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ADVANTAGE JOINT ACTION

ADVANTAGE EXTERNAL ADVISORY BOARD

TERMS OF REFERENCE AND MEMBERS

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Acronyms Used

EIP-AHA = European Partnership on Active and Healthy Aging

EU = European Union

EP = Expert Panel

FPA = Frailty prevention approach

GA = Grant Agreement

JA = Joint Action

MS = Member States

SC = Steering Committee

WP = Work-packages

ADVANTAGE JA External Advisory Board

Introduction

Demographic ageing is one of the most serious challenges that Europe is currently facing. Older people are at greatest risk of becoming frail and developing disability. This poses crucial challenges to the well-being of individuals and families and to the health and social care systems. However, frailty is not an inevitable consequence of ageing and thus, may be prevented and treated to foster a longer and healthier life.

ADVANTAGE Joint Action, co-funded by the European Union and 22 Member States, has 3 years to develop a common European approach to the prevention and management of frailty.

The Consortium has jointly achieved a number of deliverables and built an evidence based rationale for pushing frailty prevention as a priority in the public health and health care reform agenda. But it is crucial that our discourse does not get lost among so many other issues demanding attention at European and national plans. To help us on this effort we have set-up an External Advisory Board (EAB).

The role of experts in the Joint Action (JA) has already been analyzed in a specific 2017 document *“External support to ADVANTAGE Joint Action”*. (We advise to consult it for detailed information on the functions and membership of the different panels that support ADVANTAGE JA implementation on technical and policy aspects). Building on that analysis, this document refers specifically to the terms of reference of the EAB.

They establishes the ways and means to ensure that the EAB provides the best external and independent advice to ADVANTAGE JA in the most efficient way and the wise use of experts and networks.

Purpose

The EAB is created to support ADVANTAGE JA on achieving its aims and objectives by interpreting and understanding evidence and policy context relevance in relation to the JA work and to make judgements about the relevance, potential and application of their specific deliverables.

The EAB is an advisory body and has no executive power.

Objectives

To provide authoritative and independent advice on a range of areas related to frailty prevention and management in the context of EU health and social care policies.

To advise on how to incorporate the ADVANTAGE JA discourse on the EU health policy scenario and on the current agenda related to health systems structure and challenges.

Membership

- The EAB shall consist of seven members maximum.

- Members act on an independent position and do not represent other projects, their respective institutions nor MS.
- Members are expected to act in good faith, with integrity and with reasonable care in performing their duties on behalf of the EAB.
- Due to time constraints and the challenging objectives of the JA, members commit to respond to the established deadlines to perform their tasks.
- Collectively, the EAB must have high-level knowledge in a range of areas of expertise related to frailty, health policies, public health issues, as well as a geographical and gender balance as far as possible.

Functions

The EAB will:

1. Contribute to add value to the technical work prepared by the Consortium partners by providing non-binding strategic advice.
2. Peer review WPs deliverables by critical reading and comment on draft reports of the Frailty Prevention Approach (FPA) draft, the MS frailty profile, the roadmaps and MS clusters. They will give a written individual opinion on what might be revised to improve the drafts.
3. Discuss with the Coordination Team (WP1) their respective comments to the ADVANTAGE JA drafts and ways to incorporate their feed-back into the final documents.
4. Participate in the Madrid Forum (13th December 2018) where the FPA documents will be presented and discuss with the ADVANTAGE JA partners and external stakeholders.

Modus Operandi

- The EAB will report to the Deputy Action Coordinator.
- The JA Secretariat will collect and distribute the documents and drafts needed by the EAB to duly perform their tasks.
- The EAB members will critically read the JA draft documents requested and will make their comments in writing.
- Routine communications will be done by e-mail.
- When needed, a face to face meeting will take place between the Deputy Action Coordinator and members individually to discuss or clarify their comments.
- The JA secretariat (WP1) shall provide secretarial services for the EAB.

