Activities Report 2010

Institute of Health and Society / IRSS / Institut de recherche santé et société

UCL
Université catholique de Louvain

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Acknowledgements

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Without their help, the present report would still remain a dream.

William D'hoore

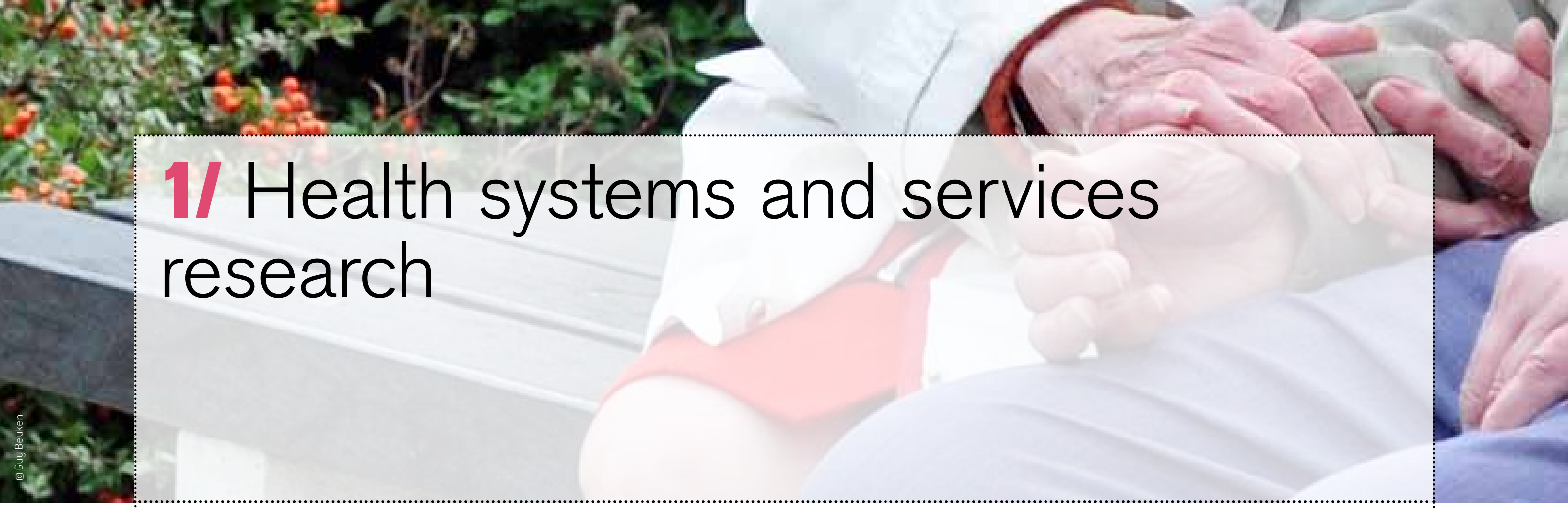
Chairman's foreword

Why health and society ? To see health in its social context is to look beyond the limits of medicine and medical care to a wider set of issues that involve social, economic, cultural and political dimensions of "illness" and "wellness". This is the perspective shared by the members of the Institute. Health and society is a crossroad where multiple aspects intersect : individual and population, analysis and interventions, evidence and ethics,…. The interdisciplinary IRSS community is building an integrative framework to better address these complexities.

The present report documents avenues of research, mostly interdisciplinary, developed by IRSS members, to enhance understanding of the health of individuals and populations, in order to improve population health. The report includes a brief description of 7 major topics, most of them strongly interconnected, and research outcomes. This report is a landmark : it delineates activities and creative endeavours of IRSS members, it defines the identity of a young institute driven by a shared vision, it also outlines future research.

We are experiencing a pivotal moment. As the knowledge and boundaries of the field expand, in the life sciences, in system thinking, in information technologies, there is a need to develop innovative agendas for research, education and translation of research results into practice, to achieve the fundamental right to health for everyone. Health and society issues are complex and they require collaboration both across the campus and with partners outside. We are facing changing societal and global conditions affecting health –e.g. socio-economic health disparities, ageing and the increasing burden of non communicable disease. These challenges call for a new level of innovation, including prevention, health promotion and reorienting health services. These challenges must be met in order to improve health for communities and populations, and each person's health.

William D'hoore



1/ Health systems and services research

Pr Jean Macq, M. Pablo Nicaise and Dr Isabelle Aujoulat

Description of the topic

There are many definitions of Health Services/Systems Research, in part because of its markedly multidisciplinary nature. "Health services research (HSR) is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations" (Academy for Health Services Research and Health Policy, 2000). By essence, all the research in HSR is framed into a multidisciplinary approach, simultaneously involving researchers with different backgrounds, such as: sociology, economics, nursing, psychology, psychiatry, medicine, health informatics…

This vast area includes a wide range of topics that are often assembled in four levels of action:

a/ The clinical level, e.g. clinical and human interventions assessment and their impact on the health of the population and the organization of care;

b/ The services level, e.g. hospital care organization and clinical governance, strategies for quality of care, nursing;

c/ The inter-organizational level, e.g. health and social care integration and continuity of care for people with complex needs;

d/ The policy level, e.g. health policy and reform strategies assessment, and their impact on health systems organization and effectiveness, health economy.

The Institute of Health and Society focuses more specifically on five fields of study across the three first four levels of action, namely:

1/ Child and adolescent health;

2/ Primary Care;

3/ Mental Health;

4/ Ageing;

5/ Health information systems.

We present just few examples of the research projects run by our institute in the field of HSR, corresponding to level-field crossing. A comprehensive list is available at the end of the report.

What has been done

At the clinical level

The onco-geriatric project is a randomized trial on a comprehensive functional intervention associated with a care planning and treatment decision process for older patients with cancer.[1] Another project focuses on the assessment of specific needs of older patients admitted to the emergency department of a hospital. It is a qualitative study and it analyzes the pathway of care and the multiple correspondents experienced by the elder users in Emergency Departments.[2] A third project in geriatrics is centered on biomarkers of frailty. This ongoing interuniversity project aims to better characterize the frail patients admitted to the hospital,

1 Dr M. de Saint Hubert, D. Schoevaerdt PhD student, Dr P. Cornette
2 Dr I. De Brauwer, Dr B. Boland, Pr W. D'hoore, Dr P. Cornette

by adding biological criteria to the existing clinical and functional criteria. It helps to better prevent functional decline associated with the hospital admission and stay of frail older patients.[3]

At this level, research is also developed on child and adolescent health from a comprehensive perspective. Indeed, children and adolescents with acute or chronic health disorders are a vulnerable group of population. They face complex needs which have to be addressed from a multiple point of view, including medicine, psychology, social care, education, in relation to their families and social environment. For example, a group develops researches in the field of clinical communication and health and patient education[4].

Another research project looks at innovative interventions to support the health, psychological and educational needs of liver transplant recipients who transition from parental supervised care to self-managed care. As part of the project, a multidisciplinary research group involving experts with different backgrounds (medicine, psychology, philosophy, medical ethics, adolescent medicine and sociology) has been set up and meets on a regular basis, to better understand the impact of living-related donation on family dynamics, identity construction, and self-management capacity of paediatric patients[5]. Other projects look at the relationship between glycaemic control, self-care support and parenting styles in paediatric patients with type 1 diabetes, or the general health and development needs of adolescent mothers and their children.

At the services level

Most of the project developed at this level concern the hospital and long term care institutions. A wealth of research is carried out in nursing[6]. Various projects are under way which aim at providing evidence and evidence-based practice in nursing sciences and its dissemination. We may cite, for example: intervention research to prevent violence in psychiatric settings; effective use and time needed for performing the Belgian nursing minimum dataset; prevalence study of malnutrition and oral health of residents in nursing homes; evaluation of malnutrition management projects in hospitals; identification of evidence-based research in the scientific literature on screening and assessment tools, evidence-based recommendations and guidelines; validation of best practices and translation of screening tools.

At the inter-organizational and system level

One project is being carried out by sociologists and psychiatrists on the integration of care in the mental health and social care field. Social Network Analysis indicators are used to describe and measure the level and type of relations between mental health, social care and other primary care services (See Methodological tools for public health, box 4). This project involves several European cities in a cross-national comparison. Findings offer a useful basis for evaluating the achievement of care integration and orienting policies[7].

Our institute is also a partner in the the ACHIL project/laboratory (Ambulatory Care Health Information Laboratory)[8]. This project aims at assessing the effectiveness of ambulatory care trajectories (a complex intervention based on the chronic care model) at the national level using data from the GPs' Electronic Patient Records. The project also intends to appraise the impact of the information system itself on the results of this assessment and to study the properties of such research information systems (including the GPs' electronic patient records and a benchmarking procedure).

One evaluation project on health and social care integration is being developed within the field of community dwelling frail elderly people. Economists, sociologists, physicians, epidemiologists, and geriatric nurses, have developed a comprehensive approach to evaluate a large scale program with multiform and locally devised projects (63 projects across the 3 regions of

3 Dr M. de saint Hubert, C. Swine
4 Dr Isabelle Aujoulat
5 Dr Isabelle Aujoulat and Pr Raymond Reding
6 Dr Micheline Gobert (deceased on November 4th, 2010), Pr Elisabeth Darras
7 Prs Vincent Dubois & Vincent Lorant
8 Dr Etienne De Clercq

Belgium). The projects has been commissioned by the Belgian Federal Government and is funded by the National Institute for Health and Disability Insurance (NIHDI[9]). Its aim is to provide sound information to the NIHDI and other public authorities on long term innovative care integration programs[10].

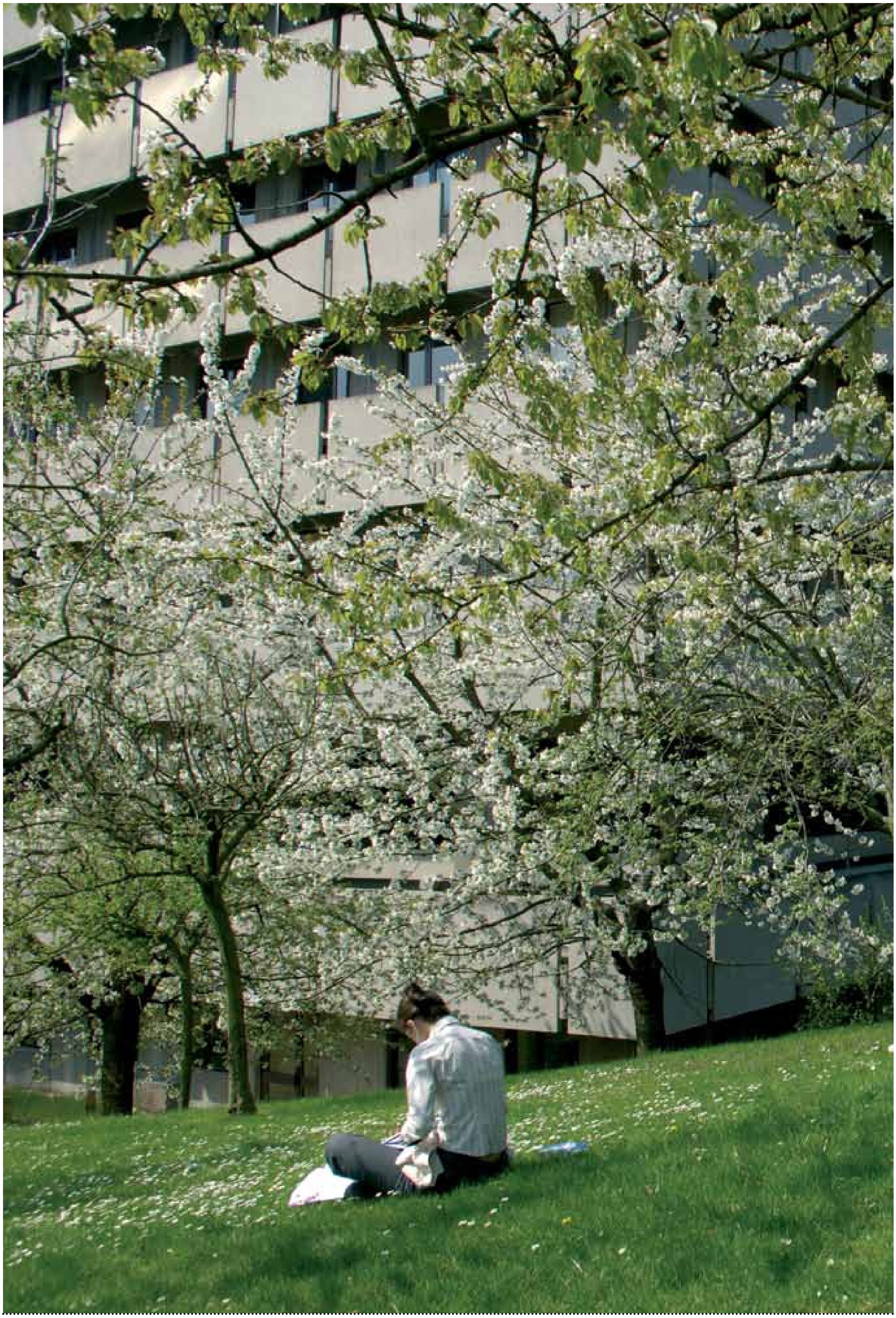
Our ambitions for the future

The ambition is to develop further research projects that aim at strengthening the system dimension of the health and social care system in Europe and abroad. This will have consequences on :

1/ the topics under study : for example studying the care for people with complex needs, such as frail elderly people or people with mental health problems should shed light on the strategies and the mechanisms to improve interaction between organisations and stakeholders, part of local health and social care systems ;

2/ the methodological approaches : these should be developed around change dynamics within health and social care systems and the elicitation of the multiple perspectives around such system development. Systemic approach and methods inspired from complexity science are examples of it.

9 INAMI-RIZIV
10 Pr Jean Macq, Pr Christian Swine and colleagues from KULeuven, UIAntwerpen and ULiège.



2/ Vulnerable populations, law and bioethics

Pr Vincent Lorant

Description of the topic

Efforts to describe, analyse and improve population health have to cope with the frustrating finding that some groups often turn out to have much poorer health status than others, and may also have lower access to health-enhancing resources. These vulnerable groups may be identified along several dimensions such as socio-economic status, ethnicity, sexual orientation, disability or age : different health problems have different vulnerable grouping. Health inequalities is the domain of research describing and analysing such health differences while Law and Ethics provide frameworks to assess the extent to which such inequalities are deemed unfair and how to address them. The Institute of Health and Society has been involved in several projects that can be classified in three main topics : ethnicity and health, care and justice, patients rights. The measure of inequalities, as a methodological topic, is addressed in the section related to epidemiology and methods in public health.

