responses for member states. Separately, the Directorate General for Research and Innovation should inform academia, policy-makers and the public of its public health research funding activities through a communication strategy encompassing regular bulletins, social media and a dedicated interactive website.

The subgroup made recommendations on how the Directorate General could improve the extent to which research is translated into practice. Knowledge translation must become embedded in all aspects of the European Union funding stream, from the design of funding calls and project reporting requirements to training for research consumers and brokers.

**EACHR recommendations**

Members agreed that the important reports on the "core business" of EACHR provided opportunities for progress, influence and joint work. They proposed a high-level exchange of views with the European Union on the public health research priorities for Europe. The points outlined below should be conveyed.

Sweeping changes were needed in future research priorities and funding, including a better balance between biomedical and social research.

The question of the huge environmental impact of health systems, e.g. their carbon emissions, should be addressed more forcefully, as they represented 8–12% of gross domestic product.

The citizen should be at the centre and have a strong voice.

There should be a stronger focus on innovative solutions.
More input and involvement was needed from technological disciplines, with better use of ‘big data’.

European Union and national research should be more closely linked and the activities of international public health bodies and programmes better aligned.

Interactions between different European Commission directorates should be improved to promote better intersectoral action and facilitate multisectoral public health work.

There should be greater representation and engagement of countries in the east of the Region.

European Union-funded projects should improve their dissemination and knowledge translation strategies, including peer-reviewed publications, and make better use of existing tools. One example was the Health Evidence Network, founded by the Regional Office in 2003 on the advice of EACHR. Partly funded by the Directorate General for Health and Consumers, it gave policy-makers access to timely, independent, reliable health information for decision-making. Another example was EVIPNet, which was discussed at length in a separate session, as reported below.

Research should be embedded in all elements of knowledge translation, and networks should be used to engage countries better and to share experiences. Lessons should be learnt from elsewhere in a process of ‘reverse innovation’: an innovation seen first, or likely to be used first, in the developing world.

The importance of public health research in job creation in both the private and the public sectors should be underlined as an economic and social investment.

European Union-funded research should transcend national boundaries and scale up and offer different perspectives for comparative learning.

The importance of ‘deprogramming’ ineffective or low-value interventions was endorsed. The evidence that there is ‘too much medicine’ (and medicines) should be explored for insights on cost-effectiveness.

The European Union and WHO should promote social innovation and encourage research priorities by looking at needs from a population viewpoint in communication with stakeholders, exploring new terminology and fresh perceptions.

In response, Ms Jakab offered a historical perspective. Some of the challenges were long-standing, but the evaluation reports were a positive step. WHO focused on influencing the imbalance between public health and biomedical research and on knowledge translation. It was an opportune moment to pursue those issues.

**Action points**

- The Secretariat will draft an advisory letter incorporating the comments made to support the Regional Director in constructive, high-level engagement with the European Commission on public health research.
- EACHR should review knowledge translation, to consider best how to synthesize research to generate policy.
Horizon 2020: the European Union framework programme for research and innovation

Presentation by the WHO Secretariat

A special session was held to discuss bids for research funds from the 2014–2015 work programme of Horizon 2020, the European Union framework programme for research and innovation (5). Dr Roberto Bertollini, Chief Scientist and WHO Representative to the European Union, Office of the Regional Director, explained that the European Commission had posted the first calls for Horizon 2020 projects on 10 December 2013. Worth over €15 billion during the first 2 years, the funding was intended to help boost Europe’s knowledge-driven economy and to tackle issues that would make a difference to people’s lives.

The Commission had set its funding priorities for 2 years, providing greater certainty on the direction of European Union research policy. Most calls from the 2014 budget were now open for submissions, with more to follow. They were worth about €7.8 billion, with funding for three pillars:

- **Excellent science**: about €3 billion.
- **Industrial leadership**: €1.8 billion.
- **Societal challenges**: €2.8 billion for innovative projects addressing seven societal challenges: health, demographic change and well-being (the largest component, representing nearly 10% of the overall budget); agriculture, maritime and bioeconomy; energy; transport; climate, environment, resource efficiency and raw materials; reflective societies; and security.

Dr Bertollini circulated details of the work programme components (including coordination activities), budgets and deadlines (Box 2). Full details were available on the Horizon 2020 website. Many of the components were relevant to WHO programmes and priorities.

---

**Box 2. Important dates, Horizon 2020**

<table>
<thead>
<tr>
<th>Adoption of work programme and publication of first calls for proposals</th>
<th>11 December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission deadlines for your proposals</td>
<td>Two-stage: 11 March &amp; 19 August</td>
</tr>
<tr>
<td></td>
<td>All others: 15 April</td>
</tr>
<tr>
<td></td>
<td>SME instrument: check Work Programme</td>
</tr>
<tr>
<td>Horizon 2020 national launch events</td>
<td>Until January 2014</td>
</tr>
<tr>
<td>National info days</td>
<td>Please check with your national contact points</td>
</tr>
</tbody>
</table>

Horizon 2020 Calls: [http://ec.europa.eu/research/participants/portal/page/home](http://ec.europa.eu/research/participants/portal/page/home)

SME, small- and medium-sized enterprises
EACHR recommendations

Members agreed that the discussion was an invaluable opportunity not only to bid for research funds but also to promote partnerships through joint bids. They considered that strong consortia would have better chances of success.

