

Public Health Policy Support Unit

An overview of the Public Health Policy Support Activities



Joint Research Centre

The European Commission's in-house science service

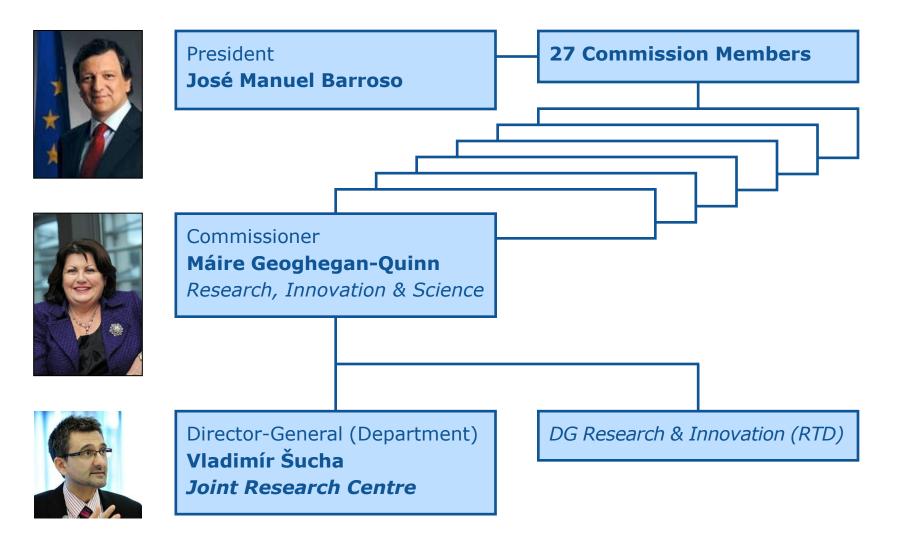


European Commission Joint Research Centre





The Joint Research Centre within the European Commission

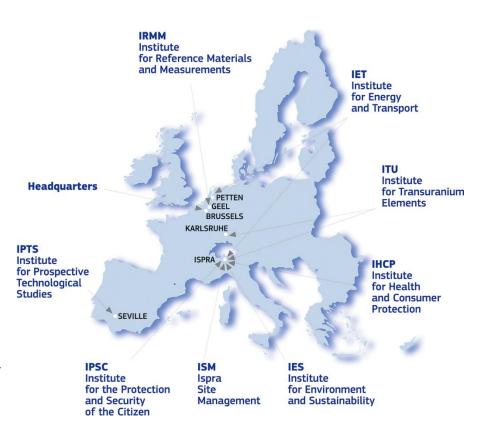




The Joint Research Centre within the European Commission

European Commission Directorates General Directorates Institutes Units

- Established 1957.
- 7 institutes in 5 countries.
- 2822 permanent and temporary staff in 2012.
- 1443 scientific publications in 2012.
- Budget: €380 million annually, plus €69 million earned income.





The Mission of the Joint Research Centre

- To provide customer-driven scientific and technical support for the conception, development, implementation and monitoring of EU policies.
- As a service of the European Commission, the JRC functions as a reference centre of science and technology for the Union.
- Close to the policy-making process, it serves the common interest of the Member States, while being independent of private or national special interests.







IHCP Policy Support Areas



Genetically Modified Organisms



Nanotechnology



Public Health



- Healthcare Quality
- Nutrition
- Disease registries
- Behavioural Sciences
- Medical Devices



Food and Consumer Products



Chemical Assessment and Alternatives to Animal Testing



Main Activities of the PHPS Unit



- Breast Cancer Guidelines screening and diagnosis
- Health Registry Data data protection issues
- Rare Diseases
- Medical Devices
- Nutrition
- Behavioural Economics





- Preventative medicine (nutrition, screening, behavioral economics) together with DG SANCO
- Quality and equity of health provision (breast cancer health-care services) with DG SANCO
- Health registries (cancer, Rare Diseases) in cooperation with DG
 SANCO
- Vigilance, market surveillance, and compliance monitoring (medical devices) in cooperation with DG SANCO





