Contents

Point of view

The Eurocrisis, a changed framework for the Healthcare and Lab Med sectors
by Dr. Bernard Gouget

EFLM Congresses/Courses

2nd EFLM-UEMS European Joint Congress - Dubrovnik 10-13 October 2012
12th EFCC Continuous Postgraduate Course in Clinical Chemistry - Dubrovnik 10-11 November 2012
2nd EFLM-BD European Conference on the Preanalytical Phase - Zagreb 01-02 March 2013
EUROMEDLAB - Milan 19-23 May 2013

Membership News

Royal Belgian Society of Clinical Chemistry (RBSCC)
Latvian Society of Laboratory Specialists
Swedish Association of Clinical Chemistry
Association of Clinical Biochemists in Ireland - ACBI
Finnish Society of Clinical Chemistry
Association for Clinical Biochemistry (UK): Notes on the Council Meetings from March and July 2012
Focus YORK 2013

News from the EFLM Committees

To Presidents and National Representatives of EFLM National Societies Members

News from EFLM Working Groups

EFLM Working Group on Guidelines (WG-Guidelines)

International Organizations

WHO Regional Committee for Europe
Serge Bernasconi appointed new Chief Executive for EDMA and Eucomed
In almost all European countries the 2008/2009 economic and financial crisis has been characterized by a strong increase of government deficit and public debt. The reduction in wages and the increase of unemployment lowered the resources produced by taxes and social insurance contributions. The ageing demographic and economic crisis and subsequent fiscal austerity policies have created concerns that public health and health systems will be adversely affected with a double impact on health systems as an increased demand on health services coinciding painfully with cuts made to government health budgets. Poverty, more people vulnerably housed, an increase of alcohol and tobacco consumption; all have led to poor health with increased incidence of suicide and mental ill health. Within the Eurozone, national inability to form independent monetary policy also limits policy options for combating the crisis. For Greece, Portugal and Ireland, the EU troïka (European Commission (EC), Int Monetary Fund (IMF) and European Central Bank (ECB) have actually mandated public sector reforms, including reforms to the health sector, as conditionality for the receipt of funds, removing national policy autonomy in some areas of public policy.

John Dally, EU's health commissioner underlined that difficult times can indeed provide an incentive to think creatively and push forward in-depth reforms and contain costs, while building modern, responsive and sustainable systems fit for the future. What Europe needs now is to deliver more and better healthcare within sustainable health budgets and continue to protect and promote equitable access to care and the quality of care provided. More recently, WHO has also addressed the challenge of sustaining equity, solidarity and health gain in the context of financial crisis, highlighting the diversity of health policy pursued by EU Member States in responses to budgetary pressures.

The health sector makes up a massive 10% EU GDP and health services together with associated organizations are amongst Europe's largest employers. The pharmaceutical industry in particular is one of Europe's most successful employers and exporters. The industry is under increasing pressure, as governments seek to drive down the price of medicines, and in some cases leave the bills unpaid. The European governments took a number of measures to sustain their countries' economies, but to date there is no systematic cross-country analysis of health policy responses to the crisis. With the return to the principles of the excessive deficit procedure, meaning a deficit-to-GDP ratio of 3% and a debt-to-GDP ratio of 60%, eurozone governments are anxious to reduce public spending, or at least minimize its growth. Except for Germany, where the debate is the distribution of the surplus in social security accounts and one or two countries such as Sweden and Poland, the crisis making itself felt, sometimes violently, is all the more striking because it follows years of healthcare spending growth exceeding the growth of the gross domestic product (GDP).
Accordingly, Austria has reduced spending by 1.7 billion between 2010 and 2013, or a reduction in GDP of 0.6%, Denmark limits annual growth to 0.3% and Spain has made 15 billion in cost reductions between 2010 and 2011. In Latvia, the healthcare budget decreased by 25% between 2008 and 2010. Healthcare now represents only 3.6% of the Romanian GDP, while in France it is 11.6%. Hungarian public health expenses have gone from 4 to 1.2 billion with cuts of 40% in pharmaceutical expenses. In British hospitals, fees are frozen. The “Salva Italia” emergency package adopted in 2011 included hospital closings, the introduction of patient financial participation during hospitalization and regulation of access to regional hospital centers, and there has been a 40% decrease in hospital budgets in Greece. Several countries have reduced growth levels or frozen wages. In Portugal, healthcare professionals have seen wage reductions of 20 to 25%, while these reductions are 20-40% in Latvia and 10% in Lithuania. One new element for the EU is the direct influence of international institutions on certain healthcare systems with the implementation of bailout packages, like in Ireland and Greece in 2010 and Portugal in 2011.