Members agreed it would be useful to share information and ideas both on what the individual institutions they represented might bid for and on possible bids from WHO and from EACHR itself, including for the mapping exercise. Each member indicated the components of special interest. Those came under two headings, societal challenges and coordination activities.

Societal challenges:
- Effective health, promotion, disease prevention, preparedness and screening
- Innovate treatments and technologies
- Integrated, sustainable, citizen-centred care
- Improving health information, data exploitation and providing an evidence base for health policies and regulation

Coordination activities:
- Health coordination activities

It was agreed that bids and partnerships would be strengthened by cooperation with the relevant WHO programmes and units in both the Regional Office and headquarters and with WHO collaborating centres. It was suggested that initiating dialogue with relevant European Commission officials would help to clarify the interpretation and scope of the calls.

Action points
- The Secretariat will facilitate bids to Horizon 2020 by establishing a mechanism to help EACHR members link with relevant WHO programmes and units in the Regional Office and headquarters and with WHO collaborating centres.
- Dr Bertollini will act as the broker and facilitate members’ communications with the European Commission research unit on Horizon 2020.
- Members and the Secretariat will provide updates on progress of consortia and bids through regular emails.

The WHO evidence-informed policy network

Presentation on EVIPNet launch, activities and governance

Ms Tanja Kuchenmüller, Technical Officer, Evidence and Intelligence for Policy-making, WHO Regional Office for Europe, said that, in 2005, the World Health Assembly had called on Member States to establish or strengthen mechanisms to transfer knowledge in support of evidence-based health systems and health-related policies (8). The WHO definition of "knowledge translation" was "The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the
benefits of global and local innovation in strengthening health systems and improving people’s health."

This had led to the creation of EVIPNet, which now had country teams in all six WHO regions. Focusing originally on low- and middle-income countries, EVIPNet operated on three distinct yet interconnected levels. It fostered the establishment of cross-society, multi-stakeholder country teams and created integrated, interactive approaches by key national actors, including policy-makers and managers, researchers and civil society, to promote use of the best available evidence in health policy-making. The global EVIPNet secretariat was based at WHO headquarters, and there were secretariats in the six WHO regional offices.

EVIPNet Europe had been launched in 2012 in Bishkek, Kyrgyzstan. It supported capacity development on evidence-informed decision-making, particularly within the perspective of Health 2020 (9, 10). It had three strategic directions:

• develop and support country-level knowledge translation platforms, actively connecting them in a collaborative European and global network;
• strengthen the capacity of individuals, institutions and Member States in evidence-informed work and knowledge translation; and
• develop, test and scale up innovative knowledge translation methods and interventions suited to local and European contexts.

Those strategic directions were complemented by three cross-cutting strategies:

• improve access to relevant national and international knowledge resources;
• advocate the value of knowledge translation and evidence-informed policy-making in health systems research and policy; and
• share experience and self-evaluation of knowledge translation models, to ensure that EVIPNet Europe continually learns from experience.

It was proposed that, to mirror the tripartite global governance structure of EVIPNet, the EVIPNet Europe secretariat, led by the Division of Information, Evidence, Research and Innovation at the Regional Office, would act as a catalyst, facilitating and supporting the network and empowering country teams in their role as knowledge brokers. Virtual sub-networks would provide technical support to the Secretariat and country teams on knowledge translation methods and capacity-building, monitoring and evaluation, communication and fund-raising.

An external regional steering group would advise on strategy and direction. It could function as an EACHR subgroup, comprising EACHR members with expertise in knowledge translation, evidence-informed policy-making, health systems analysis, health policy analysis and intersectoral network management, with external experts invited ad hoc if additional expertise was required.

Questions for EACHR

Professor Mark Leys, Vrije Universiteit Brussels, Belgium, proposed some questions to EACHR:

• Did EACHR members agree with the directions proposed in the draft EVIPNet Europe strategic plan for 2013–2017?
• Were any major knowledge translation debates not reflected in the strategy?
• Should any practical or operational suggestions be added?
• Given that EVIPNet Europe would commence its activities in central and eastern Europe and central Asia, were there any regional particularities to consider in order to improve the strategy (e.g. lack of research or knowledge translation capacity, language barriers)?
How should EVIPNet Europe link with EACHR?
How could EVIPNet Europe be promoted throughout the Region, and how could EACHR support its marketing?

EACHR recommendations

Members agreed that EVIPNet was an important initiative with which EACHR should cooperate closely. The overview report and strategy were broadly welcomed, and it was considered that they should be embedded in all Regional Office activities.

The scope was considered ambitious, whereas it would be important to focus on what was achievable and generalizable. ‘Implementation’ of evidence was too simplistic a notion; action was needed, but it was often difficult to know what action to do. With ministers calling for greater support in formulating evidence-informed policies, there was a window of opportunity.

As EVIPNet was a social movement, the emphasis, according to the knowledge translation paradigm, should be on interaction, networking, building capacity and influencing policy processes, rather than push, brokerage or instant solutions. It should focus on how to embed knowledge in the policy cycle and investigate what models and interventions were efficient and effective.