What has been done

Health inequalities

Ethnic inequalities in health and health care are an important and growing topic of research and practice. Europe accounts for a quarter of international migration, and one European resident in 12 is a migrant. Our research aimed at understanding how best to respond to such challenge. The Eugate project explored the views and experiences of health care professionals in 16 different European countries on what the difficulties are in providing such care and on what constitutes good practice. In particular the Eugate project looked at the situation of a particularly at-risk group of migrant, the Undocumented migrants, not being entitled to full access to health care services (box n°1). Entitlement is an important vehicule for improving ethnic equalities. More however is needed to address the specific needs of these groups. Enhancing cultural competence of health care providers and clinicians is a promising avenue being investigated thanks to the support of a FNRS grant[11].

Box 1/ EUGATE project: Best Practices in Access, Quality and Appropriateness of Health Services for Immigrants in Europe.

Marie Dauvrin, Vincent Lorant, and Charlotte Geerts

The EUGATE project, funded by DG SANCO, aimed to identify best practices in healthcare services several groups of migrants including labour migrants, refugees and asylum seekers. The project, carried out in 16 EU countries, reviewed existing legislation and policies, obtained the opinions of experts on factors constituting best practice, and assessed the views and experiences of health professionals in different types of health services. Although the legal health care entitlements available to irregular migrants vary, most of the investigated countries were confronted with access issues, limited communication and associated legal complications. We concluded that the needs of the patients and the values of the staff appear to be more important than the national legal framework, with different European countries adopting a similar pragmatic approach in delivering health care. Whilst legislation might help to improve health care for irregular migrants, more appropriate organisation and local flexibility are likely to be more important, especially for improving access and care pathways.

More on: http://www.eugate.org.uk, Dauvrin M., Geerts Ch., Lorant V., 2010, and Dauvrin M., Priebe S., Bogic M., Lorant V., 2010

11 Marie Dauvrin, PhD student, and Pr Vincent Lorant

Law and health

Although health status is, in the end, measured at the individual level, health protection is an important determinant of health and, is indeed considered as one important health promotion tool. It includes the legal framework, legal and quasi-legal liabilities that may contribute to a better health status. In that respect, the Institute has recently focused on several topics that are relevant for health protection and patient autonomy: patient rights (notably free and informed consent in general, assent or even consent of the minor, consent of the elderly, assent of the mentally incapable person), end of life (palliative care and euthanasia), mediation in the healthcare sector as an alternative to trials, civil and criminal liability, privacy in electronic patient record network and on the Belgian "e-health Platform", biobanks, genetic screening, organ-donation, clinical research. This line of research is very promising because it avoids putting the blame on the vulnerable groups, has shown to be very cost-efficient (for example in tobacco prevention) and is amenable to change. A good example of such approach is the development of mediation in the healthcare sector as an alternative to trials (see box n°2).

Box 2/ Mediation in the healthcare sector: challenges and perspectives in Belgian and comparative law.

Marie-Noëlle Derèse and
Geneviève Schamps

The Ph. D project focuses on mediation in the healthcare sector in Belgium, in France, in the Netherlands and in Quebec. It includes first a review of the general concept of mediation and a classification of the existing systems of mediation in other fields of law (family law, criminal law, etc.). Then a critical analysis of existing and proposed regulations on mediation in the healthcare sector will be carried in these four abovementioned States. The way in which medical mediation is perceived and applied by the people involved in the healthcare sector is also explored. Fundamental questions underlying the research are explored: is the legal system for medical mediation in Belgium adapted to the specificity of the healthcare sector? Are the mediation systems which exist in other fields relevant to medical mediation? Do the mechanisms used abroad provide useful insights? Answers to these questions will help to build up a standard of mediation in the healthcare sector. Such a standard is necessary to suggest concrete proposals de lege ferenda to improve the legal framework for medical mediation in Belgium.

Health ethics

Public and clinical Health is not only a scholar enterprise but is strongly embedded in values that may be conflicting. Health ethics is thus a very important domain of research and practice that enlightens the hierarchy of values underpinning health interventions and their impact on the decision process. In that respect the Institute is involved into questioning several distributional issues such the north-south divide regarding clinical research, and ethics of global research regarding gender in relation to the methodological issues of care, beginning and end-of-life decisions in a postgenomic and biotechnological silent revolution. An important and recent move in clinical and global bioethics is to consider Ethics not only as the art of arguing according to principles but also as the art of contextualizing ethics in practice, which enables a link to be made between the autonomous perspective and a less paternalistic vision of the public good.

Mental health

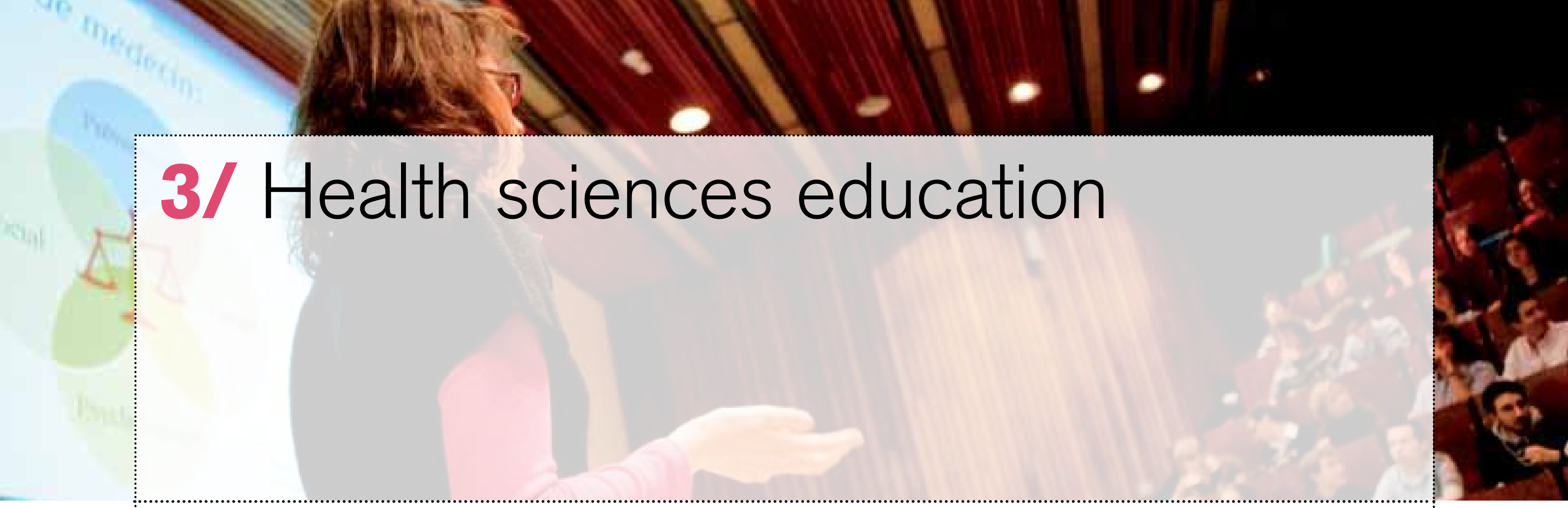
Some specific mental health projects in 2010 concern food aversion in early chilhood[12], variability in evaluative judgments about behavior problems in young children[13] in collaboration with the faculty of psychology), the experience of parents and siblings of children with autism[14], and infantile psychosis[15], specific screening criteraia for child and adolescent abuse[16].

Another project is the implementation of an intervention in mental health of Psychiatric Advance Directives (PADs) (Pr V. Lorant, Pr V. Dubois). PADs are documents that allow users with severe and chronic mental illnesses to notify their treatment preferences for future crisis relapses. They are a beneficial tool to empower vulnerable users with complex needs into their treatment and organize the care according to their needs. However, their take-up rate has remained very low, and their clinical evaluation has given contradictory results. Within this project, we studied the barriers to their use according to the stakeholders' views and developed a protocol of intervention adapted to the care system in Belgium. This protocol should be implemented and evaluated in a further step.

Our ambitions for the future

The ambition is to link the different inequalities streams together under general theoretical framework. Socio-economic and ethnic inequalities in health stay rather aloof one from the other whereas underlying mechanisms are rather generic. From a financial perspective, we hope also to capture funds from the 7th framework programme. The analysis of these topics will also be continued on Belgium law but also on comparative law. The ethics, deontological and legal point of views will be studied.

12 Pr Dominique Charlier, Pr Hermans and al.
13 Pr Isabelle Roskam, Pr Dominique Charlier and al.
14 Dr Anne Wintgens
15 Mme Sophie Symann (PhD student) and al.
16 Pr Emmanuel de Becker and al.



3/ Health sciences education

Pr Dominique Vanpee and Dr Valérie Dory

Description of the topic

Research in health sciences education aims to improve healthcare by advancing the education and training of health professionals. Its inclusion in the Institute of Health and Society is based on both its aims and its methods which draw from the biomedical and social sciences. Our research focuses on the cornerstone of professional practice, i.e. clinical and ethical reasoning, how to help learners develop expert reasoning and how to assess it.

What has been done?

Research in this area has only recently begun at UCL. Valerie Dory completed our first PhD in 2009 on the topic of self-assessment in general practice trainees. Three PhD projects are ongoing, one on the use of a relatively recent instrument to measure clinical data interpretation, the Script Concordance Test (Caroline Boulouffe), one on the use of conceptual mapping to help students in midwifery develop their clinical reasoning skills (Anne Demeester), and one on competency-based education in ethical reasoning (Grégory Aiguier). Valérie Dory obtained an F.R.S.-FNRS position to pursue her post-doctoral project on the validity of instruments pertaining to measure clinical reasoning. Although still a small team, we draw from our interprofessional backgrounds (i.e. emergency medicine, general practice, midwifery and education) and on our networks both inside and outside UCL. We have built strong ties with foreign institutions (Institut Catholique de Lille, Université de Provence, Université de Montréal) including a leading group in assessment of clinical reasoning, i.e. CPASS at Université de Montréal, Canada. Our team is also a member of the Group of Prague, an international network of researchers in the field of clinical reasoning. We continue to have strong connections with other centres at UCL such as the General Practice Centre, the Centre for Educational Development, and the teaching hospital, CHU Mont-Godinne. This year, we launched a new quarterly Health Sciences Education section in the institutional journal, Louvain Médical to increase awareness of Health Sciences Education in our faculty and affiliated clinical educators.

Our ambitions for the future

Our aim is to further our understanding of clinical and ethical reasoning and its assessment, and for these insights to be put in to practice in our curricula as well as in curricula worldwide. In order to fulfil this goal, we must:

1/ Intensify our institutional links with the Faculty of Medecine and Dentistry and take part in faculty development,

2/ Continue to disseminate our findings through participations in conferences and high quality peer-reviewed publications.

We have also begun to interest young medical students in Health Sciences Education through master's dissertations in the field. We hope that this initiative will help us expand our manpower to meet the challenges ahead.

4/ International Health

Pr Debby Guha-Sapir

Description of the topic

Research on international health issues has been a long tradition at the former Louvain School of Public Health, starting with front line research on tropical diseases and health service delivery in developing countries.

In the newly created Institute of Health and Society which is specifically aimed at research excellence, the programme incorporates public health research both in developing and developed settings. The faculty undertakes wide ranging research in co-operation with scientists in developing countries in Africa, Asia and Latin America as well as those in developed economies such as United States, Japan and other EU countries.

International health research in IRSS not only englobes topics that address gaps in public health and epidemiology in poorer setting but its members actively work on shared concerns, that Belgium shares with other countries.

What has been done

A major focus on the programme in international health is its health service systems and delivery in poor settings and complex systems in health care delivery and long term care. Several professors are engaged in health services research ranging from issues related to ageing in Russia, effects of climate extremes and civil war on human health to essential questions on health service delivery and effects of policy reform.

Prof. Macq and his team address public health issues at its most fundamental level while keeping a firm hold on concrete barriers and obstacles that prevent health systems from working efficiently. In recent years, he has been focusing on issues of hospital governance in DR Congo as well as concrete service related research questions on the interface between vertical and primary care services. He is also undertaking studies on follow up care of obstetrical fistula, a widespread but neglected problem and translational research of research to policy in collaboration with IMT-Antwerp. Another project concerns the sexual and reproductive health needs of adolescents in Niger and Tanzania. Both projects aim to propose innovative interventions to strengthen the providers' capacity to respond to the needs of specific vulnerable populations.

Decentralization of health services is an increasingly common phenomenon all over the world and Prof. Lorant along with his doctoral student funded by the UCL development cooperation fellowship programme is looking at the impact of decentralization on health outcomes in Colombia.

Prof. Speybroeck works with international partners towards improved estimations and understanding of the burden of malaria and zoonoses. In Ethiopia the impact of hydroelectric dams on Malaria is being assessed. In Peru the efficacy of the current radical cure regimen for *Plasmodium vivax* infections in preventing short and long term relapses is being assessed in the Peruvian Amazon region. In Nepal a doctoral student is assessing the impact of food borne diseases, trying to assess how to optimize the health information systems in place. Prof. Speybroeck is also chair of a Task Force within the Foodborne

Disease Burden Epidemiology Reference Group (FERG) based at the World Health Organization. The study of such complex problems such as vector-borne diseases (interaction vector, environment and humans) and food borne diseases requires a multidisciplinary approach.

Prof. Degryse heads a small but dynamic research team which works actively with global health issues with partners from the Russian Federation. Their work focuses mainly on primary health care and ageing, a topic of top priority on the European continent. The team publishes regularly on these topics and presents in international conferences, examples of some of which can be seen in the list of publications. In particular (as one example amongst others) a strong collaboration has been created with scientific institutes in the Russian Federation. An advanced course in research Methodology and Statistics was set up in St Petersburg for PhD students and an exchange program for PhD and post-doc researchers was started in 2009. These have resulted in two major research projects : the CRYSTAL study was the first population-based study in Russia concerning the global health and functional status of the community-dwelling elderly. The project supported one post-doc and three PhD projects. RESPECT (RESearch on the PrEvalence and the diagnosis of COPD and its Tobacco related etiology) project is a study designed to provide better understanding of the diagnostic issues as well as the health care needs linked to the 4th cause of mortality in a large series of countries. This research also provided resources for 2 post-doc researchers and 2 PhD projects.

