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Dear EPF members and allies,

Welcome to the last issue of the EPF Mailing before the summer break. This issue features a special report on the EU Conference "E- Health without Frontiers" that took place under the Slovenian Presidency. Information Communication Technology and Health is one of EPF's priorities and we gave a presentation on the importance of meaningful patient involvement to ensure e-health solutions that are genuinely patient-centred and also lead to economic and quality of life benefits.

We also include an update in this issue on developments linked to information to patients, both in terms of the legislative proposal focused on information on prescription medicines and the outcome of the recent Council meeting, and the work of the information to patients working group of the Pharmaceutical Forum.

Two important Commission Consultations have taken place since our last issue – patients' safety, and counterfeit medicines, and one is forthcoming on medical devices. Read about our input based on members' feedback in section 5 and section 8.

The new EPF board had a retreat and formal meeting on 6 and 7 June in Gent. This was an important opportunity to finalise our EPF Patients' Manifesto – "150 million reasons to act" that will be launched in September. Please see section 21 for more news on the launch and the overall campaign.

As we go to press, we await the new instrument on patients rights in cross border healthcare. Please see section 6 for an update and likely timeline.

Finally, an update on the European Health Policy Forum that took place on 31 May – Go to section 12 for more information on the revised mandate of the Forum and forthcoming plans.

Our diary section includes an overview of likely key health policy developments to the end of the year and major health meetings under the French Council Presidency. Please do not hesitate to contact the secretariat if you need further information.

We wish you all the very best for a relaxing and enjoyable summer break.

Warmest greetings,
Anders Olauson, President
Nicola Bedlington, Director

Contents

The next issue of the Internal Mailing will take place at Mid September 2008. The deadline for contributions is 8th of September.

Please note there will be a brief update for our members in July on significant developments on the policy front and the secretariat will be staffed throughout the summer.

We plan in our next issue of the Mailing to include a specific section on EU developments of particular interest to national and regional patient organisations.

1. eHealth without Frontiers 2008 – European conference under the Slovenian EU Presidency

The conference was held in Slovenia, in Portorož, between 6 and 8 May and was a key moment in the eHealth annual policy awareness-raising agenda. It was the sixth in a series of high-level eHealth conferences initiated since 2003 and where Member States ministerial and high-level groups have agreed, together with the European Commission, to commit for progressing on eHealth. This year the conference focussed on borderless eHealth in both its vertical and horizontal aspects.

Participants included high-level speakers from the European institutions, representatives of eHealth and heath-related organisations, industries, European health authorities, WHO and a variety of stakeholders. EPF was represented by Nicola Bedlington and Roxana Radulescu. A rich set of themes were discussed in the plenary and parallel sessions expressing the views of health care authorities, health professionals, patients, health care providers, industry, such as: reasons for and conditions to achieve eHealth without frontiers, legal barriers and ethical hurdles, good practices and continuity of care, telemedicine and chronic disease management, quality labelling and certification of eHealth application, patient safety and eHealth solutions, etc.

Nicola Bedlington sat on the high-level panel in the plenary session on the first conference day and made a presentation on "eHealth without frontiers – what does this mean for patients?" On behalf of EPF she made a

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plea for an investment in eHealth solutions that are genuinely patient-centred and include patients through all stages of development, from inception, deployment to evaluation. She also highlighted that the needs of citizens in good health vary differently from those of patients with long-term conditions and called for training and support for patients and healthcare providers in improving their eHealth literacy skills. In the next phase of EU policy developments related to eHealth roadmaps, further research, large-scale transnational cooperation and interoperability, in forthcoming eHealth projects, representative patients organisations should be involved from the very onset and this involvement should be resourced and recognised.

The conference recommended that MS should further commit to ensure that eHealth roadmaps are updated and distributed regularly and that information should be disseminated among MS regarding the kinds of electronic tools that are needed.

In the context of the Commission supported S.O.S. eHealth project, a consortium of MS and industrial stakeholders has committed to developing, designing, prototyping, and validating - in a pilot context - European Union electronic health services based on two distinct health situations: cross-border access to electronic patient summaries and ePrescription (including e-medication).

Moreover, the Commission plans to issue a recommendation on cross-border interoperability of electronic health record systems, featuring clear guidelines for arriving at the scenario of enabling patients to access electronic health records anywhere and at any time.

The conference concluded that three key initiatives would be taken to overcome the health challenges that lie ahead over the next ten-year period.

The Commission will issue a Communication on telemedicine and innovative ICT tools for chronic disease management, in order to enable MS to identify and address possible barriers for wider deployment of telemedicine and to coordinate their efforts.
New research opportunities related to eHealth solutions will be explored and citizens, patients and health professionals' involvement will be key to this process.

Third, there is a need for a transparent legal framework agreed between MS that would help to define responsibilities, rights and obligations of all the different stakeholders involved in the eHealth process, with special attention to the existing Community legislation, particularly the Data Protection Directive, e-Privacy and eCommerce Directive.

EPF will keep you informed about the policy developments in this area. For further information and to read the Portorož Declaration please visit the eHealth 2008 conference website or contact EPF Secretariat.

2. THE INFORMATION TO PATIENTS REPORT

The Report 'Current Practice with Regard to Provision of Information to Patients on Medicinal Products' presented in accordance with Article 88a of Directive 2001/83/EC on the Community code relating to medicinal products for human use and Consultation on a Legislative Proposal was discussed an EU Council Meeting on 10th June.

The Full Conclusions are annexed and the following are some key points

The Council NOTES the Commission's intention to present a legislative proposal as stated in its Communication:
"- Establishing a framework which provides citizens of EU Member States with understandable, objective, high quality and non-promotional information about the benefits and the risks of their medicines, and which maintains the confidence of citizens, regulators and healthcare professionals;

- Maintaining the ban on direct consumer advertising on prescription medicines, making sure that there is a clear distinction between advertising and non-promotional information;

- Avoiding unnecessary bureaucracy in line with the principles of Better Regulation".

8. ENDORSES the need to maintain the ban on advertising of prescription-only medicines to the general public, and STRESSES the need for a harmonised definition and understanding of information that clearly distinguishes it from advertising as well as the need for better control of existing indirect advertising of prescription-only medicines to the general public.

