



Health Indicators in the European Regions

ISARE Project

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Annexes

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1 - Questionnaires

Health and social system functioning

Data availability

1.1 Health and social system functioning

Instructions for the questionnaire on health and social system functioning

This questionnaire explores the level of autonomy in the health and social sectors exercised at the geographical unit level under consideration, particularly for the functions of planning, policy making and public health reporting (sections B and C).

Other sections of the questionnaire concern factual information regarding boundaries stability, existence of a local health information system and key characteristics of the geographical unit.

Each section of the questionnaire starts with questions for which you are invited to provide a short answer in the box on the right hand side. The section usually ends with one or two questions allowing you to write more extensive comments, including some on the potential variability in the level of autonomy achieved by the geographical units. In case you need more space do not hesitate to write more comments on an additional sheet of paper with a clear reference to the code of the original question.

Do not hesitate to contact the project team in case of difficulties.

Thank you very much for your help.

A	Country Name of geographical unit	
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Responsibility regarding health and social policy and planning

B1	Is there responsibility at the geographical unit level for defining and managing policy and planning regarding hospital care ?	
B2	Is there responsibility at the geographical unit level for defining and managing policy and planning regarding ambulatory primary health care (e.g. family doctors, community nurses ...) ?	
B3	Is there responsibility at the geographical unit level for defining and managing policy and planning regarding social services ?	
B4	Is there responsibility at the geographical unit level for defining and managing policy and planning regarding health promotion	
B5	Please add any comments regarding health and social policy planning at this geographical unit level:	
B6	If there are differences between units at the level under consideration in your country, please describe these differences :	

Public Health Reporting

C1	Is public health reporting performed at this level (by public health reporting is meant the annual or pluri-annual publication of a report on the health status of the geographical unit's population)?	
C2	Please add any comments regarding public health reporting at this geographical unit level:	
C3	If there are differences between units at the level under consideration in your country, please describe these differences :	

Information system

D1	Is there a local health information system available at this geographical unit level ? By local health information system is meant the combination of vital and health statistical information relating to the population of the geographical unit.	
D2	Please add any comments regarding information system at this geographical unit level:	
D3	If there are differences between units at the level under consideration in your country, please describe these differences :	

Boundaries stability

E1	Has there been any change in the geographical unit boundaries in the past 10 years ?	
E2	If yes, please describe briefly:	

Main Characteristics of the geographical unit level

G1	Does this geographical unit level exactly correspond to a NUTS level?	
G2	If yes which one ?	

Answer the remaining questions in this section **only if the geographical unit level does not correspond exactly to a NUTS level**

G3	How many geographical units are there	
G4	What is their average population size	
G5	What is the minimal population size	
G6	What is the maximal population size	
G7	What is the standard deviation in population sizes	
G8	What is their average surface	
G9	What is the minimal surface	
G10	What is the maximal surface	
G11	What is the standard deviation in surfaces	
G12	What is the nearest corresponding NUTS level	
G13	Could you describe the main discrepancies between the geographical unit and the nearest NUTS level	

Appropriateness

F1	Do you personally think that this geographical unit is appropriate for the purpose of sharing health information at sub-national level between European Union Member States ?	
F2	Please add any comments :	

THANK YOU

1.2 Data availability

The objective of this questionnaire is to explore the feasibility of health information exchange at the geographical unit level under consideration. The questionnaire is organised in sections, each dealing with a particular kind of data (e.g. health care professionals, demography etc...).

For each section, the basic questions we are trying to answer are:

- Are data aggregated at this unit level available ?
- If yes, can these aggregated data be obtained from a national statistical office or from local institutions or organisations ?

Other questions explore the age of the data, the updating process, and for some sections details on data sources.

For most questions you only need to tick the corresponding box when the answer is yes. To allow for within country variability regarding data availability, answers to the first question include "yes for some units"(i.e. when data are available in some units at the level under consideration, but not all).

We are aware that in many case, a more qualified answer would be appropriate. To that end, brief comments can be inserted in the appropriate space. Alternatively, you are welcome to provide more detailed comments on an additional sheet of paper with a clear reference to the code of the original question.

Do not hesitate to contact the project team in case of difficulties.

Please answer with reference to total number of professionals, that is without distinction between public or private.

Health care professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
G1 Nb of Physicians							
G2 of which working in hospitals							
G3 of which community, primary care							
G4 Nb of general practitioners							
G5 of which working in hospitals							
G6 of which working in community, primary care							
G7 Nb of Physicians Specialist							
G8 of which working in hospitals							
G9 of which working in community, primary care							
G10 Nb of Nurses							
G11 of which working in hospitals							
G12 of which working in community, primary care							
G13 Nb of Midwives							
G14 of which working in hospitals							
G15 of which working in community, primary care							
G16 Nb of Dentists							
G17 Nb of Pharmacists							

Education of health care professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
H1 Nb of Physicians graduated per year							
H2 Nb of Nurses graduated per year							
H3 Nb of Midwives graduated per year							
H4 Nb of Dentists graduated per year							
H5 Nb of Pharmacists graduated per year							

Please answer with reference to total number of structures, that is without distinction between public or private settings.

Health care structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
I1 Nb of Hospitals (geographical sites)							
I2 Nb acute care hospitals							
I3 Nb of Hospital beds acute care							
I4 of which obstetrics or maternity beds							
I5 Nb of Hospital beds Psychiatric							
I6 Nb of bed Nursing/elderly home care beds							
I7 Nb of Pharmacies							

Please answer with reference to health care activity as a whole ,that is without distinction between public or private settings.

Health care utilisation (1)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
J1 Nb of Hospitals in-patient admissions / year							
J2 Nb of Hospitals in-patient admissions / year : acute care							
J3 of which nb Hospitals in patient admissions / year : maternity							
J4 Nb of Hospitals in-patient admissions / year : psychiatric care							
J5 Nb of Hospitals in-patient admissions / year : Nursing/elderly home care beds							
J6 Bed occupancy : general							
J7 Bed occupancy : acute care							
J8 of which bed occupancy obstetrics/maternity							
J9 Bed occupancy : psychiatric care							
J10 Bed occupancy : Nursing/elderly home care beds							
J11 Nb of Bed days / per year							
J12 Nb of Bed days : acute care / year							
J13 of which nb of Bed days : maternity							
J14 Nb of Bed days : psychiatric care							
J15 Nb of Bed days : Nursing/elderly home care beds							
J16 Average length of stay : acute care							
J17 Average length of stay : maternity							
J18 Average length of stay : psychiatric care							
J19 Average length of stay : Nursing/elderly home care beds							

A distinction is made between data relating to the unit population (J20 - J25), which would allow calculation of utilisation rate, and data relating to the activity of hospitals within the units irrespective of patients place of residence (J26 - J31).

Health care utilisation (2)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of procedures performed on unit residents							
J20	Caesarean sections						
J21	Induced abortions						
J22	CABG						
J23	PTCA						
J24	Cataract operations						
J25	Hip replacements						
Number of procedures performed by all hospitals in the unit							
J26	Caesarean sections						
J27	Induced abortions						
J28	CABG						
J29	PTCA						
J30	Cataract operations						
J31	Hip replacements						

Demographic and socio-economic data		Are data available at this unit level			If yes			
		Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
K1	Age/sex population breakdown							
K2	If yes please indicate which smallest age breakdown is available (e.g.: > 1year ; 1-4; 5-9; 85+)							
K3	Nb of live births per year							
K4	Nb of deaths per year							
K5	Socio-economic population breakdown							
K6	Active population (labour force)							
K7	if yes, active population by age							
K8	if yes, active population by sex							
K9	Nb of unemployed							
K10	if yes, nb of unemployed by age							
K11	if yes, nb of unemployed by sex							
K12	Distribution of workers between agricultural, industrial, market services, and public sectors							
K13	% of the adult population (25 to 64 years old) that has completed upper secondary education							
K14	% of the adult population (25 to 64 years old) that has completed tertiary education, first stage, of the type that leads to a first university degree or equivalent							

Mortality data usually come from death certification system, for which issues of comparability are less acute than for other data. The real issue for the project is to know whether or not death data can be aggregated at the unit level.

