

EUGLOREH 2007 Project

Preparation of the Global Report on the Health Status in the European Union

**1st Interim Report on the project activities
(Activity period: 15 November 2005-14 November 2006).**

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A. Results obtained to date and indication of any deviation from the initial work programme

A.1. Activities performed, milestones achieved and deliverables produced during the 1st year of activity of the project.

- A first meeting of the Steering Committee, consisting of experts from different European Countries, the European Commission and International Organizations, took place in Rome on 5 December 2005 and the basic features of the Report and the organizational needs for the preparation of the Report were identified (Annex 1).
- A telephone conference of the Steering Committee took place on 6 March 2006 by to review and comment the first draft working documents, prepared by the Coordinator Task Force, setting out the Report structure and content, the indicators and their data sources as well as other arrangements needed (Annex 2).
- The first “Plenary Meeting”, with the participation of representatives of all participating States and experts from the European Commission, WHO, ECDC, EEA, EMEA and EUROSTAT, took place in Luxembourg on 27-28 June 2006. In this meeting the partners adopted as working documents, the following documents:
 - Table of Contents of the Report;
 - Core list of indicators and data sources;
 - List of categories of relevant policy documents; and
 - Instructions to authors.A preliminary list of proposed contributors was also discussed. The conclusions of the meeting, with the actions agreed and the documents approved are reported in Annex 3.
- An *ad hoc* website (www.eugloreh.it) has been set up. It includes:
 - an open section dealing with information on the project, its objectives and progresses; and
 - a section restricted to the EUGLOREH 2007 partners and participants to take care of the management needs of the project.
- The EUGLOREH Network has been established to support the coordinated retrieval, analysis, elaboration, transfer and publication of relevant health data and documents for the production of the Report. This network is served by the restricted section of the project web site. The present members of the network are the project partners and collaborating Organizations; at a later stage the network membership will be extended, with appropriate profiling, to contributors, reviewers and other identified participants, who will contribute working documents to the project.
- Collation of relevant documents dealing with policies impacting on health and with specific health themes and uploading into the web site has started after the plenary meeting with the contribution of project partners, collaborating Organizations and other sources.
- A preliminary list of contributors to the Report has been prepared and submitted to the project partners in the plenary meeting. This list has been further enlarged on the basis of suggestions received by the partners and collaborating organizations and of preliminary contacts with the potential contributors.

A.2. Deviations from the initial work programme

Table 1 summarizes the deliverables expected to be due in the first year of activity according to the provisional programme and indicates the deviations in the actual rolling out of the project. All the planned deliverables were attained, together with the expected results (documents), although some documents were not made available in the public area of the project web site, because they were considered not relevant for the public.

Some deviations related to the timing of the actions did occur, but they did not affect the preparation of the Consensus Document, a major milestone of the 1st year activity plan, setting out the guidelines of the coordinated activities necessary for the preparation of the Report.

Unfortunately, the project encountered a delay because of the unexpected length of the bureaucratic procedures of the European Commission for the signature of the contract agreement. Therefore, coordinated activities planned to start after the Plenary Meeting, and in particular those requiring externalization of services by the main partner, could not be undertaken in the absence of a finalized agreement and the European Commission funds.

Although the consequences of the postponement of these activities are not fully apparent from the data in Table 1, a delay of about 6 months is expected in the attainment of the results planned for the remaining part of the project. A request of amendment to the grant agreement, to take into consideration this delay in activities, is being prepared.

B. Comparison between the actual expenditures incurred and provisional budget

The eligible costs, which have been met during the period 15 November 2005 to 14 November 2006 to implement the activities foreseen in the project plan, are reported in [Annex 4](#) aggregated by partner and budget items, according to the financial reports submitted by the project partners.

Not all project partners have submitted their financial reports. Lack of submission of documents is indicative of absence of relevant expenses or contributions that the partners intend to declare. This point has been made clear after repeated reminders, to avoid useless bureaucratic workload. Absence of substantial workload by most partners is in line with the limited activities planned for the associated partners in the first year of the EUGLOREH 2007 project activity and especially before the occurrence of the 1st Plenary meeting, held in Luxembourg on 27-28 June 2006. This is also apparent from the limited workload and expenses reported by the partners presenting their financial reports.

A comparison between the actual expenditures and the estimated budget reported in the grant agreement between the European Commission and the project coordinator is presented in [Annex 5](#). In this annex, for each partner and budget item, the costs incurred during the first year of the project activity are presented as percent of the expenses foreseen in the estimated budget for the whole project duration. The cases where expenses have exceeded 100% of the estimated budget for specific items, have been highlighted with the label "Deviation". Only two cases of deviation from the estimated budget have occurred: they refer to expenses not foreseen in the appropriate item of the estimated budget and amounting to a sum of 1056 Euro.

Table 1 – Deliverables of the 1st year of project activities (from Annex 1 to the Contract agreement)

<i>Deliverable No</i>	<i>Deliverable title</i>	<i>Planned date (month from beginning)</i>	<i>Planned Dissemination</i>	<i>Actual date (month from beginning)</i>	<i>Notes on actual actions</i>
D 1	International Expert Committee meeting	Month 5	working documents to the plenary conference; minutes published in the web site	Month 1 Month 4	Done. At <u>month 1</u> a kick off meeting was convened. At <u>month 4</u> an additional telephone conference was carried out to discuss on the working drafts produced. Minutes <u>not</u> published in the web site: <i>not considered relevant to the public.</i>
D 2	Project web site published and registered to the Web search engines	Month 5	web site published in the Internet and registered to the Web search engines	Month 8	Done.
D 8	Consultation of selected stakeholders	Month 6	Minutes published in the project web site	Month 7	Done. Minutes <u>not</u> published in the web site: <i>not considered relevant to the public</i>
D 3	1st Plenary Meeting	Month 7	Minutes in the web site; agreed documents to the EU Health Information and Knowledge System.	Month 8	Done. EUHIKS Working Parties informed that agreed documents are published in the Project web site. Minutes <u>not</u> published in the web site: <i>not considered relevant to the public</i>
D 4	Confirmed list of operative contacts, Working Groups, their	Month 7	Published in the project web site	Month 12	Done. List <u>not yet</u> published in the project web site.

<i>Deliverable No</i>	<i>Deliverable title</i>	<i>Planned date (month from beginning)</i>	<i>Planned Dissemination</i>	<i>Actual date (month from beginning)</i>	<i>Notes on actual actions</i>
	Chaipersons and their scope defined;				
D 5	Final Preliminary Consensus Document on the preparation of the Report	Month 8	Preliminary Consensus Document published in the Project Web Site	Month 8	Done. Selected technical annexes published in the web site.
D 6	Information exchange tool ready and tested	Month 9	Available only to the partners and operative contacts acting as network members	Month 12	Done.

C. Work plan for the period 15 November 2006 - 14 November 2007

The time table of activities of the EUGLOREH 2007 project has been amended to take into consideration the delay occurring in the last part of this year (see the Annex 5 to Annex 3).

In more detail, the work plan for the period 15 November 2006 - 14 November 2007 includes the following activities:

- Data collection and preparation of 1st draft of individual chapters by the contributors
 - Provision and collection of policy documents, dematerialization of paper documents, and their sharing through the web site;
 - The organization, in early February 2007, of a meeting with the main data providers to define appropriate operative arrangements for data provision, assembling, analysis and presentation;
 - Completion of the identification process of all contributors to the first version of the Report;
 - Development and finalization of contracts with the experts asked for the preparation of editorial contributions on specific subjects/parts of the first version of the Report.
- Review of 1st drafts of individual chapters – Review of the Table of Contents and Focus Box Topics
 - Draft contributions received from the experts will be subject to a first review process to ensure compliance with the scope and format of the Report as well as appropriateness of contents and consistency across the different contributions;
 - The Table of Contents and Focus Box topics will be reviewed and adapted if necessary to the actual availability of data and the needs for a coherent treatment of topics;
 - The EUGLOREH Network, established among all the project partners, will be extended to include other identified experts (e.g. authors and reviewers), who need to access selected parts of the restricted section to play their roles in the project.
- Preparation of 2nd draft of individual chapters by the contributors
 - The requests for amendments will be prepared according to the results of the review process and communicated to the experts.
- Preparation of 1st draft of the Full Report
 - The contributions, revised by the experts according to the first review process, will be collated and the Report will be completed with the other parts indicated in the Table of Contents;
 - A draft questionnaire on the satisfaction of the Report reader will be prepared;
 - The draft Report, revised Table of Contents and questionnaire will be submitted to the partners' review in preparation of the 2nd Plenary Meeting.

The organization of the 2nd Plenary Meeting will also be part of the activities of this period. However it is likely that this meeting will take place in the second half of November 2007, therefore after the period in the scope of the next interim report.

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MEETING

Preparatory activities for the European Community project EUGLOREH 2007 “Preparation of the Global Report on Health in the European Union”

5 December 2005

Rome, Ministry of Health, Lungotevere Ripa 1
Room “Biblioteca”

Participants: Peter Achterberg (National Institute of Public Health, NL), Roberto Cardea (Ministry of Health, IT), Carla Ceccolini (Ministry of Health, IT), Yves Charpak (World Health Organization, BE); Francesco Cicogna (Ministry of Health, IT), Carlo Donati (Ministry of Health, IT), Pietro Folino Gallo (National Agency of Drugs, IT), Donato Greco (Ministry of Health, IT), Lucia Lispi (Ministry of Health, IT), Nata Menabde (World Health Organization, DK), Antoni Montserrat (European Commission, LU), Arun Nanda (European Centre for Disease Prevention and Control, SE), Gualtiero Ricciardi (Univ. Cattolica, IT), Emanuele Scafato (National Centre of Epidemiology, IT), Vittorio Silano (Ministry of Health, IT), Cristina Tamburini (Ministry of Health, IT), Benedetto Terracini (IT), Lorenzo Tomatis (IT), Luciano Vittozzi (Ministry of Health, IT).

CONCLUSIONS

(This background colour evidences actions to be concluded before February 15)

Vittorio Silano welcomed the participants and gave a brief outline of the goals of the meeting. After short self-introductions of the participants, the context, purposes and activities of the project were presented.

General comments were invited before opening a more structured discussion on specific aspects related to the data and information collection and to the Report preparation.

It was clarified that the web-site, which will support the project activities and data collection, will not attempt to make a duplication of existing databases, but will only be functional to the Report preparation and objectives. The emphasis should not be focused on extensive data gathering, but rather on selective data amenable to sophisticated interpretation and trend assessment. The Report is mainly intended to serve as a tool for the European Institutions, such as the Commission, the Parliament and the Council, to analyse the impacts of their policies, as well as for the EU Member States to develop and promote national policies. The Report should also contribute to identifying needs for additional data and to developing a practical framework for systematically carrying out

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such data gathering in the future. Data comparability was considered of a major importance to reach these goals. The multi-annual efforts of the EC in funding projects to improve Community health monitoring was commented. Although it was noted that the Report preparation builds mainly upon the EU Health Information and Knowledge System, it was also suggested to extend the involvement of international Organizations to EUROSTAT, OECD, CoE and IARC, besides WHO, ECDC, EEA and the Community health monitoring networks. Indeed, the international databases and networks represent an important resource for the retrieval of analytical and comparable data, together with data provided by individual Countries. Comparison and benchmarking are helpful instruments to evaluate improvements and feasibility of new objectives; however, Country ranking should be avoided. Other features which will provide added value to the Report may be a facilitated access to data derived from *ad-hoc* studies and literature, as well as the extension of the Report beyond diseases analysis, to include public health issues and their links with health policies and socio-economic and other health determinants.

After the above general comments, the discussion focused on more specific sections of the Report with the help of the available working documents. The documents amended to accommodate the observations raised during the discussion are attached to these minutes.