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9. Further POINTS TO the need for a set of different mechanisms for providing information to the people who actively seek it, bearing in mind that healthcare professionals and competent authorities remain primary sources of information on medicinal products.
NOTING the role of the Internet as a world-wide information tool, it also UNDERLINES the need to find proper ways of ensuring that the Internet and other media are used as channels for communication of reliable information, and the need for ways of ensuring the liability of information sources.
NOTES: that a new proactive role of patients that could contribute to better treatment and quality of life is closely linked to the accessibility of accurate and relevant information on diseases, medicinal products and other treatments. However, this proactive role requires inter alia that quality standards for such information be identified and agreed.

11. EMPHASISES that wrong, misleading or unclear information can increase the risk of uninformed choices, late diagnosis, unnecessary or inappropriate use of medicines or contribute to a lifestyle based on low risk awareness. Therefore, any active measures to increase access to information should be preceded by an in-depth analysis of the risks and benefits and should include monitoring of information provided to the public on medicinal products and other treatments.

12. EMPHASISES that models for providing quality-verified information on medicinal products should be further developed and, in accordance with national practices, could involve public private partnership or other forms of cooperation involving for example the public sector, patients and health care professionals and marketing authorisation holders, whereas a central role for competent authorities is a prerequisite in the process of organizing the national monitoring and control of information.

13. NOTES the Commission's intention to prepare a legal proposal on information on medicinal products to patients and CALLS ON THE COMMISSION to further develop means of distinction between advertising and information inter alia through providing a clear definition of non-promotional information and at the same time STRESSES the need for in-depth reflection on the issue with a view to a more rational use of medicines

and to avoiding unnecessary administrative burdens for stakeholders, particularly competent authorities and marketing authorization holders in line with the principles of Better Regulation.

The legislative proposal on information to patients in the framework of the so-called Pharma Package comprising information to patients, pharmacovigilance and counterfeiting, is expected to be presented by the Commission in the last autumn. See attached link.

3. PHARMACEUTICAL FORUM

Developments within the Information to Patients Working Group

The last meeting of the ITP working group met on May 26 2008. Key documents were finalised and the main conclusions to be presented to the High Level Ministerial Pharmaceutical Forum on 2nd Oct were agreed. EPF was represented at this meeting by Susanna Palkonen and Nicola Bedlington.

There are a number of tangible products that have come out of the ITP working group, notably:

- A strategy to enhance access to information to patients in specific healthcare settings (Hospital, Pharmacy, Primary Care)
- Quality Principles on Information to patients and guidelines with regard to their practical implementation
- Positive examples of public private partnerships on information to patients and ethical guidance for prospective partnerships
- A document that identifies the key elements to be included in a comprehensive information to patients package that covers the whole spectrum of information needs and goes beyond prescription medicines per se. This was prepared by Susanna Palkonen on behalf of EPF.
- A document that outlines key broader ITP and health information issues that have emerged through debates within the forum that could be taken forward in the future – this includes health literacy, productive dialogue between patients and health professionals, the use of information communication technology and developing a sound evidence base and research on ITP. EPF also led on this work with the European Commission supported by a subgroup of the working group. This document will be revised following comments from the working group and briefer document outlining some of the key issues will be circulated to the wider group for approval. The document will then form an annex to the Conclusions of the Pharmaceutical Forum.

Our overall analysis is that the ITP part of the pharmaceutical forum has been successful:

- There are some key deliverables that will be extremely useful at both EU and national level for stakeholders and patient organisations themselves
- There is clear sign posting towards a comprehensive ITP strategy at EU level and how that could be taken forward – this is crucial from our perspective.
- There has been extensive dialogue with all players (Member States reps, industry, payers, patients' organisations, health professionals). This has led to greater understanding of the different perspectives. EPF has been successful in highlighting a strong patients' perspective in all elements of this work and will continue to push for sustained political momentum in this arena, notably through our Manifesto ' 150 million reasons to act'.

Developments of the Relative Effectiveness (RE) Working Group

The group held its last meeting in Brussels on 12 June. The purpose of the meeting was to finalise the discussions on the work packages and review and adopt the final WG report of the Pharmaceutical Forum and scope of the recommendations to the Forum.

With regard to the good practice principles for RE assessment (WP1) the main debate focussed more around the introduction than the principles themselves. The main points concerned the way concepts were formulated and the issue of clearly stating or not the non-binding character of the principles. The introduction was partly re-written and will be circulated again for final adoption.

The second topic addressed was the survey on RE assessments and availability of data in the Member States (MS) (WP2). A paper with draft findings and conclusions was presented by the representative from Austria in charge of the survey. The main conclusions formulated are:

- There is mainly efficacy data and too little effectiveness and relative effectiveness data available
- Amongst the approaches used by MS the most decisive is the cost-effectiveness one
- It might be scientifically relevant for MS to exchange information on relative effectiveness and economic evaluations

- In principle all MS reimbursement decisions are made with a two-steps approach: analysis of evidence (this is not even called RE assessment in many MS) and value judgement by a committee. A clear distinction on how these two components lead to a decision would be beneficial
- A clarification of the EU legal situation with respect to the issue of transfer of Market Authorisation data and information to the Reimbursement decision agency is necessary.

These draft conclusions are meant to be reviewed following the finalisation of the survey at the end of the month and the comments expressed at the meeting.

The last work package discussed was the one on the potential creation of a European network on RE (WP3). A questionnaire was sent out to different networks to gather information on existing or planned networks on relative effectiveness. The aim was to assess if any existing network could serve the network purposes identified by the WG. The outcomes of the survey were shared and the functioning of three existing networks discussed. The possibilities in this respect will be further explored based on a specific set of tasks to assign to the network. EPF has made a strong case for stakeholder involvement in any future networks.

Finally, the group looked at the overall final conclusions and recommendations to be addressed to the Forum; a few reformulations and additions are needed. The group will shortly review them together with the documents produced by the three sub-work groups and they will be sent to the Forum's Steering Group, which will meet on 3 July.

Should you wish to receive more information, please contact Nicola Bedlington who will represent EPF at the steering group on 3 July and will be outlining EPF's position on the Conclusions of each of the working groups. (The pricing and reimbursement working group meets on 1 and 2 July.) The last meeting of the high level ministerial pharmaceutical forum meeting will take place on 2 October at which EPF President Anders Olauson will make an intervention on our vision for the future on information to patients, pricing and reimbursement and relative effectiveness.