Mortality data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
L1 Number of perinatal deaths							
L2 Age/sex breakdown of deaths by cause							
L3 if yes which ICD version has been used for the last 5 years							
L4 If yes which level of detail in coding is used (3 or 4 digits?)							

By generic health status data is meant information gathered via "health interview surveys", using instruments such as the General Health Questionnaire, the SF36 or the Euroqol -5D ... Please answer with reference to the availability of **representative** data for the unit under consideration.
 You may wish to add comments regarding collection process, survey instrument, representativity and validity of data in the last column.

Generic health status data	Are data available at this unit level			If yes				Comments
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency	
M1 Nb of persons with long-standing illness by sex and age group								
M2 Nb of persons with long-term physical disabilities by sex and age group								

national level for the main causes of morbidity.

In order to do that, we have selected a number of disease categories or specific diseases from the final list of the European Disability Weights Project. The selection was based on the public health importance of the diseases, and on our appreciation of the likelihood that information about them is systematically collected. In this section we have added a question regarding the most frequently involved data sources (register, notification ...), in an attempt to estimate the quality of the data available.

Data on morbidity (1)	Are data available at this unit level			if yes What is the most frequent source of information providing the data ?				Can these data be obtained from		Latest year available	Update frequency	Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution			
N1 HIV/AIDS Incidence												
N2 HIV/AIDS Prevalence												
N3 Tuberculosis Incidence												
N4 STD excl. HIV Incidence												
N5 Hepatitis B Incidence												
N6 Hepatitis B Prevalence												
N7 Hepatitis C Incidence												
N8 Hepatitis C Prevalence												

Data on morbidity (2)			Are data available at this unit level			if yes				Can these data be obtained from		Latest year available	Update frequency	Comments
			Yes for all the units	Yes for some units	No	What is the most frequent source of information providing the data ?				a national statistical office or institution	a local statistical office or institution			
						Disease register	Notification	survey	other source, please specify					
N9	COPD	Incidence												
N10	COPD	Prevalence												
N11	Asthma	Incidence												
N12	Asthma	Prevalence												
N13	Lung cancer	Incidence												
N14	Breast cancer	Incidence												
N15	Colorectal cancer	Incidence												
N16	Diabetes mellitus	Incidence												
N17	Diabetes mellitus	Prevalence												
N18	Rheumatoid arthritis	Incidence												
N19	Rheumatoid arthritis	Prevalence												
N20	Down's syndrome	Incidence												

Data on morbidity (3)			Are data available			if yes								
			at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		Latest year available	Update frequency	Comments
			Yes for all the units	Yes for some units*	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution			
N21	Schizophrenia	Prevalence												
N22	Parkinson	Prevalence												
N23	Multiple sclerosis	Incidence												
N24	Multiple sclerosis	Prevalence												
N25	Vision disorders	Prevalence												
N26	Hearing disorders	Prevalence												
N27	Ischaemic heart disease	Incidence												
N28	Cerebrovascular diseases	Incidence												
N29	Chronic renal failure	Incidence												
N30	Chronic renal failure	Prevalence												

Data on biological factors and health habits respectively originate from health examination and health interview surveys.

Please answer with reference to the availability of representative data for the unit under consideration

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Biological factors							
O1 Distribution of BMI in the population							
O2 Distribution of blood pressure level in the population							
O3 Distribution of serum cholesterol level in the population							
Health habits							
O4 Nb of cigarettes consumed per person per year							
O5 % of regular daily smokers aged 15 years or more							
O6 Nb of illegal drugs users by sex and age group							
O7 Average nb of calories per person, per day (kcal)							

Data in this section are likely to originate from a variety of sources.

Please answer with reference to the availability of **representative** data for the unit under consideration

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
P1 Average dwelling size							
P2 Dwelling with bath or shower							
P3 Nb of road traffic accidents							
P4 Nb of home leisure accidents							
P5 Nb of incident cases of accidents related to work							
P6 Nb of incident cases of occupational diseases							

Source: Data regarding immunisation coverage is likely to come from different kind of sources depending of the EUMS, e.g. routine health care utilisation information, or surveys. In the latter case, the questionnaire enquires about representative data for the unit level under consideration (as opposed to nationally representative sample). Ideally data related to screening (breast, uterus cervix) should refer to organised screening programme (that is targeting a specific population, with a call and recall system, investigation protocols, quality assurance etc...) as opposed to opportunistic screening.

Data on prevention	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Q1 % of infants reaching their first birthday in the given calendar year who have been fully immunised against tuberculosis (hfa)							
Q2 % of infants reaching their first birthday who have been fully immunised against diphtheria, tetanus, pertussis and polio.							
Q3 % of infants reaching their first or second birthday who have been fully immunised against measles (hfa)							
Q4 % of children reaching their first or second birthday who have been fully immunised against rubella							
Q5 Screening coverage (breast cancer)							
Q6 Screening coverage (uterus cervix cancer)							

2 - Description of the ISARE survey process for each country

Austria

The questionnaires were completed by the person in charge of the Population Statistics Division of the Austrian Central Statistics Office – ÖSTAT. The questionnaires were answered for a single level.

The information system is homogeneous in this country and it was not necessary to submit the answer to the Bundesländer. It is possible however that the Austrian answer is not exhaustive. This answer may not take into account certain indicators that are only available in a limited number of Bundesländer. If this is the case, it probably concerns only the exceptions, as in Germany.

Belgium

The questionnaires were addressed to the Belgian correspondent, director of a Regional Health Observatory, who chose to answer for two levels.

He elaborated a response proposal concerning the French speaking part of Belgium, which he then submitted for validation to his colleagues in the remaining French speaking provinces. He transmitted the questionnaires for the execution of an equivalent process in the Flemish regions and provinces, but no answers were obtained at this level.

Denmark

The questionnaires were sent to the Danish correspondent, an employee of the Department of Statistics and Finance of the Danish Ministry of Health. She chose to provide an answer for a single level and completed the questionnaires with the help of the National Institute of Statistics (Danemark's Statistik). Since the information system for health statistics is relatively centralised and homogeneous in Denmark, it was not necessary to have the answers validated by the regional structures (Amtskommuner).

Finland

The questionnaires were addressed to the Finnish correspondent at the National Public Health Institute.

He knew most of the answers and did not consult any regional structure. However, he obtained additional information from the Finnish National Research and Development Centre for Welfare and Health, dependant of the Ministry of Social Affairs and Health.

France

Two members of the project group, directors of Regional Health Observatories, were in charge of completing the questionnaires for France. The answers that concern two sub-national levels were then transmitted for validation to the Centre for Research, Studies, Evaluation and Statistics (DRESS) of the Ministry of Work and Solidarity.