General indications, which emerged from the discussion and are to be taken into consideration, are summarized in the following points:

- Potential users of the Report were better defined with the inclusion of private companies, NGOs and experts working in health-related fields, beside policy-makers at EU and National level.
- The Report should be characterized by a general theme, which has been tentatively defined as “Health in the enlarged European Union: facts and perspectives”. In principle, the Report should deal with issues important at EU level rather than regional level, with particular attention to those issues of relevance to EU policies. The added values and benefits of the overall experiences of the 30 participating Countries and their cooperation in health should be clearly highlighted.
- The Report should provide information on time trends and international comparisons of data; it should link, at any possible extent, health data with the EU policies and related national implementation strategies; it should analyse data with particular attention to inequalities, risk factors and the need for health services and their structures; it should identify and characterize common challenges requiring coordinated actions and should provide recommendations. Convenient benchmarks to assess improvements in health and relative achievements and define areas requiring higher or further attention should be considered. Feasibility, usefulness and convenience of sub-regional analyses of available data (such as EU15, new EU Member States, Nordic Countries and/or Mediterranean Countries) should be explored.
- It is important to establish a sound review process of the subsequent versions of the Report and of proposed amendments.
- **A reporting strategy based on different tools should be defined:** this may consist at least of a Full report, representing the reference text where to find all the data and comments; an Executive Summary; possibly a Web version and a leaflet to fit better to the information needs of the general public
- Data provided by Community Networks, International Organizations or retrieved from the literature need to be taken into account. Reports, already published or being published on specific health issues, e.g. the Report on Mental Health and of the Report on Communicable Diseases, which is planned by ECDC, should also be taken into account. **Mr. Antoni Montserrat**

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will provide a complete list of relevant Reports recently published or expected to be published in 2006.

- Quality of data considered in the Report should be evaluated. Guidelines for the rapporteurs should be prepared, to facilitate data sources selection and use. For example a hierarchy of international sources (e.g.: databases, networks, Country monographs) for major themes might be defined: for example, OECD could be the preferential source for health services financing. Mr. Antoni Montserrat will provide a list of projects which monitor and collect data on specific health indicators. Where possible, data aggregation should distinguish between young and elderly population groups; normally national averages will be used, but sub-national aggregations may provide relevant supporting evidence in specific issues.
- It is necessary to give easy reference to definitions of indicators used and to the limitations in data comparability. The actual value and interpretation of the indicators used in the Report should be clarified.
- As to neoplasms, it has been noted that mortality and morbidity should be presented and discussed together. Indicators relevant to the quality of cancer care, available from the European Network of Cancer Registries, may be a) mortality from all childhood cancers, b) survival from childhood cancer, and c) survival of women with breast cancer. Indicators of exposure to specific carcinogens may be a) mortality from cancer of the pleura (exposure to asbestos) and b) trends in mortality (or incidence) from lung cancer in men and women (exposure to tobacco smoke). Other relevant data can be available from Eurochip.
- As to health determinants and related policies, it has been proposed to include regulations and practices related to pesticide and waste disposal control.
- The length of the Report chapters and the number of focus boxes on specific subjects and on cross cutting themes has been considered urgent issues to be defined.
- The definition of the cross-cutting themes for the focus boxes is also rather urgent, since the rapporteurs should be identified and contacted in a short time to ensure that the texts are delivered timely.
- All rapporteurs should be provided with as precise instructions as possible, even with examples of a chapter or focus box, literature citations and bibliography format; it should be given an intermediate deadline for the delivery of a first draft, and a final deadline should be set which allows for any necessary redrafting by the International Editorial Committee and the Coordinator's Task Force. A reference format for the chapter, being worked out by Peter Achterberg, is likely to become available in next February.
- It has been reaffirmed that asking the partners for more recent data may not add any substantial evidence to the Report. It is essential to schedule activities to get timely the updates of the international databases which take place at different times, for example the WHO HFA DB is updated normally in January and June. The EU health monitoring networks can be other useful information sources, but their data may require validation from the partners. The data updates of EU networks may have different and irregular deadlines (contacts with them should clarify this point).
- A first proposal for the expertises needed in the International Editorial Committee has been set out and is reported in the attached documents, but some refinement is still necessary to ensure the appropriate balance between different fields of expertise. The identification of the experts fulfilling the indicated expertise should be urgently finalized and invitations should be sent out in a short time.
- An International Steering Committee will be established to advise the Coordinator Task Force on the strategic management of the project and supervise the quality of the final Report

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- WHO and ECDC expressed their willingness to collaborate in the project providing information and data from their databases. Modalities of future activities will be further discussed.
- All the attached documents must be developed and revised according to the observations raised at the meeting, to provide advanced drafts with a degree of detail and accuracy to be ready for approval at the meeting of the Coordinator Task Force with the International Steering Committee.
- The meeting of the Coordinator Task Force with the International Steering Committee, tentatively fixed during the meeting on 16 March 2006, is now proposed to be held on 7 March 2006.

EUGLOREH 2007 International Steering Committee (ISC)

Telephone Conference Monday 6 March 2006, 15:00 to 17:00 CET

Participants: Didier Dupré (EUROSTAT), Arun Nanda (ECDC), Peter Achterberg (RIVM), Piotr Mierzewski (CoE), Nata Menabde (WHO), Ingvar Anderson and Peter Part (EEA), Emanuele Scafato (EU ECHIM project), Roberto Cardea, Carlo Donati, Colomba Iacolino, Vittorio Silano and Luciano Vittozzi (Coordinator Task Force).

Conclusions

Documents have been amended following comments raised at the audio conference. **ISC members are asked to review the documents and propose additional amendments within March 31. If no replies are received by this date, the documents (except those for internal or ISC use only) will be considered approved by the International Steering Committee for their submission to external consultation.**

Other conclusions based on the arguments expressed in the audio conference, are reported below.

- Definition of the Report Title
Document ISC I/1 "Provisional Table of Contents"
The final decision on the Title and Subtitle of the Report will be submitted to the Project Partners at the 1st plenary meeting.
- Preparation of the Executive Summary and a Summary intended for the lay people, their structure and their inclusion among the project deliverables
Document ISC I/2 "Publication Strategy" and
Document ISC I/3 "Drafting Report Summaries"
Due to the relevant effort requested to the Project Partners and the need of a free collaboration with partners dedicated to communication to public, the proposal for the delivery of the Summary for the lay reader will be submitted to the Project Partners at the 1st plenary meeting.
- Indicator data sources
Document ISC I/4 "Selected Core Indicators and Data Sources"
The ISC members are kindly requested to provide in writing their amendments to the document, with special attention to the proposed selection of indicators and the recommended data source associated with each indicator. These indications should not prevent the authors from using additional indicators and data sources other than the recommended ones, if justified.
- Instructions to Authors
Document ISC I/8 "Instructions to Authors"
Authors will receive indications about the expected target readers of their contributions. The appropriate use of the instructions will be ensured by an initial exchange of views with the authors and by the scheduled refereeing process of 1st drafts they produce.
- Identification of contributors
Document ISC I/5 "Identified Contributors to the Report"
The ISC members are kindly asked to provide the coordinator with names of experts to draft the chapters which are not yet covered, as indicated in the document "Identified Contributors to the

Report". The experts will receive a small compensation for their contribution. To facilitate their contacts and selection of experts, the participants will receive an overall timetable of the project activities as well as a more precise definition of the purposes of the contributions requested. WHO offers to contribute on chapter 2.1, beside Part 4 on health systems; ECDC is also ready to cover chapters 5.1 and 5.2, beside the section 2.4.

- Submission of documents to external consultation

The documents approved by the ISC will be submitted to a consultation involving initially (during April) the SANCO EUHKS Working Parties, the Network of Competent Authorities, the identified contributors and the project partners. Subsequently (during May), the consultation will be extended to the members of the SANCO Health Forum. The resulting documents will be submitted to the final approval of the of the Project Partners at the 1st plenary meeting, which will take place in the second half of June (tentative dates 22-23 June, to be confirmed).



Ministero della Salute

Dipartimento dell'Innovazione

FIRST PROGRESS REPORT OF THE COMMUNITY PROJECT¹ "PREPARATION OF THE GLOBAL REPORT ON THE HEALTH STATUS IN THE EUROPEAN UNION" (EUGLOREH 2007)

Rome, 5 December 2006

¹ The EUGLOREH project (www.eugloreh.it) benefits from the participation of the National Competent Authorities of the 25 EU Member States, one Acceding Country, two Candidate Countries, Iceland and Norway as well as of several Intergovernmental and International Organizations and EU Agencies. The Project, financially supported by the DG "Public Health and Consumer Protection" of the European Commission (Grant agreement n. 2005115) in the framework of the Call for Proposal 2005 of the Programme of Community Action in the Field of Public Health (2003-2008), started on 15 November 2005 and will be completed within 2008..

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1. INTRODUCTION

1.1. This paper is intended to inform on the developments of the “EUGLOREH 2007” project to date and to provide all interested Parties and in particular the associated Partners², the collaborating Partners³ and collaborating Organizations⁴ a clear indication of the planned and on-going activities for the preparation of the global Report “Health in the European Union”. The present document, with its attachments, is an updated revision of the “background document” submitted for consultation, discussion and amendment, at the First Meeting of the associated Partners and collaborating Partners and Organizations of the EUGLOREH project, held in Luxembourg on 27 and 28 June 2006⁵. This meeting was of fundamental importance to reach a consensus on the way forward and to have the first phase of the work properly started. An unexpected delay of about 5 months has taken place for the signature of the agreement with the European Commission and for receiving the first financial allotment, mainly due to bureaucratic procedures recently completed. Now we must be ready to continue our collaboration at full speed. It is important that this document is thoroughly considered by all the interested parties as a detailed guidance for the development and completion of the “EUGLOREH 2007” project.

² **Associated Partners are as follows:** Scientific Institute of Public Health (BE); Ministry of Health (CY); Institute of Health Information and Statistics (CZ); Robert Koch Institute (DE); Ministry of the Interior and Health (DK); Ministry of Social Affairs (EE); Ministerio de Sanidad y Consumo (ES); National Research and Development Centre for Welfare and Health (FI); Haut Comité de la santé publique (FR); Dept. Mechanical Engineering, University of Patras (GR); Johan Bela National Centre for Epidemiology (HU); Dept. of Health and Children (IE); Lithuanian Health Information Centre (LT); Direction de la Santé (LU); Public Health Agency (LV); Department of Health Information (MT); National Institute of Public Health and the Environment (NL); Norwegian Institute of Public Health (NO); National Institute of Hygiene (PL); Direcção General da Saúde (PT); Ministry of Health (SI); National Board of Health and Welfare (SE); Public Health Authority of the Slovak Republic (SK); Ministry of Health (TR); Department of Health (UK).

³ **Collaborating Partners are as follows:** Bundesministerium fuer Gesundheit und Frauen (AT); Ministry of Health and Social Welfare (HR); Ministry of Health and Social Security (IS); Ministry of Health and Care Services (NO); Ministry of Health (RO);

⁴ **Collaborating Organizations are as follows:** Council of Europe; IARC; OECD Health Division; WHO-EURO; ECDC; EEA; EMCDDA; EUROSTAT.

⁵ The contributions of all the participants in the 1st Plenary Meeting of the EUGLOREH 2007 project [i.e. A. Benedikovičova (SK); M. Berger (SI); N. Bossuyt (BE); J. L. Castanheira (PT); R. Ceyhan (TR); M. Chudobova (CZ); P. Ferrinho (PT); C. Florio (Eulogos); A. Gaizauskiene (LT); P. Gorynski (PL); G. K. Gudfinnsdóttir (IS); G. Guglielmi (IT); H. Hartl (AT); C. Iacolino (IT); D. Jarosinska (EEA); C. Kaposvari (HU); M. Kjoeller (DK); N. Lambrou (CY); C. Lange (DE); P. Le Courtois (EMEA); H. Lyshol (NO); H. Magee (IE); D. Manuc (RO); A. Nanda (ECDC); G. Persson (SE); E. R. Poyatos (ES); R. Prochorskas (WHO); U. Rodin (HR); M. Ruuge (EE); G. Schmets (WHO); J. Skrule (LV); J. Thelen (DE); M. Vella (MT); L. Vittozzi (IT); G. Weber (LU); R. Willmer (UK)] have been very helpful and highly appreciated.