4. PATIENT SAFETY DEVELOPMENTS

EPF's Response to the Commission Consultation on Patient Safety

On 20 May, EPF submitted a Response to the Commission's open consultation on patient safety in the EU. The consultation was structured under the form of an on-line questionnaire, with a majority of close-ended questions and a few open-ended questions. Main topics were: the need for national political and budgetary support to establish a positive culture of patient safety at all levels, a list of key components of a patient safety strategy, the need for patient and public involvement in patient safety improvements, the need for training of health professionals in patient safety and reducing adverse events, the importance of setting up national reporting and learning systems and of having a common patient safety terminology system.

As a pan-European patient organization, EPF has responded rather to those questions that have a European policy dimension. We have highlighted the need for political and budgetary commitment to patient safety and for patients' organisations involvement from the very onset in patient safety efforts. Concerning the question about setting and monitoring performance against safety standards, we called for an independent body to take up this role and for consultation with stakeholders and meaningful involvement of patients' organisations. We also emphasised the need to involve patients in setting the research agenda on patient safety and strongly supported the idea of a EU database on patient safety to be used as a common resource to share good practice, prevention strategies, lessons learned, research results, etc. Finally, EPF urged for a partnership between all institutions involved in patient safety in a "no shame, no blame" culture and stated that the European Community has a crucial role to play in supporting MS in addressing patient safety concerns at national, regional and local level.

Future Commission plans on patient safety

Commission will prepare a proposal on patient safety with a Communication and Council Recommendation on Patient safety and the prevention and control of health care associated infections to be issued by November 2008 under the French presidency. Following the responses to the open consultation on patient safety in the EU, nine areas of action have been identified in the first instance:

1) budgetary commitment;
2) patient and public involvement;
3) local healthcare management engagement;
4) education and training of health professionals;
5) a common taxonomy and set of indicators;
6) reporting an learning mechanisms;
7) standards and external assessment:
8) more research;
9) more information and redress for patients.

An impact assessment paper was submitted to the Impact Assessment Board on 13 June proposing to strengthen the cooperation between Member States under a soft legislation, such as a Communication and Recommendation to the Council that will allow Member States sufficient freedom to organise the healthcare nationally. The decision of the impact assessment Board will be taken on 2 July. This will be followed by an inter-service consultation in September.

For further information, please visit the Commission's website or contact EPF Secretariat.

5. CONSULTATION ON COUNTERFEITING

EPF supported IAPO's response to the Commission's Consultation on Counterfeiting, the deadline of which was 9th May 2008. In our correspondence we highlighted:

"The issue of counterfeit medicines across the European Union and the ensuing risks and patient safety and equity implications for patients is a key concern for EPF, and in this regard, we were very pleased that Commission launched its consultation on a legal proposal to combat the counterfeiting of medicines for human use. EPF works closely with the International Alliance of Patients Organizations, IAPO, which has undertaken significant work at international level regarding the growing problem of counterfeit medicines, particularly through the International Medical Products Alliance for Patients Safety (IMPACT). We have commented on IAPO's response to the consultation and with this note, would like to confirm that EPF supports this response from an EU patients' perspective. Both our organisations have identified very clearly the role and contribution that patients themselves can potentially make with regard to vigilance towards potentially unsafe medicines and would highlight the need to involve patient organisations alongside other stakeholders regarding future strategies linked to the implementation of regulatory measures.

A legislative proposal on anti- counterfeiting measures will be presented in the framework of a so-called "Pharma" package, comprising Pharmacovigilance, Information to Patients and Counterfeiting expected to be presented by the Commission in the autumn – see link.

6. PATIENTS' RIGHTS IN CROSS BORDER HEALTHCARE

The former health services Directive will now be launched as an instrument within a Social Package focusing on access, opportunities and solidarity, entitled 'Patients Rights in Cross Border Health- Care'. It is due to be presented by the Commission on 2 July. A Communication on inequalities in healthcare and 'the General Well Being of EU Citizens' will also be included as part of this social package. European Commission Directorate General Employment and Social Affairs will provide the overall lead with other Directorates General leading on their specific dossiers.

The EPF secretariat will provide a briefing document to all its members on the Social Package and the instrument on 'patients rights in cross border healthcare' by mid July, in preparation for a formal response to the EU Institutions and health stakeholders regarding our views from the patients' perspective on these developments, which are also closely linked to our Patients' Manifesto.

7. COMMISSION CONSULTATION ON TELEMEDICINES

The European Commission announced at the e-health conference that there will be a formal consultation on a Telemedicines Communication in the autumn. As a precursor to this, EPF was invited to organise an informal meeting with the e-health user stakeholder group to have a preliminary exchange with the European Commission on patients' views on telemedicines and key issues to be included in the Communication from their perspective.

Please find attached the presentation made by the Commission at this meeting of 28 May that outlines the rationale and purpose of the forthcoming Communication. The report from the meeting is being finalised and will be available shortly from EPF and we will be following this dossier closely. Please, contact Nicola Bedlington if you would like a copy of this.

8. COMMISSION CONSULTATION ON MEDICAL DEVICES DIRECTIVE

The European Commission (EC) is considering a revision of the legal framework in Europe for Medical Devices in order to improve and strengthen this framework to meet the growing expectations of European citizens and has launched a public consultation.

EPF welcomes the European Commission initiative to launch a questionnaire regarding the second revision of the Medical Devices Directive. A draft response is now being finalised with the EPF membership. This consultation is an opportunity for EPF to underline the importance to work on the current legislation in order to ensure better quality treatment and patient safety. On the basis of the outcomes of this questionnaire, the EC plans to draft a new measure to cover the medical device sector, most likely in the course of 2009.

Contributors can submit their responses to the EC until the 2 July 2008.

For more information, please visit:
http://ec.europa.eu/enterprise/medical_devices/consult_recast_2008_en.htm

9. PGEU MEETING IN THE EUROPEAN PARLIAMENT ON IMPROVING ADHERENCE TO MEDICINES

Nicola Bedlington attended this meeting on behalf of EPF, where PGEU's new booklet on "Targeting Adherence: Improving Patient Outcomes in Europe though Community Pharmacists' Intervention" was launched.
http://www.pgeu.eu/Portals/6/documents/2008/Publications/08.05.13E%20Targeting%20adherence.pdf

The meeting, hosted by MEP Mojca Drčar Murko, debated how EU policy can contribute to improving adherence to medicines in Europe.
It was highlighted that the cost of non-adherence to medication is vast, in terms of wasted medicines, ineffective treatments, and death and injury. It has been estimated that there are 194,500 deaths a year in the EU due to missed-dose and non-adherence of prescribed medication. Non-adherence is estimated to cost the European Union 125 billion Euro annually.