EVIPNet could help policy-makers to understand issues better and could educate politicians and the media, along the lines of a recent Nature article that advised non-scientists to develop ‘interpretive scientific skills’, so that they could interrogate scientific advisers and grasp the limitations of evidence (11).

Better understanding of the policy cycle was essential, exploring the different styles, actors and networks across the Region. There were many variables, and the expertise and breadth of vision of policy-makers should be respected. Interaction with them was essential to utilization of evidence.

The global reach of EVIPNet offered a great opportunity to promote reverse innovation, e.g. from South to North and from lower-income to middle-income countries.

The description and impact of EVIPNet would be enhanced by adding case studies and specific examples of evidence-informed decision-making in health and of the consequences of failure to use evidence.

Action points

• Ms Kuchenmüller will note the recommendations for further consideration in EVIPNet development, implementation and review.
• Members were invited to send any further points in writing directly to Ms Kuchenmüller.
• Members interested in joining the steering group should directly contact Ms Kuchenmüller and Professor Leys.
• Preparation of an article on EVIPNet and EACHR for The Lancet should be considered.
• An update will be given at the next EACHR meeting.
Mapping European national health research systems

Presentation by the WHO Secretariat

The proposed project to map European national health research systems had three partners: the Regional Office, the European Union Public Health Association and the London School of Hygiene and Tropical Medicine, United Kingdom. On their behalf, Dr Bertollini presented slides prepared jointly with Professor Ricciardi and Professor Martin McKee at the School. The partners were accountable to the Regional Director for the project but would greatly welcome advice from EACHR. The aims of the mapping were to:

- understand the national health research systems in selected countries;
- facilitate discussion among national and regional stakeholders on gaps, challenges and opportunities for strengthening national health research systems;
- use the information to address the strengthening national health research systems;
- generate and communicate knowledge for national health planning and implementation; and
- facilitate learning on issues related to strengthening national health research systems and to adapting and applying knowledge to national health development.

All 53 European Member States were initially considered for inclusion in the mapping. Subsequently, 23 defined as western Europe in the SCImago country ranking were excluded, and a further 13 were excluded as they had reportedly produced more than 2500 documents, representing 80 documents per 100,000 population, in 1996–2013. This left 17 Member States: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Montenegro, the Republic of Moldova, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Ukraine and Uzbekistan.

The mapping had two related components. First, national health research system capacity would be investigated through field surveys, using the concept of such systems and a questionnaire developed by the Council on Health Research for Development to ensure comparability. The survey would be completed on country visits by a junior researcher working under supervision.

The aim of the second component, a bibliometric assessment, was to provide insight into the public health-related research output of each country. This desk exercise was based on a method devised by Velasco Garrido et al. (12), with replacement of entry terms related to health systems with terms for public health derived from the 10 essential public health operations: surveillance, monitoring, health protection, health promotion, disease prevention, governance, workforce, organizational structures and financing, communication and social mobilization, and research.

Dr Bertollini said that the estimated overall budget was US$ 50,000, which would cover one person-year of a junior researcher (on secondment to the School from the Università Cattolica del Sacro Cuore, Rome) and 17 country visits, each costing around US$ 2500. WHO, the School and the University would provide scientific supervision and cover administrative costs. The project was expected to begin immediately and to be completed late in 2014.

EACHR recommendations

Members welcomed the opportunity to comment on the plan. They asked a range of questions and made suggestions for improvement. They commended the project’s commitment to link closely with WHO headquarters and to build on previous work, using tested mapping tools and avoiding duplication.
It was agreed that the project would benefit from an explicit conceptual framework describing its purpose, protocol and expected outcomes, including links with the public health action plan of the WHO Regional Office for Europe (13).

Members asked for greater clarity on the expected outcomes, including how far the project aimed to help build capacity in countries. It was important to avoid inferring ‘league table’-type comparisons from the conclusions.

While recognizing the limitations of the study, the action-oriented, diagnostic approach was commended. Stakeholders in countries should be engaged interactively, such as by inviting them to comment on knowledge translation and influencing policy.

There was lively debate about the value of bibliometric assessments, which told only part of the story. Publications in peer-reviewed journals, while very important, were not the only indicator of effective research dissemination and were not a measure of impact. Researchers who had had few articles published in mainstream journals might use other innovative, local methods of dissemination. Moreover, the major databases tended to include fewer social science studies, and much useful research was in the grey literature.

Members agreed that the bibliometric assessment could be started immediately and suggested using a smaller sample of the 17 countries to test it. Professor Türmen suggested that Turkey might be a useful starting point.

Members from countries to be included in the study, and others, highlighted the challenges of developing research capacity. It was a slow process in countries that had not been part of the western scientific tradition, even for those that were now wealthier. They underlined the need to obtain information on their research potential as well as their current capacity and to ensure that the mapping team had Russian language skills.

All agreed on the need for pragmatism, as the project resources were modest, and they recommended that further funding be sought.