Germany

The questionnaires were handled by the Director of the Public Health Institute of Nord-Rhein-Westfalen (Landesinstitut für den Öffentlichen Gesundheitsdienst NRW), taking as reference the situation of this Land. The answer was then submitted for validation to the health officials from the other Länder during a meeting of AOLG (Arbeitsgemeinschaft der Obersten Landesgesundheitsbehörden – Work Community of Länder Administrative Health Officials). Given the approach taken, it is possible that some indicators that are, according to the questionnaire, produced by the Länder as a whole were not really available in certain Länder or were available in different forms. Inversely, certain indicators available in a limited number of Länder may not have been recorded in the German response. Nevertheless, these scenarios are, a priori, the exceptions.

Greece

The questionnaires were addressed to the Greek correspondent, who is in charge of health in Crete. The answers correspond to a single geographic level, the region, to begin with, and were provided by his department.

Afterwards certain information elements were provided concerning the new health regions, but this regional division, which was implemented on September 1st 2001, was too new to be integrated into the project.

Ireland

The answers provided were obtained from the two levels explored, County and Health Care Region, by the project correspondent at the Department of Health and Children.

Italy

The questionnaires were addressed to the Italian correspondent, who works at a regional level in the health department, and who was supposed to answer at this level. Despite a large

number of follow-up contacts, there was no response. The data was therefore obtained from the Italian National Public Health Institute. Given the circumstances, it was not possible to submit the responses to the participants in the different regions.

Luxembourg

The Luxembourg correspondent chose to answer for the single national level. The response was elaborated at the level of the Ministry of Health.

Netherlands

The answers for this country come from the Department of Public Health Forecasting, at the National Institute of Public Health and the Environment (RIVM), as well as from contacts with other organisations such as the Dutch Association of Community Health Centres. Relatively complete information was obtained for the GGD regions.

Portugal

The questionnaires were addressed to the Portuguese correspondent, who chose to answer for three geographic levels.

The answer was elaborated at the level of his department, which is a decentralised department of the health administration at the level of a health region. There was no validation by the participants in other regions or at other levels. The national level was not consulted.

Spain

In agreement with the Spanish correspondents, only the Autonomous Community level was explored during the ISARE survey. To take into account the diversity of the situations, the questionnaire concerning the availability of the data was sent to each of the 17 Autonomous Communities. 12 of them, representing 83% of the Spanish population, provided answers and on the basis of these answers the representatives of the group country were able to compile the final response for Spain.

Sweden

The answers from Sweden concern the County and the Municipality levels. Complete information was obtained from the correspondents at the Centre of Epidemiology, at the National Board of Health and Welfare.

United Kingdom

In collaboration with the representative from the national office of statistics, the questionnaires were addressed to the Ministry of Health. Thanks to repeated contacts, the questionnaires were completed at the Health Authority level, and partially answered at the Local Authorities Social Services level.

3 - Country Summaries



Health indicators in regions in Europe

3.1 Austria

Health care system

Based upon a 1955 law stating health care as a legal right for the population, the Austrian national health system is financed by the social insurance funds, to which all citizens pay a 7% tax.

Most hospitals are public, the private for-profit sector amounting to only 5% of hospital beds. The organisation and renovation of hospitals depend on the internal authorities of the “Länder”. The federal body builds the health system’s legal framework. Then the Länder are responsible for implementing these laws and running the health system. The 28 social and health insurance funds are federated in the "Hauptverband der Sozialversicherungsträger", that plays an important role in the activities management and is supervised by the federal State. The health expenditure is regulated jointly by the State and the Länder through the "LKF"-System (Leistungsbezogene Krankenhaus-Finanzierung).

As concerns personal health expenses, only a low value prescription charge has been set for prescription of drugs. In-patients are being charged a moderate per diem. All other expenses (such as visits to the physician, or hospital care) are totally provided for, except for the self-employed, whose insurance covers 80% of the costs, and partly for the civil servants. Besides that, in 1990, 38% of the Austrians had subscribed to a private insurance contract.

Local democracy

Austria is a federation of nine autonomous provinces (Länder or Bundesländer). The share of power between the central state and the Länder is ruled by the federal constitution.

At the regional level, each Bundesland has its own internal government. They finance and control hospital investments and dispensaries. Depending on the regional and federative guidelines, they evaluate the decisions on health matters made by the communes. As legal bodies, the Länder play a role as important as the State's in many fields, prominent exceptions being that of justice, public security, higher education, individual health services and insurance.

Responses to the ISARE questionnaires

The answers to the ISARE questionnaire concern the “Bundesländer” level (NUTS 2).

Bundesland

Legal competence for hospitals and rest homes is split between the State and the Länder, the latter having full executive responsibility.

Available indicators, updated every year and as recent as 1998 or 1999, are calculated at the Bundesländer level by a national statistical service.

Data is thus available for care supply, mortality, health workers and their education, as well as the population's socio-demographic characteristics.

The absence of some indicators may be noted: only 12 in 30 morbidity indicators are available. For instance, data regarding psychiatry, vascular diseases and renal failure are unavailable. In the same way, tobacco consumption or that of illegal drugs is unknown. At last, no data is available on prevention.

Conclusion

It seems that the level presented here is the only relevant one for an exchange between European regions. It is politically relevant since the care system is managed nearly entirely by the provinces. It is geographically relevant as well as it is the most important level between the State and communes. Finally it is statistically relevant as data is available at this provincial level.

The district level is the other one between the State and the communes. Despite the name “Politischer Bezirk”, it is an administrative subdivision of the Land and has no political power except where a district coincides with an autonomous city, which is the case with most provincial capitals. The district is used as a geographical unit for statistics; however, there are less data available than for provinces. In the health reports of the Länder the district level is used if possible to describe the internal structure.

Summary tables

Principal characteristics of the level

	Bundesland
Number of units	9
Population size	
Minimum	274 000
Average	892 000
Maximum	1 596 000
Standard deviation	469 000
Surface (km²)	
Minimum	415
Average	9 317
Maximum	19 173
Standard deviation	591
Correspondence with NUTS level	
Exact correspondence	Yes level 2
To a NUTS level	
If no, nearest	
corresponding level	
Boundaries stability	Yes

Responsibilities regarding the management of health and social policies

	Bundesland
Definition and management of policy	
regarding	
hospital care	Yes
ambulatory care	Yes
social services	Yes
health promotion	Yes
Public health reporting	Yes

Data availability

	Bundesland
Health care professionals	Yes for some items
Education of health care professionals	Yes
Health care structures	Yes
Health care utilisation	Yes
Demographic and socio-economic data	Yes
Mortality data	Yes
Generic health status data	Yes for some items
Morbidity data	Yes for some items
Biological factors and health habits	Yes for some items
Living and working conditions	Yes for some items
Data on prevention	No

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Health indicators in regions in Europe

3.2 *Belgium*

Health care system

The current features of the Belgian health care system are the result of the decision to create, at the end of the second world war, a compulsory national health insurance scheme, based on independence of medical practice, freedom of choice for the patient and a pay-as-you-go basis for health professionals with refunds (even in hospitals).

Ambulatory care is freely available. On the other hand, the offer of hospital care is to a large extent public or parapublic. There is also a private sector (confessional or not).

The health administration is divided between three regions (Flanders, Wallonia and Brussels) and between three communities (Flemish language, French language and German language). The federal authority has a key role in the local management of health care financed through national insurance. The regions are responsible for the accreditation of hospitals, the planning of domiciliary care for elderly people and for mental health care. The communities have responsibilities in the field of health promotion, health education and preventative health.

Almost the entire population is covered by the compulsory health insurance scheme, which is managed by mutual insurance companies grouped into five organisations. The health insurance schemes are 39% funded by Government subsidies, 23% by staff contributions, 34% by employer contributions and 4% by income from financial investments. Public mutual insurance companies and private insurance companies offer additional coverage.