An area which has moved from a specialized niche twenty years ago, to a global priority today is natural and climate related disasters and civil conflict. Prof. Guha-Sapir and her team of medical epidemiologists, statisticians, geographers and economists research the health impacts of floods, cyclones and earthquakes. The multi-disciplinary, multi-lingual team works on field research as well as policy applications of the results. They systematically undertake post disaster studies with the WHO, European Union and academic partners in EU and USA, most recently in China, Haiti and Indonesia. Currently a large scale health and livelihood survey is ongoing in Darfur, Sudan and a second one is planned in Ethiopia. Close collaboration with colleagues from the Johns Hopkins School of Public Health has led to four joint publications in press this year. Four PhD theses are currently in preparation, two of which are FNRS candidates.

Prof. Dominique Charlier brings a different but key perspective in her international research portfolio, where she now studies the effects of abandonment of infants in urban setting in DR Congo. She works with Pr Mampunza and Dr Isabelle Aujoulat on this topic which addresses an issue that is both morally and socially compelling.

Prof. Botbol-Baum has received a Fogarty grant (R25-TW 7098) and has been associated as a co-principal investigator in a NIH program called “Strengthening Bioethics Capacity and Justice in Health”. She has participated in the works of the CIBAF (Centre Interdisciplinaire de Bioéthique pour l’Afrique Francophone, see http://cibafbioethique.org) in Kinshasa since its foundation in 2005. She has developed a strong collaboration with doctoral students on bioethics research and international research, culminating in several OMS publications for trainers in bioethics for Francophone Africa, mainly in Congo RDC, Senegal and Burkina Faso. She is developing a similar Center for Ethics in Lubumbashi, associated with HELESI, in collaboration with Pr Clumeck and Prof. Kyombo (Kinshasa School of Public Health). Pr Baum has directed a PhD student on the problems of street children in Kinshasa and another thesis on the impact of religions on medical decisions from a capability approach. She has co-developed a network of researchers actively working on this methodology as an alternative bioethical approach for the south, emerging from her book “Bioéthique pour les Pays du Sud”. Many publications have been produced with her doctoral students on these issues, linking narrative ethics with the capability approach in order to empower local research and overcome contextual vulnerability.

Future Directions for International Health Research in IRSS

Improving health in low income settings has risen on the global agenda in recent years and IRSS will develop this area significantly in the next years. In general, the strategy is to clearly focus on three areas of expertise that currently exists in the international health group :

/ Health services and evaluation of complex systems,
/ Quantitative epidemiology and modeling techniques,
/ Public health and humanitarian crises.

A coherent research programme centred on the above themes along with an international internship programme is planned along with opportunities for doctoral students to participate actively in field research.

Specific outreach strategies to encourage participation from EU as well as Asian, African and Latin American countries are in development. The programme will present opportunities for students and visiting scholars to work and teach in English and offer a dynamic, multicultural research setting

5/ Methodological Tools for Public Health

Pr Niko Speybroeck

Description of the topic

This Section describes the analytical work that is conducted and developments taking place at the Institute of Health and Society (IRSS).

IRSS is working with its partners to quantify health problems and build evidence about how health determinants influence health and health systems. IRSS does this by working on three important evidence related questions:

1/ What is the impact of a health problem?

2/ How do different determinants shape this problem?

3/ How do we best dedicate resources to monitor and maximize health progress?

Therefore, IRSS tries to develop methodological tools to allow handling the three following themes: Impact Assessment, Understanding, and Health Information Systems:

Impact Assessment

In Public Health, it is crucial, to have an indication of the importance or burden of the health problem under study. Medical studies are often conducted without such an impact assessment, but without credible, comprehensible and comparable information on the impact of a health problem, the success or failure of any intervention remains uncertain. Without the knowledge on the burden and cost of existing health problems, it is furthermore impossible to prioritize health interventions and surveillance activities. In order to protect Public Health, it is critical to pursue a strategic approach that quickly identifies different types of hazards, ranks them by level of importance and identifies approaches with the greatest potential to reduce hazards.

Understanding

Once the impact of a health problem is quantified, interventions can be envisaged. It is important to determine the effect of such interventions and to quantify the effect and interplay of other determinants on health

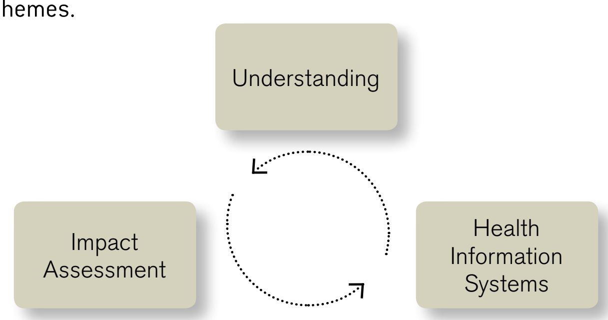
Health Information Systems

Based on the indicators extracted from the work in Theme 1, the last step is to develop a monitoring system. Such a monitoring system (e.g., observation, surveys…) can provide society with health information on a continuous basis and will include an understanding of the influence on health of environmental, climatic and socio-economic factors.

The cycle of these themes is illustrated in Figure 1. Examining these three components jointly, provides a broad picture of how to respond to health challenges and the basis for a health information system which is sustainable, efficient (e.g. cost-efficient) and optimal.

Figure 1

Cycle of the three "Methodological Tools for Public Health" themes.



What has been done

The FIRST THEME, measuring the **impact** or **burden** of a health problem, calls for the development of appropriate health indicators and a choice of the level at which these indicators should be measured (i.e., local, national or global).

Professor Speybroeck is the chair of an international task force within the WHO Food borne Disease Burden Epidemiology Reference Group (FERG), comprising the world's leading experts in the area of food safety, with the aim to estimate the Global **Burden** of Food borne Diseases. The results of the conducted work were presented at the annual FERG stakeholder meeting in Geneva[17]. The work conducted in FERG highlights the challenge of teaming up good information with advanced estimation methods. Burden estimations also point to those neglected health problems that receive less attention than warranted by their impact[18]. As another example of the international work on impact assessment, the CRED (based within IRSS), provides estimations of the human impact of natural disasters globally. In 2010, the team published a chapter [19] on epidemiological approaches to measure injuries in earthquakes.

IRSS is also working actively on burden estimations at country-level. In Nepal for example, IRSS scientists develop tools and protocols for a national burden of food borne disease study (See Box 2). A correct assessment of the burden enables the prioritization of health problems. Professor Speybroeck was involved in a recent paper in PloS ONE, using a quantitative, stochastic multi-criteria model for prioritizing emerging zoonoses in The Netherlands[20]. To improve the assessment of health problems, scientists at IRSS also develop and apply tools resulting in an optimal use of the most appropriate (set of) diagnostic test (s), e.g., for malaria and skin cancer. Methodologies to estimate mortality in conflict affected countries such as Sudan or Iraq have also been developed, by CRED leading most recently to a publication in the Lancet [21].

17 www. who. int/foodsafety/foodborne_disease/Agenda_FERG4_Stakeholder. pdf
18 Vanderelst and Speybroeck, 2010
19 Guha-Sapir and Vos, Oxford University Press.
20 Havelaar et al., 2010
21 Degomme et al., 2010.

Box 3/ Improved assessment of food borne disease impact and dynamics through optimized data collection in Nepal

Brecht Devleeschauwer, Pierre Dorny, Luc Duchateau and Niko Speybroeck

Food borne disease diseases (FBD) pose a significant but often under recognized threat to public health. In order to have an objective understanding of their health impact, health impact quantification methods may be applied, such as the calculation of Disability-Adjusted Life Years or DALYs. However, the data required to calculate such measures is often not readily available, especially not in low-income countries. Therefore, there is a need for innovative approaches towards data collection, which may enhance the usefulness of the currently generated data, or even optimize the existing data collection systems as such.

In the project in Nepal, new data collection approaches will be developed and applied to FBD. In a first phase, an overview will be created of all FBD in Nepal, covering their currently known health impact and the current data collection and control activities. In order to incorporate the uncertainty surrounding the epidemiological parameters in the final DALY estimate, a graphical user interface for stochastic DALY calculations has been developed in the R programming language[22]. At this moment, the data mining process and situation analyses are being performed. In a further phase, disease transmission models will be developed for a selected number of FBD and used as a framework for the evaluation of the current data collection systems and the possible optimization of these systems or their generated data.

22 See: http://cran.r-project.org/web/packages/DALY/DALY.pdf

Understanding the determinants of health

Once the impact of a health problem is known, it is important to **understand** how this health problem is linked to the different determinants and possible interventions. This SECOND THEME requires the development and application of innovative methodological tools such as classification trees, spatiotemporal models, and decomposition tools. Spatial models were used in a recent paper in Emerging and Infectious Diseases, exploring the role of domestic animals in the epidemiology of visceral Leishmaniasis in Nepal[23]. Decomposition tools enables the contribution of different determinants to health but also to socio-economic differences in health, i.e. the gap in health between disadvantaged and better-off groups, to be quantified. IRSS developed a package in R, allowing the use of the decomposition methodology[24]. Two papers, recently published by IRSS members in the International Journal of Public Health provide an overview of these methods[25].

Furthermore, IRSS works on the use of quantitative tools such as social network analysis (SNA) as they apply in Public Health. SNA has become an important tool in Public Health research. Indeed, because people are connected, their health relations are connected as well. From an inter-organisational perspective, SNA helps to describe and analyse patient pathways and joint programs. SNA is a promising tool that helps moving from the individual to the "relationships" perspective. Social network analysis is currently used by Pablo Nicaise, Vincent Lorant and Vincent Dubois.

Box 4/ Social Network Analysis

Pablo Nicaise, Vincent Dubois and Vincent Lorant

Social Network Analysis (SNA) is a field of research within the social sciences that aims to examine the structure and patterns of relations between actors. It consists in considering actors as **nodes** and their relations as **ties**, and then to calculate structural properties of the network. This method has been disseminated among many scientific disciplines, including mathematics, physical, life, and social sciences. SNA offers a formal approach, which can be applied in many settings whatever their local characteristics and without normative considerations. Its application within public health is of great importance : at the individual level, it may contribute to the study of the dissemination of contagious diseases, healthy, and risky behaviours. It also allows the study of patterns of relations of social support. It may also be applied to the study of the use of health and social care services. At the service level, it may help to examine and monitor the collaboration between providers and offer tools for structural continuity of care, partnership working, learning and good practice, and network governance. Our institute has started to use SNA tools and methods on several projects (P^{r} V. Lorant) : best practices for socially marginalised people with mental health disorders, alcohol drinking behaviours among college students, partnership working around ethnic groups with long-term care needs… Other research projects involving an SNA approach are planned in the future, e.g. on ageing population.

23 Bhattarai et al., 2010
24 See : https://r-forge.r-project.org/projects/decomp/
25 Konings et al., 2010, Speybroeck et al., 2010.

IRSS is also involved in research towards better understanding the role of possible interventions against malaria, by testing the protection of long-lasting insecticidal hammocks against malaria vectors in two forest villages of Cambodia[26]. Furthermore, in Ethiopia, research by members of Professor Speybroeck's team contributed to showing the highest kdr Knockdown Resistance Frequency ever observed in the malaria vector *Anopheles arabiensis*. The results of this study have serious implications for malaria control in Ethiopia[27]. The vector behaviour and spatio-temporal patterns of malaria transmission in Southeast Asia impose new challenges when changing objectives from control to elimination of malaria and make it necessary to focus not only on the known main vector species. A study in a forested malaria focus in central Vietnam was conducted to contribute to this aim[28]. A study towards understanding determinants of neglected tropical diseases in Congo indicated how the trade of pigs may play a role in the spread of human cysticercosis[29].

The need for new methods

The presence of a complex set of interacting factors influencing health in public health studies calls for new methodological approaches. IRSS is in particular interested in studying complex health problems such as the functional decline in elderly (the social context interacts with other determinants), vector-borne diseases (interactions between vectors, humans the environment and climate), and zoonoses (zoonoses are diseases transmitted from animals to humans). All these problems have in common that the traditional analytical tools cannot always handle the existence of all these complexities in a flexible way. Indeed, although the aforementioned tools (i.e. decomposition techniques) are useful in analysing complex problems, they also entail certain limitations, such as not being able to deal with the full set of complex interacting factors and cannot include possible feedback effects, such as when health outcomes feed-back on the exposure. The integration of these different types of complexities can be done through advanced simulation models such as agent-based models. Such a model was developed for better understanding the transmission patterns of human cysticercosis[30]. IRSS is currently testing the use of such models in a number of settings such as the functional decline in elderly in Belgium (See Box 3) and the influence of man-made changes to the environment (i.e., the construction of dams) jointly with the effects of climate on malaria in Ethiopia. Socio-economic factors are critical for health and their inclusion in analytical models can be considered as crucial. Health inequalities therefore take an important place in the research at IRSS (see the corresponding chapter).

26 Sochantha et al., 2010
27 Yewhalaw et al. 2010
28 Van Bortel et al., 2010
29 Praet et al., 2010a

30 Praet et al., 2010b

Box 5/ The application of Agent-based Models in complex chronic health problems.

Jean-Christophe Chiem, Niko Speybroeck and Jean Macq

Agent-based modelling (ABM) belongs to a class of **rule-based** simulation approaches in which autonomous entities act over time according to logical rules. Rule-based modelling consists in combining a set of (e.g., biological) rules (i.e., if-then rules) based on several sources of information (e.g., field data, expert opinions). The rules are then translated in computer code, which then generates simulated data. Confronting these results with biological field data allows fine-tuning the model, until it provides a **purposeful** representation of reality. Rule-based models provide some advantages over the traditional whole-population models : (a) they are bottom-up approaches, so they express the behaviour of a system as a whole by establishing procedural rules for the individuals and for their interactions, and thus allow more realistic assumptions for the model of the individuals than population models do ; (b) they permit the introduction of randomness for each rule and individual variability, so they can reproduce the diversity found in real systems ; and (c) they can account for individual adaptive behaviour to their environmental conditions, so the evolution of the whole system arises from the dynamics that govern individuals in their pursuit of optimal fitness. ABMs are therefore a powerful tool for simulating biological systems because they can represent phenomena difficult to capture in other mathematical formalisms. The power of this approach lies in the emergence of behaviour that arises from interactions between agents, which would otherwise be impossible to know a priori. Spatial as well as temporal aspects are easily integrated.

This type of simulation has been mainly used to model infectious diseases. In IRSS we are applying ABMs to model chronic health problems such as depression in the elderly. Chronic diseases are characterized by a long time span and a plurality of causes and consequences. The current computer power allows the flexibility of an ABM to be developed, permitting to mimic the elderly (agents) as interacting in an environment and within their complex social context (other agents with different characteristics) may reveal the source of an emergent behaviour that would be hard to capture with classical statistical tools. Agent-based models (ABMs) embrace this complexity and excel at describing the behaviour of inherently unpredictable systems. The direct contacts between individuals, who adapt their behaviours — perhaps irrationally, as well as reciprocal relations between some exposure and outcomes, can be accounted for.