**Action points**

- Project partners were requested to note the recommendations for further consideration in developing and implementing the mapping exercise.
- Members will send any further points in writing directly to the partners.
- A conceptual framework will be prepared and circulated for discussion at the next formal EACHR meeting.
- A project update will be given at the next formal EACHR meeting.

**Violence and maltreatment in childhood**

**Presentation by the WHO Secretariat**

The findings of the newly published WHO *European report on preventing child maltreatment* (14) were presented to stimulate discussion of research on violence and maltreatment in childhood. Dr Dinesh Sethi, Programme Manager for Violence and Injury Prevention, WHO Regional Office for Europe, said WHO was paying renewed attention to early child development because of its far-reaching consequences for adult physical and mental health and for social and developmental outcomes. Adverse childhood experiences, whether due to family dysfunction or to child
maltreatment, were a leading cause of ill health and inequality, with socioeconomically disadvantaged people at greater risk. The long-term consequences exacerbated inequity and perpetuated social injustice.

The report described the high prevalence of child maltreatment, which affected 18–55 million children in the Region. Adverse childhood experiences affected brain development and cognitive behaviour and could lead to health-harming behaviour associated with mental illness, risky sexual behaviour, obesity and noncommunicable diseases.

Further, violence in childhood could result in intergenerational transmission of violence: being maltreated increased the likelihood of being a victim or a perpetrator of future violence during the life course.

The ecological model was valuable for understanding the risk factors, most of which were related to parental, community, societal and structural factors. A growing number of cost-effective measures could prevent maltreatment, including health visitor programmes, parenting programmes and multicomponent programmes that could be targeted at high-risk families. Programmes that were universally applicable included changing social norms and laws on corporal punishment and violence and reducing access to alcohol. Many of those programmes had been developed outside Europe, and there was an urgent need for prevention programmes appropriate to European contexts.

Child maltreatment was a priority in most European countries, but few had devoted adequate resources and attention to prevention. The Health 2020 framework could be used to develop multisectoral child maltreatment action plans that addressed the underlying issues of inequity and social justice. Investment was needed in health sector capacity, the promotion of best practice and helping health professionals to fulfil their leadership role in advocating for and implementing interventions across sectors. RC64 offered an opportunity to promote a regional child maltreatment action plan as part of the renewed focus on child and adolescent health.

Professor Mark Bellis, Director, Policy and Research Development, Public Health Wales, United Kingdom, presented key research challenges and gaps in the field in Europe. Tackling adverse childhood experiences was linked to the social determinants and life-course approaches to improving health. Interventions to prevent and reduce adverse childhood experiences appeared to be cost-effective and sustainable. They could break the cycle of violence, which led a person from child abuse to youth violence to intimate partner violence to abusing children themselves.

The method for conducting surveys of adverse childhood experiences, developed in the United States of America (USA), was an important tool for connecting improving early life experiences with reducing the development of health-harming behaviour and the subsequent risk for adult noncommunicable diseases. Such surveys had some advantages over longitudinal studies, from which those affected by adverse childhood experiences might withdraw, so that their long-term outcomes remained unknown.

Interventions to prevent adverse childhood experiences had been most effective when applied universally, but, for economic reasons, they were often targeted at high-risk groups. Such interventions included positive parenting and family–nurse partnership programmes. They had been piloted to a limited extent in some parts of Europe, but most of the evaluations had been conducted in the USA. Their effectiveness and cost-effectiveness might be different in Europe, for a number of reasons.

Research support and networking were required in Europe to promote the development, dissemination and uptake of best practice and to inform a range of issues, including the engagement of:

- primary health care practitioners, in advocacy, prevention, identification and referral;
• midwives, in positive parenting relationships and other ways of reducing abuse during and after pregnancy;
• reproductive health services, in ensuring that children were conceived into environments that supported their development, with appropriate birth spacing to allow good-quality parenting;
• mental health and addiction services, in identifying the hidden harms to children due to parental substance use; and
• other public services, in ensuring that parents could provide appropriate support, abuse was prevented and, where that fails, that children and their families were appropriately supported.

Studies of adverse childhood experience had been conducted with WHO support in 10 countries in Europe to obtain important missing information on such issues as child abuse and domestic violence. Their results had already influenced policy discussions, as they had identified experiences that potentially accounted for four in five adolescents with suicide ideation and one in five smokers. They were also linked to higher alcohol consumption, obesity, sexual risk-taking, unintended pregnancy, illicit drug use and committing and being a victim of violence. Studies under way in the United Kingdom were beginning to provide European evidence linking increased adverse childhood experiences with cancer, heart disease and other noncommunicable diseases.

Programmes on the primary prevention of child maltreatment had great potential to improve the health and well-being of children across Europe and to set them on a healthier path. Critically, only four published studies had directly evaluated such programmes in the Region.

Questions for EACHR

• Can sequential adverse childhood experience surveys be used as a surveillance tool to understand better the scale of the problem, the risk profiles of populations with respect to associated health-harming behaviour and the implications for mental and physical health and social outcomes? How can policy priority for this be achieved?

• How may we better understand how countries with universal access to health services can prevent child maltreatment, when much of the evidence (for example on positive parenting and health visiting) comes from the USA and other countries with different health and welfare support structures? How can we measure economic benefits better and reduce our reliance on US data?