Local democracy

The current organisation of local democracy in Belgium is the fruit of several revisions of the constitution that was adopted in 1831. In 1993, the last of these changes transformed Belgium into a federal state composed of three communities and three regions as described above.

Each region and each community has its own council elected by direct, universal and compulsory suffrage and its own government whose members are elected by the council.

The regions are responsible for the accreditation of hospitals, planning of domiciliary care for elderly persons and for mental health care. The communities have responsibilities in the field of disease prevention and

education. In practice, the French language community has transferred a large portion of its powers to the committee of the French-speaking community of the Brussels region.

The Flemish region is divided into five provinces as is the Walloon region. In the Brussels-capital region, the provincial level merges with regional level. The provincial council members are elected by direct, universal and compulsory suffrage. At provincial level, the executive body is composed of a governor appointed by the Crown outside the provincial council and of six permanent deputies elected from within the council. The Province has no constitutional jurisdiction in the health sector but may, at its own initiative, manage programmes in this field. The last level of local democracy is the commune whose deliberating body is the local council elected by direct, universal suffrage. The council executive is composed of a burgomaster appointed by the Crown within the local council and of deputy burgomasters elected within the local council. The commune intervenes in the management of health institutions that are part of public social services centres as well as in measures to promote health and social services.

Responses to the ISARE questionnaires

Responses have only been obtained for the Walloon part of Belgium and in respect of two levels: the community and the province. Even if identical levels exist for the Flemish part of the country, the method of organising responsibilities and the health care system cannot necessarily be assumed to be the same as that which has been reported for the Walloon region.

Communities

The French community covers the five Walloon province as well as the French-speaking inhabitants of the Brussels-capital region. At present the responsibilities adopted at this level are limited to solely that of prevention: the French community authorities are developing and implementing a five-year health promotion plan. A consultative committee is responsible for advising political authorities in this field. Health reports have been produced on mortality and certain limited aspects of morbidity including the HIV virus. At present, this level presents problems in terms of drawing up health statistics: in effect, for political reasons, it is currently impossible to differentiate, from within the population of the Brussels-capital region, the French-speaking part of the population which thus comes under this level.

Province

This geographical level corresponds to NUTS 2 level. The Walloon region includes five provinces. The local authorities of the provinces can take the initiative to intervene in the field of health promotion. On the other hand, they do not have particular responsibilities in the field of health, social policy and planning health services. However, it is possible for them to manage health care and prevention institutions within the scope of the policy established at federal and community level.

Health reports are now starting to be published at provincial level : four of the five Walloon provinces as well as the Brussels-capital region have drawn up or are going to draw up this type of report. Similarly, health information systems are under construction at this level.

Conclusion

At present, health care policy is essentially defined at federal level. These political platforms are applied on the one hand at community level, on the other hand, and at a more refined level, at provincial level. Health promotion and prevention is the responsibility of the communities.

In the French-speaking provinces, a health observatory has been developed whose objective is to assist with the decision-making process.

As a result, it seems pertinent to propose the province as a level at which to observe health indicators between the regions of Europe. Moreover, substantial data is already available at this level which shows the importance of corresponding to NUTS 2. On the other hand, it should be noted that the authorities elected at this level do not have specifically adopted responsibilities, however in practice, all the Walloon provinces intervene in the field of health promotion.

Summary tables

Aside from the main characteristics of the level, the data that appears in these summary tables only concern, as previously, the French-speaking part of Belgium.

Principal characteristics of the levels

	Community*	Province & Brussels region
Number of units	3	11
Population size		
Minimum	954 460	245 140
Average	3 404 584	928 523
Maximum	5 926 838	1 640 966
Standard deviation	2 486 974	439 823
Surface Area (km²)		
Minimum	162	162
Average	10 176	2 773
Maximum	16 844	441
Standard deviation	8830	1270
Correspondence with NUTS level	No	Yes
Exact correspondence to a NUTS level		NUTS 2
If not, nearest corresponding level	NUTS 1	
Boundaries stability	Yes	Yes

* Data presented for community are those of the 3 Belgian regions : Flemish region, Walloon region and Brussels capital region. The Flemish community is constituted by the population of the Flemish region and a undetermined part of the Brussels population. The French community. is constituted by the population of the Walloon region and a undetermined part of the Brussels population minus the German speaking community. The German speaking community is a part of the population of the Walloon region.

Responsibilities regarding the management of health and social policies

	Community	Province & Brussels region
Definition and management of policy regarding		
Hospital care	No	No
Ambulatory care	No	No
Social services	No	No
Health promotion	Yes	Yes
Public health reporting	Partially	Yes

Data availability

	Community	Province & Brussels region
Health care professionals	Yes	Yes
Education of health care professionals	Yes	No
Health care structures	Yes	Yes
Health care utilisation	Yes	Yes
Demographic and socio-economic data	Yes for part of the items	Yes
Mortality data	Yes	Yes
Generic health status data	Yes	Yes for some units
Morbidity data		Yes for some items
Biological factors and health habits		Yes for some items
Living and working conditions		Yes for some items
Data on prevention		Yes for some items

References

- Health care system in transition: Belgium* . European observatory on health care system, Copenhagen, Denmark. 2000
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Health indicators in regions in Europe

3.3 Denmark

Health care system

The major features of the Danish system are : high decentralization, free primary and hospital care, and tax financing system.

Hospital care and primary health care are managed at county level. Municipalities are in charge of care for the elderly, home care services as well as medical and dental school services. Free medical care is offered to right holders registered with a general practitioner whose consultations are also free. This system applies to 98% of the Danes. The remaining 2% can choose to visit the physician they want without any previous arrangement but in that case the consultation is only partly free.

Access to public hospital is free and offered to everyone on an equal footing. There is virtually no private sector in the Danish system.

Social contributions are extremely low (1,7 % of GDP compared to an average of 15,3% if the E.U.). Therefore the health system is mainly financed by the income taxes and tax on the estate (31,6% of GDP compared to 13,1%).

Local democracy

Denmark is divided in 14 counties (amtskommuner), H:S (Copenhagen Hospital Cooperation) and 275 municipalities (kommuner). Copenhagen and Fredericksburg are both county and municipality. The kingdom also includes two autonomous regions, each with a certain legislative assembly : Faroe Islands and Greenland.

Each municipality or county has a board with elected members for four years. A general election is organised through out the whole country. Citizens from other Nordic countries or the European Union are allowed to vote and to submit their candidature.

Counties coordinate and issue plans for several municipalities, public transportation services, hospital care, secondary education and regional development.

Social services, as well as general administration tasks and public safety care, are managed at municipal level.

Responses to the ISARE questionnaires

Responses from Denmark to the ISARE questionnaire concern the level of amtskommuner (NUTS 3).

Amtskommuner

The 14 counties, H:S (Copenhagen Hospital Cooperation) and Copenhagen and Frederiksberg, manage the greatest part of the Danish health care system. Nevertheless some activities are considered as part of the social sector (inter alia : benefits to the elderly) and therefore fall within the scope of town management.

Virtually all the indicators are yearly updated and ranging from 1998 to 2000. They are available at county level through a national department of statistics.

The only two data which are restricted to a local statistic department are schizophrenia and Parkinson's prevalence.

Denmark has no compulsory notification ; morbidity data emanate from hospital and diseases registers, completed in some case by quinquennial surveys.

Conclusion

At the level of county, the Danish compilation of data is to a certain point readily usable in comparative statistical studies with the other E.U. regions. These data are accurate as the counties manage virtually the whole health care system on a national base. They are also geographically accurate as there are no other intermediary level between the state and the towns. They are statistically relevant as the indicators are reliable at county level. The only drawback being the small size of Danish counties as compared to other E.U. regions. This scale problem can complicate comparative studies.