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- 1.2. In the future, two other meetings of the associated Partners and collaborating Partners and Organizations will be organized to examine, discuss and approve an interim stage of the Report and its final version. In the meantime, a large number of bilateral and multilateral contacts will take place through the IT platform that has now been established and by telephone and video-conferences.**

- 1.3. The Global Report “Health in the European Union” will consist of a Report and a series of annexes (see the attached draft Table of Contents under Annex 1) in English; the list of acronyms and the glossary of terms, as well as two summaries, one intended for public health officials and professionals and the other for the general public, will be prepared in all the official languages of the Community.**

- 1.4. The Report, to be completed in mid 2008 and published by the end 2008, will be based mainly on a comparative analysis of a number of health and health-determinant indicators (see Section 5) as available in the 26 E.U. Member States, two Candidate Countries as well as Norway and Iceland.**

- 1.5. The main objectives of the Report are as follows:**
 - **evaluation of the status of health through selected indicators and their trends mainly over the last 10 years and, if possible, over a longer period;**
 - **analysis of the health determinants underlying the evolution of health indicators and of the related national and Community policies;**
 - **identification of priority issues for the future and, when possible, of valuable relevant practicable approaches and policies.**

The Report “Health in the European Union” intends to be a reference tool for health policy makers and an information tool to all interest people on the evolution of health and health policies within the E.U.

2. THE FULL REPORT

- 2.1. In addition to an introductory section and Appendixes providing the background of the overall project including the identification of associated Partners, collaborating Partners and Organizations,**

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Contributors, Data Sources, main objectives, features and working methodologies, the full Report will consist of 10 chapters.

- 2.2. The first Chapter deals with the structure and dynamics of the population in the European Union, fertility and migration data. The second Chapter consists of an analysis of mortality and morbidity data carried out by disease, whereas in the third Chapter these data are looked at from the perspectives of population groups defined by age, gender or other factor. The impacts of different health determinants belonging to lifestyle or environment are analysed in the fourth Chapter together with main policies implemented at national or Community level by means of regulations, programmes or other tools. Health systems in Member States are dealt with in the fifth Chapter paying special consideration to health service provisions, health expenditure and financing issues, health system resources and performance measurements. The sixth Chapter will deal with existing regulations and *ad hoc* programmes and initiatives relevant to health both at national and Community level. The seventh Chapter will focus on non-governmental and voluntary organizations and professional associations in the health sector at European level with the objective of analysing the main features, tasks, operational modalities and opportunities of interventions in support of public health. It does not aim at a detailed identification of all the existing associations and organizations. The eighth Chapter (Health research and scientific advice) will include translational research and the ninth Chapter (E.U. International health initiatives) will focus on the initiatives undertaken to protect public health in the European Union. The last Chapter (The way forward: health priorities at Community and national level) will provide a cross evaluation of the public health priorities in the E.U.**
- 2.3. Each chapter will be structured in several sections as specified in the attached Annex 1.**
- 2.4. The target length of the Report is set at 150.000 words, equivalent to about 150 pages. Excluding the annexes and summaries, plots, tables, annexes and *focus boxes*, chapter 1 is expected to make up about 10% of the text; chapters 2 and 3 about 30 %; chapter 4 about 20 %; chapter 5 about 20%; and chapters from 6 to 10 about 20%.**
- 2.5. Additional deliverables of the EUGLOREH Report will include a reporting mechanism, inclusive of a guidance document and an *ad hoc* designed data repository and of a practical experience at the European**

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level on how to assess and assemble reliable data and how to achieve consensus on indicators and their interpretation.

3 EXECUTIVE AND POPULAR SUMMARIES

3.1 For each Chapter of the Report as described above, an executive summary of one or two pages will be prepared ensuring coverage of the essential information and conclusions. The summaries of all the chapters will be assembled together with other information needed in order to produce an executive summary (maximum 30 pages) which should be fully understandable also when read in isolation from the Report. This executive summary will be produced first in English and then translated into all the European languages under the responsibility of the associated Partners.

3.2 An identical procedure will be followed to produce a similar size summary intended to be accessible and user-friendly for the general population (so called “popular summary”). In this case, additional background information may be included and somewhat different emphases may be used if considered essential to improve the readability of the summary.

4. FOCUS BOXES AND THEIR TOPICS

4.1. Focus boxes, consisting as average of only one page, will provide an opportunity for highlighting cross-cutting issues and/or themes deserving particular attention (Annex 1). The main goal of such boxes would be to attract the attention of the reader on complex and multi-disciplinary issues by offering synthetic, but accurate and comprehensive, perspectives of the issues, their possible developments and ways forward.

5. SELECTED CORE INDICATORS AND DOCUMENTS AND RELATED RELEVANT DATA AND INFORMATION SOURCES

5.1. The identification of selected indicators and of related reliable data and information sources is of paramount importance for ensuring a high quality of the Report.

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- 5.2. **Taking into account the role of some international and intergovernmental Organizations in collecting some of the data relevant for this Report, it is considered helpful, in order to avoid unnecessary duplication of work, to ask those Organizations to provide directly the data available, preferably in an already elaborated format. The Annex 2 is the compilation of indicators included in the full Report and of related international or multi-national data and information sources identified so far. One of the aims of this Annex is to facilitate the identification of the indicators for which there is no need for the associated and collaborating Partners to provide data as they are already available in data banks and data bases and can be retrieved directly from there. For recently available data, which have not yet been compiled by these Organizations, associated and collaborating Partners are asked to make them available for inclusion in the relevant databases.**
- 5.3. **For indicators which are not included in the above-mentioned databases, the associated and collaborating Partners are asked to provide the relevant data available to them by making use of the IT platform that has been established to support the project. In addition the associated and collaborating Partners are kindly requested to make available most recent national reports on the Status of Health in their countries; English and electronic versions, if available, are preferred.**
- 5.4. **In addition to the above-mentioned data and information concerning selected indicators, the preparation of the Report also requires the availability of national, Community and International policy and planning documents in the health sector. Some of the relevant documents produced by European Institutions, as well as by Intergovernmental and International Organizations are listed in Annex 3. The EU health portal and other open and grey literature sources will also be used by the project to identify relevant policy documents. In this frame, the associated and collaborating Partners are kindly requested to make available their relevant national policy and planning documents in the health sector; if available, English and electronic versions are preferred.**
- 5.5. **In conclusion, the database of the project is to be developed through the three main channels indicated in Fig. 1.**

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5.6. Data and information concerning any specific country shall be included in the Report only if approved by the Partner representing that country in the EUGLOREH project.

6. CONTRIBUTORS RESPONSIBLE FOR WRITING SECTIONS OF THE REPORT: IDENTIFICATION AND INSTRUCTIONS

6.1. The Contributors requested to draft main specific sections listed in the Table of Contents (e.g. a chapter, a section of a chapter and/or a focus box) have been already largely identified and invited to participate in conformity with the instructions to Authors reported in Annex 4. Each Author has been asked to review its own contribution twice: a first time after the first complete draft version of the Report is available and a second time before the finalization of the Report.

6.2. All the invitations have been forwarded with the understanding that the Authors will act as independent experts and that their contributions will only reflect their scientific and technical expert judgements. To this end, they will be asked in due time for a declaration on this point.

6.3. All the contribution(s) will be formally acknowledged by mentioning name(s) and affiliation(s) of all authors in a specific section of the Report. There will be no restriction for the Authors to make use of their contributions also in other publications as long as proper reference to the Report is ensured.

6.4. The list of the contributors who have accepted the tasks offered will be made available as soon as their replies become available.

7. IT PROCEDURES

7.1. The collection, exchange and sharing of data and other information elements and documents, necessary for the preparation of the Report, is supported by a web-based File Management System. This system is integrated in the web site of the Project and made up of a restricted access area that will be structured in two different sub-areas. One sub-area is devoted to the collection of relevant information (data and documents) to build up the information database for the preparation of the Report. Each project partner and collaborating Organization has a dedicated folder into which to upload the information provided.

ANNEX 3

The other sub-area will be devoted to the Authors providing draft chapters and focus boxes, and to those who will comment upon. This sub-area will consist of a structure of folders corresponding to the items in the Table of Contents of the Report. Distinct folders in this area will be used, at a later stage, for the preparation of the draft Full Report, the executive and popular summaries, the glossary of terms and the list of acronyms.

- 7.2. The project web site, the home page of which is shown in Fig. 2, will also include a public area where to communicate information on the project development to all those interested, promote visibility of the project Partners and publish the final Report.
- 7.3. The form for the registration to the EUGLOREH Network, which consists of all those having access to the project web site, has been prepared and distributed, together with the instructions on the file management and the rules for accessing the web site and its documents. Appropriate access rights to the project Partners, collaborating Organizations and authors have already been, or are going to be, issued by the “system administrator”.
- 7.4. A meeting of the main database operators (selected among the collaborating Organizations) with some authors will be organized soon, in order to define the appropriate parameters and stratifications for an effective extraction of data and the appropriate balance between pre-selected tabular data collections and *ad hoc* extractions depending on Authors’ needs. Search tools are available in the international databases and specific access rights can be devised for the Authors. Specific requests of data from the Authors will be collected by the main partner who will convey them to Member States, International Organizations and the European Commission D.G. SANCO, as appropriate.

8. TASKS AND ROLES OF ASSOCIATED AND COLLABORATING PARTNERS

- 8.1. The associated and collaborating Partners should start the provision of data as soon as possible. Moreover, they are kindly asked to provide, at their earliest convenience, any national information they consider relevant, with special reference to Chapters 4, 5, 7 and 8 of the Report. Most recent available national “Health Reports” as well as a document

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describing the national system for gathering, analysing and reporting health-related data are also welcome.

- 8.2. The Partners are kindly requested, in providing the documents, to make use of the above-mentioned IT platform established to support the project. The coordinator will upload the documents already received from the Partners and can provide some assistance in digitalizing hard copies of documents which are not available electronically.

9. HONORARY AND ADVISORY COMMITTEES

- 9.1. The European Honorary Committee will provide advice for a strategic vision of Public Health in Europe. It will consist of 3-4 outstanding members of the European Public Health Community. For the selection of its members, it has been suggested to ask for proposals the Group of Chief Medical Officers. Moreover, the project Partners are encouraged to submit names backed with a short curriculum.

- 9.2. The *ad hoc* European Expert Committee will assist in evaluating specific issues dealt with in the Report. This Committee will consist of the Coordinator of EUGLOREH 2007, the Coordinator of the previous Report (P. Ferrinho) and of 12 experts belonging to the European Commission, WHO-EURO, IARC, EUROSTAT, ECDC, European Public Health Alliance, WG on Health Indicators (or ECHIM), WG on Health and Environment, WG on Health Systems, WG on Accidents and injuries, WG on Lifestyles and WG on Morbidity and Mortality.

10. DIVULGATION STRATEGY

The EUGLOREH Report will be produced in an electronic version (CD-rom) that will be the main divulgation tool. It will also be made available on Community and National web sites. A limited number of hard copies will be produced for specific purposes. The Report will be presented in the second half of 2008, preferably during a major event, to be organized at the European Parliament, during which a press release will also take place. The associated and collaborating Partners are welcome to organize national events to present the Report.

11. TIMETABLE, MILESTONES AND PROCESS FLOW OF THE EUGLOREH PROJECT

The revised timetable and milestones of the Project are illustrated in Annex 5, whereas the revised process flow is shown in Fig. 3.