The picture is very diverse. It is difficult in certain cases to distinguish changes due to the crisis from those contemplated as part of reforms that are planned or underway. Some have been accelerated while others have stopped. In many countries, the crisis has accelerated restructuring in the hospital sector: closings, mergers, centralization, transfer to outpatient care and strengthening of coordination. Policies have been introduced or strengthened to reduce the price of medical goods or improve fair drug prescription.

However, it is not only healthy Europeans who are key to an eventual emergence from the crisis, but also a well-shaped health sector and industry, among others. The challenge also takes the form of a knock-on effect and this crisis is an opportunity for a successful reorganization of laboratory medicine. The IVD market revenue of 10.5 billion represents only 0.8 % of the total healthcare expenditure. Laboratory medicine must undergo a revolution even if this is sometimes a forced march, as in France with the requirement to be accredited for 100% of examinations within 4 years. Major variations observed in terms of costs and results, within and among countries, suggest possible gains in efficiency. This means doing better with less, making better use of resources to cope with statutory rate reductions, shaping instead of administrating; rethinking the organizations and structures. This is a sector that has great potential for growth in activity, considering its scope of involvement in the healthcare chain. The establishment of laboratory networks combining proximity and consolidation of technical platforms reflects one form of industrialization. It requires major investments, with, as a corollary, reduction in production costs for analyses. To insure their sustainability, these consolidations must accrue over time, with an innovative and coherent medical plan taking into account the service rendered to patients and guaranteeing the complete independence of the decisions of medical biologists. This also means that young people must foster excellence and seize the opportunities for new careers: versatility, quality, molecular biology, research and development, and management as well. Even in a difficult context, they can be trusted to be creative, strengthen the visibility of their profession and promote laboratory medicine as a key function in society.

It’s a daunting but exciting challenge for us!
The 2nd EFLM-UEMS European Joint Congress will take place from 10 to 13 October in Dubrovnik, Croatia.

Renowned scientists, clinicians and experts in laboratory medicine will be presenting their lectures on topics such as accreditation, pre- and post-analytical phase quality, stroke biomarkers, thrombophilia screening, kidney biomarkers, the use of POCT in diabetes mellitus and many more. Visit www.dubrovnik2012.com/program/ for final Scientific program.

This event has been granted 15 European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME). So, earn your credits and join us soon in Dubrovnik!

Feel free to reach us at info@dubrovnik2012.com in case you have some questions or require additional information.

Ana-Maria Simundic
Welcome

Dear Colleagues,

On behalf of the Organizers it is our pleasure to invite you to the 12th EFCC Continuous Postgraduate Course in Clinical Chemistry: New Trends in Classification, Diagnosis and Management of Gastrointestinal Diseases, in Dubrovnik, 10-11 November, 2012. The course will offer an attractive scientific program designed to deliver a highly interactive and stimulating atmosphere. You will be able to participate in vivid discussions and exchange ideas with well known experts in the field. We hope that participants will enjoy this opportunity to acquire new knowledge and experience, while also making new friends and taste the beauties of Dubrovnik-city which beauty goes beyond words. We look forward to offering you a truly pleasant and unforgettable stay in Dubrovnik!

Feel free to reach us at info@dubrovnik2012.com in case you have some questions or require additional information.
Register now for the 2nd EFLM-BD European Conference on the Preanalytical Phase, March 01-02 2013 in Zagreb, Croatia. Focusing on the management of the quality of preanalytical laboratory practices, the conference comprises a plenary session with interactive discussions and e-voting sessions to enable the exchange of ideas and knowledge related to some of the most common issues and everyday problems in the preanalytical phase. Scientific posters and case studies will be on permanent display and a poster session will be organised during the lunch break on day one.