Summary tables

Principal characteristics of the level

	Amtskommuner
Number of units	14
Population size	
Minimum	45.076
Average	334.644
Maximum	625.224
Standard deviation	155.692
Surface (km²)	
Minimum	526
Average	3 071
Maximum	6 173
Standard deviation	1637
Correspondance with NUTS level	Yes
Exact correspondance to a NUTS level	NUTS 3
If not, nearest corresponding level	
Boundaries stability	Yes

Responsibilities regarding the management of health and social policies

	Amtskommuner
Definition and management of policy regarding	
hospital care	Yes
ambulatory care	Yes
social services	Yes
health promotion	Yes
Public health reporting	Some

Data availability

	Amtskommuner
Health care professionals	Yes
Education of health care professionals	Yes
Health care structures	Yes
Health care utilisation	Yes
Demographic and socio-economic data	Yes
Mortality data	Yes
Generic health status data	Yes
Morbidity data	Yes
Biological factors and health habits	Yes for some items
Living and working conditions	Yes for some items
Data on prevention	Yes for some items and some units

References

- Health care system in transition: Denmark* . European observatory on health care system, Copenhagen, Denmark. 2001
- Duriez M, Lequet-Slama D. *Les systèmes de santé en Europe*. Que sais-je n° 3343. Presses universitaires de France, Paris, France. 1998.
- Structure et fonctionnement de la démocratie locale et régionale: Danemark*. Conseil de l'Europe, Strasbourg, France. 1997.



Health indicators in regions in Europe

3.4 Finland

Health care system

The main characteristic of the Finnish health system is its decentralization, the fundamental principle being that it is the predominant responsibility of the Communes. The 1972 Primary Health Care Act obliges them to provide public primary health care to all their citizens, either within the health centers they run (either alone or jointly with other municipalities), or by purchasing these services from the private sector. The goals of this legislation were to level geographic inequities in the availability of care, and to better balance secondary care (which amounted then for 90% of the total health expenditure) and primary care. In addition to that, a 1979 law compels employers to provide occupational health services to their employees.

Hospitals and health protection are thus an exclusive competence of the municipalities.

Every municipality belongs to a hospital district which runs specialist led hospitals. 22 such consortiums exist, formed by contracting communes, the members of their board being named by the municipal councils. The budget and investments of these intermunicipal trusts are financed by the communes.

Private health care in Finland comprises mainly ambulatory care, provided mainly in large cities in the southern parts of the country. Most physicians working in the private sector are specialists, whose main activity is within public structures.

The Finnish health system provides universal coverage based on residence. This system is financed mainly by taxes: in 1997, 41% of total health expenditure was financed by municipalities, 21% by the state through an allowance to the municipalities, 14 % by the national state sickness insurance and 24 % by private sources.

Local democracy

At the national level, people elect the 200 members of their parliament every 4 years by universal suffrage, as well as the republic's president (for 6 years).

The government is decentralised at the provincial level: Finland is divided into 5 provinces (since September 1997, following a merging of the 11 provinces previously) plus the Åland islands who have an autonomous status.

At the local level, the municipalities have, in their long history, gained many responsibilities. Their average size is 748 km² for 11 441 inhabitants. Most of the municipal populations are much smaller, however, in nearly half of the municipalities there are less than 4 000 inhabitants. The Constitution establishes local democracy by granting these 452 communes autonomy. They constitute the first level of administration. The municipal

councils are the only elected bodies at a sub-national level, and count 17 to 85 members (depending on the population size, that range from 122 to 551 123 citizens). The municipal councils are thus elected every 4 years by universal suffrage with proportional representation. They then elect their executive, the communal council, as well as the mayor. Municipalities have very general competencies including health: they are the basic units for managing health related issues.

Responses to the ISARE questionnaires

The answers deal with two levels : provinces and regions.

Province

This level does not correspond to any NUTS level, and has no health competence. However, provinces play a role in monitoring and guiding health and social policies. It should be noted that a recent modification of the provinces' frontiers has reduced their number from 12 to 6.

Region

This geographical unit is equivalent to the NUTS 3 level . It has no health competence as such but in some cases corresponds to a groupment of municipalities with hospital responsibilities (hospital district).

Conclusion

These two levels, though they do have health related data available, do not correspond to any decision making level concerning health services.

Summary tables

Principal characteristics of the levels

	Province	Region
Number of units	6	20
Population size		
Minimum	25 706	25 706
Average	861 884	258 565
Maximum	2 068 259	1 290 618
Standard deviation		
Surface (km²)		
Minimum	1 552	1 552
Average	56 358	16 907
Maximum	98 946	98 946
Standard deviation		
Correspondence with NUTS level	No	Yes
Exact correspondence to a NUTS level		NUTS 3
If no, nearest corresponding level	NUTS 2	
Boundaries stability	No	Relatively stable

Responsibilities regarding the management of health and social policies

	Province	Region
Definition and management of policy regarding		
hospital care	No	No
ambulatory care	No	No
social services	No	No
health promotion	No	No
Public health reporting	No	No

Data availability

	Province	Region
Health care professionals	Yes	Yes
Education of health care professionals	Yes	No
Health care structures	Yes	Yes
Health care utilisation	Yes	Yes
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	Yes	Yes for some units
Morbidity data	Yes for some items	Yes for some items
Biological factors and health habits	Yes for some items	Yes for some items
Living and working conditions	Yes for some items	Yes for some items
Data on prevention	Yes for some items	Yes for some items

References

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Health indicators in regions in Europe

3.5 France

Health care system

The French Health Care system is based on a social insurance model. Health care policy and management are defined by the government and the implementation relies on both public and social insurance funds administrations. There are a number of specific social insurance funds, but three of them cover the majority of the population. Executive offices of the ministry of health exist at regional (the DRASS) and « départements » (district) levels (DDASS). The role of the regional level is mainly strategic, whereas the DDASS are comparatively more involved in the operational management of public health services. Reforms introduced in 1996 significantly enhanced the powers and functions performed at regional level. The Agence Régionale de l'Hospitalisation (ARH) were created in order to allocate budget to both public and private hospitals. Two other regional agencies were created in order to represent and co-ordinate the actions of the social insurance funds (URCAM), and the private practitioners (URML). The 1996 reforms also introduced yearly national and regional health conferences gathering all the main stakeholders, including the public, in order to identify and monitor progress on a set of national and local priorities.

Most doctors working at community level whether general practitioners (“généralistes”) or specialists are private practitioners paid on a fee for service basis. Two third of the hospital beds provision belong to the public sector where doctors and staff are salaried. The social insurance funds reimburse on average 70% of expenses incurred by the patients. Complementary insurance schemes, contracted on a voluntary basis, covers all or a part of the remaining costs.

Local democracy

The three main levels of local democracy in France are the Regions (26), the Départements (100) and the Municipalities (36 763). All have assemblies of locally elected representatives and executive bodies.

The competencies of the regions include education and major public transport projects. Regional local authorities are therefore not strictly speaking involved in health and social care issues.

Départements' competencies covers health protection, social welfare, housing, culture and transport. More specifically the Départements co-ordinate child protection and elderly accommodation. They often collaborate with the health administration in respect to social exclusion issues.

Municipalities have a wide range of responsibilities (sometimes shared) which include security and police, health protection, kindergarten and nursery, town planning, environment and sanitation, culture, transport and economic services.

The local authorities are funded by specific local taxes, for which they can decide the rate within defined limits. The state provides additional funds which in the case of municipalities amount to approximately 30% of their budget.