Figure 1 – Schematic description of the development of the information database

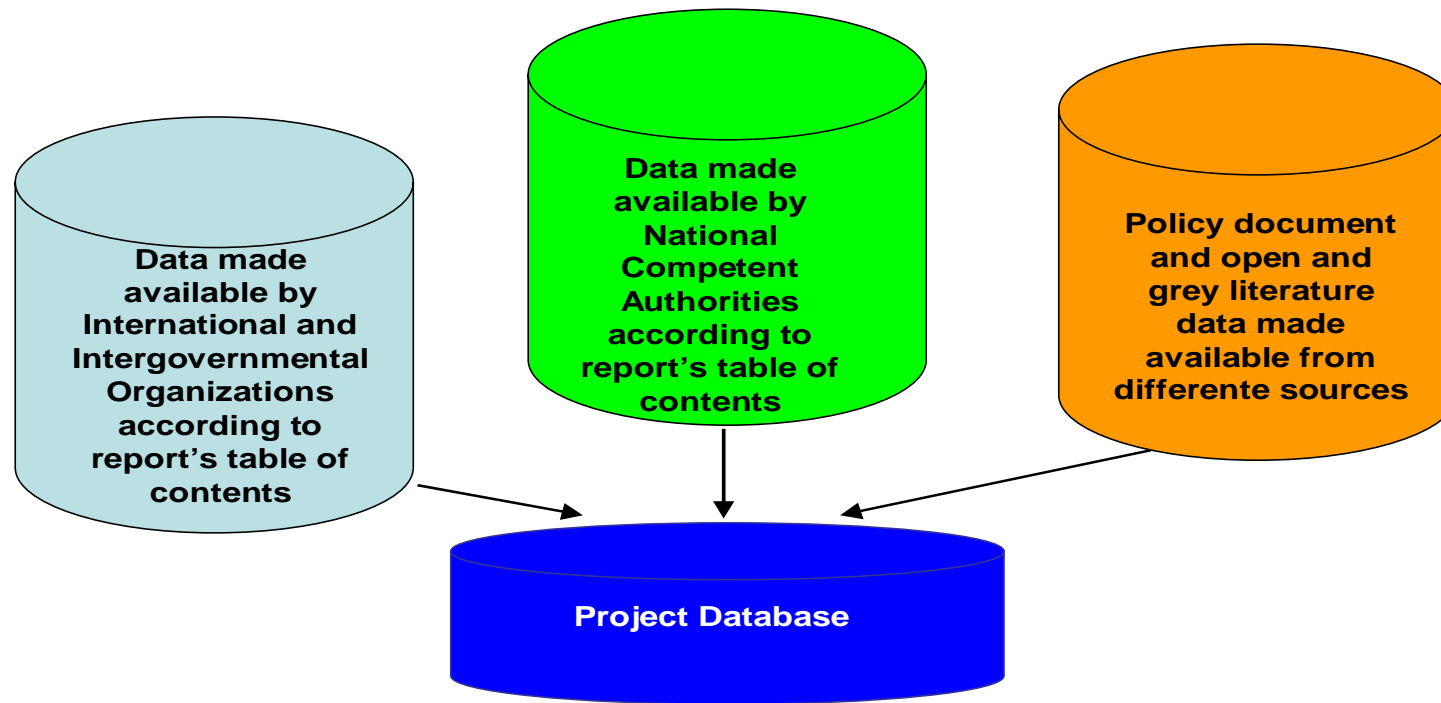


Fig 2 – Scheme of the home page of the EUGLOREH Project

EUGLOREH 2007

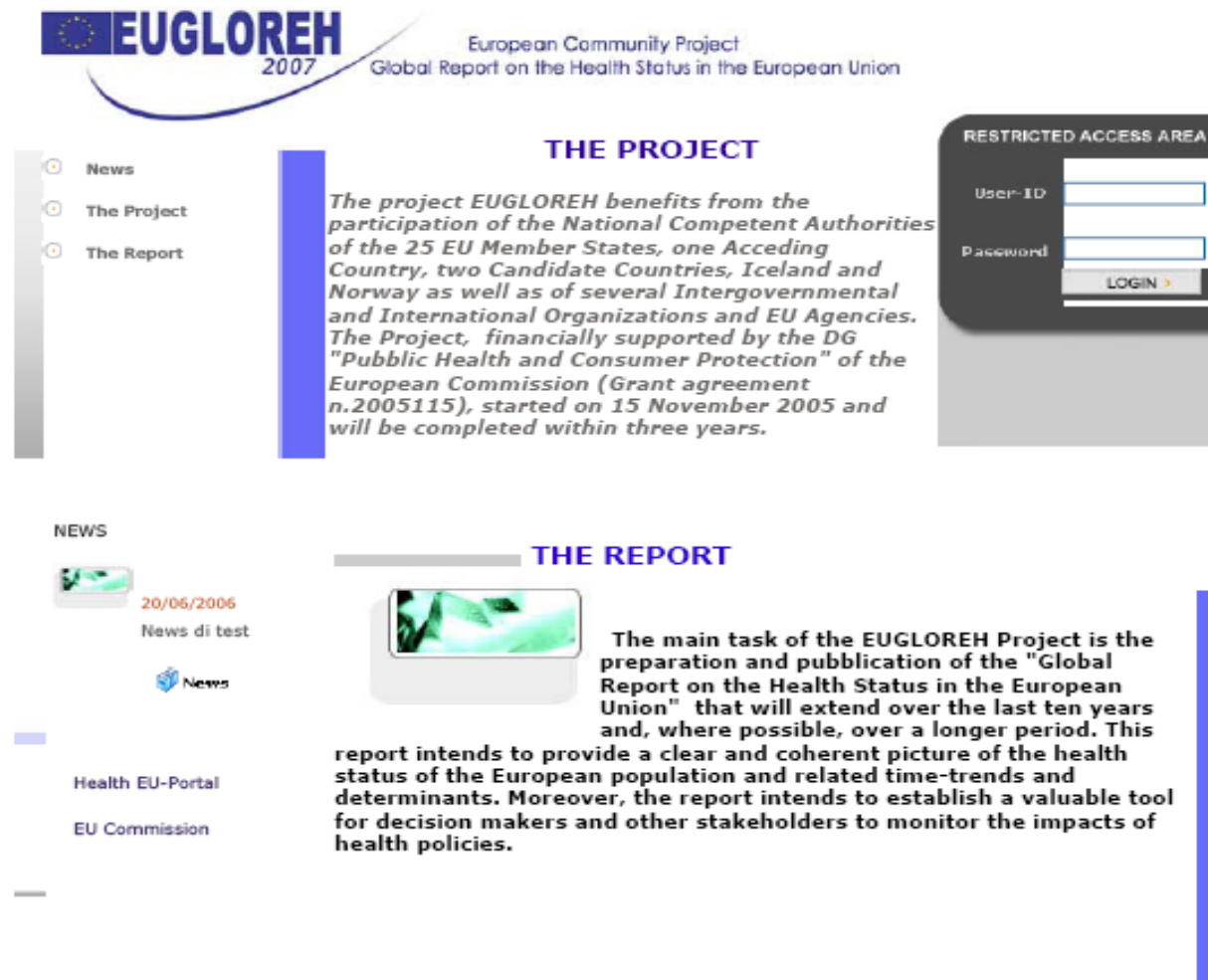
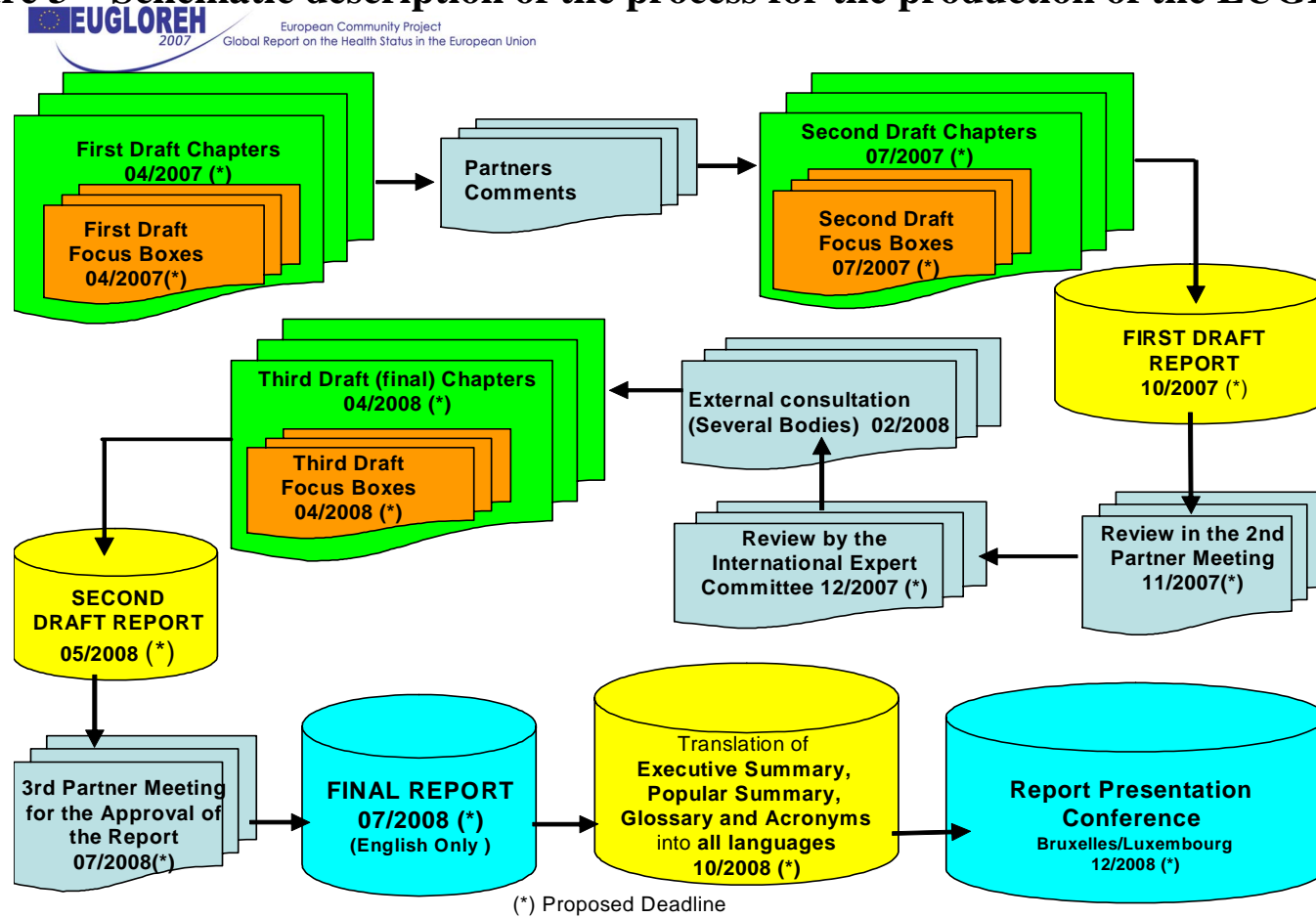


Figure 3 – Schematic description of the process for the production of the EUGLOREH Report



HEALTH IN THE EUROPEAN UNION

A global report of health status, related trends, determinants and policies in Member States, Candidate Countries, Norway and Iceland *

* The Global Report on “Health in the European Union” (EUGLOREH 2007) is a project co-financed by the European Commission in the framework of the Community Action Programme in Public Health, work plan 2005.

1.1.1. Table of Contents

- **Executive Summary**
 - **Foreword**
 - **Introduction**
 - **Objectives**
 - **Perceived versus objective health status**
 - **Main features**
 - **Working Methodology**
 - **Divulagation**
 - **Sources of information**
-
1. **DEMOGRAPHIC DATA AND TRENDS**
 - 1.1. **Structure and dynamics of the population**
 - 1.2. **Migrations**
 - 1.3. **Fertility**
 - 1.4. **Other features**

 2. **MORTALITY AND MORBIDITY INDICATORS AND TRENDS ***
 - 2.1. **Life expectancy and disability-free life expectancy, self-perceived**
 - 2.2. **Overall pattern of mortality**
 - 2.2.1. **Death from all causes**
 - 2.2.2. **Infant and perinatal, postnatal mortality**
 - 2.2.3. **Maternal deaths**
 - 2.3. **Occurrence (incidence/prevalence, mortality and associated disabilities) of major and chronic diseases**
 - 2.3.1. **Ischaemic heart disease**
 - 2.3.2. **Cerebrovascular diseases**
 - 2.3.3. **Cancer**
 - 2.3.4. **Asthma and other allergic disorders**
 - 2.3.5. **COPD and other respiratory disorders**
 - 2.3.6. **Diabetes and endocrine disorders**
 - 2.3.7. **Hepatic cyrrhosis and other chronic liver diseases**
 - 2.3.8. **Nephrological Diseases**
 - 2.3.9. **Mental diseases and disorders**
 - 2.3.10. **Neurodegenerative and non psychiatric brain diseases**
 - 2.3.11. **Musculoskeletal diseases and problems**
 - 2.3.12. **Dental and oral diseases**
 - 2.3.13. **Other diseases**
 - 2.4. **Rare diseases**

* ICD-Codes should be used as long as possible

ANNEX 1 to ANNEX 3**2.5. Occurrence (incidence/prevalence, mortality, recovery and associated disabilities) of communicable diseases**