MEP Drčar Murko said: "*Considering the several initiatives the Parliament will be examining in the near future with regards to pharmaceuticals, debating how to improve adherence to medicines in Europe is indeed very timely. It is important to bring into the discussions all relevant stakeholders, and pharmacists are certainly one of them".*

Tamás Bereczky, who contributed to the debate with a patients' perspective on behalf of European Aids Treatment Group, stated that "*When considering how to improve adherence to medication it is critical to understand that there is no one size fits all solution; this will depend on disease areas and country realities. But there are transnational areas that can be taken into account such as encouraging education of patients, health professionals and the society in general as well as involving and informing all stakeholders*".

Robert Horne, director of the Centre for Behavioural Medicine of the Pharmacy Schools of the London University, underlined that: "*the hidden problem of non-adherence is that patient's perceptual barriers (e.g. beliefs and preferences) as well as practical barriers (e.g. forgetting and complexity) are not sufficiently targeted. Informed adherence is not necessarily taking more medicines and it is not just about giving information to patients on medicines but rather exploring what the patient understands and believes about those medicines. Community pharmacists are an underutilised resource in this respect.*"

Ema Paulino, who contributed to the debate with a pharmacist's perspective, highlighted several on going initiatives at country level and provided a personal insight of daily pharmacy practice aimed at providing the best care for patients. She underlined that "*pharmacists have direct contact with patients, can systematically identify non-adherence and are trained in individual patient follow-up. Nonetheless, to achieve optimal patient outcomes, teamwork and communication are fundamental*".

PGEU Secretary General, Mr John Chave, stated: *"it is not difficult to conclude that action is needed. It is also clear that co-ordinated action between stakeholders is critical. PGEU is keen to further push the political agenda towards such co-ordinated action. The booklet published today is a good example of that and I hope it will be of use to policy makers and all relevant stakeholders"*.

For a full copy of the presentations given, please contact PGEU (Ivana Silva).

The issue of adherence will be one of the topics to be addressed by the joint board meeting between PGEU and EPF scheduled for September 2008.

10. THE INTERNATIONAL CLINICAL TRIALS DAY, 20 MAY, BRUSSELS

The International Clinical Trials Day was celebrated in Brussels by ECRIN (European Clinical Trials Network) on 20th May 2008. EPF was invited to make a presentation on patients' expectations of the research community and of society in general.

For more information on day and the presentations, please contact EPF Secretariat.

11. EFPIA PATIENT GROUP THINK TANK, 28 MAY, BRUSSELS

Nicola Bedlington represented EPF at the EFPIA Patient Group Think Tank on the 28th May, where presentations were given on the Commission's proposal for the pharmaceutical package to be published in October 2008 (pharmacovigilance, counterfeiting, information to patients), by Martin Terberger (European Commission, DG Enterprise) and Patient views on risk-sharing practices and conditional pricing of pharmaceuticals, by Hildrun Sundseth (ECPC) .

EPF also had the opportunity to update colleagues on the outcomes of the EPF Conference on Health Literacy and developments within the Pharmaceutical Forum.

12. NEW MANDATE FOR THE EUROPEAN HEALTH POLICY FORUM

Anders Olauson and Nicola Bedlington attended the recent meeting of the European Health Policy Forum. Key issues were the revised mandate of the Forum, EU policy developments in relation to health strategy, information to patients patients' safety and the patients rights framework on cross border healthcare, and a European Health Policy Forum response to the Commission's consultation on a new financial framework, which clearly made the case for prioritising health at EU level in the future financial framework.

For a copy of this latter document prepared by a working group of the Forum and endorsed by its members, please contact EPF and we will forward this to you.

Regarding the revised mandate, it is perhaps useful to recall the history. The European Health Policy Forum originated in 2001 with the aim of bringing together umbrella organisations in the health sector in order to ensure that the European Commission's health policy is transparent and responsive to public concerns. During the past years, it has served as an instrument for communication between the Commission and members and has provided useful feedback on EC policy proposals and implementing actions. In the context of the adoption of the new Health Strategy it was appropriate to review the functioning of the Forum and adjust the mandate, composition and working methods. The members of the Forum have discussed the mandate at several meetings and together with the Commission sought a model for functioning of the Forum that would lead to more efficient operation, better contribution to policy making and a more active role for members in the implementation of the Health Strategy.

The overarching goal of the EU Health Forum is to contribute to the development and implementation of actions to protect and improve the health of European citizens. In particular, the objectives of the Forum are:

In the context of implementation of the EU Health Strategy and the Commission's activities aimed at mapping of strategic priorities, the EU Health Policy Forum agreed to work in the period June-December 2008 towards the following objectives:

1. To identify strategic priorities on the basis of broad consultation with EUHPF members and their constituencies;
2. Specify topics for discussion with a broader Public Health community at the Open Forum conference on 10-11 December 2008 in Brussels based on the identified strategic priorities;
3. Finalise the EUHF mandate including the Work Plan 2009-2010;
4. Establish a working group that would further work on strategic priority themes.

EPF has indicated its interest to contribute to this working group. A further report on developments will be given in the September issue of the Mailing.

13. WEBER SHANDWICK ROUNDTABLE ON PATIENT SAFETY, 29 MAY 2008, BRUSSELS

Roxana Radulescu gave a presentation at the breakfast roundtable meeting on developing an EU action on patient safety organised by Weber Shandwick in Brussels, on 29 May. The meeting discussed the initial findings of the Commission's consultation on patient safety and the perspective of two key stakeholders - EPF and the Standing Committee of European Doctors (CPME). Three key areas were commonly identified: the need for EU to take a political leadership in promoting patient safety, the need for a coherent system of data collection and stakeholders' involvement. There was also consensus concerning the importance of patient and healthcare professionals' involvement in development of EU standards, patient safety indicators, external assessment, and research. Both EPF and CPME suggested a shift to a no blame culture, a culture of openness and of reporting of adverse events.

The European Commission mentioned the key issue of subsidiary, that the EU may well have a key role to play in patient safety, but that the primary responsibility for it continue to rest with the Member States. Participants included different sectors with an interest in patient safety and such as patient and health professionals' organisations, industry representatives, health attachés, etc.

For more information, please contact Roxana Radulescu.