Responses to the ISARE questionnaires

Answers for France concern the levels of regions and departments.

Region

This geographical level corresponds to NUTS 2. Metropolitan France is made up of 22 regions, to which can be added the four overseas departments, each of them cumulating the competence of a department with those of a region.

All data concerning care supply, health care utilisation, mortality, demography and socio-economic situation are available at this level. The regional information system, however, is still poor for morbidity and biological or behavioural risk factors. One can stress that, since 1994, the Regional Health Observatories have been editing and updating reports regularly about health (in "*Tableaux de bord régionaux sur la santé*")

Department

France is made up of 100 departments (including overseas departments), equivalent to NUTS 3 level.

Policies on child welfare, housing, and elderly dependence are defined at the departmental level by the General Councils (Conseils généraux). These policies have to comply with a minimal framework defined at the national level. On top of that, policies fighting exclusion are set nationally and implemented by departmental administrations (DDASS) in connection with the General Councils.

Available data at departmental level is about the same as at regional level, but only very few departmental health reports have been edited.

Conclusion

Regionalisation has been progressing in France for several years, with the definition and implementation of health policies made by Regional Health Conferences, and the creation of many regional institutions (ARH = Hospitalisation Regional Agencies, URCAM = Regional Union of Health insurance Funds, URML = Regional Union of the liberal Physicians). With regards to this, the region seems the most suitable level in France.

However, the process of decentralisation started in the eighties has also reinforced competence at the departmental level for socio-medical matters. Furthermore, the newly set up regional institutions (ARH, URCAM & URML) generally base their policies upon sub-regional, and especially departmental analysis. Therefore, departments are also a relevant level for exchanging health data within Europe.

Summary tables

Principal characteristics of the levels

	Régions	Départements
Number of units	26	100
Population size		
Minimum	156 790	73 508
Average	2 314 893	601 872
Maximum	10 951 136	2 554 449
Standard deviation	2 168 331	457 597
Surface (km²)		
Minimum	1 100	106
Average	24 770	6 440
Maximum	91 000	91 000
Standard deviation	18 640	8 777
Correspondance with NUTS level	Yes	Yes
Exact correspondance to a NUTS level	NUTS 2	NUTS 3
If no, nearest corresponding level		
Boundaries stability	Yes	Yes

Responsibilities regarding the management of health and social policies

	Régions	Départements
Definition and management of policy regarding		
hospital care	Yes	No
ambulatory care	Yes	No
social services	No	Yes
health promotion	Yes	Yes
Public health reporting	Yes	Yes for some units

Data availability

	Régions	Départements
Health care professionals	Yes	Yes
Education of health care professionals	Yes	Yes
Health care structures	Yes	Yes
Health care utilisation	Yes	Yes
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	No	No
Morbidity data	Yes for some items (transmissible diseases)	Yes for some items (transmissible diseases) and sometimes only for some units (cancers, Ischaemic heart disease).
Biological factors and health habits	No	No
Living and working conditions	Yes for some items	Yes for some items
Data on prevention	No	No

References

Duriez M, Lequet-Slama D. *Les systèmes de santé en Europe*. Que sais-je n° 3343. Presses universitaires de France, Paris, France. 1998.

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Health indicators in regions in Europe

3.6 Germany

Health care system

Set up by Bismarck in 1883, the German social protection system is the oldest in Europe. The health system from western Germany was extended to the eastern Länder after the reunification. In 1996, health expenses were financed by the national health insurance (50.6 %), firms (14.1 %), the State (12.1 %), households (8.0 %), pension organisations (7.3 %), private insurance (5.1 %) and the insurance against accidents (2.8 %).

Everyone with an income below a threshold defined by the federal State (6,450 DM per month in 2000) must contribute to a public health fund. Others can choose either to subscribe to a public fund or to a private insurance. In 1999, out of the 82 million insured people in Germany, 88.5 % contribute to a public fund. Firms finance half the contribution of their employees.

The 452 public funds are autonomous and responsible for their own budget balance. Since the 1992 reform, these funds are in competition, because people are no longer compelled to subscribe to a given fund according to their professional occupation.

For prescription expenses, dental care and hospital care, the patient pays only a fixed charge, and primary medical care (general and specialised physicians) is free of charge. In order to benefit from this free treatment, the insured must choose a physician for a period of at least three months. Physicians are gathered in Union funds that pay them per act. These unions are financed by the funds on the basis of a fixed amount, negotiated every three months. In case of one fund's budget skipping, the payment for all the physicians belonging to this fund is reduced. On top of that, since 1999 physicians and dentists can no longer set up practice in areas where the medical density is already high. This reform aims to provide a better spread of the medical offer. Though the ambulatory system is totally private, the hospital system is split between public hospitals, private for-profit hospitals, and private not-for-profit hospitals. Hospitals are ruled by a global budget and the vast majority of the physicians in this sector are salaried. Hospital financing is dual: the local authorities (Länder, Kreise) fund investments, whereas running costs are funded by users (patients, funds). Hospitals are managed by private persons, religious congregations, or local bodies (Kreise).

Local democracy

In Germany, democracy works at three levels: federal (the State), regional (Länder) and local (Kreise or big town). Each of these three levels has their own budget and elected assembly. The biggest Länder also have

another level (Bezirksregierungen or Regierungspräsidium) with an administrative body that is not elected but may play an executive and co-ordination role.

The German Constitution establishes a delegation of the State's competence towards the Länder. Furthermore, there has been for several years a decentralisation process, with a competence delegation from the State and Länder to the Kreise. The sharing of competence between these three levels varies greatly from one place to another. A similar competence sharing between the central State, Länder and Kreise exists in the organisation of the health system. The State is responsible for public health, the education and working conditions of the health professionals, the organisation and control of the health insurance, the law regarding drugs, food safety and guidelines for hospitals. Länder are responsible for implementing the federal laws, especially concerning hospital planning. They also have a legislative power, as long as their laws are consistent with the federal law. In the field of health, the essential role of the Kreise is to implement federal and regional laws: therefore, even though they often own hospitals, they can not do their own planning.

Responses to the ISARE questionnaires

The answers for Germany concern the three levels: Länder, Bezirksregierungen and Kreise (or big towns).

Bundesland

This level corresponds to NUTS 1. As said above, their legislative power can include health matters.

Available data at this level are quite complete for mortality and demography, and partial about care supply, care consumption, biological factors and health behaviour. Data is rare for morbidity, prevention, and living and working conditions.

Bezirksregierung

This level corresponds to NUTS 2. Since this level does not exist throughout the country, only the first part of the questionnaire (competence for health matters, health observation ...) has been completed, and this level is not suited to a European comparison of health indicators.

Kreis

This level corresponds to NUTS 3. Very little data is available at this level, excepted for death causes, care offer and demography.

Conclusion

Considering data availability, and authorities running health policies, Bundesländer appear to be the best level to retain for purposes of comparative analysis, though the big size of some of them could in some cases set methodological problems for a comparison to much smaller geographical units in some other countries.