• How can primary health care, midwifery, reproductive health, mental health and addiction services best intervene to reduce maltreatment and other adverse childhood experiences?

• What is the best design of studies to assess the costs and consequences of child maltreatment? In this respect, is it worth exploring linkages between data on adverse childhood experiences (even as a screening tool) with health service delivery data?

• The US Centers for Disease Control and Prevention have devised standard questions, but are these appropriate for Europe? And should the survey questions be included in routine national and subnational surveys?

EACHR recommendations

Members welcomed the findings of the report, expressing dismay at the extent of the problem. They commended the work and were enthusiastic about the life-course approach and the focus on equity. They made a number of points for consideration in following up the report.
Evaluative research in Europe should be a priority, with research support and networking to promote the development, dissemination and uptake of best practice. Cohort studies could enhance understanding of the health and social consequences of different types of maltreatment in different subgroups. Longitudinal studies were important, but urgent action to do "what we know works" was also needed. Identification of adverse childhood experiences at the earliest possible stage was critical, but cross-sectional studies could highlight the scale of the problem and identify risks and health outcomes. The approach had been used successfully in the former Yugoslav Republic of Macedonia to highlight the problem and to develop a national plan to prevent childhood violence.

A public health approach based on the ecological model identified the characteristics of individual people and at-risk groups to highlight inequity. A balance must be found between universal interventions and targeting high-risk groups to address inequity without stigmatization; individual and population approaches were both effective, especially in synergy.

The questions devised by the US Centers for Disease Control and Prevention used to date in European studies might have to be adapted for European settings. A standard approach in Europe would facilitate comparisons across geographical areas and time, and efforts to standardize definitions and measures should be supported. It might be possible to include measures of adverse childhood experiences in standard national and subnational surveys and in some international surveys covering multiple European countries.

Definitions might reinforce stereotypes and oversimplify complex issues. Overall, the issues should not be presented in a way that appeared to stigmatize particular social groups or classes or to impose western models and cultural assumptions.

More attention should be paid to environmental causes, such as chemicals, when there were solutions known to be effective.

There was good evidence that working directly with children in innovative ways could empower them to challenge abuse. However, a problem in a particular age group was not always resolved (including prevention) by working with that age group. A life-course perspective was required that allowed policy based on interventions in childhood to reduce health problems in adolescence and adulthood.

**Action points**

- The presenters noted the recommendations for further consideration in programme development, implementation and review.
- Members will send any further points in writing directly to the presenters.
- WHO should consider the ethical implications of using images of real children in published materials, should always state disclaimers and acknowledgement of the sources and permission to use such images, and consider using less specific images in preference to recognizable photographs of individual children.
- In response to concern about the sensitivity of data presentation and inter-country comparisons, WHO should amend the caption of Figure A4 (on page 107 of the printed report) to clarify that it represented the number of studies and not the actual levels of abuse. The electronic version should be amended rapidly. Particular care should be taken in future meta-analyses of unpublished reports.
- As a general principle, EACHR should have the opportunity to review key documents in draft form, before publication, to help ensure the highest standards of research presentation.
Healthy ageing in Europe

Presentation by the WHO Secretariat

A number of research-related questions were central to implementation of the WHO Strategy and action plan for healthy ageing in Europe, 2012–2020 (15). Mr Manfred Huber, Coordinator, Healthy Ageing, Disability and Long-term Care, WHO Regional Office for Europe, described evaluation of evidence-based policies for age-friendly environments in Europe. Addressing gaps in evidence and research was one of the four themes of the strategy; the others were healthy ageing over the life course, supportive environments and people-centred health systems for the ageing population.

Important questions of research and methodology arose in a joint project with the European Commission Directorate General for Employment, Social Affairs and Inclusion, "Age-friendly environments in Europe 2013–2015". Its goals were to produce a European guide on policies for age-friendly environments at local level, support the selection of priorities, formulate action plans and monitor and evaluate them. As part of the guide, the Regional Office would update, expand and adapt to the European context Global age-friendly cities: a guide (16), a widely used WHO publication that had been particularly influential in Europe. European cities were requesting further guidance that built on recent work on healthy cities, the broader social determinants of health and support for implementing Health 2020.

A vibrant community of city-based policy-makers and decision-makers was interested in exchanging examples of good practice in creating age-friendly environments. Such policy exchange was currently hindered, however, by gaps in implementation research and in methods for evaluating corresponding strategic, policy and programme interventions. Systematic approaches to synthesizing the evidence for policy-making in complex cities and communities were in their infancy.

In contrast, in the area of policy interventions for noncommunicable diseases, progress had been made in modelling pathways to better health for entire populations, in the consequent identification of ‘best buys’ for public health and their policy evaluation. Those included the role of resilient communities and cross-sectoral action on health determinants at local government level, which had led to extension of available policy advice, as documented in Health 2020 and its supporting strategies and action plans.

Much less was known about how to model effects and evaluate policy interventions for active and healthy ageing, in particular in cities and rural communities and those implemented at local and intermediate government levels. In comparison with progress in understanding the biological and medical mechanisms of healthy ageing, there were large gaps in understanding how social determinants and cross-sectoral action under the heading ‘age-friendly environments’ in Europe could lead to improved health and well-being. Methods were, however, being developed for integrating scientific and experiential evidence into each stage or segment of the path from age-friendly environments to improved health and well-being.