Scientific Committee
Chair: Ana-Maria Simundic, Croatia
Members:
Michael Cornes, UK
Kjell Grankvist, Sweden
Giuseppe Lippi, Italy
Mads Nybo, Denmark
Svetlana Kovalevskaya, Russia
Ludek Sprongl, Czech Republic
Zorica Sumarac, Serbia
Stephen Church, UK

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For any questions and concerns, please contact us at:
info@preanalytical-phase.com

Organizers
European Federation of Clinical Chemistry and Laboratory Medicine www.efcclm.org
in collaboration with: BD Diagnostics, Preanalytical Systems
www.bd.com

For more info, please visit http://www.preanalytical-phase.org/
On behalf of the Italian Society of Clinical Biochemistry and Clinical Molecular Biology (SIBioC) and of the Congress Organizing Committee, it is a great pleasure to invite you to attend the 20th IFCC-EFCC European Congress of Clinical Chemistry and Laboratory Medicine (EuroMedLab) that will be held in Milano, Italy, on 19-23 May 2013, in the pavilions of the futuristic Milano Convention Centre - MiCo. The Congress will take place together with the 45th Congress of the Italian Society of Clinical Biochemistry and Clinical Molecular Biology (SIBioC).

A total of seventy-two scientific sessions involving approximately 200 outstanding international speakers are planned for this prestigious event, which represents the most important European meeting in the field. The Scientific Programme Committee, in cooperation with the International Scientific Advisory Board, took great care to prepare a high-quality and varied congress programme, which incorporates the latest developments and ideas in the field of Laboratory Medicine to be presented in the form of Plenary Lectures, Symposia, and Educational Workshops. In addition, seven pre- and post-congress Satellite Meetings will be organised in different beautiful venues, located in Italy and in the surrounding Countries. A large exhibition of diagnostic products will also be hosted at the congress location.

Young scientists are especially encouraged to attend the congress and present their research findings. Bursary programmes for them are planned and related details could be found in specific pages of this programme. In addition, several poster awards will be available to further support the presence of young investigators.

For further information, visit the congress website www.milan2013.org.

I look forward to welcoming you to Milano in May 2013.

With warmest regards,

Mauro Panteghini
**Membership News**

**Royal Belgian Society of Clinical Chemistry (RBSCC)**

**Installation of The new Executive Board 2012**

President: Michel Langlois (AZ St-Jan Bruges)
Vice-President: Pierre Wallemacq (UCL St-Luc, Brussels)
Secretary: Joris Penders (ZOL Genk)
Treasurer: Hugo Neels (ZNA Antwerp)
FCC Representative: Jean-Paul Chapelle (CHU Liège)

**The Full Board members are:**

Vic Blaton (EFLM past-president), Xavier Bossuyt (KU Leuven), Etienne Cavalier (CHU Liège), Jean-Paul Chapelle (CHU Liège), Joris Delanghe (Ghent University), Vincent Haufroid (UCL Brussels), Michel Langlois (AZ St-Jan Bruges), Caroline Le Goff (CHU Liège), Hugo Neels (ZNA Antwerp), Herman Nuytten (Lab Nuytinck), Joris Penders (ZOL Genk), Marianne Philippe (UCL Brussels), Simon Scharpé (University of Antwerp), Flor Vanstapel (KU Leuven), Pieter Vermeersch (KU Leuven), Pierre Wallemacq (UCL Brussels), Fleur Wolff (ULB Brussels)

**Representatives and Delegates in different National and International Committees**

The following functions are managed by board members:

As representative of the Belgian Young scientist active in the IFCC Task Force for Young Scientists (via D. Gruson): Caroline Legoff
IFCC Task Force on Chronic Kidney disease (Integrated project): Joris Delanghe
EFLM WG on Creatinine Standardization: Joris Delanghe
EFLM Register Commission: Pierre Wallemacq
EFLM Working Group "Guidelines and cardiac Markers": Michel Langlois
EFLM representative: Michel Langlois

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Will the International Conference of National Strategies for TORCH complex, Chlamydia trachomatis, and Human Papillomavirus in Kiev boost the collaboration between laboratory specialists and immunologists?

The conference has been organized under the EFLM auspices and will take place in November 15-16, 2012. The conference has been devoted to infectious diseases affected particularly women's health.

Little is known how immunity is shaping the epidemiology of microbes. Paradoxically, it is commonly observed that infection rates, although initially declining following the introduction of chlamydia prevention programs, are rising, producing a U-shaped epidemiologic curve. Thus, research on the immuno-epidemiology is seriously needed. Nucleic acid amplification tests are optimal for the diagnosis of chlamydia but are not routinely used in many countries.