At IRSS, expert's opinions about the influence of social interactions and support received by elderly, are collected and integrated into a model. Implementation of this dynamic in a computer program allows the creation of realistic scenarios of the evolution of the depressive status of elderly, providing a dynamic view of the long term evolution of a chronic disease problem. The aim is to start with a simple model in order to develop an artificial society in future : every single individual (or 'agent') is then represented as a distinct software entity. The computer model tracks each agent, 'her' contacts and her health status as she moves through virtual space — moving to and from home, for instance, in a way that agents behave like real individuals. The effects of this behaviour on disease progression can be investigated. The results of this work will also assist in formulating hypotheses that may drive future experimental investigations. Indeed, the set of rules can be adapted in an iterative process and in communication with the experts providing more insight in the mechanisms involved. The models may also be useful in a policy context as the models are in fact based on "what if" exercises that allow decision-makers to examine the implications of alternative choices about the design of their organizations.

The THIRD AND LAST THEME uses the knowledge gained in the two previous themes towards the development of optimal **Health Information Systems**. This is a long-term goal but already incorporated in some projects. The CRED team has been working closely with University of Heidelberg and Karolinska Institute to develop standardised methods and classification systems for health data after floods and earthquakes. These tools have been field tested in China and in Indonesia and are ready for presentation at the Congress of Emergency Medicine in Beijing in 2011. IRSS also promotes the inclusion of important variables such as socio-economic determinants in routine data collection efforts.

Together with the World Health Organization, IRSS contributes to the inclusion of socio-economic determinants in data collection efforts in countries in Eastern Europe (i.e., Slovakia and Lithuania). In 2009, Prof. Speybroeck already highlighted parts of this work during a multicountry event in Slovakia[31].

In supporting analytical work, IRSS works closely together with the "Statistical Methodology and Computing Support" (SMCS).

The **methodological work at IRSS is multidisciplinary by essence** and is conducted through interaction between several research teams within IRSS, but also with other research teams within and outside UCL.

Our ambitions for the future

In the **future**, IRSS wants to (through the further development of the aforementioned themes) fine-tune an **evidence based health model**, promoting **excellence** (IRSS will apply the best scientific methods to the challenges of health measurement and evaluation) and **comprehensibility** (IRSS will make measurements comprehensible by broad audiences including the public, policymakers, health professionals and researchers). This model will be developed through working with countries and national and international organisations, optimising the collection and use of data (health information systems) and evaluating the impacts of interventions.

31 http://www.lf.upjs.sk/omek/speybroeck.pdf

6/ Clinical epidemiology

Pr Jean-Marie Degryse

Description of the topic

Clinical epidemiology consists of the application of general epidemiologic principles in clinical research. Our work has two aims : to apply these principles to particular research questions, and to study the methods themselves. Generally, the research concerns questions which necessitate a numerical approach, and in which the patient is the unit of observation. Specifically, our programme focuses on etiology and prognosis in several fields, e.g. the diagnosis and monitoring of brocho-obstructive diseases, the diagnosis of heart failure and cardiac dysfunction, the development of a new clinical method to assess renal function in the elderly, the diagnosis and prognosis of sarcopenia. This research effort takes place in close collaboration with different clinical and laboratory departments of the Cliniques Universitaires Saint-Luc (cardiology, pulmonology, nephrology, clinical chemistry). Our research aims to improve knowledge on etiology, diagnosis, prognosis and treatment or prevention of disease. On a meta-level our work contributes to the development of new specific research methods e.g. diagnostic methods, new approaches for the elaboration of systematic reviews and meta-analysis of diagnostic studies, the development of clinical prediction models and diagnostic algorithms.

What has been done

Several large scale observational studies are organized as collaborative projects. The BELFRAIL study is the result of a UCL/K.U.Leuven joint effort. Much of the research is performed in international partnerships, amongst others in a collaboration with the departments of primary health care of the University of Leiden, the Medical Academy for Post-graduate studies of St Petersburg Russia and the University College London.
Currently, the group is working on three major study projects, among which two are briefly described below.

The BELFRAIL study

The BF_{C80+} study is a prospective, observational, population-based cohort study of subjects aged 80 years and older in three well-circumscribed areas of Belgium (n=567). The study was designed to acquire a better understanding of the epidemiology and pathophysiology of chronic diseases in the very elderly, and to study the dynamic interaction between health, frailty and disability in a multi-system approach.[32] *(3 PhD students and one post-doc researcher)*

32 Vaes et al 2010.

Box 6/ Methodological challenges of diagnostic research

The case of the diagnosis of cardiac dysfunction and heart failure in the elderly.
Ageing of the population and improved survival following acute cardiac events has led to an increased prevalence of cardiac dysfunction and heart failure, especially in the elderly.
The diagnosis of cardiac dysfunction is often challenging when multiple comorbidities are present. The accuracy of a clinical diagnosis, based on signs and symptoms, is very limited in elderly patients [33]. Echocardiography is currently the diagnostic test of first choice for identifying structural and functional cardiac abnormalities. However, its availability for the very elderly can be limited, so there is the likelihood of a considerable over- and under diagnosis of cardiac dysfunction. This emphasises the need for a feasible diagnostic algorihm to identify patients at risk. The research of Bert Vaes et al. in our institute has forwarded substantial evidence on this matter. Based on original data gathered from our own BELFRAIL study he succeeded in constructing a new diagnostic algorithm using a new methodological approach in which (1) classical Baysian logic, (2) a sophisticated multivariate analysis technique and (3) a Classification and Regression Tree analyses (CART) are combined in order to generate a defensible evidence base for the proposed algorithm.

33 Morgan et al. 368-72

The Crystal study

This is the first population-based study in Russia concerning the health and functional status of the community-dwelling elderly. Community-dwelling elderly (n = 611) aged from 65 y to 91 y randomly chosen from the population register and stratified into two age groups (65-74 y and ≥75 y) and followed over a two year period. Russia's cardiovascular disease (CVD) death rate is as high as 829 per 100,000 (2007) – one of the world's highest – and the life expectancy at birth in 2007 in Russia has fallen below 68 y. These changes have resulted in a growing population of elderly survivors of the CVD epidemic and have generated, from a scientific perspective, a distinct epidemiological context in which to study aging[34]. (2 PhD Students and 1 post-doc researcher)

Box 7/ About the societal relevance of clinical epidemiological research

Case study : our contribution to the evidence base underpinning the "Trajet de soins" organized by our national health care insurer.
Chronic kidney disease (CKD) is an important chronic pathology. The prevalence is rising in western countries due to the "grey epidemic". In Belgium, care pathways were designed for multidisciplinary follow-up of CKD patients. This had lead to an increased attention for this pathology. On the other hand we question the current inclusion criteria for this care pathway (estimated glomerular filtration rate (eGFR) chronically below 45 ml/min and/or proteinuria >1g/24h). Using these criteria many elderly patients can be included although a substantial number of them will probably never reach end stage renal disease. We suggest alternative criteria based on longitudinal cohort studies. The parameters used in these alternative criteria are eGFR and its evolution over time, age, albuminuria and metabolic complications of renal failure.

34 Gurina et al 2011.

IRSS also supports the analytical work of other groups such as medical studies conducted at the Cliniques Universitaires Saint-Luc :

/ With the Unité d'Hémostase-Thrombose du Service d'Hématologie, IRSS works on haemophilia (Séverine Henrard and Niko Speybroeck, Cedric Hermans). Haemophilia is a rare disease requiring adapted methodological tools, i.e., to deal with small sample sizes. Classification and regression trees (CART) were used to identify morphometrical predictors of factor VIII recovery and to evaluate the accuracy of the dose calculation of factor VIII[35]. The team discovered that dose calculations of factor VIII should take into account the body weight and the fat mass index and should be individualised in underweight or overweight patients. In future, the IRSS team will continue this work with the Haemostasis and Thrombosis unit of the Cliniques Universitaires Saint-Luc.
/ With the Service de Pneumologie IRSS works on the impact of occupational exposures (hypothyroidism : Anne-Catherine Lantin, Niko Speybroeck, Dominique Lison and asthma : Anne-Catherine Lantin, Niko Speybroeck, Olivier Vandeplas).
/ With the Centre du Cancer IRSS works on the epidemiology of melanoma detection (Isabelle Tromme, Niko Speybroeck).
/ With the Département de Gériatrie & Département de Pharmacie, IRSS work on hospital admissions related to inappropriate prescritions in frail older persons (Olivia Dalleur, Anne Spinewine, Séverine Henrard, Niko Speybroeck, Benoit Boland).
/ With the Division d'Endocrinologie Pédiatrique du Département de Pédiatrie on EU SAGhE Study on long term and vital status and causes of death in isolated GHD, ISS and SGA patients treated with recombinant growth hormone during childhood (Séverine Henrard, Niko Speybroeck, Marc Maes).
/ With the Département de Cardiologie & Département de Gériatrie on the diagnosis of severe cardiac dysfunction in the very elderly (BELFRAIL Study) (Bert Vaes, Benoit Boland, Séverine Henrard, Niko Speybroeck, Jean-Louis Vanoverschelde, Jan Degryse).
/ With the Service de Chirurgie cardiovasculaire et thoracique des Cliniques Universitaires Saint-Luc, on the optimization of graft choice strategy in CABG and on several issues in valvular surgery (David Glineur, Parla Astarci, Laurent de Kerchove, William D'hoore).
/ With the Département de gériatrie on the prediction and prevention of functional decline of older patients (Pascale Cornette, Isabelle Debrauwer, William D'hoore).
/ With the Service d'urgences, on the diagnosis of pulmonary embolism (Frank Verschuren, Alessandro Manara, Frédéric Thys, and William D'hoore).
/ With the Ecole de médecine dentaire, on the epidemiology of caries, the epidemiology of dental erosion, and on decision making in endodontics (Jean-Pierre Van Nieuwenhuysen, Joana de Carvalho, and William D'hoore).

Our ambitions for the future

Clinical epidemiology researchers have developed collaborative research networks, bridging IRSS with many partners, particularly at the Cliniques Universitaires Saint-Luc. Our ambition is to pursue efforts to foster the rigorous application of epidemiology, biostatistics, and informatics skills, combined with strong clinical and evidence-based medical perspectives and to continue to focus on the development of new methodologies in diagnostic research. Benefits of this approach will foster objective, data-driven resourcing decisions, reduce practice variation, improve disease management, and identify best clinical practices.

35 Prédicteurs morphométriques du taux de récupération plasmatique de facteur VIII dans l'hémophilie A. Journée des doctorants en Santé Publique, Santé et Société. Bruxelles, 18 novembre 2010.

7/ Services: a dialog between the institute in its social environment

Pr William D'hoore

Background

As its name suggests, the Institute of Health & Society is naturally concerned with social issues, such as tackling health inequalities, to give just one example. Moreover, one of its goals is to disseminate scientific outcomes that are socially relevant, which means ultimately improving population health.

Members of the Institute have developed strong links between their research, teaching and service activities. Given that members of the institute generally perform no research with technologic or industrial application, they are mostly involved in 2 of the 5 categories of services, defined as major social issues by the UCL Conseil du Service à la Société (CSES)[36]:

/ expertise, knowledge and know-how transfers, including consulting for regional, national and international institutions, including support to political decisionmaking,

/ development cooperation, including the management of public health projects and the training of PhD students from developing countries

Services and their link with other university missions

For members of the institute, knowledge and know-how transfers includes membership in official committees, such as the National Consultative Committee in Bioethics[37], the Federal Committee for Patients' rights[38], or the Conseil Supérieur de Promotion de la Santé[39]. It also includes consulting for individuals, companies and for other research teams (e.g. statistical analysis[40] of clinical research for the UCL-affiliated academic hospitals), and other expert missions, in which many members of the institute are actively involved on an individual basis.

Several other services are sizable enough to require teams to be performed. Examples of such sizable service are the "clinical pathways network (RIC)" and the "in-hospital patient transfer network (TIM)", wich involves the development of networks of healthcare settings and aims to initiate and disseminate organizational innovations related to improving healthcare processes in hospitals[41]. Such networks are funded by the Federal Ministry of Public health and by hospitals. Another example is the identification and dissemination of evidence-based nursing practices[42]. Similarly, the goal of RESODOC[43], a center for documentation in health promotion, established in 1984, is to

36 The 3 remaining categories are: technology transfer, regional development and sustainable development.

37 Pr Geneviève Schamps, Pr Michel Dupuis, Pr Mylène Baum
38 Pr Geneviève Schamps
39 Pr Alain Deccache, Pr William D'hoore
40 Pr Annie Robert, Pr Niko Speybroeck, Pr William D'hoore
41 Pr Elisabeth Darras, www. uclouvain. be/325646. RIC and TIM originated in the years 2004 and 2009, respectively.
42 Dr Micheline Gobert †
43 Pr Alain Deccache

respond to the information need of students and professionals regarding health promotion and patient education. RESODOC has been a World Health Organization (WHO) collaborating Center since 1989, and is presently funded by the Communauté Française de Belgique. The above services are closely related to training and continuing education.
The field of expertise and knowledge transfer offers three examples of the strong links between research and services. Firstly, the Federal Ministry of Public health has mandated since 2010 an inter-university team (KULeuven, UCL, VUB), involving members of the institute[44], to monitor and assess the implementation of a major shift of mental health settings towards integrated care, which implies strengthening the coordination between professionals and settings.

Secondly, the National Sickness Fund has mandated since 2009 a large interdisciplinary group, of which most are members of the institute[45], to develop a comprehensive evaluation approach of multiple projects in the field of health and social care for community-dwelling frail elderly (see the HSR research section). Both contracts with public institutions require theoretical developments and modelization of inter-professional and inter-organizational networks emphasizing coordination and continuity of healthcare, developments in quality assessment methods and in economic evaluations, and a deeper understanding of social networks. In sum, such applications in response to public calls for services are opportunities for research and can be translated into research outcomes (PhD, scientific publications).

In some instances, the initiative stems from members of the institute, e.g. the EtHealth project, which aims to foster more equity in healthcare for migrants[46]. This project is now funded by the ministry of public health.