Summary tables

Principal characteristics of the levels

	Land	Bezirksregierung	Kreis
Number of units	16	38	445
Population size			
Minimum	682 000	501 000	31 900
Average	5 090 000	2 079 000	182 000
Maximum	17 788 000	5 288 000	2 174 000
Standard deviation	3 745 000	1 191 000	184 000
Surface (km²)			
Minimum	404	404	36
Average	22 295	9 387	801
Maximum	70 554	29 480	3 058
Standard deviation	18 664	5 996	595
Correspondance with NUTS level	Yes	Yes	Yes
Exact correspondance to a NUTS level	NUTS 1	NUTS 2	NUTS 3
If no, nearest corresponding level			
Boundaries stability	Yes	Yes	Yes

Responsibilities regarding the management of health and social policies

	Land	Bezirksregierung	Kreis
Definition and management of policy regarding			
hospital care	Yes	Yes	No
ambulatory care	Yes for some units	No	No
social services	Yes	Yes	Yes
health promotion	Yes	Yes	Yes
Public health reporting	Yes for some units	No	Yes for some units

Data availability

	Land	Bezirksregierung	Kreis
Health care professionals	Yes for some items	-	Yes for some items
Education of health care professionals	Yes for some items	-	No
Health care structures	Yes for some items	-	No (except Pharmacies)
Health care utilisation	Yes for some items	-	No
Demographic and socio-economic data	Yes for some items	-	Yes for some items
Mortality data	Yes	-	Yes except for perinatal death
Generic health status data	Yes for some items	-	No
Morbidity data	Yes for some items	-	No (except tuberculosis)
Biological factors and health habits	Yes for some items	-	No
Living and working conditions	Yes for some items	-	No (except average dwelling size)
Data on prevention	Yes for some items	-	No

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Health indicators in regions in Europe

3.7 Greece

Health care system

The health systems tries to conciliate a centralised, national system with split insurance funding from many different professional and business organisations, who incur chronic deficits that the State compensates. The Ministries (of Health and Welfare until 1995, now of Labour and Social Insurance, and of National Economy) are the leading institutions in developing and financing health policies.

Until 1983 the health system in Greece offered a considerable diversity of health care and coverage. This was due to the many occupational social insurance funds, creating provisions specifically for their own profession or sector. Hence the inequities between rural and urban areas were huge, the cost of hospitals (with a predominance of private structures) and drugs was high, the number of physicians excessive with an opposite shortage of qualified nurses.

Therefore a reform was implemented, aiming at unifying the services offered by the various social security organisations (it set up a National Health Service = NHS), creating health centres to provide primary care all over the territory, increasing the control over hospitals (reducing the capacity of private hospitals : 30% in 1990 compared to 42% in 1982), and launching a national drug company to produce cheaper drugs (mostly antibiotics). The Central Health Council (KESY) has been created to play an advisory role to the Minister for the national health policy, as do special Committees for AIDS, Drugs, Cancer, etc.,.

Even many improvements concerning the health care services delivery are clearly visible in Greece during the last decades, some major problems are remaining to be solved. They include unequal access to health services, high co-payment and low consumer satisfaction (ref)

The Ministry is responsible for provision and financing of the National Health Service as well as health and social services for the poor, the elderly and the disabled; a very small part of health and social services is provided by municipal authorities. Local authorities (52 districts or prefectures) play a limited role in the administration of 128 NHS hospitals and 176 rural health centres. The decentralisation scheduled by the reform has recently approved and 17 Regional Health Systems have been established. A Regional Governor and a Regional Health Board are responsible for the system's administration.

Local democracy

Greece is divided into 13 regions, ranging from 2307 to 15490 km² and 198241 to 3522769 inhabitants, which themselves are constituted of 51 districts or prefectures (plus a specific structure for the capital town of Athens). These regions and prefectures are not strictly speaking levels of local administration, but a form of state decentralisation.

The smallest territorial division presents 913 municipalities, which are autonomous units. Their deliberative bodies are elected every 4 years in a list system by a universal, secret ballot: Municipal Councils for Municipalities, whose 11 to 41 members then elect a Town Committee, chaired by the Mayor. The executive and political authority is the Mayor.

Though some Municipalities (especially the largest) may run health centres, retirement houses, and lead social action, these local bodies have no institutional role regarding health matters, which are all dealt with by the national government.

County Councils are the administrative bodies at the District or the Prefecture level and their members are elected every 4 years. They are guided by the President of the Council or local Governor. County Councils are responsible until today for the delivery of Public Health Services.

The Regions are led by a General Secretary of Region, nominated by and direct representative of the state government. The General Secretary of Region chairs the Regional Council (including the Heads of each prefecture and representatives of the Municipalities and communes), in charge of planning and co-ordinating the development of the region.

Responses to the ISARE questionnaires

So far the answers have been made for the region for Crete exclusively. Crete the biggest island of Greece is divided into 4 districts (prefectures) which 540.000 inhabitants (national census of population 1991).

Conclusion

The Regional Health Systems seem to be the appropriate unit level for the developing some health related registries. Crete seem to be an ideal place with sufficient population size and structure in order to be used as a pilot region to test the Regional Health System's adequacy for exchanging health related information between regions in Europe. Locally available registries either at the University or at the Health Centres of Crete can act as important supplementary to the system resources.

Summary Tables

Principal characteristics of the level

	Region
Number of units	13
Population size	
Minimum	198 241
Average	789 431
Maximum	3 522 769
Standard deviation	
Surface (km²)	
Minimum	2 307
Average	10 125
Maximum	15 549
Standard deviation	
Correspondence with NUTS level	Yes
Exact correspondence to a NUTS level	NUTS 2
If no, nearest corresponding level	
Boundaries stability	Yes

Responsibilities regarding the management of health and social policies

	Ministry of Health and Welfare
Definition and management of policy regarding	
hospital care	Yes*
ambulatory care	Yes*
social services	Yes*
health promotion	Yes*
Public health reporting	Yes*

* The Regional Health Systems have been currently defined as the responsible bodies for hospital and ambulatory care, as well as health promotion according to the New Act.

Data availability

	Regional level	National level *
Health care professionals	Yes	Yes
Education of health care professionals	Yes	Yes
Health care structures	Yes	Yes
Health care utilisation	Yes, for secondary care. Data on primary care utilisation are available in some regions.	Yes for secondary care (admissions and discharges) No for health care utilisation (2)
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	No	No
Morbidity data	Cancer registries are available in some regions. Data for diabetes mellitus and stroke are also available in some regions. Incidence rates can be accounted for all notified infection diseases.	Yes for HIV/AIDS and all notified infections.
Biological factors and health habits	1. Data on Biological factors are available for social population groups. 2. Data on health habits are available in some well- defined population groups.	Yes for some health habits, including smoking.
Living and working conditions	Yes (except leisure accidents and occupational diseases).	No
Data on prevention	Data from individual-based or massive screening of cervix smear and mammography are available in some population groups. Vaccination coverage for different age-groups in children are available based on the results of the recent national survey.	Data from individual-based or massive screening of cervix smear and mammography are available in some population groups. Vaccination coverage for different age-groups in children are available based on the results of the recent national survey.

Source: 1. National Office for Health Statistics

2. Office for Health Statistics, Ministry of Health and Welfare.

References

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Health indicators in regions in Europe

3.8 Ireland

Health care system

The Irish health care system operates mainly as a national health service, with some element of private insurance. There is a mixed public and private practice even within publicly funded hospitals. The main source of funding is general taxation. Above a defined income level, patients contribute to the costs of ambulatory and or dental care. In the lower income group (~30% of the population) people have free access to all levels of care provided within public services. In the medium or high income groups, patients bear most of the costs of ambulatory and dental care. Hospital care in the public sector is covered for all patients whatever their income though. Patient with higher income can chose to pay for private health insurance to cover all costs.

The Department of Health allocates budgets to seven health boards and one regional health authority. These agencies have responsibility for financing public and voluntary hospitals. They do not control the private hospital sector, however, this represents a relatively low proportion of hospital health care provision. Health Boards are also responsible for payment of general medical services.