The development of HPV vaccine has been a remarkable success story. Clinical trials have also raised several questions and challenges to be addressed to assess the public health impact on all HPV-associated diseases, and to design the most effective vaccination strategy. These include duration of immune response, vaccination of males, efficacy against other HPV-related cancers beyond cervical cancer, impact of vaccination on existing screening programs, potential HPV type-replacement after widespread vaccination, and finally feasibility of HPV vaccination in developing countries where the disease burden remains enormous. The majority of countries are using on-demand HPV vaccines provision rather than the school-based programmes that typically achieve the highest and most equitable coverage. On-demand provision tends to miss the lower socioeconomic groups and minorities which are exactly the groups that are missed by the opportunistic cervical screening that still prevails in Europe.

World-class health scientists will address these huge challenges for health care during the conference.
Membership News

Latvian Society of Laboratory Specialists

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Maidan Nezalezhnosti, the central square of Kiev in the evening

The views expressed were author's and not necessarily of the EFLM.
"Unilabs Sweden/SFKK (Swedish Association of Clinical Chemistry) wants to welcome you all to the Annual Spring Meeting 2013 in Clinical Chemistry in Skövde, Sweden. The meeting will be held 23-25 of April 2013 in the pleasant city of Skövde, about one hour (by train/car) north-east of Gothenburg. Our topics and perspectives will be slightly different from last years meetings and will cover: nutrition, infection analyses, lifestyle parameters, economy, global health and education.

We hope that you will find this interesting and we will come back later with more details regarding the programme and how to register. A warm welcome to you all!"

Best wishes

Lennart Nordström MD, PhD
Medical Director of Clinical Chemistry SE+DK
Unilabs AB
Membership News

Association for Clinical Biochemists in Ireland – ACBI

The 35th Annual Conference of the Association for Clinical Biochemists in Ireland will be held in Croke Park, historical GAA Stadium in the heart of the city, on Friday 5th and Saturday 6th October 2012. Come and join us for the weekend in Dublin, the designated 'City of Science' 2012

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Membership News

Finnish Society of Clinical Chemistry

Contributed by Dr. Mikko Aulu, and Dr. Sini Lähteenmäki, Helsinki University Central Hospital, Laboratory Division (HUSLAB), Helsinki, Finland

Report on the XXXIII Nordic Congress in Clinical Chemistry

The XXXIII Nordic Congress in Clinical Chemistry was held in Reykjavik, Iceland from June 12th to the 15th 2012. Arrangements were elegantly taken care of by the Nordic Society for Clinical Chemistry and the Icelandic Society for Clinical Chemistry and Laboratory Medicine. The number of participants was close to 400. The opening lecture by Agnar Helgason highlighted the intriguing genetic background of Icelanders. Plenary lectures were from Nader Rifai (biomarker research), Dennis Lo (fetal DNA in maternal plasma) and Ian Watson (personalized and patient focused laboratory medicine).

The next Nordic Congress will take place in 2014 in Gothenburg, Sweden.

Awards and Nominations received during the Nordic Congress in Clinical Chemistry

The Astrup Prize 2012 to reward contemporary Nordic research work related to the field of clinical chemistry was given to Mr. Emil D Bartels of Denmark. His presentation considered LDL metabolism within the arterial wall. The Eldjarn Prize, awarded every other year to the first author of the best article published in The Scandinavian Journal of Clinical and Laboratory Investigation during the five preceding years, was given to a Danish investigator, Mrs. Mandana Haack-Sørensen for her work on mesenchymal stromal cells and ischemic heart disease.

Association for Clinical Biochemistry (UK)

Notes on the Council Meetings from March & July 2012: A Climate of Change

Contributed by Ruth Lapworth, ACB Secretary

The meeting in July marked the 200th meeting of the ACB Council. It had been agreed at the previous meeting in March to ballot members on a change in the name of the Association which reflects its wider membership. This was followed by an article by Mike Thomas published in the June issue of ACB News and notification of the electronic survey. The results of this ballot will be taken to the November Council meeting to allow sufficient time to make any necessary changes to the ACB constitution before they are presented to members at the AGM in April 2013.
Membership News

Professor Steve Barnett, Chief Executive of the Academy for Healthcare Science attended the March meeting to update Council on the developing role of the Academy. He described its main functions as acting as a voice for Healthcare Science, increasing the profile of Healthcare Science with the public, government and commissioners and setting up voluntary registers for those professions that do not have a statutory register. It is planned to have regular updates and communication with the Academy as work progresses.