44 Pr Vincent Lorant
45 Pr Jean Macq, project leader. IRSS collaborators include Pr Christian Swine. Other collaborators are members of Kuleuven, UIAtwerpen, and Uliège.
46 Pr Vincent Lorant

The third example relates to international health and is best illustrated by the CRED and by development cooperation. The Centre for Research on the Epidemiology of Disasters (CRED)[47] which has been a World Health Organization (WHO) collaborating Centre since 1980. The Centre has been active for over 30 years in the field of international disaster and conflict health studies, with research and training activities linking relief, rehabilitation and development. It promotes research, training and technical expertise on humanitarian emergencies, with a special focus on public health and epidemiology. The Centre manages several databases (EM-DAT, CE-DAT, Microdis, Micro-con) compiled from various sources, including UN agencies and non-governmental organisations.

Development cooperation includes the management of public health projects (e.g. decentralization of healthcare funding) and the training of PhD students from developing countries. Participating countries include the Democratic Republic of Congo, Tunisia, Ethiopia, Burkina-Faso and Benin, Viet-Nam, Colombia and Peru[48]. With its international scope, the CRED also takes part in development cooperation. Again, a strong link is present between teaching and research, or between service and research.

Other details about international cooperation are available in the chapter “International Health”.

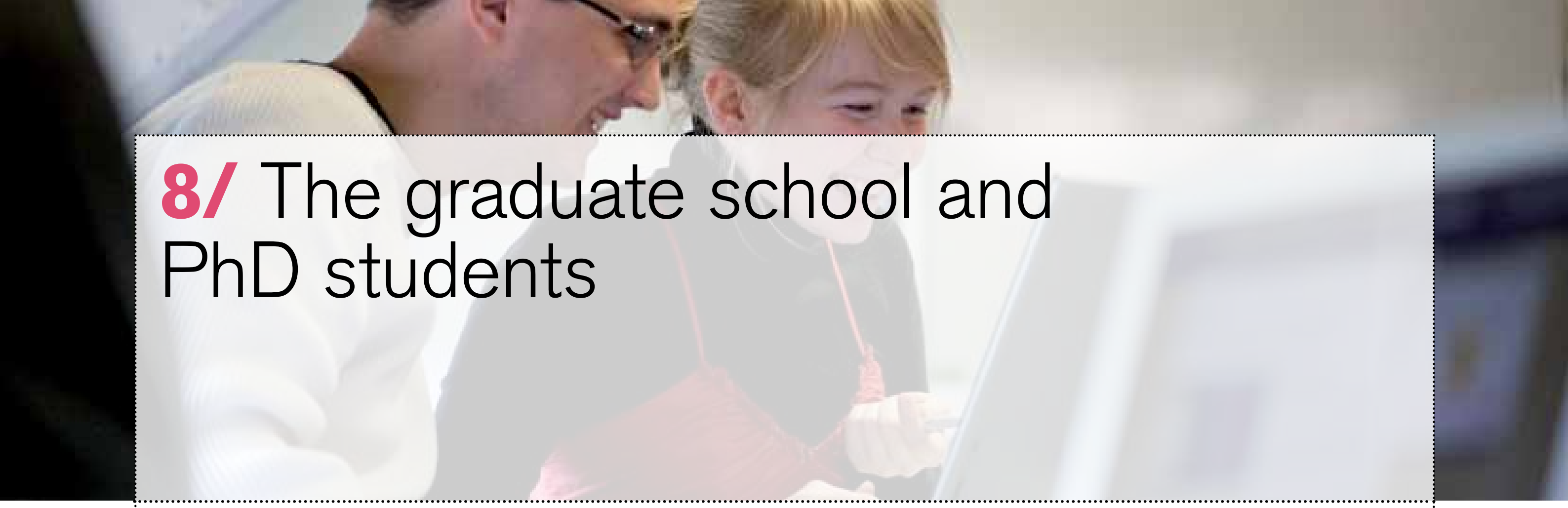
Of course, a substantial part of service is provided to our University, e.g. management activities and continuing education[49]. Some institutional issues, such as health and well-being of UCL students, are opportunities to link service to the institution with teaching and research. In this line, a series of 6 master’s theses has been conducted in 2009-2011 about alcohol use of UCL students[50]. This project included the design and conduct of surveys, statistical analysis, and social network analysis (see the Methodological Tools for Public Health section in this

47 Pr Debby Guha-Sapir, http://www.cred.be
48 Pr Elisabeth Darras, Pr Vincent Lorant, Pr Jean Macq, Pr Myriam Malengreau, Pr Annie Robert, Pr Niko Speybroeck
49 Pr Elisabeth Darras, who also is the Dean of the Faculty of Public Health
50 Pr Vincent Lorant and M. Pablo Nicaise

report). This kind of service has major social relevance through its implications for student life and health promotion at institutional level, academic support, and counselling.

Our ambitions for the future

In summary, members of the institute are actors of our society and feed their traditional academic activities –research and teaching– with answering questions relating to challenging social issues, many of these answers aiming at improving population health, directly or indirectly. Our ambitions are (1) to strengthen the links between service, research and teaching, (2) to align our service strategy with the university policy (CSES), and (3) to enhance our impact upon health improvement, e.g. by changes in community attitudes and influence upon policy-making.



8/ The graduate school and PhD students

Pr Vincent Lorant

There is a very close link between the Institute of Health and Society and the Public Health, Health and Society Graduate School (EDT-SPSS)[51]. This graduate school trains PhD students associated with the Institute, while the Public Health, Health and Society Doctoral Admission Committee (CP-SPSS) is in charge of the various stages of the PhD programme undertaken by PhD students working at the Institute (admission, mid-term evaluation and defence). Professor Vincent Lorant took over from Professor William d'Hoore as chair of both the graduate school and the CP-SPSS in September 2011.

The graduate school is an inter-university body, the second to be set up within the *Académie,* and comes under the authority of the Health Science Doctoral Committee. Providing support for PhD students is one of the main tasks of the CP-SPSS and the Institute of Health and Society. In response to criticisms of the PhD programme (see The Economist, *The Disposable Academic*, 1 December 2010), the Admission Committee aims to apply a rigorous admission procedure, encourage students to complete their programme swiftly, offer doctoral training focused on individual PhD students' needs, and enable them to acquire transferable skills that are likely to improve their chances of finding employment. Two PhD students have their say below. The quality of admission assessments, the support offered to students by the Health Science Doctoral Committee as they complete their PhD programme, the annual review of progress with the supervisory panel, regular meetings with the supervisor, seminars and peer-to-peer sessions at which work is presented and discussed are all vital factors in a high-quality PhD programme.

We should like to draw your attention to two particular training opportunities:

1/ We organize a special one-day session for PhD students once a year with our other partners (the Université libre de Bruxelles, the Université de Liège, the Facultés Universitaires Notre-Dame de la Paix (Namur) and the Institut Scientifique de Santé Publique). Two of these have been held so far: the first in 2010 at the Louvain-en-Woluwé campus and the second in 2011 at the Erasmus campus of the Université libre de Bruxelles. This year's event will be hosted by the Université de Liège. These sessions give around a hundred PhD students the opportunity to meet and discuss their work and other aspects of their doctoral studies.

2/ The Institute has also been funding training in writing scientific articles in English since 2010. The course is given by David Alexander and starts in February each year. See the Institute's website for further information.

As of 1 September 2011 there were 62 PhD students registered under the Public Health, Health and Society Doctoral Admission Committee and actively working towards their PhD. The table below shows the steady trend in recruitment of PhD students under this committee.

51 www2.frs-fnrs.be/fr/financer-les-chercheurs/ecoles-doctorales-congres-publications/ecoles-doctorales/graduate-schools/243-spss.html

Table 1
Activities of the Public Health, Health and Society Doctoral Admission Committee

	2008	2009	2010	2011
New registrations for the PhD programme (no.)	18	16	17	15
Drop-outs (no.)	5	3	2	4
Mid-term evaluation passed (no.)	8	5	9	8
Thesis defended (no.)	4	3	5	4

What are the benefits of studying for a PhD ?

Box 8/ Dr Didier Schoevaerdts, Public Health, Health and Society Graduate School

"The first thing you learn when studying for a PhD is how to ask questions properly. Then you learn to define a method for finding the answers. You find out how to look for funding and resources to enable you to complete your project successfully. You acquire new knowledge and learn how to use it. You find out how to bring together researchers from various disciplines to work together on the problem you are investigating. You learn how to analyze, criticize and communicate your results by exposing them to peer review. You discover how to summarize findings in the literature and put them into context. You learn how to encourage and support other researchers. You also learn how to build strong links between your clinical practice and the evidence from research projects. You get a unique opportunity to open new doors, set up new projects and ask new questions. Then you need to push yourself, overcome your fears, accept your uncertainty and above all maintain your curiosity."

Box 9/ Nathalie Maulet, Public Health, Health and Society Graduate School

"Studying for a PhD is an opportunity to spend time and make progress. You have time to work in the field, concentrate on your subject and come to understand its realities, and master and/or develop useful analytical methods. You progress towards a public health goal by means of in-depth analysis, peer discussion and judging your research in the context of practical realities. This allows you to combine a scientific approach with reflection on the role and ethics of research."

A new decree adopted by the Fund for Scientific Research - FNRS on 1 December 2010 provided for the creation of a new field of study in the medical sector: "public health". This has been offered since the 2011-2012 academic year, and consequently PhD students can be admitted and registered for this specific field of study. The Health Service Doctoral Committee recently officially became the Doctoral Committee for "Medical Sciences, Public Health, Dentistry, Biomedical and Pharmaceutical Sciences, and Motor Sciences".

List of PhD students (supervisors – co-supervisors and provisional thesis title) registered at the Public Health, Health and Society Graduate School.

AIGUIER Grégory, VANPEE Dominique, COBBAUT Jean-Philippe, *« Les enjeux d'une approche par compétence en pédagogie de l'éthique ».*

BAKIONO Fidèle, ROBERT Annie, *« Le genre dans l'approche d'impact du VIH-Sida au Burkina Faso ».*

BERTHE Abdramane, MACQ Jean, *« La gestion du déclin fonctionnel et des maladies chroniques chez les personnes âgées au Burkina Faso : les déterminants liés à l'accès aux services socio-sanitaires ».*

BOULOUFFE Caroline, VANPEE Dominique, *« Le Test de Concordance de Script comme outil de formation et d'évaluation du raisonnement clinique en situation d'incertitude ».*

CHAUMONT Agnès, BERNARD Alfred, *« The significance of the associations between biomarkers of renal effects and cadmium at low environmental exposure ».*

CHIÊM Jean-Christophe, MACQ Jean, SPEYBROECK Niko, *« Développement d'un modèle agent based pour mieux comprendre les interrelations entre des facteurs individuels et contextuels et le statut fonctionnel chez les personnes âgées fragiles après hospitalisation ».*

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SOTO Veronica, SPEYBROECK Niko, D'ALESSANDRO (Institute of Tropical Medicine - Antwerp), *« Plasmodium vivax morbidity after radical cure treatment in the Peruvian Amazon Region ».*

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De Saint-Hubert M. (2010). « *Evaluation clinique et biologique de la fragilité chez la personne âgée hospitalisée : intérêt de biomarqueurs sanguins dans la prédiction du risque du déclin fonctionnel* », thèse soutenue le 28 avril.

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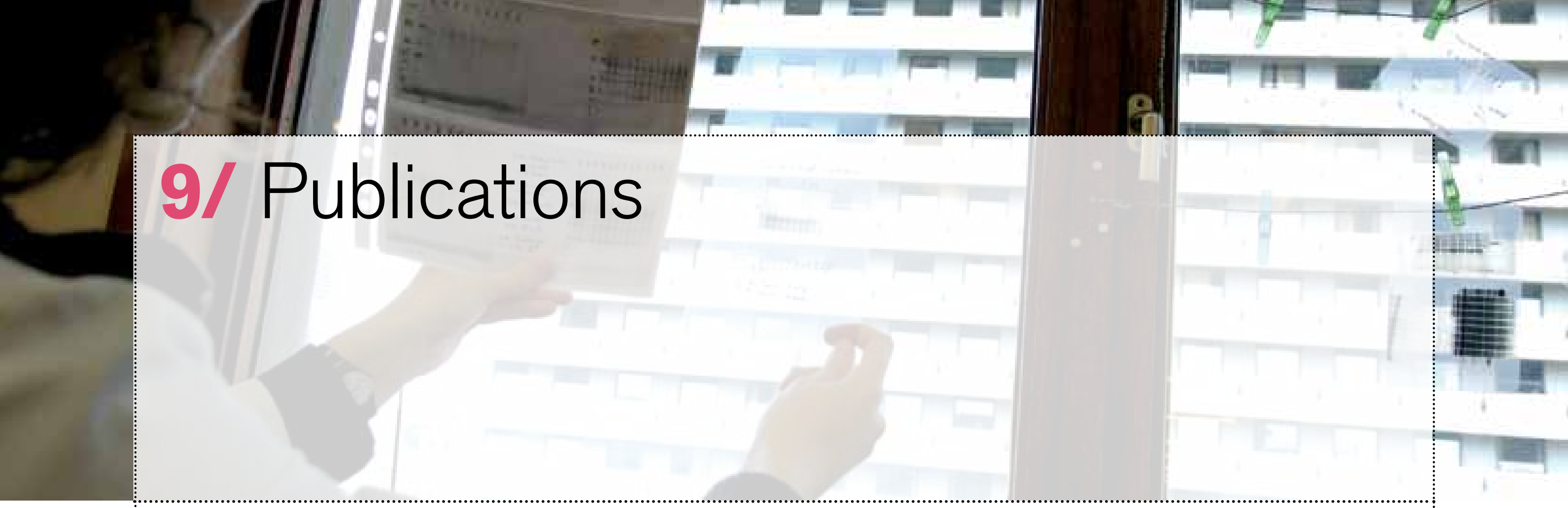

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Aujoulat I., Charles A-S, Janssen M., Struyf C., Pélicand J., Deccache A., Reding R. Long-term follow-up of pediatric liver transplant recipients : Providers' perspectives regarding their educational role. 2nd ELPAT Congress, **Ethical, Legal and Psychosocial Aspects of Organ Transplantation in a European context**, 17-20 April 2010, Rotterdam, Netherlands.

Aujoulat I., Charles A-S., Janssen M., Struyf C., Pélicand J., Deccache A., Reding R. Uncertainty in healthcare providers may impact on long-term follow-up of adolescent liver transplant recipients. American Transplant Congress 2010, San Diego, United States.

De Brauwer I., Boland B., Cornette P. Does Comorbidity influence in-hospital events and post-hospital functional decline in older patients ? 33ste Winter Meeting van de Belgische Vereniging voor Gerontologie en Geriatrie. February 2010. Oostende, Belgium.