- 2.5.1. **Food- and water-borne diseases**
 - 2.5.1.1. **Salmonella and typhoid fever**
 - 2.5.1.2. **Foodborne botulism**
 - 2.5.1.3. **vCJD**
 - 2.5.1.4. **Others**
- 2.5.2. **Air-borne diseases**
 - 2.5.2.1. **Acute respiratory infections**
 - 2.5.2.2. **Legionellosis**
 - 2.5.2.3. **Meningococcal disease**
 - 2.5.2.4. **Pneumococcal infections**
 - 2.5.2.5. **Others**
- 2.5.3. **HIV/AIDS and sexually transmitted infections**
 - 2.5.3.1. **HIV/AIDS**
 - 2.5.3.2. **Syphilis**
 - 2.5.3.3. **Gonococcal infections**
 - 2.5.3.4. **Chlamydia infections**
 - 2.5.3.5. **Others**
- 2.5.4. **Vaccine preventable diseases**
 - 2.5.4.1. **Polio**
 - 2.5.4.2. **Tetanus**
 - 2.5.4.3. **Diphtheria**
 - 2.5.4.4. **Pertussis**
 - 2.5.4.5. **Measles**
 - 2.5.4.6. **Rubella**
 - 2.5.4.7. **Mumps**
 - 2.5.4.8. **Tuberculosis**
 - 2.5.4.9. **Influenza**
 - 2.5.4.10. **Haemophilus type B infections**
 - 2.5.4.11. **Cervical cancer (*if vaccine will be available*)**
 - 2.5.4.12. **Other diseases**
- 2.5.5. **Viral hepatitis**
 - 2.5.5.1. **Viral Hepatitis A**
 - 2.5.5.2. **Viral hepatitis B**
 - 2.5.5.3. **Viral hepatitis C**
 - 2.5.5.4. **Others**
- 2.5.6. **Emerging and re-emerging infectious diseases**
 - 2.5.6.1. **Pandemic Influenza and Avian flu**
 - 2.5.6.2. **West Nile Virus disease**

ANNEX 1 to ANNEX 32.5.6.3. **Malaria**2.5.6.4. **Other emerging diseases**2.5.7. **Other issues**2.5.7.1. **Antibiotic resistance**2.5.7.2. **Nosocomial infections**2.5.7.3. **Zoonoses**2.5.7.4. **Vector control**2.6. **Reproduction health**2.6.1.1. **Abortions**2.6.1.2. **Natality indices**2.6.1.3. **Congenital malformations**2.7. **Occupational diseases**2.7.1. **(to be structured)**2.8. **Deaths and disabilities due to external causes**2.8.1. **Road, train and air traffic accidents**2.8.2. **Occupational accidents**2.8.3. **Home and leisure time accidents**2.8.4. **Poisonings**2.8.5. **Homicides and interpersonal violence**2.8.6. **Suicide and intentional self harm**2.8.7. **Extreme weather conditions**2.8.8. **Other causes**2.9. **Disabilities other than due to external causes**2.9.1. **Mental impairment**2.9.2. **Other needs****3. HEALTH AT DIFFERENT AGES AND IN DIFFERENT POPULATION GROUPS AND RELATED POLICIES[♦]**3.1. **Girls and boys**3.2. **Male and female adults**3.3. **Male and female elderly**3.4. **Special gender-related issues (e.g. violence)**3.5. **Urban and rural populations**

[♦] This section deals with indicator data as well as existing regulations and ad hoc programmes and initiatives both at national and Community level

- 3.6. **Worker groups**
- 3.7. **Vulnerable groups**
- 3.8. **Health perception by population groups**

4. MAJOR HEALTH DETERMINANTS AND RELATED PRIMARY PREVENTION POLICIES AT COMMUNITY AND NATIONAL LEVELS[♦]

4.1. Lifestyles

- 4.1.1. **Smoking and tobacco snuff use**
- 4.1.2. **Alcohol consumption**
- 4.1.3. **Food choices and nutrition**
- 4.1.4. **Obesity and overweight**
- 4.1.5. **Physical activity**
- 4.1.6. **Drugs and substance abuse**
- 4.1.7. **Sexual behaviour**
- 4.1.8. **Personal hygiene**
- 4.1.9. **Others**

4.2. Environmental determinants and settings

- 4.2.1. **Human settlement**
- 4.2.2. **Transportation including road safety**
- 4.2.3. **Food safety**
- 4.2.4. **Drinking and recreational water**
- 4.2.5. **Air pollution**
- 4.2.6. **Soil pollution**
- 4.2.7. **Climate changes and natural events**
- 4.2.8. **Physical Stressors**
 - 4.2.8.1. **Electromagnetic fields**
 - 4.2.8.2. **U.V. radiations**
 - 4.2.8.3. **Radon**
 - 4.2.8.4. **Noise**
- 4.2.9. **Work conditions**
- 4.2.10. **Settings**
 - 4.2.10.1. **Housing**
 - 4.2.10.2. **Schools**
 - 4.2.10.3. **Recreational settings**
 - 4.2.10.4. **Correctional facilities**
- 4.2.11. **Others**

[♦] This section deals with indicator data as well as existing regulations and ad hoc programmes and initiatives both at national and Community level

ANNEX 1 to ANNEX 3

- 4.3. **Socio-economic determinants**
- 4.4. **Psycho-social determinants**
- 4.5. **Genetics and health**
- 4.6. **Determinants interactions**

5. HEALTH SYSTEMS [♦]**5.1. Health service provision**

- 5.1.1. **Personal services (curative: inpatient and outpatient, primary and secondary, rehabilitation) including hospital information (admission, discharges)**
- 5.1.2. **Non personal population-wide public health services (e.g. prevention and information campaigns, immunisation, disease screening programmes, vaccination rate, vaccination policies, etc)**
- 5.1.3. **Home care and community support**

5.2. Health expenditure patterns and health financing issues

- 5.2.1. **Health expenditure patterns and trends**
- 5.2.2. **Description and assessment of health financing systems**
 - 5.2.2.1. **Description of arrangements for collecting, pooling and purchasing, including benefit entitlement and cost sharing obligations.**
 - 5.2.2.2. **Assessment of health financing systems, according to criteria of financial protection, equity in financing, equity in utilization relative to need, presence and impact of incentives for efficiency and quality in service delivery, and administrative efficiency of entire system.**
- 5.2.3. **Health accounts**

5.3. Health system resources

- 5.3.1. **Facilities**
- 5.3.2. **Health workforce (including training)**
- 5.3.3. **Pharmaceuticals and medical technologies**

5.4. Performance measurement

- 5.4.1. **Quality in Health care**
 - 5.4.1.1. **Patients and public experiences**

5.5. Governance and accountability (including accessibility and equity)**6. ROLE OF THE EUROPEAN UNION IN IMPROVING HEALTH [♥]**

[♦] This section deals with indicator data as well as existing regulations and ad hoc programmes and initiative both at national and Community level

ANNEX 1 to ANNEX 3**6.1. Introduction****6.2. Health Community competences**

- 6.2.1. **Blood safety**
- 6.2.2. **Tissue, cell and organ transplants**
- 6.2.3. **Communicable diseases surveillance and early warning**
- 6.2.4. **Emerging risks**
- 6.2.5. **Chemical hazards control (REACH)**
- 6.2.6. **Tobacco**
- 6.2.7. **Medicinal products**
- 6.2.8. **Food safety**
- 6.2.9. **Taxation policies**
- 6.2.10. **Freedom of movement**
- 6.2.11. **Others**

6.3. Community Action Programme in public health

- 6.3.1. **Preventing and controlling health threats**
- 6.3.2. **Reducing incidence of major diseases**
- 6.3.3. **Promoting healthier way of life**
- 6.3.4. **Improving efficiency and effectiveness in health systems**
- 6.3.5. **Injury prevention**

6.4. Subsidiarity health-related initiatives

- 6.4.1. **Patient mobility**
- 6.4.2. **Centres of reference**
- 6.4.3. **e-Health**
- 6.4.4. **Health systems impact assessment**
- 6.4.5. **Health technology assessment**
- 6.4.6. **Patient safety (including adverse events in health care)**
- 6.4.7. **Health Security**
- 6.4.8. **Public Health Forum**
- 6.4.9. **Pharmaceutical Forum**
- 6.4.10. **Health promotion**
- 6.4.11. **Early diagnosis of specific disease**
- 6.4.12. **Health in all policies**
- 6.4.13. **Health for Wealth**
- 6.4.14. **Improving information provision in the health sector**
- 6.4.15. **Others**

6.5. Patient Rights

▼ This section deals with existing regulations and ad hoc programmes and initiative both at national and Community level

ANNEX 1 to ANNEX 3

7. **NON-GOVERNMENTAL AND VOLUNTARY ORGANIZATIONS AND PROFESSIONAL ASSOCIATIONS IN THE HEALTH SECTOR** ♦
8. **HEALTH RESEARCH AND SCIENTIFIC ADVICE** (*including translational research*)
9. **E.U. INTERNATIONAL HEALTH INITIATIVES** (*to be focused on initiatives to protect public health in E.U.*)
10. **THE WAY FORWARD: HEALTH PRIORITIES AT COMMUNITY AND NATIONAL LEVEL**
11. **ANNEXES**
 - **List of topics dealt with in “Focus Boxes”**
 - **Health information systems at national and Community level**
 - **Statistical Annex: Structured data used for plots and tables**
 - **List of acronyms**
 - **Glossary of terms (20 EU Languages)**
 - **Data sources and References**
 - **Project Participants**
 - **Collaborating organizations**
 - **Partners**
 - **Authors**
 - **Task Force members**
 - **International Steering Committee**
 - **Others**
 - **SAMPLE LIST OF “FOCUS BOX” TOPICS SUGGESTED FOR CONSIDERATION OF THE AUTHORS**
 - *Avoidable mortality;*
 - *Smoking and health*
 - *Alcohol and health: strategies and challenges;*
 - *Healthy Ageing, chronic diseases and disability challenges;*
 - *Timely diagnosis of chronic diseases;*
 - *Palliative cares and pain therapy;*
 - *Road, home and other accidents as causes of mortality and morbidity and preventative tools;*
 - *Mental health and stress-related diseases;*
 - *Roles of health professionals and patients in the management of chronic diseases and disabilities;*
 - *Emerging and re-emerging diseases and their assessment;*
 - *Contingency planning and emergency response;*
 - *Antimicrobial resistance;*
 - *Food safety;*
 - *Environmental safety;*
 - *Innovation and accessibility of medicinal products;*
 - *Farmacogenomics;*
 - *Continued education in medicine;*

♦ This section focuses mainly on the European dimension with the objective of analysing the main characters, tasks, operational modalities and opportunities of interventions in support of public health. It does not aim at a detailed identification of all the associations and organizations.

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- *Performance and accessibility of national health systems and European collaboration (including mobility of patients and health professionals and European Centres of Reference);*
- *Health Technology Assessment;*
- *Blood and transplant safety;*
- *Tissue engineering and stem cells;*
- *Inequalities in health;*
- *Governance in health;*
- *Patient information;*
- *e-Health;*
- *International co-operation in health;*
- *Lifestyles and disease prevention;*
- *Health promotion;*
- *Obesity, nutrition and physical activity.*
- *The economic burden of diseases and the cost of prevention*
- *Health as key factor in economic growth*
- *Cross-border movement of patients and health professionals*

SELECTED CORE INDICATORS AND INFORMATION SOURCES.

This is a first compilation of indicators and themes, treated in the Full Report, and of related associated international or intergovernmental data sources identified so far. This set of indicators and related data sources is derived from the short and long lists produced by the ECHI project and the Health Indicators Working Party. The aim of this Annex is to identify cases for which there is no need for the associated and collaborating Partners to provide data which are already available in data banks and data bases of International or Intergovernmental Organizations.

This document may be adapted as the results of the on-going work by the ECHIM Project become available. Proposals of additional indicators, themes and sources of reliable information and data are welcome.

The indicators are listed under the corresponding heading of the Table of Contents of the Report.

1. DEMOGRAPHIC DATA AND TRENDS

1.1. Structure and dynamics of the population

1.2. Migrations

INDICATOR

Population by ethnic origin and/or citizenship; UW-5, UW-21
Migration

DATA SOURCES:

population by citizenship: EUROSTAT
EUROSTAT

1.3. Fertility

INDICATOR

Total Fertility rate
Completed fertility rate
Proportion of Childless women

DATA SOURCES:

EUROSTAT
EUROSTAT
EUROSTAT?