The March meeting requires Council to sign off the ACB’s accounts before they are presented to the AGM. It was pleasing for the outgoing Director of Finance Terry Dyer to report a small surplus for the year. However, the Association’s finances will require careful management by his successor, William Marshall, if this trend is to continue in the current economic climate.

Reconfiguration and Public Profile

Pathology service reconfiguration was a topic of the day in July. Members gave updates on the East of England bid and other service reconfigurations. There appears to be considerable variation in engagement with pathology staff and the public in the different projects that have been launched. Concerns were expressed on the poor public profile of laboratory services generally compared to other specialties and the need for better interaction with the media so that the value of pathology in healthcare is fully understood.

The work of the Academy will address this gap to some extent but everyone needs to consider how to improve their interaction with patients, public, service users and commissioners.

L to R : Mike Thomas, ACB President, Ruth Lapworth, ACB secretary, Terry Dyer, retiring ACB Treasurer at the AGM in Liverpool
In the year that the ACB celebrates its Diamond Jubilee, Focus returns to Yorkshire. To ensure best value for both delegates and our Corporate Members the meeting is to be held in a University setting. York University Campus is ideally situated close to the heart of the city. It provides an excellent conference centre with on-site cost effective accommodation and access to a variety of sports facilities. York is well served by rail and road with nearby air travel access. Leeds Bradford International Airport, high speed train services and excellent road links ensure that York is accessible from all parts of the country.

**Focus 2013 promises to be both inspiring and informative in this time of change**

**Key Focus Dates**

November 2012 Registration & Abstract submission to open in November
January 2013 Abstract submission deadline

www.focus-acb.org.uk
Dear Colleagues,

May I bring the Clinical Chemistry Trainee Council, a FREE web-based Educational Program (www.traineecouncil.org), to the attention of Trainees and Mentors in the profession? The journal Clinical Chemistry recently launched this new worldwide initiative and offers

- a variety of educational materials including Clinical Case Studies,
- Q&A (a virtual roundtable discussion among a group of experts about a hot topic),
- Guide to Scientific Writing (a series of 14 articles),
- Webcasts (lectures by leading international scientists),
- more than 120 popular podcasts, which have been downloaded over 450,000 times in the last 2.5 years,
- Pearls of Laboratory Medicine (15 minute presentations about a laboratory test), and
- CouncilChat (a chat room directed by 6 junior faculty members from around the world).

In addition, the journal periodically publishes interviews with world scientific leaders and articles about prominent clinical chemists (Inspiring Minds) that can serve as an inspiration to young scientists. The focus of the Council is broadening to include lectures and educational materials in all disciplines of laboratory medicine including microbiology, transfusion medicine, molecular diagnostics and haematology.

In addition, later this autumn, the Council will launch a questions bank in laboratory medicine for those preparing for board certification or specialist exams in the US and the UK and elsewhere.

This program is currently available in its entirety in English and Spanish and will be launched in Chinese and Russian this year and in Arabic, Japanese and Portuguese next year with the hope of becoming a primary educational resource for laboratory medicine trainees worldwide.

To register in the Council and gain access to all the materials free of charge go to www.traineecouncil.org it takes less than a minute!

With kindest regards,

Elizabeta Topic
EFLM Chair of the Education and Training Committee
News from EFLM Working Groups

**EFLM Working Group on Guidelines (WG-Guidelines)**

**Would it be reasonable for microbiology guidelines to ignore PICO?**

**Authors:** Joseph Watine¹,²,³ PharmD, EurClinChem, Wytze P Oosterhuis¹,⁴ MD, EurClinChem.

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The main purpose of clinical practice guidelines (CPG) is to help healthcare professionals to make the best decisions for the care of their patients. The proliferation and success of CPG are accompanied by misconceptions, that may lead to a violation of evidence based principles. Many of the CPGs do for instance not properly apply the "PICO" (Patient, Intervention, Comparator, Outcome) method. Questions to be answered in CPG should be framed according to this principle for optimal applicability of the recommendations [1].

Let us examine, as an example, this recommendation, extracted from the latest edition of the Rémic guidelines (page 92) [2]: "antibiograms have to be performed for all isolates responsible for urinary tract infections".