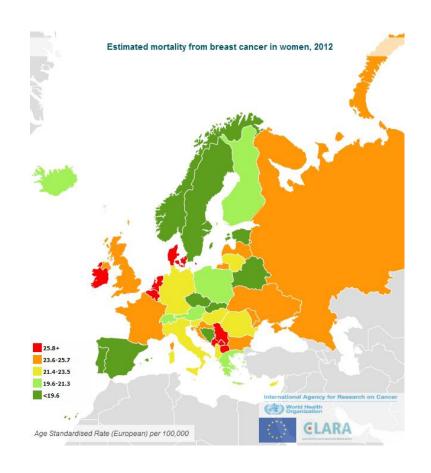
Breast Cancer Care – Quality Assurance Scheme and Guidelines

Background

In 2012, breast cancer continued to be the cancer attributable for more deaths among women in the European Union, with a mortality rate of 22,4 $(15,1 \div 29,5 \text{ per } 100000 \text{ women})$ not parallel to incidence.

Inequalities in outcomes are unacceptable. Quality of care should be aligned as regards essential requirements.

Available at: EUCAN webpage.





Breast Cancer Care – Quality Assurance Scheme and Guidelines

Objectives

- Revision of the fourth edition of the European Guidelines for Quality
 Assurance in Breast Cancer Screening and Diagnosis and publication
 of the fifth edition.
- Development of a European Quality Assurance (QA) Scheme for Breast Cancer Services, underpinned by the EU's legal framework of accreditation and by a set of evidence-based guidelines.







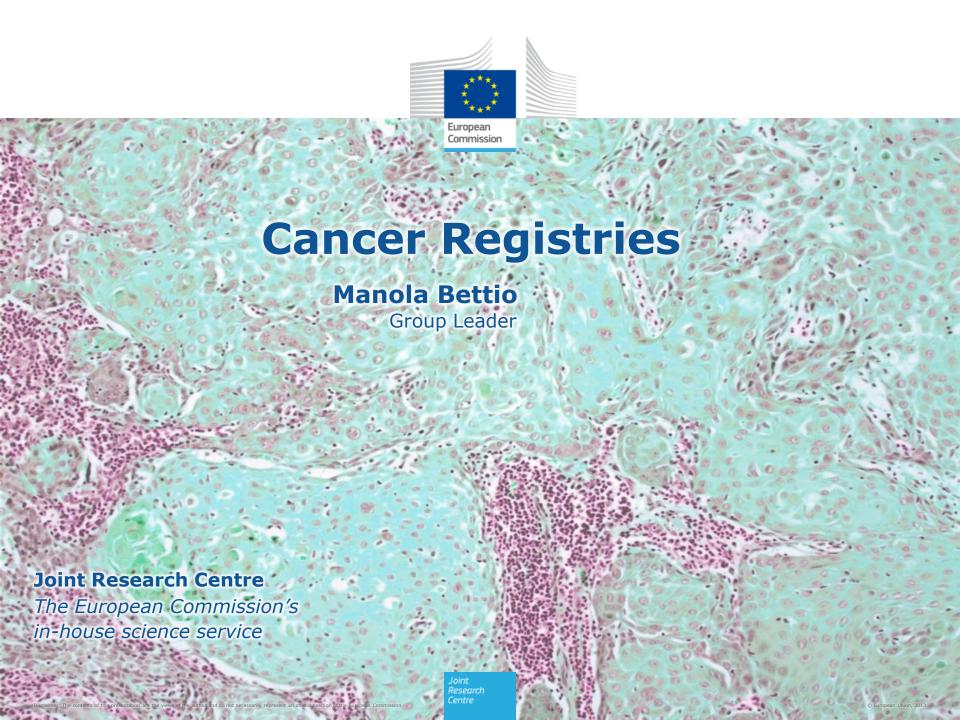


Breast Cancer Care – Quality Assurance Scheme and Guidelines

Desirable characteristics

- 1. **Woman/patient is at the center of the process** (multidisciplinary approach, quality of life aspects, communication, patients values, patients feed-back).
- 2. **Evidence-based QA** for all breast cancer care stages.
- 3. **ONE scheme publicly available** for all Europe ensuring that guidelines are applied and essential requirements are fulfilled.
- 4. **Up to date care**: new remote technologies, genetic testing, delocalised care for certain stages.