Dr Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, WHO Regional Office for Europe, pointed out that the WHO life-course approach embraced the environment, social determinants, gender issues and human resources. She would welcome EACHR advice on how to coordinate and align WHO programmes.
Questions for EACHR

• What is the state of research on innovative ways to model pathways to health that depict the complex interplay and impacts of policy interventions for better health of older people at local level?
• What are the cutting-edge methods for synthesizing (reviewing and weighting) evidence from diverse sources when studies and systematic reviews are scarce or absent (combination of qualitative and quantitative data, grey literature, process and outcome indicators and narrative evaluation by seniors and their organizations)?
• What research is needed to improve guidance on evaluating and measuring progress in corresponding local policy interventions?
• How can lessons learnt from successful policies used in a specific local context be applied to other cities and regions in Europe that are, for example, at a different income level?

EACHR recommendations

Members welcomed the opportunity to offer advice on this important theme. There was some support for the idea that the age-friendly environment concept should be extended to all age groups, not only older people, as most of the recommendations in the age-friendly cities report were applicable to all age groups. Focusing on the life course would enable specific problems to be addressed, while avoiding the danger of stigmatization and ensuring that inclusion was central.

The need for a monitoring and evaluation strategy was highlighted, with a plea to WHO to endorse and stimulate process evaluation, which helped understanding of barriers and linked with knowledge translation. Methods could include approaches like ‘realist evaluation’, which took account of classical and clinical evidence and complexity in a long-term view. It would be useful to know more about the monitoring and evaluation currently undertaken in that complex area. Some members offered to explore the point further, including the possibility of securing funds for such work.

Members also focused on the challenges of caring for older people. Many lay carers were isolated and lacked knowledge, and research was needed on the development of communities and networks of carers. The problem of the erosion of ‘moral capital’ among health and social care staff was highlighted, as demonstrated in their high sickness and early retirement rates. The dearth of coordination with lay carers might be resolved at least partly by information and communications technology.

It was important to recognize the challenges of creating age-friendly environments in rural areas and not to focus solely on cities. Social participation was not necessarily age-specific: the issues were environmental, social and infrastructural.

Action points

• The Secretariat noted the recommendations for further consideration in WHO programme development, implementation and review.
• Members will send any further points in writing directly to the Secretariat.
• The programme will organize an ad hoc discussion to explore issues and resource mobilization with members particularly interested in monitoring and evaluation.
Noncommunicable diseases and research

Presentation by the WHO Secretariat

Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe, outlined its current work. The previous week had seen the signing of the Ashgabat Declaration (3) at the WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020, attended by 35 Member States. In view of the forthcoming United Nations General Assembly meeting on noncommunicable diseases in 2014, a globally mandated discussion was under way.

Accelerating action to protect present and future generations from the devastating consequences of tobacco was a key component of the Declaration. Progress had been mapped in the *European tobacco control status report 2013* (17). Control remained poor in some countries, and there were growing differences in tobacco use between and within countries in the Region. Only Finland had incorporated the vision of a tobacco-free Europe in law, while Ireland and the United Kingdom were making great progress. More focus was needed on the supply side.

Dr Galea asked for EACHR input into the draft progress report on noncommunicable disease prevention and control in the Region (18), particularly its research implications, for example on causation. A large collaborative endeavour was needed to build a picture of what was happening and to promote sustainable interventions. The programme was therefore mapping those diseases using the draft *Health system challenges and opportunities: country assessment guide* (19), on which EACHR comments would be welcome.

The guide was being used in five countries in 2013—Hungary, Kyrgyzstan, the Republic of Moldova, Tajikistan and Turkey—and had guided the report on Turkmenistan launched at the Ashgabat conference (20). The aim of the assessments was to produce pragmatic, actionable policy recommendations that would accelerate the gains made in key noncommunicable disease outcomes, synthesize knowledge and experience on common health system challenges and promising approaches to address them and build capacity in policy analysis, policy development and implementation.

EACHR recommendations

Members welcomed the presentation and the evidence of determined, sustained work on noncommunicable diseases. They offered support and would welcome closer collaboration.

The Ashgabat Declaration was considered an important milestone, containing hard-won commitments. Members considered, however, that the ‘top–down’ approach of such declarations should be complemented by stronger ‘bottom-up’ approaches focused on and driven by citizens, as those had greater innovative power.

The programme should make full use of opportunities for inter-country learning, including from countries outside Europe. Dr Laura Rosen, Chair, Department of Health Promotion, Tel Aviv University, Israel, explained how her country was tackling the Health 2020 targets. Members welcomed that useful case study for further consideration.

The aims of the noncommunicable disease country assessment guide were commended. It should be linked with the mapping exercise on public health research. Such mapping activities should be used to promote a transversal approach in the Region, with better coordination from WHO, including the WHO work streams on noncommunicable disease, knowledge translation and evidence.
Primary prevention should receive more attention from WHO. The programme should consider the developmental origins of health and disease and integrate the implications into its future work. Innovative forms of engagement with industry should be explored.