Calendar of activities

EXTERNAL ADVISORY BOARD CALENDAR OF ACTIVITIES FOR 2018

MONTH/YEAR	ACTIVITY (responsible)
April 2018	<p>WP1 presents proposal for set-up at SC meeting in Treviso. Invitation sent to candidates (WP1)</p> <p>SC members identify potential candidates for EAB and send to WP1</p>
May 2018	<p>WP1 prepares EAB terms of references</p> <p>WP1 sends invitation mails to potential candidates</p> <p>WP1 sets up EAB and is approved by SC via mail</p>
June 2018	<p>The EAB is set up</p> <p>WP1 communicates it to SC & GAss</p> <p>WP1 finishes agenda of Madrid Forum and invites some of the members of EAB to have an active role</p>
October – November 2018	<p>WP1 sends to EAB the draft of the FPA document for critical reading</p> <p>WP1 discusses comments received with the EAB and incorporates them in FPA</p>
December 2018	EAB members participate at the Madrid Forum

Budget

- A budget from the JA Coordinators (WP1 budget) is allocated to cover travel and accommodation expenses for the EAB members to attend the Madrid Forum.
- No fees are foreseen for EAB work.

Annex 1. ADVANTAGE EAB members



ISABEL DE LA MATA

Isabel de la Mata is currently the Principal Adviser for Health and Crisis Management in the European Commission.

Previously, she worked as Counsellor for Health and Consumers at the Permanent Representation of Spain to the EU, as Deputy Director General for Health Planning at the Spanish Ministry of Health and as Advisor to the Vice-Minister of Health. In addition, she has been a member of the Standing Commission of the Regional Committee, the Pan-American Health Organisation, the Inter-American Development Bank and the Spanish Agency for International Cooperation. Doctor de la Mata graduated in Medicine and Surgery at the University of the Basque Country in 1983 and holds post-graduate degrees from the University of Leuven and Paris. She is a specialist in Preventive Medicine and Public Health.



FINBARR MARTIN

Finbarr Martin is currently consultant geriatrician at Guy's & St Thomas' NHS Foundation Trust, honorary professor of medical gerontology at King's College London, clinical lead for National Falls and Fragility Fractures Audit Programme and non-executive director of NICE (National Institute of Health and Care Excellence).

He has 30 years' experience as a full-time NHS consultant at Guys and St Thomas' NHS Foundation Trust in London. During this period, he worked in acute geriatrics and general internal medicine and in a variety of community services for older people. He led the creation of the England Department of Health falls and fractures toolkit, and is now clinical lead for the national Falls and Fragility Fractures Audit programme, which incorporates the National Hip Fracture Database.

Currently, he is the president of the European Geriatric Medicine Society (EUGMS) and he has the experience, vision, knowledge and commitment to help the EUGMS continue its great progress.



AGE PLATFORM - Julia Wadoux

Julia Wadoux coordinates AGE policy work in the areas of health, new technologies and accessibility in support of active and healthy ageing. She is responsible for the Task Force on Healthy Ageing and the Task Force on Accessibility, mobility and new technologies. She works on the European Accessibility Act and monitor the related standardisation work. She represents AGE in the European Public Health Alliance (EPHA).

Julia is also involved in the work on Age-Friendly Environments, supporting the Task Force on Age-Friendly Environments, as well as the European Covenant on Demographic Change and the related action group in the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA). She is also involved in the SEED project which seeks to set up and run an EU Silver Economy Awards.



MADDALENA ILLARIO

Since December 2016, Maddalena Illario leads Campania Region Health Innovation Division. From 2010 to 2016 she has been the coordinator of the Research and Development Unit of Federico II University Hospital. Doctor Illario graduated in Medicine and Surgery at the University of Naples. She is specialist in endocrinology, PhD in Cellular and Molecular Biology and Pathology and she is assistant professor at the Department of Translational Medical Sciences of Federico II University of Naples. She spent over 3 years at Duke University Medical Center Department of Pharmacology and Cancer Biology (Durham, US) as Research Fellow.

In 2015-2016 she has been Promoter (expert) of the A3 Action Group of the European Innovation Partnership on Active and Healthy Aging (EPI-AHA) on Prevention on Lifespan, Health promotion and prevention of age related frailty and disease, as well as co-coordinator of A3 Action Area of Food and Nutrition.

Since 2017, she is co-chair of the EIP on AHA Reference Sites Collaborative Network (RSCN).