Jeanmart C. A pilot experience of client centred care in Brussels city. 4th European Nursing Congress : "Older Persons : The Future of Care", Rotterdam, 4-7 octobre 2010.

Jeanmart C. et al. Coordination d'aide et de soins centrée sur la personne âgée fragile à domicile : Expérience-pilote à Bruxelles. Colloque du Pole de recherche en soins infirmiers : « Recherche en soins infirmiers : Perspectives internationales », Bruxelles, 12 mai 2010.

Lepage S., De Brauwer I., Cornette P., Boland B., Dépistage du profil gériatrique par la liaison interne à l'hôpital : intérêt de la combinaison des tests ISAR & SHERPA. 9e Congrès International Francophone 30es Journées Annuelles de la Société Française de Gériatrie et Gérontologie. October 19-21th 2010. Nice, France.

Nicaise P., Dubois V., Bhui K., Lorant V. Psychiatric Advance Directives : Stakeholders' Analysison a Multistage Scenario. European Public Health Conference, Amsterdam, 2010.

Pélicand, J., Charlier, D., Aujoulat, I. Self-care in children with type 1 diabetes : concept clarification and development of a self-assessment tool. 36th Annual International Meeting of the Society for Pediatric and Adolescent diabetes (ISPAD), 27-30 Octobre 2010, Buenos Aires, Argentine.

Zdanowicz N., D. Jacques, D. Tordeurs, Ch. Reynaert., Interactions entre internet et la sexualité des adolescents. Congrès de l'Encéphale, Paris, janvier 2010.

10/ Other scientific activities and continuing education

10.1/ Keynote speaker, excluding conferences and symposiums

Bolly C., L'approche relationnelle en soins palliatifs, Samedis de la gériatrie, Crea-ULB, Bruxelles, 16 janvier 2010.

Bolly C., Le questionnement éthique au quotidien, w-end de convention des animateurs, Société Scientifique de Médecine Générale, Gent, 6 et 7 février 2010.

Bolly C., Fin de vie-Euthanasie, Association médicale Nord Ardenne, Bastogne, 2 mars 2010.

Botbol-Baum M., Réunion au Comité d'Ethique de Genève, 16 février / 11 mai / 7 septembre / 16 novembre.

Botbol-Baum M., "La pandémie questions philosophiques et bioéthiques". Centre bioéthique de référence de l'OMS, Espace éthique Paris PMS, 14 mars 2010.

Demeester A. Difficultés d'apprentissage du Raisonnement clinique. UFR Odontologie Marseille, 15 septembre 2010.

Fourez B., Les modifications du rapport à l'enfant et leurs implications psychique, sociales et pédagogique, Rotary Bruxelles, 11 janvier 2010.

Fourez B., De l'enfant rêvé à l'adolescent sans rêve. Lacrosse (sociologie UCL), Conférence organisée par les centres de guidance de la Province de Luxembourg. Arlon, 25 mars 2010.

Fourez B., Les maladies de l'autonomie. Cycle de conférence du Dr Rijckmans (Brabant wallon, Lasne), 21 avril 2010.

Fourez. B, Les médications antiparoxystiques comme traitement de l'humeur chez le borderline., ECU Orval : 1 et 2 mai 2010.

Fourez B., Discutant du Pr Reynaert lors de la journée d'Hommage au Prof. Cassiers (Woluwe), 11 décembre 2010.

Fourez B., De l'enfant rêvé à l'adolescent sans rêve. Conférence donnée pour les 100 ans du Collège Notre-Dame de Bonlieu à Virton, 18 décembre 2010.

Jacques D., Timmermans JM., « Petites manies ou trouble obsessionnel compulsif ». Namur, 23 février 2010.

Jacques D., « A ta santé, l'alcool et les jeunes ? ». , Café citoyen, 28 avril 2010.

Jacques D., « La psychogériatrie ». , Comblain-au-Pont, 25 juin 2010.

Jacques D., « Alcool et adolescence ». , Grand Hôpital de Charleroi, 23 novembre 2010.

Janne D., Le patient, le généraliste, le « psy » : les dépressions et leur traitement non-médicamenteux. Bruxelles, ECU, 11 novembre 2010.

Janne P., Stress et informatique., Namur, GHN, 10 décembre 2010.

Reynaert. Ch., Organisatrice et discutante du Prof. Fridrich Stiefel, Psychiatrie de Liaison et psychooncologie. Réunion du groupe de contact ULB/UCL/ULg, Institut Bordet, Bruxelles, 10 mai 2010.

Reynaert Ch., Les nouveaux antidépresseurs. Réunion Namur, 27 avril 2010.

Reynaert Ch., La psychosomatique à l'hôpital général. Journée d'hommage à L. Cassiers, SRMMB, Woluwé, 11 décembre 2010.

Roussel S. (2010, 18 novembre). Quelle articulation existe-il entre les représentations des intervenants et leurs pratiques d'éducation du patient (ETP) ? Modélisation des liens chez un public d'intervenants en ETP, Journée de l'Ecole Doctorale Santé et Société, Bruxelles.

Schamps G., « La protection des droits du patient en Belgique : Le cas particulier de la maladie mentale », le 22 mai 2010, Montréal, Université de Sherbrooke, Canada.

Schamps G., « Les décisions de fin de vie en Belgique : Le rôle et la place de l'euthanasie légale », le 20 mai 2010, Sherbrooke, Université de Sherbrooke, Canada.

Schamps G., « Les implications de la nouvelle loi relative à l'indemnisation des dommages résultant des soins de santé », lors du Séminaire organisé par l'ABSyM (Chambre syndicales des médecins de l'agglomération bruxelloise), le 15 décembre 2010, à Bruxelles.

Schamps G., « Le prélèvement d'organes sur des donneurs vivants incapables de manifester leur volonté », lors de la table-ronde du Symposium « Don d'organes et transplantation. Où en sommes-nous en Belgique ? », organisé le 9 décembre 2010, par l'Académie Royale de Médecine de Belgique et la Koninklijke Academie voor Geneeskunde van België, Palais des Académies, Bruxelles.

Schamps G., « La fin de vie : les soins palliatifs et l'euthanasie », 18 novembre 2010, avec D. Lossignol, Collège Belgique, Palais des Académies, Bruxelles.

Schamps G., « La procréation médicalement assistée et la maternité de substitution : le droit confronté à la pratique », 15 novembre 2010, dans le cadre de la conférence organisée par ELSA (The European Law Students' Association), Louvain-la-Neuve.

Schamps G., « Preimplantation Genetic Diagnosis (PGD) : Overview of european Reglementations », 16th Forum of National Ethics Committees (NEC FORUM), 28 et 29 octobre 2010, organisé par le Comité consultatif de bioéthique de Belgique, dans le cadre de la Présidence belge de l'Union européenne, Palais des Académies, Bruxelles.

Schamps G., « Les implications de la loi du 31 mars 2010 relative à l'indemnisation des dommages liés aux soins de santé », 21 octobre 2010, dans le cadre du colloque organisé par l'AMIS (Association des médiateurs des institutions de santé), Durbuy.

Schamps G., « Implications pour le patient et ses ayants droit de la loi du 31 mars 2010 relative à l'indemnisation des dommages liés aux soins de santé », 21 juin 2010, Assuralia, Bruxelles.

Schamps G., « Les alternatives à la responsabilité : la médiation dans les soins de santé, l'indemnisation sans faute des dommages liés aux soins de santé », avec D. Martin (Office national d'indemnisation des accidents médicaux, Paris), 22 avril 2010, Collège Belgique, Palais des Académies, Bruxelles.

Swine Ch., « Dossier transmural : les besoins du secteur et les nouveaux paradigmes » 18/11/2010 VIè forum des soignants de l'ADMR. La Marlagne.

Swine Ch., « Plus de cohérence et de diversité pour la santé des personnes âgées » 7 octobre 2010 Journée Etre accompagné à domicile, un défi quotidien. Soins à Domicile. Libramont.

Swine Ch., « Vieillissement et santé » 10 juin 2010 ACRF Assesse.

Swine Ch., « Qualité de vie du patient dément âgé » 22 janvier 2010 SPF : FNRS Groupe de contact « Vieillissement » Démence et fin de vie : contributions au débat.

10.2/ Participation in continuing education

Botbol-Baum M., Université des femmes. Séminaire de formation : en avoir ou pas. Les féministes et les maternités. De septembre à février.

Botbol-Baum M. L'éthique de la santé publique, une nouvelle discipline ? « Intervision » IRSS/PRISCI, UCL, Bruxelles, 4 février 2010.

Botbol-Baum M. Le handicap face au discours mélioriste : le rôle du care (en collaboration avec Jean-Philippe COBBAUT), Séminaire Helesi « Ethique de santé publique : entre capacités et « care ». Evaluation critique des niveaux de responsabilités en Santé publique », Helesi/IRSS, UCL, Bruxelles, 18 octobre 2010.

Botbol-Baum M. La fonction maternelle à l'épreuve des biotechnologies : une sortie du déterminisme biologique ou une renaturalisation de la maternité ? Séminaire de formation « En avoir ou pas. Les féministes et les maternités », Bruxelles, Université des femmes, 15 janvier 2010.

Deccache A. Recherche qualitative en prévention et éducation santé : quelques questions éthiques et épistémologiques. Séminaire Helesi, Bruxelles, 18 mars 2010.

Deccache A. Ce qu'il faut retenir de l'évaluation. 5e journée du cycle : évaluation des pratiques éducatives et suivi des patients… CIESP, Fraiture, 27 mai 2010.

Degryse J.M. Teaching Evidence Based Medicine : a teaching the teachers course. Tartu, Estonia, 7-10th October 2010.

Degryse J.M. Designing and developing distant education programs. St. Petersburg, Russia, 20-23 th December 2010.

Demeester A. Les nouvelles études de sage-femme : PACES, LMD Maïeutique, et intégration de l'EU3M (Ecole Universitaire de Maïeutique Marseille Méditerranée) Journée de formation de L'Ordre des sages-femmes du Var, Toulon (France), 4 juin 2010.

Fourez B., La névrose de l'estime de soi. Enerpsy : St-Luc, Bouge, 14 janvier 2010.

Fourez. B., L'impératif d'estime de soi et de confiance en soi : ses souffrances et comment les travailler. En collaboration avec P[r] Duruz (Formation 1 et 2 mars 2010 donnée au CHU Lausanne).

Fourez B., La dépression dans le monde du travail (cours donné au DSMH ICHEC Bruxelles), 3 juin 2010.

Fourez B., Les métamorphoses de la place de l'enfant dans notre société : conséquences psychiques sociales et pédagogiques : première journée de formation donnée le 29 juin 2010 au CLER, Paris, France.

Fourez B., Les relais de la réflexivité des sociétés traditionnelles aux sociétés de l'hypermodernité., Séminaire de Psychopathologie Historique (Woluwe), 12 octobre 2010.

Fourez B., De l'enfant rêvé à l'adolescent sans rêve : deuxième journée de formation donnée le 26 octobre 2010 au CLER, Paris, France.

Jacques D., « Arrêter de boire ? Arrêter de fumer ? Pourquoi pas ? Et pourquoi pas les deux ?, Mont-Godinne, Séminaire Enerpsy's, 4 octobre 2010.

Reynaert Ch., La dépression, Médecins du Namurois, 24 février 2010.

Reynaert Ch., Relation médecin-patient dans la consultation sexologique., Medical Theatre, Association des médecins des Fagnes, Barbançon-Beaumont, 25 mars 2010.

Reynaert Ch., Le psoriasis : une maladie psychosomatique ? Association des généralistes de Binche et entités avoisinantes 26 mars 2010.

Reynaert Ch., Le généraliste et la sexologie., Formation continue des médecins généralistes de Wavre (Médi-Wavre), 11 mai 2010.

Reynaert Ch., La psychodermatologie : mythe ou réalité ? Grande journée de la SSMG Namur, 29 mai 2010.

Reynaert Ch., Relation radiologues/patients. Cours DES, Bruxelles, 28 septembre 2010.

Reynaert Ch., La dysfonction érectile : comment répondre au mieux aux besoins des patients et des médecins ? La sexologie, la relation dans le couple., Scientific Presentation at the medical off-site Meeting ; Cours aux médecins, Medical staff Lilly, Leuven, 26 octobre 2010.

Reynaert Ch., La communication médecin-patient : une démarche éthique. Association
des Médecins du Canton de Nivelles et environs, 25 novembre 2010.

Reynaert Ch., Cancer, identité et sexualité., Formation continue en psycho-oncologie, ULB, 26 novembre 2010.

Reynaert Ch., Cancer du sein et sexualité., Réunion du Centre de Médecine sexuelle/Oncologie, Mont-Godinne, 13 décembre 2010.

Schamps G., « La réglementation relative aux droits du patient, et plus particulièrement celle concernant la médiation », lors de la Formation continue « La gestion des soins », organisée par la Faculté de Santé publique de l'U.C.L., le 17 décembre 2010, à Louvain-la-Neuve.

Schamps G., « La médiation dans les soins de santé – Les droits de la personne vulnérable » dans le cadre de la formation organisée par le Certificat interuniversitaire en éthique des soins de santé, Woluwe-St-Lambert, 1er octobre 2010.

Schamps G., « Les droits du patient et la personne âgée » à l'occasion du Séminaire interdisciplinaire de recherche sur le vieillissement, organisé par le Centre Interdisciplinaire de Recherche sur le Vieillissement (CRIV), Woluwe-St-Lambert. 23 septembre 2010.

Schamps G., « Aspects de droit médical en neurologie : consentement, urgence, secret médical, responsabilités », Staff-meeting du Service de neurologie, Cliniques universitaires Saint-Luc, Woluwe-Saint-Lambert, 11 mars 2010.

Schamps G., « La gestation pour autrui : Etat du droit », avec J. Sosson, dans le cadre du Cours interfacultaire de bioéthique sur le thème 'La maternité autrement : un bébé pour une autre, un bébé toute seule, un bébé avec une autre femme », Faculté de sciences, FUNDP Namur, 9 février 2010.

Swine Ch., « Physiopathologie du cœur âgé » 18e Journée de cardiologie pour le médecin généraliste. Auditoire Lacroix LeW, 2 octobre 2010.

Swine Ch., « Evaluation préopératoire du risque chez l'octogénaire avant remplacement valvulaire aortique ». Séminaire de cardiologie, 4 juin 2010.

Tordeurs D., Une lecture de l'alcoolisme féminin : appartenance et séparation dans l'univers de Marguerite Duras. Cycle de séminaires de la Clinique St-Jean Bruxelles, 27 mai 2010.