**Action points**

- Dr Galea noted the recommendations for further consideration in programme development, implementation and review and said that he would update EACHR on progress.
- Members were invited to send any further points in writing directly to Dr Galea. Comments on the country assessment guide would be particularly welcome.
- The partners in the mapping exercise should explore links with the noncommunicable disease programme in their country assessments.

**Meeting conclusions and agreed actions**

EACHR Vice-Chair, Róza Ádány, Head of the Department of Preventive Medicine, University of Debrecen, Hungary, chaired the final session. She asked members to agree on the next steps and how they related to the updated action plan presented by Dr Stein. WHO programme presenters would be asked to note the committee’s recommendations, as outlined earlier in the report. The implications for the next face-to-face EACHR meeting were also discussed. The action points for members and the Secretariat are summarized below.

**Summary of action points**

**Opening session**

- All members will declare any conflicts of interest in writing.
- The EACHR action plan will be reviewed and updated during the meeting.
- An extra session will be held to discuss bids for research funds from Horizon 2020.
- Members will provide input by email via the Secretariat on actions and priorities for tackling the social determinants of health and the health divide in the WHO European Region.
- The Secretariat will explore with Professor Ricciardi the potential for working with the European Commission Expert Panel on Effective Ways of Investing in Health.
- The Regional Director will use the conclusions of the EACHR meeting, as appropriate, at the next SCRC meeting, to help shape agenda for RC64.

**European Union public health research and Horizon 2020**

- The Secretariat will draft an advisory letter incorporating the comments made to support the Regional Director in constructive, high-level engagement with the European Commission on public health research.
- EACHR should review knowledge translation, to consider best how to synthesize research to generate policy.
- The Secretariat will facilitate bids to Horizon 2020 by establishing a mechanism to help EACHR members link with relevant WHO programmes and units in the Regional Office and headquarters and with WHO collaborating centres.
• Dr Bertollini will act as the broker and facilitate members’ communications with the European Commission research unit on Horizon 2020.
• Members and the Secretariat will provide updates on progress of consortia and bids through regular emails.

**The WHO evidence-informed policy network**
• Ms Kuchenmüller will note the recommendations for further consideration in EVIPNet development, implementation and review.
• Members were invited to send any further points in writing directly to Ms Kuchenmüller.
• Members interested in joining the steering group should directly contact Ms Kuchenmüller and Professor Leys.
• Preparation of an article on EVIPNet and EACHR for *The Lancet* should be considered.
• An update will be given at the next EACHR meeting.

**Mapping European national health research systems**
• Project partners were requested to note the recommendations for further consideration in developing and implementing the mapping exercise.
• Members will send any further points in writing directly to the partners.
• A conceptual framework will be prepared and circulated for discussion at the next formal EACHR meeting.
• A project update will be given at the next formal EACHR meeting.

**Violence and maltreatment in childhood**
• The presenters noted the recommendations for further consideration in programme development, implementation and review.
• Members will send any further points in writing directly to the presenters.
• WHO should consider the ethical implications of using images of real children in published materials, should always state disclaimers and acknowledgement of the sources and permission to use such images, and consider using less specific images in preference to recognizable photographs of individual children.
• In response to concern about the sensitivity of data presentation and inter-country comparisons, WHO should amend the caption of Figure A4 (on page 107 of the printed report) to clarify that it represents the number of studies not the actual levels of abuse. The electronic version should be amended rapidly. Particular care should be taken in future in meta-analysis of unpublished reports.
• As a general principle, EACHR should have the opportunity to review key documents in draft form, before publication, to help ensure the highest standards of research presentation.

**Healthy ageing in Europe**
• The Secretariat noted the recommendations for further consideration in WHO programme development, implementation and review.
• Members will send any further points in writing directly to the Secretariat.
• The programme will organize an ad hoc discussion to explore issues and resource mobilization with members particularly interested in monitoring and evaluation.
**Noncommunicable diseases**

- Dr Galea noted the recommendations for further consideration in programme development, implementation and review and said that he would update EACHR on progress.
- Members were invited to send any further points in writing directly to Dr Galea. Comments on the country assessment guide would be particularly welcome.
- The partners in the mapping exercise should explore links with the noncommunicable disease programme in their country assessments.

**Next EACHR meeting**

The Secretariat will urgently circulate dates and decide the venue.

There will be further rotation of membership to ensure equitable geographical distribution.

All presentations will be preceded by advance electronic circulation of key documents and questions for discussion.

Presenters should focus mainly on areas for improvement and lead discussion on seeking solutions to the challenges.

The provisional agenda contains the following suggested topics:

- Feedback from the SCRC
- Report on European Union and public health research
- Progress on Horizon 2020 bids
- Update on the mapping exercise, including presentation of a conceptual framework
- Update on EVIPNet
- Update on noncommunicable disease research
- Update on tackling the social determinants of health, the economics of prevention and the impact of the economic crisis
- Discussion on a concept note on improving intersectoral public health research leadership and governance
- Review and update of the EACHR action plan.