14. GIRP ANNUAL CONFERENCE 2 JUNE, PRAGUE

Nicola Bedlington represented EPF at the Annual Conference of GIRP (Full line Pharmaceutical Wholesalers across Europe). She gave a presentation on access to quality medicines as a right, EU developments regarding Access to Medicines and EPF's interaction with the supply chain partners.

For more information on the meeting, please go to GIRP website.

15. COUNCIL OF EUROPE CONFERENCE – THE GROWING CHALLENGE OF MEDICAL LIABILITY, 2-3 JUNE 2008, STRASBOURG

Roxana Radulescu took part in a Round table on damage and compensation within a conference organised by the Council of Europe (CoE), Directorate general of human rights and legal affairs, about the growing challenge of medical liability.

The issue of Medical Liability in Europe is currently undergoing considerable transformation. The aim of the Conference was to gather information, share experiences and examine ways of improving standards of dealing with medical liability in CoE member states. Participants included representatives of legal and medical professions, health insurance bodies, international organisations, academic experts, scientists along with representatives of civil society.

Specific conference sessions looked at an overview of medical liability in CoE member states, legal approach to medical liability issues, existing remedies, the role and responsibility of the private and public sectors for financing medical liability claims.

The conference highlighted, among others, the need to take steps forward to strengthen trust between health professional and patients, which may include: implementing new patient safety policies with appropriate guidelines and good practices, enhancing training for those concerned in health care, establishing appropriate ethical rules for all relevant stakeholders.

EPF's key points were that patients have a fundamental and legitimate right to information about patient safety issues. A key role can be played by patients' organisations which, if adequately supported and resourced, can be extremely helpful in developing training programmes and outreaching patients about key issues related to their safety.

On the basis of the discussions at the Conference, the Council of Europe intends to draw up standards for all its 47 member states, focusing on alternative dispute resolution (including mediation and conciliation), and provide guidelines covering risk management, compensation and reparations to victims and the establishment of effective mechanisms to ensure that there is adequate financing available to respond to patient complaints.

For further information:
http://www.coe.int/t/e/legal_affairs/legal_co-peration/steering_committees/cdcj/CJ_S_MED/Default.asp

16. EP EVENT HOSTED BY JOLANTA DIČKUTĖ, ON "LEGISLATION ON PAEDIATRIC CLINICAL TRIALS: ONE YEAR AFTER IMPLEMENTATION", 4 JUNE, BRUSSELS

On June 4th, MEP Jolanta Dičkutė held a lunch debate on paediatric clinical trials in Europe and the one year follow-up after the implementation of the new Regulation aiming at improving the availability of well researched medicines to treat children.

Although the European Medicines Agency and its Paediatric Committee have done good work during the first year of implementation, it appears that this is only the start: human as well as financial resources have to be made available to achieve the goals fixed by the Regulation. A clear need for more cooperation between relevant stakeholders was also highlighted so that patients and their parents could participate more actively and benefit directly from the new opportunities.

Mrs Jolanta Dičkutė committed herself to call on her Grouping and colleagues to draw up a Resolution to ensure that adequate financial support for a sustainable European Paediatric system is made available to ensure a long term success of the Regulation and enable the intended societal benefits for the health of children and adolescent patients.

For more information, please contact Elisabeth Kasilingam.

17. CONFERENCE "READY FOR THE FUTURE – DEFINING EUROPEAN HEALTHCARE THROUGH INNOVATION AND QUALITY", 5-6 JUNE, KRANJSKA GORA, SLOVENIA

The conference was organised under the patronage of the Ministry of Health of the Republic of Slovenia and the European Society for Quality in Health Care. It brought together representatives of health professionals and patients associations, WHO, EC, hospital managers, health insurance funds, policy makers from Slovenia and other EU countries to brainstorm creatively over a vision of a quality healthcare across EU in the next ten years. Roxana Radulescu represented EPF at this meeting.

The plenary session presentations looked at examples of education in quality of healthcare for healthcare professionals in Norway, trends and troubles in healthcare innovation in Netherlands, the Slovene quality of care policy framework, a patient's family testimony about learning from the patient experience and embedding patient involvement in quality improvement initiatives. The World Health Organisation recent document *Guidance on developing quality and safety strategies with a health system approach* - that EPF has also reviewed – was introduced.

Specific topics tackled in the workshops were: (1) education in the field of quality in healthcare, (2) organisational frameworks for quality in healthcare and (3) healthcare standards, particularly the use of external evaluation. Some key recommendations came up:

- Empowered patients (with skills) should be included in policy decision-making at all levels and in the evaluation of the healthcare.
- Education should not be in silos: patients should be involved as experts in teaching about patients' experiences in medical schools
- A no blame culture should be promoted, not only in reporting systems, but in the whole health care management culture.

The final conclusions and recommendations are available at EPF Secretariat. Please contact Roxana Radulescu for further information.

18. EUROPEAN PARLIAMENT INTEREST GROUP ON CARERS, 12 JUNE, BRUSSELS

The meeting, which also marked the first anniversary of the Interest Group, addressed mental health and carers, in advance of the Commission High Level conference on mental health taking place the next day.

Several issues were drawn to participants' attention regarding the EU and its institutions' competence to deal with the need of support for carers. The French Health attaché, from the Permanent representation of France to the EU, informed that the French Presidency will focus specifically on Alzheimer diseases and other diseases due to ageing population, mental health issues, etc. and that long term care approach will be developed. He also highlighted a need for social partners to make proposals and develop tools that could be used by competent national authorities.

During the discussion, the need for patients to be heard and involved in the policy process was highlighted. Patients are individuals with specific needs and should not be categorised into their diagnosis.

For further information, please contact Elisabeth Kasilingam.

19. PATIENT SAFETY WORKING GROUP MEETING, 17 JUNE 2008

The Patient Safety Working Group (PSWG), which was set up by the European Commission to advise the High Level Group on Health Services and Medical Care met in Brussels on 17 of March to discuss the Commission's recent consultation on patient safety, the latest development of the EUNetPas project, the plans for the medical devices directive and Commission's early thoughts on the content of the forthcoming Patient Safety legislative proposal.

The Commission's official responsible for patient safety, Katja Neubauer, presented the preliminary results of the consultation: 185 responses were received, out of which 60 responses came from NGOs, including patients and health professionals' organisations. Very few citizens and individual patients responded. Respondents considered that the main adverse events to be prioritised should be: medication-related events, health-care associated infections and communication problems. An overwhelming majority showed support for an EU strategy on patient safety (172), while 162 responses highlighted the need for national patient safety strategies. Political leadership and financial support were ranked among the most important components of a patient safety strategy. A clear support was also shown for patient and public involvement in efforts to improve patient safety across EU. Respondents also emphasised the need for a system of minimum patient safety standards for health care organisations and for a common system of external assessment.