Such a recommendation answers to a question which is not very specific about the "P" (do all patients with, or without, particular symptoms or particular risk factors need to be tested the same?), and even less specific about the "O" (what are the expected benefits, or risks, or costs of performing antibiotic susceptibility testing in all populations of patients, in particular in terms of industrial pollution associated with manufacturing, performing, and then eliminating antibiograms?) and the "C" (is antibiotic susceptibility testing the only possible option? couldn't the probabilistic approach be another option for treating some patients?). This recommendation therefore lacks of medical, as well as of economical, and of ecological, pertinence.

Regarding the usefulness of performing antibiograms in case of urinary tract infection, an example of structured clinical questions could have been: "In an young female patient with a first episode of uncomplicated cystitis treated by a quinolone (P), is antibiotic-susceptibility-testing in order to change the therapy in case of in vitro resistance to the quinolone (I), increasing the likelihood of curing the patient? and/or increasing the financial, or ecological, costs? and/or increasing the risk of selecting bacteria that are resistant to antibiotics? (O), compared to just keeping the bacterial isolate in the lab for a few days, or weeks, in order to be able to perform later antibiotic-susceptibility-testing in case therapeutic failure would occur (C)?"
News from EFLM Working Groups

In our own example above, there are in fact three sub-questions, at least, that would each need a systematic review of the literature. Based on the evidence thus examined, one would expect that the authors of the guidelines make an explicit judgment where both clinical benefits, and clinical costs, would be weighed against their financial, and ecological, counterparts. Such a judgment would be particularly difficult if, as it is probably the case, the evidence would suggest minor, or uncertain, benefits in terms of health, and certain benefits in terms of resources use. We cannot see how such a judgment could be wisely made by microbiologists alone. For example, should it be for microbiologists alone to decide how the collective resources have to be spent, and/or how the earth can be polluted?

This example also illustrates that if the authors of CPG wish to answer to questions that are pertinent, then they have to examine various categories of evidence (not just the evidence related to their own sub-specialty), and have therefore to work in a multidisciplinary spirit (which is also more likely to avoid as much as possible conflicts of interest [3]). Such a spirit is certainly not that of the Rémic, which is strictly co-authored by microbiologists.

In conclusion, if recommendations in CPG do not answer to PICOs, it is likely that its users are at risk of not precisely knowing:

- to whom the recommendations apply,
- which clinical benefits, or harms, or risks, or costs, has/have to be expected if the recommendations are applied,
- if alternatives do exist, and at what benefits, or harms, or risks, or costs,
- what is the evidence that has been examined, and why some evidence was excluded.

Could anyone really trust CPG that do not answer to PICOs?

References


P. Oosterhuis 1    J. Watine
WHO Regional Committee for Europe: 53 countries to set new European health roadmap for "Health 2020 and beyond"

(From left) Dr Ray Busuttil, Malta’s Superintendent of Public Health; Zsuzsanna Jakab, WHO Regional Director for Europe; Dr Joseph R. Cassar, Malta’s Minister of Health, the Elderly and Community Care; and Dr Kenneth Grech, Permanent Secretary in Malta’s Ministry of Health, the Elderly and Community Care, at the press conference.

Health ministers and senior officials from the 53 countries in the WHO European Region were recently gathered in Malta to vote on an ambitious long-term WHO European policy for health and well-being, Health 2020.

Health 2020, the new European policy framework, aims to maximize opportunities for promoting population health and reducing health inequities. It recommends that European countries address population health through whole-of-society and whole-of-government approaches. Health 2020 emphasizes the need to improve overall governance for health through a clear focus on the social determinants of health.

"The Health 2020 policy is an innovative roadmap. It sets out our new vision and forms the basis of the strategic health priorities for our Region in the years ahead," said Ms Zsuzsanna Jakab, WHO Regional Director for Europe. "Health 2020 provides a unique Region-wide platform for sharing expertise and experience, so that, at a time of economic downturn, we leverage our individual strengths and multiply our health gains."