**Conclusion and closure**

In conclusion, Professor Türmen thanked all the participants for their lively interaction. The meeting had achieved its objectives. There had been genuine dialogue, with the generation and sharing of new knowledge. She then declared the meeting closed.

**References**


Annex 1

MEETING AGENDA

Tuesday 10 December 2013

Opening session:
Welcome and introduction (EACHR Chair, Professor Tomris Türmen)
Opening address (Regional Director, Ms Zsuzsanna Jakab)
Outline of scope, purpose and meeting agenda (Dr Claudia Stein, WHO Secretariat)

Session 1: Violence and maltreatment in childhood
Presentations (Dr Dinesh Sethi and Professor Mark Bellis)
Discussion
Recommendations and action points

Session 2: European Union reports on the future of public health research
Presentation (Professor Göran Tomson)
Discussion
Recommendations and action points

Session 3: Mapping public health research in Europe
Presentation (Dr Roberto Bertollini)
Discussion
Recommendations and action points

Dinner hosted by the Division of Information, Evidence, Research and Innovation

Wednesday 11 December 2013

Summary:
Recommendations and action points from day 1 (Professor Jane Salvage)

Session 4: Evaluating evidence-based policies for age-friendly environments
Presentation (Mr Manfred Huber)
Discussion
Recommendations and action points
### Session 5: Evidence-informed Policy Network, linking activities and members
Presentations (Ms Tania Kuchenmuller and Professor Mark Leys)
Discussion
Recommendations and action points

### Session 6: Noncommunicable diseases
Presentation (Dr Gauden Galea)
Discussion
Recommendations and action points

### Session 7: Horizon 2020
Presentation (Professor Göran Tomson)
Discussion
Recommendations and action points

### Closing session:
Review of action plan and recommendations (Dr Stein)
Dates of next meeting and possible agenda items (Dr Stein)
Any other business
Conclusions and closure (Dr Türmen)
Annex 2

LIST OF PARTICIPANTS

Temporary advisers

Professor Róza Ádány (Vice-Chair), Head of the Department of Preventative Medicine, University of Debrecen, H-4028 Debrecen, Hungary

Dr Reinhard Burger, President, Robert Koch Institute, D-13353 Berlin, Germany

Professor Antoine Flahault, Professor of Public Health, School of Medicine Descartes, Sorbonne Paris Cité, F-75004 Paris, France

Professor Philippe Grandjean, Institute of Public Health, University of Southern Denmark, DK-5000 Odense C, Denmark

Professor Mark Leys, Vrije Universiteit Brussels, B-1090 Brussels, Belgium

Professor Ruta Nadisauskiene, Head, Department of Obstetrics and Gynaecology, Lithuanian University of Health Sciences, LT-50009 Kaunas, Lithuania

Professor José Pereira-Miguel, President, Instituto Nacional de Saúde Dr Ricardo Jorge, P-1649-016 Lisbon, Portugal

Professor Walter Ricciardi, European Union Public Health Association President and Director, Department of Public Health, Universita Cattolica del Sacro Cuore, I-00168 Rome, Italy

Dr Laura Rosen, Chair, Department of Health Promotion, Tel Aviv University, Ramat Aviv 69978, Israel

Professor Göran Tomson, Head, Health Systems Policy, Karolinska Institutet, Stockholm, Sweden

Professor Fimka Tozija, Policy Adviser, Medical School, Institute of Public Health, 1000 Skopje, The Former Yugoslav Republic of Macedonia

Professor Tomris Türmen (Chair), President, International Children's Centre, Bilkent University, 06800 Ankara, Turkey

Dr James Whitworth, Head of Population Science, Wellcome Trust, London NW1 2BE, United Kingdom of Great Britain and Northern Ireland

Presenter

Professor Mark Bellis, Director, Policy Research and Development, Public Health Wales, Cardiff CF24 CHQ, United Kingdom

Rapporteur

Professor Jane Salvage, Director, Jane Salvage Limited, London N5 1BN, United Kingdom

World Health Organization

Regional Office for Europe

Ms Zsuzsanna Jakab, Regional Director
Dr Roberto Bertollini, Chief Scientist and WHO representative to the European Union, Office of the Regional Director

Dr Nedret Emiroglu, Deputy Director, Division of Communicable Diseases, Health Security and Environment

Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion

Ms Natalia Goldbeck, Programme Assistant, Division of Information, Evidence, Research and Innovation

Ms Birthe Havn, Programme Assistant, Division of Information, Evidence, Research and Innovation

Mr Manfred Huber, Coordinator, Healthy Ageing, Disability, Long-term Care

Ms Tanja Kuchenmüller, Technical Officer, Evidence and Intelligence for Policy-making

Ms Liz Kyed, Administration Assistant, Division of Information, Evidence, Research and Innovation

Dr Gunta Lazdane, Programme Manager, Sexual and Reproductive Health

Ms Frederiek Mantingh, Technical Officer, Integrated Prevention, Control and Management of Noncommunicable Disease

Dr Dinesh Sethi, Programme Manager, European Union/DNP Noncommunicable Diseases and Health Promotion

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation

**Headquarters**

Dr Ulysses Panisset, Coordinator, Research and Knowledge Translation, Department of Knowledge, Ethics and Research