A few replies to the consultation were sent offline. For example, while welcoming the opportunity for an exchange of information on patient safety issues (EUNetpas project is an example) Germany, noted in its response that that information on the healthcare systems and its safety is primarily the task of the individual MS and that compensation procedures are the responsibility of the individual Member States. Moreover, Germany disapproves the detailed standards and guidelines on patient safety at EU level,

arguing that this is contradictory with the organisational responsibility of MS and in particular with the decentralised organisation of healthcare in Germany. France was in favour of a European strategy for patient safety only if it relates to supporting a joint work between national authorities, as specified in the Treaty. While acknowledging the need for patient safety standards at national level, the idea of having a set of common standards at EU level was rejected. Similarly, the system of reporting and learning was considered to be under national competence.

A full report will be available on the Commission's website by the end of July:
http://ec.europa.eu/health/ph_overview/patient_safety/consultation_en.htm

20. EPF BOARD MEETING, 6 - 7 JUNE 2008

The new EPF board met in Gent for two days in early June. Part of the meeting was devoted to a Retreat, exploring, in the context of EPF's Strategic Plan, progress made to date regarding key goals and objectives, and where the potential barriers to advancement lie. The Retreat was also an opportunity to look at future challenges for EPF in the light of the external political environment and in particular DG SANCO's (health) own document on future challenges.

In the business session, the board undertook some important planning linked to key milestones to the end of 2008, and beyond, including cooperation with CPME (European Standing Committee of Doctors) with which a joint project will be developed, PGEU (European Community Pharmacists) - a joint PGEU-EPF board meeting will take place in September - and EFN (European Federation of Nurses) where both organisations are cooperating on opportunities through the structural funds for continuous professional development involving nurses' and patients' organisations.

A funders' meeting will take place in September that will convene all EPF's sustainable funding partners.
In addition to the policy issues addressed elsewhere in this Mailing, the board also looked at EPF's strategic role in taking forward the recommendations of the EPF Conference on Health Literacy, and our input in events organised in the framework of the French Presidency.

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21. EPF MANIFESTO

The EPF Board Meeting also agreed the final version of the EPF Manifesto – "150 million reasons to act" in the light of the forthcoming European Parliamentary elections and the new Commission.
The Manifesto will be launched at a meeting in the European Parliament hosted by Dagmar Roth Behrandt, MEP, in September (third week – the date will be confirmed as soon as possible) where representatives of different EP groupings and the Commission will be invited to comment on the key proposals within the Manifesto.

EPF will also be distributing a "150 million reasons to act" Manifesto Campaign Guide to encourage and support them to use the Manifesto in their own political work at national level with their MEPs and national counterparts.
This is an exciting new venture for EPF, and enthusiastically received by the member organisations. We look forward to working with all patient group allies in advancing our Manifesto goals.
For more information, please contact Nicola Bedlington.

22. VALUE + PROJECT WORK IN PROGRESS

Throughout the month of May the project partners have focussed their work on the research of EU health-related funded projects for the period 1998-2008. The search was done through the lens of patients' involvement and approximately 150 projects were identified. Several of them clearly show that patients are involved to some degree, for others we will need to investigate further.

We are currently making an analysis of the results of this search and are going to discuss the findings at the second meeting of the project Steering Group taking place in Brussels on 25-26 June. These data are the basis for our discussions and decisions on the next steps that involve completing and refining the information collected and focussing the next part of the investigation on the type and level of patient involvement.

The outcomes of the meeting will be outlined in the next issue of the mailing.

Should you wish to receive more information meanwhile, please contact our Programme Officer, Liuska Sanna.

23. CALLIOPE PROJECT – KICK-OFF MEETING

Although a preliminary meeting between partners took place in February, the CALLIOPE project officially started on 1st of June and the kick-off meeting was held in Brussels on 13 June.
The first part of the meeting was allocated to discussions on administrative issues. The project aims at creating a European coordination network for eHealth interoperability implementation. EPF's role is ensuring that patients' perspective is fully integrated. The draft internal Memorandum of Understanding and contracts were revised and the administration and financial management procedures agreed.

The group concentrated then on the detailed activities of the first three work areas, which are priority in terms of timeframe and deliverables. The first of these relates to the Governance of the network. The network counts now 28 members amongst Member States, institutions and various stakeholders' organizations, but the intention is to expand. It is therefore important to set up a governance structure and mechanisms that ensure a transparent and efficient functioning of the network. The initial thinking done in the group will be further developed by the working group in charge of the governance aspects.
The next area of work discussed was Communication and Dissemination. Various aspects of the communication policy and strategy were debated. Additionally, the group agreed on some communication tools to be developed in the first stage in order to inform the public about the project: priority will be given to the project website and a leaflet.

Linked to communication but different is the area on Knowledge Tools where the project is expected to deliver a database of experts and a database of documents/resources, both in the field of interoperability. Issues like profile of experts and process for the development of CALLIOPE's documents and collection of external resources were debated. Again, all this will be elaborated further by the specific working group.
The next meeting will take place in Crete in October 8.
Liuska Sanna is the contact person should you wish to receive more information.

24. RESPECT PROJECT - RELATING EXPECTATIONS AND NEEDS TO THE PARTICIPATION AND EMPOWERMENT OF CHILDREN IN CLINICAL TRIALS

EPF is one of the partners of the RESPECT project that officially started on 1st of June and had its kick-off meeting on the 13th of the same month.

RESPECT is funded by the Seventh Framework Programme under the theme '*Identifying patients' needs in the clinical trials context'.*

Concept and objectives

The project has two aims: firstly, to identify the needs of children and their families as related to outcomes in clinical trials. This will include the needs of children who have participated or who might participate in clinical trials for new drugs in Europe. Secondly, to identify methods by which these needs can be translated into empowering and motivating participants in future clinical trials research.

These aims will be realised through three objectives. Firstly, to construct a common basis for understanding the needs and expectations of children in research; secondly, to collect and harmonise different approaches and different practices in various fields of medicine and research based on best practices and aims for the research community in addressing children in research; thirdly, to disseminate these outcomes and widen the debate in order to encourage a better informed and more harmonious European patient and research.