1.4. Other features

INDICATOR

Population by educational class
Population below poverty line
Population by occupational class
N° of person per private household
Average population density per square km
% of urban population
Total unemployment

DATA SOURCES:

EUROSTAT
Survey. EUROSTAT: Laeken indicator. PHnut
EUROSTAT.
EUROSTAT
EUROSTAT
WHO HFA-DB
EUROSTAT: Labour force survey (LFS);

2. MORTALITY AND MORBIDITY INDICATORS AND TRENDS

2.1. Life expectancy and disability free life expectancy, self-perceived

INDICATOR

Life expectancy

HLY

DATA SOURCES:

EUROSTAT Sustainable Development
indicator.
EUROSTAT

2.2. Overall pattern of mortality

2.2.1. Death from all causes

INDICATOR

Death rates standardized (SDR)
Death rates standardised (SDR) Total, ages 0-5, 0-65, 65+; see

DATA SOURCES:

EUROSTAT.
EUROSTAT

2.2.2. Infant, perinatal and postnatal mortality

INDICATOR

Infant mortality
Perinatal mortality (fetal deaths plus early neonatal mortality)

DATA SOURCES:

EUROSTAT
EUROSTAT

ANNEX 2 to ANNEX 3

2.2.3. Maternal deaths

INDICATOR

Maternal deaths per 100000 live births

DATA SOURCES:

WHO HFA-DB

2.3. Occurrence (incidence/ prevalence, mortality and associated disabilities) of major and chronic

2.3.1. Ischaemic heart disease

INDICATOR

Ischaemic heart disease, SDR
Circulatory system disease, Hospital discharges per 100000
Circulatory system disease, other?, SDR
Circulatory system disease, SDR
Ischaemic heart disease, incidence per 100000
Ischaemic heart disease, Hospital discharges per 100000

DATA SOURCES:

EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB

2.3.2. Cerebrovascular diseases

INDICATOR

Cerebrovascular diseases, Hospital discharges
Cerebrovascular diseases, Incidence per 100000
Cerebrovascular disease, SDR
Cerebrovascular diseases, Hospital discharges per 100000

DATA SOURCES:

EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB

2.3.3. Cancer

INDICATOR

All childhood cancers, Mortality
Female breast malignant neoplasm, SDR
All cancers, Hospital discharges
Trachea, bronchus and lung cancer, SDR
Colon/anorectal cancer, incidence per 100000
Cancer, incidence per 100000
Cancer, prevalence in %
Trachea, bronchus and lung cancer, incidence per 100000
Cervix uteri cancer, SDR
Malignant neoplasms, SDR
Cervix uteri cancer, incidence per 100000
Female breast cancer, incidence per 100000
Stomach cancer, incidence per 100000

DATA SOURCES:

EUROSTAT Mortality data. CHILD project.
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
IARC
WHO HFA-DB
WHO HFA-DB
WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
WHO HFA-DB
WHO HFA-DB
IARC

2.3.4. Asthma and other allergic disorders

INDICATOR

Bronchitis/emphisema/asthma, SDR

DATA SOURCES:

EUROSTAT, WHO HFA-DB

2.3.5. COPD and other respiratory disorders

INDICATOR

Respiratory system diseases, Hospital discharges per 100000
Respiratory system diseases, SDR
Chronic obstructive pulmonary diseases prevalence, in %

DATA SOURCES:

EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
WHO HFA-DB

2.3.6. Diabetes and endocrine disorders

INDICATOR

Diabetes, prevalence in %
Diabetes mellitus, Incidence per 100000

DATA SOURCES:

WHO HFA-DB
WHO HFA-DB

2.3.7. Hepatic cirrhosis and other chronic liver diseases

INDICATOR

Chronic liver disease and cirrhosis, SDR, 0-64 per 100000
Chronic liver disease and cirrhosis, SDR, all ages per 100000

DATA SOURCES:

EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB

2.3.9. Mental diseases and disorders

INDICATOR

DATA SOURCES:

ANNEX 2 to ANNEX 3

Number of mental patients staying in hospitals 365+ days per
Mental disorders, prevalence in %
Depression, prevalence by gender and age

Anxiety disorder, generalized. Prevalence by gender and age

Alcoholic psychosis, incidence per 100000
Mental disorders & disease of nervous system & sense organ,
Mental & behavioural disorders, Hospital discharges per 1000000
Schizophrenia, prevalence
Mental disorders, incidence per 100000

WHO HFA-DB
WHO HFA-DB
Population survey (CID1 instrument).
EuroREVES:
Population survey (CID1 instrument).
EuroREVES:
WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB

WHO HFA-DB

2.3.10. Neurodegenerative and non-psychiatric brain diseases

INDICATOR

Multiple sclerosis (SLA, ecc), prevalence
Alzheimer prevalence by gender and age
Dementia; prevalence by gender and age

DATA SOURCES:

European Multiple Sclerosis Association
Alzheimer Europe
Alzheimer Europe

2.3.11. Musculoskeletal diseases and problems

INDICATOR

Musculoskeletal system and connective tissue diseases, Hospital
Muskuloskeletal system problems
Osteoporosis
Rheumatoid arthritis

DATA SOURCES:

WHO HFA-DB
EU-OSHA
Europea Osteoporosis Association

2.3.12. Dental and oral diseases

INDICATOR

DATA SOURCES:

2.3.13. Other diseases

INDICATOR

Symptoms, signs and ill-defined conditions, SDR?
Genitourinary system disease, SDR?
Digestive system disease, SDR?
Endocrine/nutrition/metabolic disease/disorder involving immune

DATA SOURCES:

EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB
EUROSTAT, WHO HFA-DB

2.4. Rare diseases

2.5. Occurrence (incidence/ prevalence, mortality, recovery and associated disabilities) of

2.5.1. Food- and water-borne diseases

2.5.1.1. *Salmonella and typhoid fever*

INDICATOR

Intestinal infectious diseases, Mortality
Salmonellosis, incidence per 100000

DATA SOURCES:

EUROSTAT
ECDC; WHO HFA-DB

2.5.1.2. *Foodborne botulism*

INDICATOR

Microbiological foodborne diseases, number of outbreaks
Microbiological foodborne diseases per 100000

DATA SOURCES:

WHO HFA-DB
WHO HFA-DB

2.5.1.3. *vCJD*

INDICATOR

vCJD cases

DATA SOURCES:

ECDC

2.5.2. Air-borne diseases

2.5.2.1. *Acute respiratory infections*

INDICATOR

acute respiratory infections, pneumonia and influenza in children

DATA SOURCES:

WHO HFA-DB

2.5.2.2. *Legionellosis*

INDICATOR

DATA SOURCES:

ANNEX 2 to ANNEX 3

Legionellosis, Incidence

SDR

2.5.2.3. Meningococcal disease

INDICATOR

Meningococcal infections, Incidence

DATA SOURCES:

ECDC, EUROSTAT, WHO HFA-DB

2.5.2.4. Pneumococcal infections

INDICATOR

pneumonia, Incidence

DATA SOURCES:

ECDC, EUROSTAT, WHO HFA-DB

2.5.3. HIV/AIDS and sexually transmitted infections

2.5.3.1. HIV/AIDS

INDICATOR

AIDS, Mortality

HIV infections, new cases reported per 100000

AIDS, Clinically diagnosed, incidence per 100000

DATA SOURCES:

EUROSTAT, WHO HFA-DB

WHO HFA-DB, EURO-HIV

WHO HFA-DB, EURO-HIV

2.5.3.2. Syphilis

INDICATOR

Syphilis, congenital, Incidence per 100000

Syphilis, incidence per 100000

DATA SOURCES:

WHO HFA-DB

WHO HFA-DB

2.5.3.3. Gonococcal infections

INDICATOR

Gonococcal infection, incidence per 100000

DATA SOURCES:

WHO HFA-DB

2.5.3.4. Chlamydia infections

2.5.3.5. Others

2.5.4. Vaccine preventable diseases

2.5.4.1. Polio

INDICATOR

Acute poliomyelitis, Incidence per 100000

DATA SOURCES:

ECDC, WHO HFA-DB

2.5.4.2. Tetanus

INDICATOR

Tetanus, Incidence per 100000

Tetanus, neonatal: incidence per 100000

DATA SOURCES:

ECDC, WHO HFA-DB

ECDC, WHO HFA-DB

2.5.4.3. Diphtheria

INDICATOR

Diphtheria: Incidence per 100000

DATA SOURCES:

ECDC, WHO HFA-DB

2.5.4.4. Pertussis

INDICATOR

Pertussis: Incidence per 100000

DATA SOURCES:

ECDC, WHO HFA-DB, OECD Health Care Quality

2.5.4.5. Measles

INDICATOR

Measles: Incidence per 10000

DATA SOURCES:

ECDC, WHO HFA-DB, OECD Health Care Quality

2.5.4.6. Rubella

INDICATOR

Rubella, congenital: Incidence per 100000

Rubella: Incidence per 10000

DATA SOURCES:

ECDC, WHO HFA-DB

ECDC, WHO HFA-DB

2.5.4.7. Mumps

INDICATOR

Mumps: Incidence

DATA SOURCES:

WHO HFA-DB

2.5.4.8. Tuberculosis

INDICATOR

Tuberculosis: mortality

Tuberculosis: incidence

DATA SOURCES:

EUROSTAT, WHO HFA-DB

WHO HFA-DB

2.5.4.9. Influenza

ANNEX 2 to ANNEX 3

INDICATOR

Influenza: mortality

2.5.4.10. *Haemophilus type B infections*

INDICATOR

Haemophilus influenza type b invasive disease, Incidence per

2.5.4.11. *Cervical cancer (if vaccine will be available)*

INDICATOR

-

2.5.4.12. *Other diseases*

INDICATOR

-

2.5.5. Viral hepatitis

2.5.5.1. *Viral hepatitis A*

INDICATOR

Viral hepatitis A: incidence

Viral hepatitis: mortality

2.5.5.2. *Viral hepatitis B*

INDICATOR

Viral Hepatitis B: incidence

2.5.5.3. *Viral hepatitis C*

INDICATOR

Viral hepatitis C: incidence

2.5.6. Emerging and reemerging infectious diseases

2.5.6.1. *Pandemic influenza and avian flu*

INDICATOR

-

2.5.6.2. *West Nile Virus disease*

INDICATOR

-

2.5.6.3. *Malaria*

INDICATOR

Malaria: incidence per 100000

2.5.6.4. *Other emerging diseases*

INDICATOR

-

2.5.7. Other issues

2.5.7.1. *Antibiotic resistance*

INDICATOR

-

2.5.7.2. *Nosocomial infections*

INDICATOR

Surgical wound infection: rate, in %, all operations

2.5.7.3. *Zoonoses*

INDICATOR

-

2.5.7.4. *Vector control*

INDICATOR

-

DATA SOURCES:

EUROSTAT, WHO HFA-DB

DATA SOURCES:

ECDC, WHO HFA-DB, OECD Health Care Quality

DATA SOURCES:

DATA SOURCES:

DATA SOURCES:

EHFA-DB
WHO HFA-DB
EUROSTAT, WHO HFA-DB

DATA SOURCES:

EHFA-DB, ECDC

DATA SOURCES:

ECDC, EHFA-DB

DATA SOURCES:

ECDC

DATA SOURCES:

ECDC

DATA SOURCES:

ECDC; WHO HFA-DB

DATA SOURCES:

ECDC

DATA SOURCES:

EARSS project

DATA SOURCES:

WHO HFA-DB

DATA SOURCES:

DATA SOURCES:

ANNEX 2 to ANNEX 3

2.7. Occupational diseases

2.8. Deaths and disabilities due to external causes

2.8.1. Road, train and air traffic accidents

INDICATOR

Transport accidents: mortality
Motor vehicle traffic accidents: SDR
Road traffic accidents persons killed or injured per 100000
Road traffic accidents with injury: number per 100000

DATA SOURCES:

IDB, Mortality data. Environment/health, CHILD
WHO HFA-DB
WHO HFA-DB, DG TREN - CARE database
WHO HFA-DB, DG TREN - CARE database

2.8.2. Occupational accidents

INDICATOR

New invalidity/disability cases per 100000
Absenteeism from work due to illness, days per employee per
Persons injured due to work-related accidents per 100000
% of disabled persons of working age engaged in regular
Persons receiving social/disability benefits per 100000
Mortality, incidence
Deaths due to work-related accidents per 100000

DATA SOURCES:

WHO HFA-DB
WHO HFA-DB
EUROSTAT, EASHAW
WHO HFA-DB
WHO HFA-DB
EUROSTAT
EUROSTAT, EASHAW

2.8.3. Home and leisure accidents

INDICATOR

-

DATA SOURCES:

Injury Database (IDB)

2.8.4. Poisonings

INDICATOR

external causes injury and poison: SDR

DATA SOURCES:

EUROSTAT, WHO HFA-DB, IDB

2.8.5. Homicides and interpersonal violence

INDICATOR

Homicide and intentional injury: SDR

DATA SOURCES:

EUROSTAT, WHO HFA-DB, IDB

2.8.6. Suicides and intentional self-harm

INDICATOR

Suicide & intentional self-harm: mortality

DATA SOURCES:

EUROSTAT, WHO HFA-DB, IDB

2.8.7. Extreme wheather conditions

2.8.8. Other causes

2.9. Disabilities other than due to external causes

2.9.2. Mental impairment

2.9.3. Other needs

3. HEALTH AT DIFFERENT AGES AND IN DIFFERENT POPULATION GROUPS AND

3.1. Girls and boys

INDICATOR

-

Vaccination coverage among children;

DATA SOURCES:

Child project
HBS Health Behaviour of school children

3.2. Male and female adults

3.3. Male and female elderly

INDICATOR

DATA SOURCES:

ANNEX 2 to ANNEX 3

Eurobarometer

3.4. Special gender-related issues (e.g. violence)

3.5. Urban and rural populations

INDICATOR

-

DATA SOURCES:

Eurostat, WHO

3.6. Worker groups

INDICATOR

Use of work-protections

Occupational diseases, new cases per 100000

Work-related health risks/job quality

DATA SOURCES:

WHO HFA-DB; EUROSTAT

Surveys. Workhealth project or survey of working

3.7. Vulnerable groups

INDICATOR

% of total population

DATA SOURCES:

Central Statistical Bureau?