To Date

- Hosting of ENCR Steering Committee Meetings at JRC-Ispra (Italy)
 Since December 2012 ongoing.
- Official transfer of the ENCR Secretariat to JRC August 2013.
- Development and adoption for the ENCR of a new corporate image (including logo, updated website and newsflash) providing a common 'look and feel' for all ENCR products – August 2013.





To Date

Launch of the new ENCR website
 www.encr.eu - August 2013.



 Revision and distribution of the ENCR Newsflash - August 2013.





To Date

 Organisation and funding of a Cancer Registry Training Course, in collaboration with ENCR, IARC, MECC and the US National Cancer Institute, E&I countries



Izmir, Turkey, 30 Sep-4 Oct 2013:

Participants from: Albania, Algeria, Armenia, Azerbaijan, Bahrain, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Egypt, Faroe Island, the Former Yugoslav Republic of Macedonia, Georgia, Iceland, Israel, Iraq, Jordan, Kosovo, Lebanon, Libya, Liechtenstein, Kuwait, Moldova, Montenegro, Morocco, Norway, Occupied Palestinian Territory, Oman, Qatar, Romania, Russia, Saudi Arabia, Serbia, South Sudan, Sudan, Switzerland, Syria, Tunisia, Turkey, Ukraine, United Arab Emirates, Yemen, Western Sahara.

- Organisation of two Workshops on Cancer Registry Quality Checks,
 Ispra, July and October 2013:
 - Coordination and collaboration between ENCR, IARC, EUROCARE, CONCORD,
- Finalisation of a procurement contract with IARC to port the cancer data to JRC-Ispra



Longer-Term Strategic Dimension

- European Cancer Information
 Service (ECIS).
- Laying the foundations for a framework for interoperability of all national/regional registries.
- PARENT Joint Action (Registry of registries).



- Increasing collaboration with Eurostat.
- Increasing collaboration with the INSPIRE framework integration of health data.
- Rare Diseases Registries platform.





Rare Diseases

Simona Martin

Rare Diseases Group Leader

Joint Research Centre

The European Commission's in-house science service



Rare Diseases

Life-threatening or chronically debilitating diseases with low prevalence: less than 5 per 10,000 persons (EU).

- 6,000-8,000 distinct rare diseases.
- 6%-8% of the EU population affected: **27-36 million people (EU)**.

Legal Framework

- Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on "Rare Diseases: Europe's challenges" (2008).
- Council Recommendation on an action in the field of rare diseases (2009).



European Added-Value

Based on the specificities of rare diseases:

- limited number of patients,
- limited knowledge and expertise,
- fragmentation of data sources across the Member States.

Directorates-General SANCO and JRC

Development and maintenance of the European Platform on Rare Diseases Registration.

Principal goal of the Platform

To enable data analysis within and across many rare diseases and to facilitate clinical trials and other studies and research.



Main Objectives

- 1. Promote interoperability of existing registries.
- 2. Support for new registries.
- 3. Act as a hub providing access to all data collection in the field of RD.

Activities Will Be Developed

- Taking into account outcomes of the projects funded by the Health Programme and Framework Research Programmes EPIRARE, RD-CONNECT, PARENT Joint Action, EUCERD Joint Action, ORPHANET Joint Action.
- Ensuring collaboration with national registries.
- Establishing collaboration with IRDiRC.
- Establishing collaboration with the Global Rare Diseases Patient Registry and Data Repository (GRDR).

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JRC Involvement in the implementation of the future regulatory framework for Medical Devices

Bo Larsen

Medical Devices Group Leader

Joint Research Centre

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Research Centre

JRC Involvement in the Medical Devices Implementation Plan

- DG SANCO, as lead policy DG, in charge of the overall regulatory and policy issues and some executive tasks.
- JRC to focus on a number of well-defined scientific, technical activities.
- The detailed scope of JRC's involvement will be tailor-made to on the outcome of the legislative process.