Work description

The overall strategy of the work-plan is based on three sequential parts divided into a series of work-packages:

1. Project management
2. Knowledge base
3. Benchmarking
4. Establishing needs
5. Harmonisation workshop
6. Dissemination

The first part of the project will establish a platform for cooperation. This will be done through sharing the current level of knowledge and experience with the different representatives within the project (children and their families who participate in clinical trials, clinicians, regulators, and researchers). This will establish the current level of knowledge on children's needs in clinical trials.

Following the knowledge sharing workshop the second part of the project will firstly, build a knowledge base of benchmarking activities using case study descriptions of experiences from clinical trials. This will include a needs-satisfaction assessment; i.e. have needs been fulfilled and what characteristics are there of situations where needs have not been satisfied. Secondly, describe the anticipation of potential participants, describing what the anticipated needs are of children who do not currently participate but might consider participation in the future. At the end of part 2 a harmonization workshop will take place where the benchmarks, expectations and needs are synergised. An agreement and a report on the outcomes of this workshop will be the basis for part 3 – implementation.

In the third part of the project, a series of seminars will establish a 'common knowledge' with a wider audience. These will be conducted in each participating partners' country and on a European basis. The

seminars and the wider distribution of the results through different media (including the projects own web site) will seek to ensure European implementation to the fullest.

Partners of the project

University Göteborg (Sweden); University Hospital of Hamburg - Eppendorf (Germany); European Patients' Forum (Belgium); University Children's Hospital Ljubljana and the Foundation of Child Neurology (Slovenia); Good Clinical Practice Alliance – Europe (Belgium); Università degli Studi di Padova (Italy) and Consorzio valutazione Biologiche e Farmacologiche (Italy).

Kick-off meeting

The meeting's objectives were to agree the structure and format of the project as outlined in the document of work (DoW) and to agree on the date and content of the second meeting and first workshop.
The project partners went through the DoW and discussed a few issues related to access to patients, methodologies for information collection, ethical issues and ensuring coverage of a variety of diseases.
The second meeting and workshops on methodology and baseline knowledge will take place in Hambourg towards the end of October. Partners will discuss on tools and methods for collecting data on children's experience of clinical trials.

For more information, please contact Liuska Sanna.

25. EUNETPAS PROJECT – PROGRESS ON WP2 – EDUCATION AND TRAINING IN PATIENT SAFETY

The partners involved in Work Package 2 (Education and Training for Patient Safety) met in Athens on 15 and 16 May to discuss around a data collection approach to existing practices in patient safety education interventions. Roxana Radulescu attended this meeting on behalf of EPF.

As descibed in previous EPF Mailings, the EUNetPas project (European Union for Patient Safety) is a platform of cooperation between Member States authorities, international organisations (OECD, WHO) and stakeholders in the field of patient safety. It aims to bring added value by providing mutual support and exchange of ideas and materials among MS in order to accelerate progress in patient safety.

The objectives of WP2 are to share experiences and knowledge on methods of planning and implementing patient safety education interventions. WP2 partners discussed about the methodological tools to collect and organise the information and shared with each other several examples of patient safety education materials, such as: the Danish patient safety education tools and methods, the Spanish online course for risk management and patient safety improvement, the German proposal on levels of expertise and modules, the UK proposal's framework for patient safety curriculum, the European Federation of Nurses' call for patient safety content in nursing curriculum and others. EPF will also identify examples of education materials developed or implemented by patients' organisations.
The group will work on a short guidelines document which will lay down recommendations for education in patient safety that will be presented in autumn to the extended project partners group. The intention is to have a practical document, which will provide useful guidance, criteria and information on education and training programmes in patient safety that can be used and applied by all EU MS.
The meeting in Athens provided also an opportunity to network with local stakeholders interested in establishing a Greek platform of patient safety.
Roxana Radulescu made a presentation about EPF's way of working, core values and principles and main policy areas. For further information about the meeting and the project, please contact her.

26. WEBSITE IMPROVEMENTS, INTERNAL MAILING

We have reached a second stage of EPF website development. From now on we will work on home page improvements, easier navigation, better structure, friendly interface and of course higher accessibility and compatibility standards.

Also following positive feedback and numerous requests, EPF has decided to make its mailing available on the EPF website. All the issues will be available soon together with the automated online mailing subscription.

For more information, please contact Zilvinas Gavenas.

27. CURRENT AND FORTHCOMING CALLS FOR PROPOSALS

Innovative Medicines Initiative – call for proposals and info day

The IMI initiative and the first call for proposals were launched in Brussels on 30 April.

The Innovative Medicines Initiative Joint Undertaking (IMI JU) is a public-private partnership between the European Community represented by the European Commission and the pharmaceutical industry, represented by the European Federation of Pharmaceutical Industries and Associations (EFPIA). The European Union and the pharmaceutical industry have joined forces in order to boost investment in European bio-pharmaceutical Research & Development and to overcome bottlenecks in the development of innovative medicines.

The improvements to the drug development process will benefit patients and society, as better medicines will reach patients faster. The research will focus on finding better methods for predicting the safety and efficacy of new medicines in disease areas that affect millions of European citizens, such as brain disorders, inflammatory, metabolic and infectious diseases, and cancer.

IMI's total budget amounts to € 2 billion. €1 billion will be invested from the European Commission's Seventh Framework Programme (FP7), to be matched by contributions from EFPIA and its member companies. The Commission's contribution will fund public organisations and support Small and Medium-sized Enterprises (SMEs). Public money will therefore go exclusively to participating organisations such as clinicians, patient organisations, academics and SMEs. Pharmaceutical companies will fully fund their own participation and provide resources such as personnel, laboratories, materials and clinical research.

Funding will be distributed to research consortia which will include biopharmaceutical industries, SMEs and public organisations following open calls for proposals and a peer review process. IMI Calls for Proposals are conducted through a 2-stage process:

The first stage of the call process is addressing 'Applicant Consortia' to submit an expression of interest in response to a call. Submission of an expression of interest is the first step in the Call/evaluation procedure and does not imply any funding commitment from IMI. In the second stage, following the first stage peer review, the 'Applicant Consortium' of the best expression of interest, and the 'EFPIA consortium' that already are associated to the topic, will be invited to form a full 'Project Consortium' and submit a full project proposal.

The full project proposals will be evaluated based on consistency with the original expression of interest, on scientific excellence, the quality of the implementation plan and the potential impact. Ethical issues will be considered at this stage.