Tordeurs D., Une lecture de l'alcoolisme féminin : appartenance et séparation dans l'univers de Marguerite Duras., Cycle de séminaires Centre Chapelle-aux-Champs Bruxelles, 29 septembre 2010.

Zdanowicz N., La psychothérapie brève en médecine générale. ECU-UCL, Bruxelles novembre, 2010.

10.3/ Membership of learned societies and expertise

Dr I. Aujoulat

/ Société européenne de transplantation (ESOT) ;
/ Association internationale de tansplantation pédiatrique (IPYA) ;
/ Société européenne d'éducation thérapeutique (SETE) ;
/ Participation à l'évaluation de projet dans le cadre de appel à projets de recherche lancé par l'Institut de Recherche en Santé Publique (IReSP), en partenariat avec la DGS, la CNAMTS, la CNSA, la HAS, la MiRe-DREES, le RSI, l'Afssaps, l'InVS et l'INPES en France ;
/ Participation à un groupe de travail international sur la santé des enfants et des adolescents à l'hôpital dans la cadre du réseau OMS des hôpitaux promoteurs de santé, http://www.hphnet.org ;
/ Participation à un groupe de travail international sur les aspects éthiques, légaux et psychosociaux de la transplantation d'organes, dans le cadre de la Société européenne de transplantation (ESOT), www.elpat.org.

Dr C. Bolly

/ Membre du Comité consultatif de bioéthique de Belgique
/ Membre du Comité National de Bio-éthique, mandatée par l'Ordre des Médecins ;
/ Membre du Comité d'éthique de la Fédération Wallonne de Soins Palliatifs, mandatée par le CA de la Fédération ;
/ Membre du Comité d'éthique du Centre Hospitalier de l'Ardenne, mandatée par l'Association des Médecins Généralistes du Centre Ardenne ;
/ Responsable du projet GIRAFE (Groupe Interdisciplinaire de Recherche, d'Aide à la décision et de Formation en Ethique clinique) à Libramont.

Pr M. Botbol-Baum

/ Midis de la bioéthique ;
/ Centre de documentation sésame ;
/ Formation soins palliatifs ;
/ Experte en éthique pour la commission européenne et l'OMS ;
/ Membre du comité national de bioéthique depuis 1998 et membre du comité de déontologie de la communauté de Genève ;

Pr D. Charlier

/ Membre de la commission d'agrément de la spécialité PIJ & maitre de stage coordinateur en Psychiatrie IJ ;
/ Présidente de la commission de formation en Psychiatrie ;
/ Vice-présidente de l'APSY-UCL ;
/ Membre du CA WAIMH Belgo-Luxembourgeoise ;
/ Membre du CA WAIMH France ;
/ Membre du bureau de direction WAIMH Europe ;
/ Membre Conseil Scientifique fond. MM Delacroix ;
/ Membre du CA de l'Hôpital K Parhélie ;
/ Membre du CA du Centre Neurologique William Lennox ;
/ Membre du Conseil Scientifique de La Petite Maison ;
/ Membre du CA SFPEADA (société Psychiatrie IJ) ;
/ Expert pour PIJ au CNEH, INAMI ;
/ Professeur invitée à UNIGE (Suisse) ;
/ Mission prépa. Enseignement de la PIJ en RDC et suivi de RDC ;
/ Formation de médecins spécialistes en PIJ de RDC (2).

Pr P. Chevalier

/ Expert auprès de la Commission de Remboursement des Médicaments de l'INAMI (expert interne INAMI) ;
/ Représentant de l'UCL à la Commission d'Evaluation des pratiques médicales en matière de Médicaments (CEM) ;
/ Président du Comité Organisateur des Conférences de Consensus de l'INAMI organisés par la CEM, une fois sur deux, soit une fois par an (en alternance avec le Pr Gert Verpooten, Antwerpen) ;
/ Coordinateur pour la réalisation du Guide belge des traitements anti-infectieux en pratique ambulatoire ;
/ Représentant du Ministre des Affaires Sociales au Comité National pour la promotion de la Qualité ;
/ Représentant du CAMG de l'UCL à la BAPCOC (Politique de Coordination Antibiotique Belge) ;
/ Représentant de l'UCL à la Section scientifique de l'Observatoire des maladies chroniques ;
/ Coordonnateur du Groupe de travail de rédaction des recommandations de Bonne pratique à la Société scientifique de Médecine Générale ;
/ Membre de la direction de la plate-forme d'Evidence-Based Medicine belge.

Pr E. Darras

/ Responsable Cellule formation continue en sciences hospitalières.
/ Membre du COCF et du bureau du COFC.
/ SPF Santé publique :
- Transfert Patients.
- Conseil fédéral de la qualité soins inf.
- Réseau Itinéraire clinique RIC – Resp.
/ AG de l'Association professionnelle.
/ CA de l'HELV/ISEI.
/ AG PMS Woluwé.
/ AG de l'UDA.
/ Bureau de l'ass. Francophone des médecins chefs.
/ Membre de la Commission médicale provinciale du Brabant.
/ Présidente Praqsi (réseau multi nation de recherche et de réflexion à partie de la pratique quotidienne des SI).
/ Expert auprès du Fond national suisse de la recherche.
/ Evaluateur pour le programme de recherche Infir. & paramédic P.H.R.I.P.

Mme M. Dauvrin

/ Membre du bureau de la Belgian Public Health Association.

Dr I. De Brauwer

/ Membre de la Société Belge de Gériatrie et Gérontologie (SBGG/BVGG) depuis 2006.

Dr E. De Clercq

- / Président de la Société Scientifique belge d'Informatique Médicale (MIM)
- / Membre suppléant du comité sectoriel santé de la Commission pour la Protection de la Vie Privée
- / Membre du groupe de travail SEMINOP (interopérabilité sémantique) au sein du groupe SPF Santé & Publique/Plateforme eHealth
- / Président de l'asbl CIPMP.
- / Membre comité pilotage du réseau itinéraire clinique francophone (RIC).
- / Membre du CA, trésorier et représentant belge auprès de la Fédération Européenne d' Informatique Médicale (EFIM).
- / Représentant CORSCI au bureau du secteur santé, au conseil du CORSCI et conseil académique.

Pr J-M. Degryse

- / Membre du conseil et représentant national auprès d'EURACT (European Academy of Teachers in General Practice). Rédacteur en chef de la newsletter d'EURACT (4 numéros /an).
- / Visites auprès d'écoles :
  - Dr Anton Andryukin (St. Petersburg – Russian Federation) en Avril 2010.
  - Dr Natalia Gurina (St. Petersburg – Russian Federation) en Février et Avril 2010.
  - Dr Ann Van Houwelingen (Leiden – The Netherlands) en juin 2010.

Mme A. Demeester

- / Trésorière de la SIFEM (Société International Francophone d'éducation Médicale).
- / Membre de l'ASFEF (Association des sages-femmes enseignantes françaises.

Pr W. D'Hoore

- / Formations (Paris, Namur,…)
- / Analyses statistiques (doctorats, publications,…)
- / Réponses aux appels d'offres (KCE, Région Wallonne, Communauté française de Belgique,…)
- / Développement régional : Étude de faisabilité d'un système d'info sanitaire en CFWB-RW…

Dr V. Dory

- / Membre de AMEE (Association for Medical Education in Europe).
- / Membre du groupe « Recherche » de la SIFEM (Société Internationale Francophone d'Education Médicale).

Dr D. du Boullay

- / Vice-Président AGEBRU (Association des Généralistes de Bruxelles-Ville).
- / Vice-Président ABRUMET (Association bruxelloise de télématique médicale).
- / Membre de la Commission Vie Privée comité sectoriel santé publique.
- / Président de SOS médecins Brussels asbl.
- / Responsable du centre académique de MG à l'UCL.
- / Administrateur pour l'UCL de l'asbl CCFFMG (Centre de Coordination francophone pour la formation en médecine générale).

Dr C. Duyver

- / Directeur médical du poste médical de garde « CMGU » : développement et recherche.
- / Support logistique et scientifique : Poste médical de garde Chimay.
- / Support logistique et scientifique : Poste médical Meuse et Sanson.
- / Soutien scientifique : Evaluation garde en nuit profonde à Waremme.
- / Soutien scientifique : Evaluation de la garde Bruxelloise, projet pilote en vue d'harmonisation des procédures en Wallonie.
- / Fondation Roi Baudouin : membre du groupe de réflexion à propos de la mise sous administration provisoire de biens.
- / Animations de GLEM sur le bon usage des certificats médicaux.

D^r C. Jeanmart

/ Aide à l'évaluation de projets pilotes (FRB, INAMI).
/ Participation à des tables rondes, conférences à destination de professionnels de la santé (vieillissement, usage des drogues, réduction des risques).
/ Aide à la décision politique (recommandations concernant des projets de soins à destination des personnes âgées).
/ Membre du réseau Braises (réseau interuniversitaire francophone d'expertise en vieillissements).

D^r Ph. Kinoo

/ Membre du Comité National de Bioéthique, mandatée par l'Ordre des Médecins
/ Membre du Comité d'éthique de la Fédération Wallonne de Soins Palliatifs, mandatée par le CA de la Fédération
/ Membre du Comité d'éthique du Centre Hospitalier de l'Ardenne, mandatée par l'Association des Médecins Généralistes du Centre Ardenne.

D^r S. Leconte

/ Aide rédactionnelle BAPCOC (Politique de Coordination Antibiotique Belge).
/ Animations de GLEM sur la toux et l'analyse de la littérature médicale.

D^r M. Louis

/ Les systèmes intégrés en politique de développement territorial. L'Aveyron et ses sports de pleine nature – Politique de développement des activités de loisirs. Juillet-août et septembre 2010.

P^r J. Macq

/ Coopération au développement :
  - Suivi scientifique des projets de coopération dans le domaine de la santé en RDC (ASSNIP 1 et 2).
  - Mission de suivi et d'enseignement pour le programme CUI au Pérou.
  - Membre du CA et au groupe stratégique santé de Louvain développement.
  - Suivi de doctorants RDC, Inde, Burkina Faso, Ouganda.

/ Belgique
  - Projet P3 (recherche évaluative)
  - Fondation Roi Baudouin (évaluation de la stratégie de promotion de la participation des patients).
  - Fédération des maisons médicales (les nouveaux métiers de la première ligne).
  - Réunions d'experts au KCE.

P^r D. Pestiaux

/ Membre de la SIFEM (Société International Francophone d'éducation Médicale).
/ Membre du groupe « Santé et Société » de la SIFEM. Secrétaire de la SIFEM jusqu'en juin 2010.
/ Soutien logistique et scientifique : Saint-Luc@home (projet financé par la fondation Louvain), qui consiste à donner accès aux patients à leurs dossiers médicaux.
/ Membre du groupe de réflexion REGM.
/ Membre commission santé-société de la SIFEM (groupe sur le professionnalisme et sur le Porfolio).

P^r Ch. Reynaert

/ Membre de l'« Academy of Psychosomatic Medicine », Chicago, depuis février 89.
/ Membre de l'« American Psychosomatic Society », McLean, Virginia, depuis décembre 1992.
/ Membre de la « New-York Academy of Sciences » depuis 1994.
/ Membre du Comité de rédaction de Neuro Psy depuis 2003.
/ Membre du Conseil d'Administration de l'Association Francophone de Psychiatrie de Liaison (AFPL) depuis 2006.
/ Membre du groupe de contacts FNRS « Psychologie de la Santé » UCL/LLN.
/ Membre de l'Association CENSTUPSY-Cambridge N.H.S. depuis 2008.
/ Membre de l'ESSM (European Society for Sexual Medicine) depuis 2009.
/ Membre of the Editorial Board Member of Journal of Psychology & Psychotherapy depuis 2011.
/ Responsable du programme scientifique des séminaires théoriques mensuels du réseau Enerpsys-S (Ensemble des Etablissements du réseau Psy-Sud) depuis 1996.

/ Rédaction des scenarii, sous forme de jeux de rôle, de consultations médecin/patient (en Sexologie et en Oncologie) à destination des médecins généralistes et spécialistes oncologues. Medical Theatre en collaboration avec la firme Ad Vitam depuis 2008.

Pr L. Roegiers

/ Membre du comité d'éthique de Saint Luc.
/ Membre du comité de bioéthique d'Amnesty.
/ Membre du GIP (Groupe interdisciplinaire-interuniversitaire de périnatalité).

Pr G. Schamps

/ Co-fondatrice du Réseau Universitaire International de Bioéthique et membre du Bureau de ce Réseau (créé en 2006) (http://rui-bioethique.univ-rennes1.fr/) regroupant des membres issus notamment de l'Université de Caxias do sul – UCS [Brésil], de l'Université de Coimbra [Portugal], de l'Université Columbia [New York, États-Unis], de l'Université d'Europe centrale [Budapest ; Hongrie], de l'Université de Genève [Suisse], de l'Université de Kyoto [Japon], de l'Université de Navarre [Espagne], de l'Université du Pirée [Grèce], de l'Université de Reading [Grande-Bretagne], de l'Université de Rennes I [France], de l'Université de Rome II [Italie], de l'Université de la Sarre [Saarbrücken, Allemagne], de l'Université de Tunis III [Tunisie] et de l'Université d'Utrecht [Pays-Bas]).
/ Membre du comité de pilotage du Réseau francophone de bioéthique (regroupant des membres issus d'Algérie, Belgique, Cameroun, Canada, France – Bordeaux, Paris, Commission nationale de bioéthique, Institut Curie, Agence de la Biomédecine – Espagne, Gabon, Madagascar, Maroc, Républ. Pop. Congo, Sénégal, Suisse, Tunisie).
/ Relations scientifiques avec le Groupe de recherche en droit de la santé (Université de Sherbrooke, Canada), l'Institut Droit et Santé (Université Paris-Descartes, France), le Centre européen d'études et de recherche droit et santé (Université de Montpellier, France), l'Université Paul Sabatier Toulouse III (France), l'Institut de droit de la santé (Université de Neufchâtel, Suisse), la Faculté de droit de l'Université de Genève, la Fondation Brocher (Genève), l'Institute of Health Policy and Management (Erasmus Universiteit Rotterdam, Pays-Bas), l'Institute for European Tort Law (Vienne),…
/ Membre du "World Association for Medical Law"
/ Membre de l'Association Internationale de Droit Pénal.
/ Membre de l'Union Belgo-Luxembourgeoise de Droit Pénal.
/ Membre de l'Association Henri Capitant des amis de la culture juridique française.
/ Membre du "Public Health Genomics Belgian Task Force".
/ Membre du « Ius Commune Research School »
/ Correspondante scientifique de l'Institut Suisse de Droit Comparé, Lausanne.
/ Co-fondatrice du Groupe de recherche « Health, Ethics, law, Economy and Social Issues" (UCL, créé en 2009).
/ Présidente de la Commission fédérale « Droits du patient ».
/ Membre du Comité consultatif de bioéthique de Belgique.
/ Professeur invitée au Collège Belgique (sous le parrainage du Collège de France).
/ Professeur invitée à l'Université de Paris-Descartes (Paris V).
/ Membre du panel d'experts « Sciences of Law and Criminology », Fonds Wetenschappelijk Onderzoek - Research Foundation Flanders (FWO).
/ Interventions en tant qu'expert, notamment auprès :
  - De la « Swiss National Science Fondation » (évaluation de dossiers - appels à projet).
  - D'universités belges ou étrangères (évaluations de centres de recherche - Université Paris Descartes) ; habilitation à diriger des recherches (Université de Poitiers) ; nomination de professeurs (UCL ; Facultés universitaires Notre-Dame de la Paix, Namur) ; évaluation de projets de recherche (Université Paris Descartes ; Facultés universitaires Notre-Dame de la Paix, Namur) ; attribution de cours vacants (UCL), etc.
  - De l'Académie royale de médecine de Belgique.
  - De la Fondation Roi Baudouin (présidence de jurys d'appels à projet, de jurys d'évaluation de rapports scientifiques, etc.).
  - Du Centre fédéral d'expertise des soins de santé (évalua-