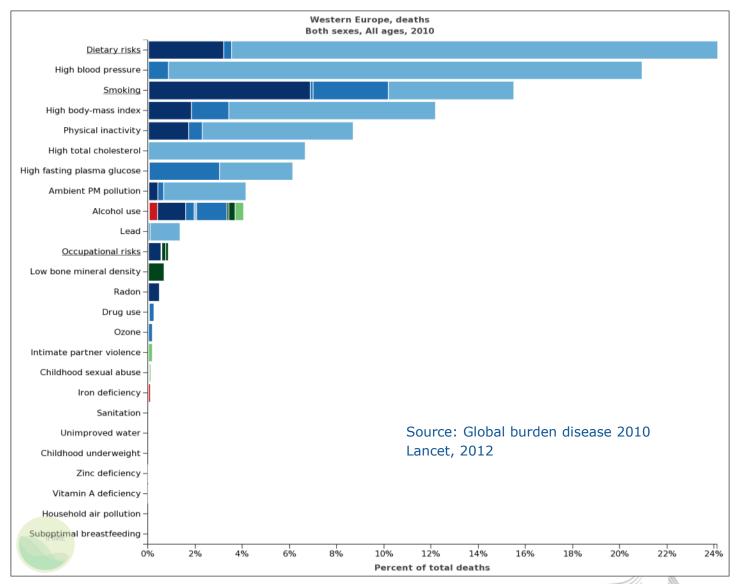
Short-Term Activities (2013-2014)

- Analysis of incident reporting data for medical devices relevant for the European market, and provide recommendations on effective detection of signals and trends.
- Participation in the Medical Devices Expert Group and sub-groups.
- Contribute in projects of Clinical Investigations and Evaluation (CIE) as well as of Compliance and Enforcement (COEN).





Nutrition and Public Health





Nutrition for better health



Nutrition for better health

Research for policy

Foresight studies

- 2050 foods & diets
- 2050 EU food safety

Nutrition & active healthy ageing

Sustainability of diets & the food chain

Mapping Nutrition for Health

EU school food policies



EU dietary prevention of cancer

EU tranfats intake & policy options

Some of Our Projects

Supporting research and innovation

- Tomorrow's healthy society: research priorities for foods and diets
- Nutrition's role in Active and Healthy Ageing

Mapping Nutrition for Health

- School food policies
- Dietary Cancer Prevention
- EU transfat intake and policy options

Communication

- Nutrition Research Highlights
- Food waste

Exploratory projects

Food sustainability

Best practices Recommendations Guidelines

(underpinned by proper evaluations inc. economic)





Behavioural Economics Team (BET)

Behavioural insights for healthy lifestyles

Benedikt Herrmann

Behavioural Economics Group Leader

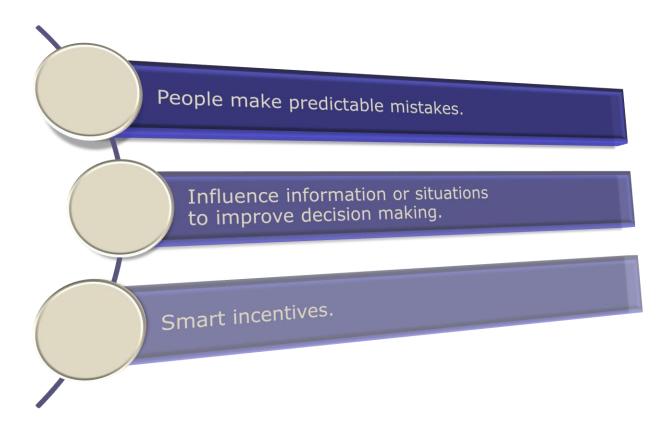


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Background





On-going Projects

Obesity

 Peer-incentive schemes promoting physical activity

Public health system

Behavioural analysis of public health care systems

Stress

Analysis of impact of stress on social well-being

Healthy aging

 Analysis of behavioural consequences of an aging Europe

Vaccination and screening

 Behavioural interventions aimed at increasing up-take





Thank You for Your Attention

www.jrc.ec.europa.eu