3.8. Health perception by population groups

INDICATOR

-

DATA SOURCES:

EUROBAROMETER, HIS, Central Statistical

4. MAJOR HEALTH DETERMINANTS AND RELATED PRIMARY PREVENTION

4.1. Lifestyles

4.1.1. Smoking and tobacco snuff use

INDICATOR

regular daily smokers, age 15+: % population

Number cigarettes consumed per person per year

Smoking-related deaths;

Proportion of smoking children

% of regular smokers

DATA SOURCES:

WHO Tobacco Control Database; HBSC Health

WHO Tobacco Control Database; HBSC Health

WHO Tobacco Control Database; EUROSTAT.

HBSC Health Behaviour of school children

WHO Tobacco Control Database?; HBSC

Health

4.1.2. Alcohol consumption

INDICATOR

Number of road traffic accidents involving alcohol

Alcohol use: non-drinkers;

Spirits consumed in pure alcohol, litres per capita

Total alcohol consumption;

Hazardous alcohol consumption

Pure alcohol consumption, litres per capita

Beer consumed in pure alcohol, litres per capita

Pure alcohol consumed, litres per capita, age 15+

Road traffic accidents involving alcohol per 100000

Wine consumed in pure alcohol, litres per capita

Alcohol-related deaths;

DATA SOURCES:

WHO HFA-DB, HBSC Health Behaviour of

HBSC Health Behaviour of school children

WHO HFA-DB, HBSC Health Behaviour of

HBSC Health Behaviour of school children

HBSC Health Behaviour of school children

WHO HFA-DB, HBSC Health Behaviour of

WHO HFA-DB, HBSC Health Behaviour of

WHO HFA-DB, HBSC Health Behaviour of

WHO HFA-DB, HBSC Health Behaviour of

WHO HFA-DB, HBSC Health Behaviour of

EUROSTAT; HBSC Health Behaviour of school

4.1.3. Food choices and nutrition

INDICATOR

Average amount of cereal available per person per year (in kg)

% of total energy available from protein

Fat available per person per day (in g)

% of total energy available from fat

Average number of calories available per person per day (kcal)

Protein available per person per day (in g)

Consumption/availability of bread/cereals;

Consumption/availability of fish;

Consumption/availability of fruit excluding juice;

Consumption/availability of meat and meat products;

Consumption/availability of non-starch polysaccharides;

Consumption/availability of vegetables excl. potatoes and juice;

DATA SOURCES:

EHFA-DB

EHFA-DB

EHFA-DB

EHFA-DB

EHFA-DB

EHFA-DB

WHO HFA-DB

Dafne projects, HBSC Health Behaviour of

HBSC Health Behaviour of school children

HBSC Health Behaviour of school children

HBSC Health Behaviour of school children

HBSC Health Behaviour of school children

HBSC Health Behaviour of school children

ANNEX 2 to ANNEX 3

4.1.4. Obesity and overweight

INDICATOR
Weight control
Body mass index

DATA SOURCES:

HIS/HES. School health surveys (HBSC?).

4.1.5. Physical activity

INDICATOR
Exercise
Blood pressure;

DATA SOURCES:

HIS/HES. WHO special programmes. EHRM project.

4.1.6. Drugs and substance abuse

INDICATOR
First admissions to drug treatment centres per 100000
Use of illicit drugs (including children)
Drug-related deaths;
Number of deaths from overdose of illicit drugs

DATA SOURCES:

EMCDDA; WHO HFA-DB
EMCDDA; HIS. WHO-HBSC survey (schools).
EMCDDA;
EMCDDA, WHO HFA-DB

4.1.7. Sexual behaviour

INDICATOR
pregnancy below 18 years old
condom use and contraception use

DATA SOURCES:

REPROSTAT Project
REPROSTAT Project

4.1.8. Personal hygiene

INDICATOR
Decayed, missing or filled teeth at age 12 (DMFT-12 index)
Dentist visits (dental health scrining per 1000 at age 3-16)

DATA SOURCES:

WHO HFA-DB
?

4.1.9. Others

4.2. Environmental determinants and settings

4.2.1. Human settlement

4.2.2. Transportation including road safety

INDICATOR
Luminous tag use
Fines for speed limit
Helmet use
Seat Bealt use

DATA SOURCES:

WHO ECEH ?; DG SANCO Projects ENHIS
WHO ECEH ?; DG SANCO Projects ENHIS
WHO ECEH ?; DG SANCO Projects ENHIS
WHO ECEH ?; DG SANCO Projects ENHIS

4.2.3. Food safety

4.2.4. Drinking and recreational water

INDICATOR
Sewage system
Water supply system: % population whose homes are connected
sewage system: % population with access to sewage system,
Water supply system: % population whose homes are connected
Water supply system: % population whose homes are connected
Drinking water quality
sewage system: % population with access to sewage system,
Drinking water supply
sewage system: % population with access to sewage system,

DATA SOURCES:

WHO ECEH ?; DG SANCO Projects ENHIS
WHO HFA-DB; WHO ECEH ?; DG SANCO
Projects
WHO HFA-DB
EUROSTAT; WHO HFA-DB; WHO ECEH ?;
DG
WHO HFA-DB; EUROSTAT; WHO ECEH ?;
DG
Survey. DG SANCO Projects ENHIS and
ENHIS 2
WHO HFA-DB
WHO ECEH ? . WHO. DG SANCO Projects
ENHIS
EUROSTAT, WHO HFA-DB

4.2.5. Air pollution

INDICATOR
PM10: Average annual concentration of particulate matter (PM10)
Outside air pollutants;
Nitrogen dioxide: Average annual concentration of nitrogen dioxide

DATA SOURCES:

WHO HFA-DB
WHO HFA-DB

ANNEX 2 to ANNEX 3

Nitrogen dioxide: Exceedance of limits of NO₂ in urban areas

EEA Airbase database (Assessment 2005),
WHO

PM₁₀: Exceedance of limits in urban areas

EEA Airbase database (Assessment 2005)

Ozone: Exceedance of limits in urban areas

sulphur dioxide (SO₂: Average annual concentration in the capital

WHO HFA-DB

Ozone: Average annual concentration in the capital city,

WHO HFA-DB

Sulphur dioxide: emissions, kg per capita per year

EUROSTAT, WHO HFA-DB

Environment/health, IMCA projects.

Ozone: Population exposure

EEA Airbase database (Assessment 2005)

PM₁₀: exposure

WHO-Rome

Sulfur dioxide: Exceedance of limits of SO₂ in urban areas

Emission registries plus calculations. Also

EEA Airbase database (Assessment 2005);

4.2.6. Soil pollution

INDICATOR

Waste disposal?

Phytosanitary products use?

DATA SOURCES:

4.2.7. Climate changes and natural events

4.2.8. Physical stressors

4.2.8.1. Electromagnetic fields

INDICATOR

Low frequency electromagnetic fields

DATA SOURCES:

4.2.8.2. U. V. radiation

4.2.8.3. Radon

4.2.8.4. Noise

INDICATOR

Noise exposure

DATA SOURCES:

4.2.9. Work conditions

4.2.10. Settings

4.2.10.1. Housing

INDICATOR

Indoor radon exposure

Environmental tobacco smoke exposure;

Average number of person per room in occupied housing unit

DATA SOURCES:

Eurochip project

Household surveys. Eurochip, CHILD, IMCA

WHO HFA-DB

4.2.10.2. Schools

4.2.10.3. Recreational settings

4.2.10.4. Correctional facilities

4.2.11. Others

4.4. Psycho-social determinants

4.5. Genetics and Health

5. HEALTH SYSTEMS

5.1. Health service provision

5.1.1. Personal services (curative: inpatient and outpatient, primary and secondary,

INDICATOR

DATA SOURCES:

ANNEX 2 to ANNEX 3

Hospitals by type (acute, not-acute)	WHO HFA-DB, EUROSTAT
Inpatient surgical procedures	EUROSTAT, WHO HFA-DB
Hospital beds by type (acute, not-acute)	EUROSTAT, WHO HFA-DB
Primary health care units	WHO HFA-DB, EUROSTAT
Admission to drug treatment centres	WHO HFA-DB, EUROSTAT
In-patient care admissions by type (acute, not-acute)	WHO HFA-DB
Acute care hospital beds, by type of group of specialties	WHO HFA-DB
Outpatient contacts	WHO HFA-DB
Transplants and dialyses	HD - OECD
Long term care beds (rehabilitation, psychiatric, elderly, etc.)	EUROSTAT, WHO HFA-DB
Doctors consultations	HD - OECD

5.1.2. Non personal, population-wide public health services (e.g. prevention and information)

INDICATOR

Immunisation: immunization in young people by type (diphtheria, Cancer Screening by type (breast, cervical, etc.)
Immunisation: influenza vaccination among people aged 65 years
Vaccination coverage in children

DATA SOURCES:

HD - OECD
OECD - Quality indicators project
OECD (Health at a glance)
Environment and health, CHILD, IMCA projects.

5.1.3. Home care and community support

5.2. Health expenditure patterns and health financing issues

5.2.1. Health expenditure patterns and trends

INDICATOR

Expenditures on collective health care.
Current or investment expenditure on health
Total public/ private expenditures on health
Expenditures on health administration and insurance
Current health expenditure by provider
Health expenditure as a share of gross domestic product (GDP)
Pharmaceutical expenditure
Expenditures on education and training of health personnel
Expenditures on prevention and public health
Expenditure on medical services by functions (in patient, Expenditure on personal health care.

DATA SOURCES:

HD - OECD
HD - OECD
HD - OECD
HD - OECD
HD - OECD
HD - OECD
HD - OECD
HD - OECD
HD - OECD
HD - OECD

5.2.2. Description and assessment of health financing systems

INDICATOR

Health expenditures by sources of funds
Out of pocket payments (households)
Private insurance

DATA SOURCES:

HD - OECD
HD - OECD
HD - OECD

5.2.2.1. Description of arrangements for collecting, pooling and purchasing, including benefit

5.2.2.2. Assessment of health financing systems, according to criteria of financial protection,

5.3. Health system resources

5.3.1. Facilities

5.3.2. Health workforce (including training)

5.3.2..

INDICATOR

Hospital employment by type (physicians, nurses, midwives etc.)
Physicians by group of specialties (medical, surgical, paediatric, General practitioner
Practising specialist

DATA SOURCES:

WHO HFA - DB
WHO HFA-DB, HD - OECD
HD - OECD

Pharmacist
Physician, nurses, midwives, pharmacist, etc. graduated
Health employment by type (physicians, nurses, midwives, etc.)