Life expectancy has continuously increased in the Region: five years were gained over the last two decades and this trend is likely to continue. Inequities in health have also increased over this period, however, and they are now a key concern for European health policy-makers. The aim of the new European health policy is to turn the tide by addressing all the key factors simultaneously, including lifestyles, universal access to health care of appropriate quality and the root causes of ill health, the social determinants.
International Organizations

The policy is part of the agenda of the annual meeting of the WHO Regional Committee for Europe, hosted by Malta and taking place on 10–13 September. Mr Lawrence Gonzi, Prime Minister of Malta, is expected to address the Regional Committee. Other high-profile participants include Her Royal Highness Crown Princess Mary of Denmark, Patron of WHO/Europe; Dr Margaret Chan, WHO Director-General; Mr John Dalli, European Commissioner for Health and Consumer Policy; Mr Yves Leterme, Deputy Secretary-General of the Organisation for Economic Co-operation and Development (OECD); Mr Joseph R. Cassar, Minister for Health, the Elderly and Community Care of Malta, and a large number of ministers and other high-level representatives from across the Region.

Health 2020 was developed in wide consultation with technical experts, Member States, civil-society and partner organizations, and the general public. In addition, the new framework policy was informed by several concurrent studies, including a European review of the social determinants of health and the health divide, led by Sir Michael Marmot, of University College London, United Kingdom; a study on governance for health in the 21st century, led by Professor Ilona Kickbusch, of the Graduate Institute of International and Development Studies, Geneva, Switzerland and an OECD-led study on the economic case for public health action. The findings of these studies will be presented to the Regional Committee.

Health 2020 is built around four priorities:

- investing in health through taking a life-course approach and empowering people;
- tackling the Region's major health challenges: noncommunicable and communicable diseases;
- strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response; and
- creating resilient communities and supportive environments.

Other items on the Regional Committee's agenda

In addition to Health 2020, the Regional Committee is set to consider:

- the new European Action Plan for Strengthening Public Health Capacities and Services, which is part of the Health 2020 process;
- the new strategy and action plan on healthy ageing in Europe, 2012–2020, aiming to promote healthy behaviour and ensure age-friendly environments for all populations and age groups, which is the Regional Office's first-ever strategic document on this important topic;
- the Regional Office's new strategy on relations with countries and policy on its geographically dispersed offices, designed to improve WHO's collaboration with Member States; and
- WHO reform for a healthy future, including discussion by Member States' representatives of the WHO programme budget and how it can be adjusted to the requirements for the Organization's reform.

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International Organizations

Serge Bernasconi appointed new Chief Executive for EDMA and Eucomed

Both associations to continue and intensify future collaboration Eucomed, the European Medical Technology Industry Association, and EDMA, the European Diagnostic Manufacturers Association, are pleased to announce the appointment of Serge Bernasconi as Chief Executive of both associations. Mr Bernasconi will succeed Luciano Cattani at Eucomed and Volker Oeding at EDMA on 16 July 2012.

The appointment of Mr Bernasconi comes at a time when both associations are intensifying their collaboration in certain areas, in line with the decision by their respective membership to join forces in an Alliance. By speaking with one voice, the Alliance will be well-placed to address issues of mutual interest and provide stakeholders with a clear view of the latest technological advances and value-based innovations.

Mr Bernasconi has more than 30 years' experience in the world of pharmaceuticals and medical devices, working in companies such as Johnson & Johnson, Schering Plough in US and Europe, and more recently Medtronic. In his capacity as President & International Regional Vice President of Medtronic France, he was elected President of APIDIM (The French Association for the Promotion of Innovation in Medical Devices), and Vice President and Treasurer of SNITEM (French Medical Technology Industry Association).

Dr. Jürgen Schulze, EDMA President, commented on the occasion: "I am very pleased to welcome Serge to lead the teams at EDMA and Eucomed. Serge's considerable experience will be a great asset to the industries and we are all very much looking forward to building rewarding partnerships that benefit the entire healthcare equation."

"The time is right to further intensify the cooperation between Eucomed and EDMA. With his experience and strengths, Serge brings a unique mix of skills to the table which make him uniquely positioned to oversee this process and continue the successful journey both associations have taken," Eucomed Chairman Guy Lebeau MD said on the appointment.

Serge Bernasconi commented on his new position: "I am excited to become part of a team committed to driving value-based innovation in the industry and as such contributing to more sustainable healthcare systems. I am convinced that both associations occupy an excellent position to help in advancing healthcare in Europe. As our Alliance grows stronger, we will become ever more effective in delivering on this promise."
About the EFLM Newsletter

EFLM Newsletter is published by the European Federation of Clinical Chemistry and Laboratory Medicine.

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