The deadline for expressions of interest is the 15 July 2008 at 17:00:00 (Brussels local time)

For more information on IMI please look at http://imi.europa.eu/index_en.html
For details on the call go to http://imi.europa.eu/calls_en.html

Should you wish to contact us about this, please write to Liuska Sanna.

ICT based solutions for Prevention and Management of Chronic Conditions of Elderly People – Call for proposal

Within the Seventh Framework Programme (FP7) in the area of Information and Communication Technologies there is the following Call: ICT based solutions for Prevention and Management of Chronic Conditions of Elderly People

- Call identifier: AAL-2008-1
- Closure date: 21 August 2008, at 17:00:00, (Brussels local time)
- Proposal selection: November 2008
- Indicative total funding: 57.7 M€

The Objective of the Call is to launch European collaborative projects providing innovative ICT based solutions for elderly persons with identified risk factors and/or chronic conditions**.** The Call promotes the creation of new solutions with a holistic approach to prevention, management, support services and the social and socio-economic environment related to chronic conditions. The AAL Joint Programme calls for proposals with a clear European dimension, with high relevance and with maximal impact on progress in the fields described in the topic definition.

Indicative guidelines for AAL collaborative project characteristics:

- Time-to-market perspective of 2 to 3 years after the project end
- Duration of the project: 12 – 36 months
- Project total budget: 1 - 7 M€
- Maximum funding from the AAL Joint Programme: 3 M€ per project

Eligibility criteria – collaborative projects:

- Timely submission as specified in this specific Call for Proposals

- Submission of a complete proposal through the AAL electronic submission system (to be
- established on www.aal-europe.eu/AAL-2008-1)
- English as the language for the proposal
- Consortium composition of at least 3 independent organizations (legal entities) from at least 3 different AAL Partner States participating in this specific Call for Proposals3
- Consortium including at least one market oriented business partner
- Consortium including at least one SME partner (this can be the market oriented business
- partner)
- Consortium including at least one end user partner organization
- Compliance of the consortium members to the specific national eligibility rules found at www.aal-europe.eu/AAL-2008-1

More information can be found by following this link: http://www.aal-europe.eu/aal-2008-1

If you wish to have more information, please contact Liuska Sanna.

FP7 consultation meeting for future calls on ICT for Inclusion

In the context of preparing for the ICT work programme 2009/10, the European Commission ICT for Inclusion Unit organized a two-day consultation meeting to identify potential topics for future research initiatives in ICT for Inclusion.

The two days were dedicated to the following topics:
- Augmenting human capabilities through brain/neural computing interaction (BCI)
- The virtual user simulation and validation
- Systemic solutions for Ageing Well introducing the integration of service robotics.

The invited experts included researchers in computer science, assistive technologies and other technical fields, as well as industry representatives and organisations representing end-users. EPF attended the first day.

Based on the discussions, the experts reached a number of conclusions and recommendations that can be found in the meeting's report at:
http://ec.europa.eu/information_society/newsroom/cf/itemdetail.cfm?item_id=4023

There is the possibility to provide further feedback and contributions; the ICT for Inclusion Unit welcomes proposals of a specific topic and its research challenges to be discussed in the context of the ICT2008 conference in Lyon: http://ec.europa.eu/information_society/events/ict/2008/networking/call/apply/

Please, contact Liuska Sanna for more information.

WHO World Alliance for Patient Safety – Small research grants

The World Health Alliance for Patient Safety has launched a call for proposal to identify, develop and/or test local interventions for improving patient safety as well as studies on the cost-effectiveness of risk-reducing strategies. The aim is to stimulate research on patient safety worldwide, contribute to building local research capacities and help raise awareness about patient safety issues.
Funding will be available to support up to 30 projects to begin in 2009. Grants of between 10 000 USD and 25 000 USD will be awarded. Research in all methodological and clinical disciplines that address patient safety is encouraged and the proposed studies may be conducted in any health-care settings.
The deadline for submission is 30 September 2008. For further information and to download the application form, please visit http://www.who.int/patientsafety/research/grants/en/
For further information, please contact Ms Nittita Prasopa-Plaizier pssmallgrants@who.int

28. DIARY

Wed, Jun 25	High Level Advisory Board on FP7 Place: Brussels Attendance: Anders Olauson
Wed, Jun 25 -- Thu, Jun 26	Value+ steering group Place: Brussels Attendance: Liuska Sanna, Nicola Bedlington
Tue, Jul 15 -- Wed, Jul 16	EU Health Systems Working Group Place: Luxembourg Attendance: Nicola Bedlington
Tue, Jul 15	IDF Europe event in the European Parliament "Living with Diabetes in Europe - How to improve quality of life" Place: Brussels Attendance: Roxana Radulescu
Mon, Sep 1 -- Tue, Sep 2	World Pharmacists Congress Place: Basel Attendance: Nicola Bedlington
Wed, Sep 10	Congress held by the French EU Presidency on "Health challenges for Europe" Place: Paris Attendance: Nicola Bedlington

Fri, Sep 12	Patient safety Working Group meeting Place: Brussels Attendance: Roxana Radulescu
Sat, Sep 13 -- Sun, Sep 14	EU Presidency Conference on patients rights and quality of care Place: Paris Attendance: Anders Olauson (speaker)
Mon, Sep 15	EPF meeting with funders Place: Brussels
Mon, Sep 15	EPF Board meeting Place: Brussels Attendance: EPF Board
Tue, Sep 16	EPF and PGUE joint board meeting Place: Brussels Attendance: EPF Board
Mon, Sep 22 -- Tue, Sep 23	EUNetPaS project partners meeting Place: Paris Attendance: Roxana Radulescu

Wed, Oct 1 -- Fri, Oct 3	European Health Policy Forum Place: Bad Gastein Attendance: Mike O'Donovan and Roxana Radulescu
Thu, Oct 2	High Level Pharmaceutical Forum Place: Brusssels Attendance: Anders Olauson and Nicola Bedlington
Fri, Oct 3	High Level Pharmaceutical Forum Place: Brussels Attendance: Anders Olauson, Nicola Bedlington
Wed, Oct 8	CALLIOPE project meeting Place: Creta Attendance: Liuska Sanna
Mon, Oct 27 -- Tue, Oct 28	RESPECT project meeting Place: Hamburg Attendance: Liuska Sanna
Tue, Oct 28 -- Wed, Oct 29	Future Challenges Conference Place: Brussels Attendance: Anders Olauson, Nicola Bedlington