5.3.3. Pharmaceuticals and medical technologies

INDICATOR

Medical technologies (MRI, CTS, Radiation, Litriptors,
Medicine use, selected groups

5.4. Performance measurement

INDICATOR

ANNEX 2 to ANNEX 3

WHO HFA-DB
WHO HFA - DB
HD - OECD

DATA SOURCES:

HD - OECD
HD - OECD

DATA SOURCES:

HD-OECD (OECD Health Care Quality
Indicators
HD – OECD (OECD Health Care Quality

ANNEX 3 to ANNEX 3

PRELIMINARY LIST OF HEALTH-RELATED PLANNING AND POLICY DOCUMENTS BY EUROPEAN INSTITUTIONS AND BY INTERNATIONAL AND INTERGOVERNMENTAL ORGANIZATIONS

- Recommendations and conclusions of the EU Council of Health Ministers
- Relevant Reports from WHO: Health Metrix Network (*only have a link to these documents*)
- Relevant Reports from WHO-EURO: HiT (*only have a link to these documents*)
- Relevant Reports from OECD
- Relevant Reports from the Council of Europe
- Reports from the European Agencies of the Health Sector
- Documents of the European Commission setting policies and strategies in the field of health
- Community Action Programme in Public Health and Consumer Protection (2007-2013)
- Reports of the EU Public Health Programmes

GUIDANCE ON THE PREPARATION OF SCIENTIFIC AND TECHNICAL CONTRIBUTIONS TO THE REPORT “HEALTH IN THE EUROPEAN UNION” WITHIN THE EUGLOREH 2007 PROJECT*

This paper provides guidance to the Authors in order to:

- ensure a harmonized approach in the preparation of different sections of the Report, including the list of references and citations in the text as well as establishment of titles, tables, figures
- help the reader in tracing back the matters of his/her interest and to facilitate zapping from the Executive and Popular Summaries into the detailed data present in the Full Report;
- facilitate the document management procedures.

More detailed editorial instructions will be provided separately.

If necessary, the EUGLOREH Secretariat (eugloreh@sanita.it) can be contacted for more specific indications.

In case that contributions are requested on more than one subject, the Author should apply this template separately to each subject.

Report draft chapters or sections should be prepared according to the indications provided in the following Parts A, C and D of this paper. As a rule, Part A should contain 3000 to 6000 words, depending on the complexity and breadth of the subject, and tables and plots as necessary for a concise presentation of relevant data.

Draft Focus Boxes should comply with the indications provided in the following Parts B, C and D of this paper. Part B should contain maximum 1000 words and 2 tables or plots.

Language: English.

Software: Text, tables, diagrams and related data worksheets should be provided in an electronic format compatible with Microsoft Office applications (Word, Excel) for Windows.

In-text citations: Supporting literature and documents should be cited analytically in the text. Citation is to be made indicating in brackets the author’s surname (or source, if the author is missing) and year, as follows: ([Smith, 2004](#)). In case of two authors, both should be quoted, e.g.: ([Rubin and Peyrot, 1999](#)); if more than two, the first author should be quoted, followed by “et al”, e.g.: ([Lopes et al, 1996](#)). Citations in a series are to be separated by a semicolon, e.g.: ([Sartorius, 1993](#); [WHO, 1996](#)). The creation of hyperlinks to bookmarks marking the target reference in sub-chapter “7-Literature cited” in Part A of this template, as exemplified here, is welcome.

* The EUGLOREH project (www.eugloreh.it) benefits from the participation of the National Competent Authorities of the 25 EU Member States, one Acceding Country, two Candidate Countries, Iceland and Norway as well as of several Intergovernmental and International Organizations and EU Agencies.

The Project, financially supported by the DG "Public Health and Consumer Protection" of the European Commission (Grant agreement n. 2005115) in the framework of the Call for Proposal 2005 of the Programme of Community Action in the Field of Public Health (2003-2008), started on 15 November 2005 and will be completed within three years.

Title of the contribution:
Author(s):
Last Update:
<p>PART A)</p> <p>MAIN TEXT for the CHAPTERS of the FULL REPORT. <i>This text is divided in titled sub-chapters as indicated below.</i></p>
<p>1– Introduction</p> <p>A general description of the subject should be produced, focusing on the arguments which are useful to assess its (relative) importance and/or the reasons of interest within the context of health and of the health status of EU populations.</p>
<p>2 – Information Sources</p> <p>It is important to:</p> <ul style="list-style-type: none"> • Mention and provide the basic features of the existing activities devoted to continued collection of data from several European Countries (databases, registries, networks etc.), highlighting commonalities and differences; • Indicate reliability of the sources and quality of the data used. • Indicate the groups of diseases, if any, which are dealt with in the chapter, with reference to ICD 9 or ICD10;
<p>3 – Data Presentation</p> <p>An analytical and objective description of the subject under examination should be produced, including long-term and more recent time trends and inter-country comparisons.</p> <p>When applicable, the description should begin with tables illustrating the national statistics regarding the most relevant indicators and continue with different indicator data and data aggregation as relevant to the subject. In case where this is not possible, the gaps should be highlighted.</p> <p>The nature and relevance of uncertainties regarding the subject under examination should also be addressed.</p> <p>Tables and diagrams</p> <ul style="list-style-type: none"> • The data should be presented with a few diagrams (preferred) or tables, avoiding duplications. In all instances, diagrams have to be backed by a table with the data

ANNEX 4 to ANNEX 3

used, which will be included in the statistical appendix. Each diagram and table should have a concise descriptive title and footnotes to provide the basic information on the data (indicator, parameter and unit, year, data source, gender, age group, etc.). When tabular data refer to several Countries, the Countries should be listed in alphabetical order on the left-hand column, so that data referred to one Country are presented on the same row of the table. Data are presented in columns headed with a description of the relevant indicator or indicator data aggregation (e.g.: year, age group, gender).

The authors are advised to ensure coherence of data sources used throughout the Report. In case of discrepancy, the authors should explain the reason for using different sources.

4 – Data Discussion

An in-depth analysis of available evidence, expert comments and possibly contradictory viewpoints, should be developed here. If useful to back the discussion, additional data can be described, such as intra-country regional differences, results of ad-hoc studies, observations in humans or appropriately disaggregated data, e.g. by risk factors, or by healthcare type applied.

Where appropriate, the discussion should aim at assessing aspects related to:

- vulnerable population groups or population groups at increased risk;
- relative importance of risk factors in the aetiology of the disease under discussion;
- consequences in terms of other health effects or of social burden or impact for the health services;
- relations with data presented in other chapters of the Report. This is particularly requested for the preparation of contributions for the Chapters from 1 to 5 of the Report.
- feasibility of improved risk reduction or control actions especially with reference to advances in knowledge, science and technology.

Where appropriate, and to avoid duplications, reference should be made to data and contents of other chapters. The main conclusions of the analyses carried out should be clearly summarized in each section.

5 - Policy Tools

With reference to the instruments relevant to the subject under examination, the Authors are recommended to:

- Specify the legal instruments or other policy tools adopted by the EU or different countries for managing the subject under examination;
- Report on the implementation of the EU legislation in the national legislation, by indicating major peculiarities, if any;
- Outline commonalities and peculiarities of the instruments (institutional, technological, organizational) identified in different Countries to manage the subject under examination;
- Outline other initiatives the civil society may have implemented with regard to the subject under examination;
- Mention international programmes and goals relevant to the subject.

6 – The way forward

In the “way forward” section it is important to focus on conclusions and recommendations on main issues emerged previously and on the future perspective and possible developments. Whenever possible, Authors should include comments on the main reason for concern, critical aspects and ways to improve the situation.

7 - Literature cited

No references are to be listed if not quoted in the text. The list of references is to be compiled in this section, ordered alphabetically by author (or source, if the author is missing) following the sample templates given below.

Lopes CS, Rodrigues LC, Sichieri R (1996): The lack of selection bias in a snowball sampled case-control study on drug abuse. *Int J Epidemiol* 25:1267-1270.

Rubin RR, Peyrot M (1999): Quality of life and diabetes. *Diabetes Metab Res Rev* 15:205-218.

Sartorius NA (1993): WHO method for the assessment of health-related quality of life (WHOQOL). In *Quality of Life Assessment: Key Issues in the 1990s*. (Edited by: Walker SR, Rosser RM.) Dordrecht, Kluwer Academic Publishers; p. 201-207.

Smith DW (2004): The population perspective on quality of life among Americans with diabetes. *Qual Life Res* 13(8):1391-1400.

WHO (1996): WHOQOL-BREF: Introduction, Administration, scoring and generic version of the assessment. Field Trial Version. Programme on Mental Health, WHO, Geneva, Switzerland. [http://www.who.int/mental_health/media/en/76.pdf] (article

online, accessed on 1 November 2006).

8 – Acronyms

Acronyms used in the text are to be listed here with the corresponding extended name or definition.

PART B)

FOCUS BOX TEXT

for the FOCUS BOXES of the FULL REPORT

The Focus Box gives the opportunity to deal with important issues, which are not fully apparent from the data available or in the scope of the Report. The Focus Box text is independent of the chapter main text (see previous Part A). The reference maximum length of a focus box text is 1000 words. Supporting key data can be presented in maximum one or two tables/figures. The Focus Box text should be based on evidence, and in principle it should be structured in paragraphs (not titled) providing information with the aims indicated for the sub-chapters “introduction”, “data presentation”, “discussion” and “the way forward” of Part A.

PART C)

CONCISE SUMMARY

for the EXECUTIVE SUMMARY addressed to health authorities

The concise summary is prepared on the basis of the information provided in Part A (and/or Part B) and may not introduce new information or data.

The concise summary should provide the following messages:

Message scope	Expected contents
The challenge - definition of the relevance:	<i>Lessons learned in case studies and/or issues of relevance or concern resulting from sound evidence;</i>
The challenge - characterization of the relevance or impact of no action	<i>Severity or social burden; group or dimension of the population involved or at risk; current or future impact; impact on the healthcare system;</i>
Feasible actions and recommendations:	<i>Recommended (or feasible) actions and their expected effectiveness.</i>

Authors have to make reference to supporting data and evidence presented in the

ANNEX 4 to ANNEX 3

previous Part A (and/or Part B). To this aim, Authors should indicate the text, which is to be used to create a link, and the text, table or diagram, which is the target of the link. The actual creation of hyperlinks to bookmarks in the text drafted for Part A (and/or B) of this template is welcome.

PART D)

POPULAR SUMMARY *addressed to all citizens*

This summary should be consistent with the data and information provided in Part A (and/or Part B) and may not introduce new information or data. With a style easily readable by the general public, Authors are asked to outline the health status and its temporal (and geographic) trends within the scope of the subject under examination, providing concise answers or comments to the following questions, if applicable:

- How has the health status (or life environment or health services) changed in the last years?
- How to maintain oneself in a healthy condition?
- How can citizens use, in an optimal way, of healthcare services offered?
- (*other questions may be formulated*)

Wherever possible the Authors should make reference to supporting text and evidence presented in the previous Part A (and/or B). To this aim, Authors should indicate the text, which is to be used to create a link, and the text, table or diagram, which is the target of the link. The actual creation of hyperlinks to bookmarks in the text drafted for Part A (and/or B) of this template is welcome.

Timetable and Milestones of the EUGLOREH 2007 project

Period	Activities
27-28 June 2006*	1 st Plenary meeting of Project Partners to agree on the way forward and start coordinated activities
July-November 2006	Time spent to finalize the contract with the Commission and to receive the first allotment
December 2006 – April 2007	Data collection and preparation of 1 st draft of individual chapters by the contributors
May 2007	Review of 1 st drafts of individual chapters – Review of the Table of Contents and Focus Box Topics
June 2007-July 2007	Preparation of 2 nd draft of individual chapters by the contributors.
September-October 2007	Preparation of 1 st draft of the Full Report.
November 2007*	2 nd Plenary Meeting of Project Partners to agree on 1 st draft of the Full Report and on possible adjustments of the workplan.
December 2007	Review of 1 st draft of the Full Report and Executive Summary by the International Expert Committee
January-February 2008	External consultation
March-April 2008	Preparation of the final version of individual chapters by the contributors
May 2008	Preparation of the 2 nd draft of the full Report
July 2008*	3 rd Plenary meeting of Project Partners to agree on final text of Full Report, Executive Summary and “popular summary”
August-October 2008	Translation of Executive Summary and “popular summary” into national languages by Project Partners.
December 2008*	Report Presentation Conference
January-March 2009	Evaluation Questionnaires provided, replies, received and analysed and the Evaluation Report prepared.

* Milestone of the project

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