tion de rapports).
  - D'assemblées parlementaires belges ou étrangères (auditions : fin de vie ; euthanasie ; droits du patient ; chirurgie esthétique ; indemnisation des soins de santé, etc.).
  - Du groupe de travail Public health Genomics in Belgium, du Conseil Supérieur de la Santé.
  - Du Conseil Interuniversitaire de la Communauté française de Belgique (CIUF).
  - Du Réseau Santé Wallon
  - Membre du pool d'experts pour l'évaluation scientifique de projets sous les Sixth and Seventh Framework Programmes of the European Community for research and development.
- / Membre du Jury pour les examens linguistiques organisés dans le cadre de la loi sur l'emploi des langues en matière judiciaire, pour les magistrats.
- / Membre de jurys au niveau de l'Etat fédéral belge (Service du personnel et des ressources humaines du Sénat, Bureau de Sélection de l'Administration fédérale SELOR).
- / Membre de l'Office national d'indemnisation des accidents médicaux (ONIAM, Paris) en tant que personnalité qualifiée.

P[r] N. Speybroeck

- / Country Studies Task Force (Candidate) Chair in the Foodborne Disease Burden Epidemiology Reference Group (FERG) of the World Health Organization (WHO).

P[r] C. Swine

- / Président de la commission d'agrément de la spécialisation en gériatrie.
- / Administrateur dans 2 MRS du réseau conventionné avec les Cliniques UMG.
- / Administrateur à la SBGG – Société Scientifique de Gériatrie en Belgique.
- / Administrateur à l'ISEI et à la haute école Léonard de Vinci.
- / Président du comité de gestion Fonds Gert Noel.
- / Membre de l'équipe PROTOCOLE 3 IRSS.

P[r] D. Vanthuyne

- / Responsable du réseau des Maîtres de stage de l'UCL en Médecine Générale.
- / Président du Comité de Coordination Francophone Interuniversitaire pour la Formation en Médecine Générale.
- / Vice président de la commission Enseignement Continu UCL (ECU-UCL).
- / Administrateur de la revue « *Louvain Médical* ».
- / Administrateur de l'Association des Médecins Alumni de l'Université catholique de Louvain (AMA-UCL).

P[r] N. Zdanowicz

- / Membre correspondant de l'Association Freudienne (Paris), depuis 1990.
- / Membre de la Société de Psychologie Médicale (Paris), depuis 1994.
- / Membre du conseil de l'APSY, 1995.
- / Membre permanent du bureau de coordination adolescent de l'APSY, 1996.
- / Responsable de formation des assistants psychiatres UCL, 1999.
- / Membre de l'European Society for child and adolescent psychiatry, 2001.
- / Membre de l'International Association for child and adolescent psychiatry and allied professions, 2001.
- / Membre de la Société Belge de Psychiatrie de l'enfance et l'adolescence.
  - Cambridge Univ press, 2010.
  - Youth and Society, 2010.
  - European Expert Plateform on Depression, 2010.

10.4/ Reviewer

Dr I. Aujoulat

Reviewer dans les revues suivantes :

/ *Patient Education & Counseling*.

/ *Health Expectations*.

/ *Chronic illness*.

/ *Qualitative Health Research*.

/ *Journal of Pediatric Diabetes*.

/ *Pediatrics*.

/ *Pediatric Transplantation*.

/ *Education thérapeutique du patient*.

Dr C. Bolly

/ Membre du Comité de Rédaction de la revue *Ethica clinica*, mandatée par la Fédération Hospitalière de Wallonie.

/ Membre du comité de rédaction de la revue *Ethica clinica* (FIH, Namur)

Pr Charlier

/ Rédactrice en chef revue *Enfances-Adolescences*.

Pr P. Chevalier

/ Rédacteur en chef de *Minerva Revue* d'Evidence-Based Medicine Rédacteur pour le Formulaire pharmaceutique pour les Maisons de Repos et de Soins.

Pr E. Darras

Membre du comité de lecture :

/ De la revue *L'infirmière clinicienne* (Québec).

/ De la revue *Perspective soignante*.

/ De la Revue *Health care exécutive*.

Mme A. Demeester

Reviewer dans la revue suivante :

/ *Pédagogie Médicale*.

Dr V. Dory

/ Reviewer dans les revues suivantes :
- *Medical Education*.
- *Pédagogie Médicale*.

/ Responsable de la rubrique « Pédagogie Médicale » du *Louvain Médical*.

Dr C. Duyver

/ Rédacteur pour la Revue *Minerva* belge d'evidence based medicine.

Dr Ph. Kinoo

/ Membre du Comité de Rédaction de la revue *Ethica clinica*, mandatée par la Fédération Hospitalière de Wallonie

M. P. Nicaise

/ Reviewer pour la Revue International *Journal of Public Health*.

Pr Ch. Reynaert

/ Reviewer dans les revues suivantes :
- *Psychopharmacology*.
- *Drugs*.
- *Psychosomatic Medicine*.
- *Louvain Médical*.
- *Thérapie Familiale*.
- *Cahiers des Sciences Familiales et Sexologiques*.
- *Acta Clinica Belgica*.
- *Bulletin du Cancer*.
- *Elsevier Press*.
- *Radiothérapy and Oncology*.
- *Acta Psychiatria Belgica*.

/ Conseil de Rédaction de *Louvain Médical* depuis 1997.

/ Membre du Comité de Rédaction de l'*AMA Contacts* (Bulletin de l'Association des Médecins Anciens étudiants de l'Université Catholique de Louvain) depuis 1997.

/ Membre du Comité de Rédaction de la *Revue NeuroPsy* depuis 2003.

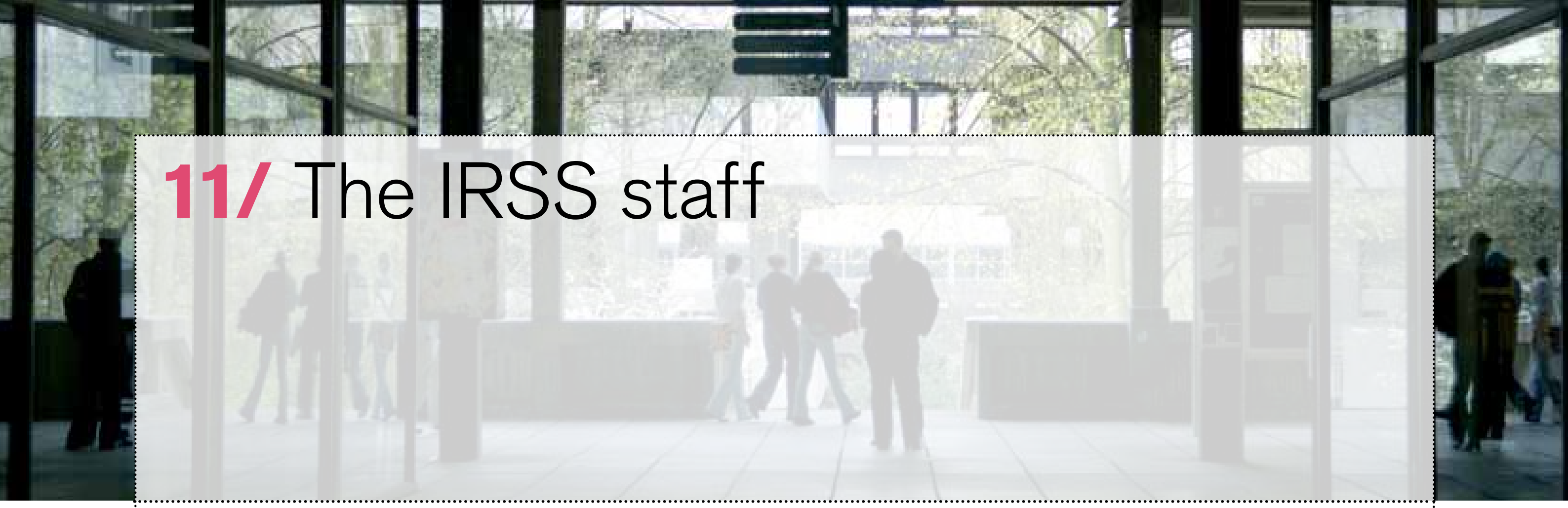
/ Comité de rédaction du *Belgian Journal for Sexual Health* (BJSH) depuis 2004.

/ Comité de rédaction des *Cahiers des Sciences Familiales et Sexologiques* depuis 1997.
/ Secrétaire scientifique et Membre fondateur de Belgian Society of Sexual Medicine (BeSSm) depuis octobre 2006.

P^r^ G. Schamps
/ *Revue de Droit Pénal et de Criminologie*.
/ Revue bilingue *Revue de Droit de la Santé/Tijdschrift voor Gezondheidsrecht*.
/ Revue bilingue *Revue Générale de Droit Civil Belge / Tijdschrift voor Belgisch Burgerlijk Recht*.

P^r^ N. Speybroeck
/ Referee for scientific Journals e.g.
- *Trends in Parasitology*,
- *Plos Neglected Tropical Diseases*,
- *PloS ONE*,
- *Bulletin of the World Health Organization*,
- *Malaria Journal*,
- *American Journal of Public Health*,
- *International Journal of Public Health*.

/ Editor-in chief for Malaria Reports



11/ The IRSS staff

The Institute of Health and Society has chosen to include research fellows from outside UCL and grant-funded PhD candidates in its head count. The numbers provided below are estimations (because we have non access at SAP Human Ressources).

Academic staff (tenure track and clinical professors, assigned or affiliated to IRSS) : 52 members
Scientific staff (assigned or affiliated to IRSS including PhD candidates) : 95 members
Technical and administrative staff (FCAR, BO) : 31 members
Current PhD candidates : 57 members

Faculty (including affiliates)

Mylène Baum-Botbol, Guy Beuken, Benoît Boland, Cécile Bolly, Dominique Charlier, Pierre Chevalier, Marie-Christine Closon, Jean-Philippe Cobbaut, Eric Constant, Pascale Cornette, Elisabeth Darras, Emmanuel De Becker, Patrick De Coster, Debarati Guha-Sapir, Alain Deccache, Jan Degryse, William D'Hoore, Vincent Dubois, Michel Dupuis, Guy Durant, Denis Hers, Philippe Heureux, Pascal Janne, Jean Laperche, Vincent Lorant, Marc Louis, Alain Luts, Jean Macq, Myriam Malengreau, Jean-Marie Maloteaux, Antoine Masson, Philippe Meire, Michel Mercier, Dominique Pestiaux, Laurent Ravez, Christine Reynaert, Annie Robert, Luc Roegiers, Jean-Paul Roussaux, Geneviève Schamps, Erwin Schroeder, Arlette Seghers, Niko Speybroeck, Christian Swine, Michel Van Hallewijn, Philippe Van Meerbeeck, Jean-Pierre Van Nieuwenhuysen, Dominique Vanpee, Daniel Vanthuyne, Carl Vanwelde, Anne Wintgens, Nicolas Zdanowicz.

Scientific staff

Lucia Alvarez Irusta, Isabelle Aujoulat, Geoffroy Berckmans, Sophie Cès, Barbara Cichon, Zana Coulibaly, Olivia D'Aoust, Olivia Dardenne, Diana David-Rus, Etienne De Clercq, François Delforge, Marie-Noëlle Derèse, Valérie Dory, Nataly Filion, Charlotte Geerts, Micheline Gobert (†), Marie-Eve Gremmens, Jean-Marc Hausman, Jim Ilunga Kalenga Oly, Laura Irvine, Patricia Jacquemin, Caroline Jeanmart, Arnaud Joskin, Sophie Leconte, Patrick Martiny, Catharina Matheï, Nita Palliakara, Julian Perelman, Cécile Piron, José Rodriguez-Llanes, Anne-Cécile Squifflet, Bert Vaes, Thèrese Van Durme, Marc Van Overstraeten, Gijs Van Pottelbergh, Lydwine Verhaegen, Femke Vos, François Wyngaerden.

PHD students (see chapter 8).

Administrative staff

Manuel Albela Miranda, Steve Arokium, Regina Below, Isabelle Bergeret (†)), Barbara Bodart, Nathalie Chaidron, Christophe Debacker, Carole Deccache, Manoëlle Descamps, Roxane Dierckx de Casterlé, Dominique Doumont, Bernadette Dubus, Carole Feulien, Nathalie Gandibleux, Jean-Bernard Germaux, Yvette Gossiaux, David Hargitt, Nadine Janssens, Sophie Jassogne, Nicole Joris-Dessy, France Libion, Nathalie Malevé, Gaëtane Martin, Isabelle Pouplier, Anne-Laurence Rau, Isabelle Roch, Danielle Thone, Jeannine Van Gompel-Tummers, Valérie Van Butsele, Benoît Van Cutsem, Anne-Sophie Van Malleghem, Karine Verstraeten.

Ecce quod ego vidi bonum, quod pulchrum, ut comedat quis et bibat
et fruatur laetitia ex labore suo, quo laboravit ipse sub sole,
numero dierum vitae suae, quos dedit ei Deus ;
haec enim est pars illius.

(Ecclesiastes, V, 17)