Local democracy

The 29 county councils and county boroughs represent the main level of local democracy. They have important responsibilities in the areas of housing, transports, water and sanitation, environment, leisure and cultural facilities. Their involvement in the fields of agriculture, education, health and welfare is limited. The county councils and boroughs levy local charges on their own behalf but are mostly funded through central exchequer allocations.

Responses to the ISARE questionnaires

Responses from Ireland to the ISARE questionnaire concern the level of County councils and Health Boards. Correspondence of these two levels with the NUTS classification is provided in table 2.4.

County councils

The 26 county councils display a wide range of population sizes and area. Their boundaries are based on long standing traditions and therefore are very stable and not likely to change. Counties do not correspond to a given NUTS level. However they aggregate fairly well into NUTS level 3. As explained above, no responsibilities regarding the management of health or social policies are exerted at this level, and no public health reporting is done either.

Apart from demographic, vital statistics and socio-economic data, very few health related information is available at this level. Only information from cancer registers, and road and work accidents statistics can be reported. This information can be obtained from the Central Statistics Office.

Health Boards

Strictly speaking there are 8 different health boards in Ireland. However the newly established Eastern Regional Health Authority (formerly Eastern Health Board) is subdivided into 3 regions that each behave in much the same way as the other Health Boards. The reason for the change was the sheer demographic weight of the former Eastern Health Board in which 40% of the population are located. Five health Boards share boundaries with 5 NUTS regions and the remainder have slight differences (see table).

Health Boards are responsible for managing most aspects of public health care provision. Each Health Board has a Director of Public Health who is in charge of producing an annual report on the health of the population.

All information available at county level is also available at Health Board level. On top of those, infectious diseases notification and data on prevention can be obtained at health board level. Information on health care professionals, health care structures, or health care utilisation can be provided only for public institutions. Data aggregated at health board level can be obtained from a national statistical institution.

Conclusion

The Health Board level seems to be the most appropriate level for exchanging health related information between regions in Europe. The population sizes are large and Health Boards are important for the management of health care. As a logical consequence, more health related information is available at this level. Health Boards share some common boundaries with some NUTS 3 regions. Whether NUTS 3 represent a sufficiently good approximation to health boards remains to be decided. The Health Board does not coincide with any local democratic structure or power, although it has representatives from local county and borough councils. Counties and boroughs represent the important local democratic level. However, their population sizes are too small to allow meaningful exchanges and comparisons on health care matters between European regions.

Summary Tables

Principal characteristics of the levels

	County	Health Board
Number of units	26	10
Population size		
Minimum	25 000	205 500
Average	139 500	370 000
Maximum	1 060 000	1 295 939
Standard deviation	202 500	357 197
Surface (km²)		
Minimum	826	4 644
Average	2 703	8 784
Maximum	7 500	14 283
Standard deviation	1 761	3 185
Correspondance with NUTS level		
Exact correspondance To a NUTS level	No,	No, but 5 of the 10 health boards correspond to 5 NUTS.
If no, nearest Corresponding level	NUTS 3	NUTS 3 -
Boundaries stability	Yes	No, change to allow for important demography in one health board

Responsibilities regarding the management of health and social policies

	County	Health Board
Definition and management of policy regarding		
hospital care	No	Yes
ambulatory care	No	Yes
social services	No	Yes
health promotion	No	Yes
Public health reporting	No	Yes

Data availability

	County	Health Board
Health care professionals	No	Yes for public sector
Education of health care professionals	No	Yes for public sector
Health care structures	No	Yes for public sector
Health care utilisation	No	Yes for public sector
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	No	No
Morbidity data	Only for cancer incidence	Yes for notification of infectious diseases and cancer incidence from registers
Biological factors and health habits	No	No
Living and working conditions	Yes (except leisure accidents and occupational diseases)	Yes (except leisure accidents and occupational diseases)
Data on prevention	No	Yes

Nuts versus Health Board/Regional Authority

Nuts Region	County	Health Board
Dublin	Dublin	Eastern Regional Health Authority
Mid East	Kildare	
	Wicklow	
Midland	Laois	Midland
	Offaly	
	Longford	
	Westmeath	
Mid West	Clare	Mid Western
	Limerick	
	Tipperary North Riding	
Mid-East	Meath	North Eastern
Border	Cavan	
	Monaghan	
	Louth	
Border	Donegal	North Western
	Sligo	
	Leitrim	
South East	Carlow	South Eastern
	Kilkenny	
	Tipperary South Riding	
	Waterford	
	Wexford	
South West	Cork	Southern
	Kerry	
West	Galway	Western
	Mayo	
	Roscommon	

References

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Structure et fonctionnement de la démocratie locale et régionale: Irlande. Conseil de l'Europe, Strasbourg, France. 1998.



Health indicators in regions in Europe

3.9 Italy

Health care system

The Italian health care system is a regionally-based national health service that provides universal coverage free of charge at the point of consumption.

The system has three levels: national, regional and local. The national level is responsible for ensuring the general objectives of the national health system with respect to its fundamental principles.

Regional governments, through the Regional Health Departments are responsible for ensuring the delivery of a benefits' package through a network of population-based health care organisations (Local Health Units) and public and private accredited hospitals.

The National Health System (NHS) was introduced in 1978. The system was reformed for the first time in 1992. The first reform was intended to give a larger degree of autonomy to the regional level in terms of policy making, health care administration and management, resource allocation and control. In addition, a partial split between purchaser and providers was introduced, with the aim of introducing elements of competition in the health care system. The devolution process started with the reform of 1992 and has been brought forward the 1999 reform (Decree n. 229/1999) which gave higher degrees of autonomy to the Regional Health Departments and affected the management of health care providers.

Local democracy

In Italy there are three levels of local democracy: region, province and municipality. The country is divided into 20 regions (5 of which have a special statute), 103 provinces and 8100 municipalities.

At the regional level, the executive and regional council are elected by popular vote. The regional council has legislative power at regional level and administrative powers beyond the areas of responsibility of the regional government. The Region has significant responsibilities in the area of the administration and financing of the health care system, in particular as regards the local health units and the independent hospitals.

The Italian provinces also have a council elected by direct popular vote and a government elected by and within the provincial council. In the area of public health, it has responsibility for hygiene and monitoring disease.

At the head of the municipalities, which are the finest level of local democracy in Italy, there is a municipal council elected by popular vote. The mayor is elected directly in towns with more than 15,000 residents.

Responses to the ISARE questionnaires

The answers to the questionnaires on Italy relate only to the regional level ("regioni" in Italian), that is the appropriate sub-national level given the structure of the national health system.

Region

This level corresponds to the NUTS 2 level. While the regions are defined in the Constitution, the provinces, that are groups of municipalities, did vary over overtime. In fact, in the early nineties new provinces were created by splitting some of the existing provinces in two new ones but always within the same region.

The 20 regions differ in size (Piemont region is 25,000 sq. km versus Valle d'Aosta region that is only 3,000 sq. km) and in population (Lombardia region has a population representing the 15% of the total Italian population, while Molise region has a population representing less than 1%). The regions also differ in terms of age distribution: given that the nationwide average of population aged 65 and older is 17%, the South is relatively younger (15%) than the Centre-North (19%).

In one of those 20 regions, Trentino - Alto Adige, the two provinces are actually independent for many aspects including health care.

Lastly, information is available at this level on demographic, social and health issues.

Conclusion

Given the decentralisation of the health system in Italy, the region would seem to be the appropriate level for a comparison of health indicators at European level except in Trentino Alto Adige where the province will be the appropriate level. Regions (and those two provinces) have significant responsibilities in organising the health care system and data collection has been implemented already for many of the aspects that are relevant to the ISARE project.

Summary tables

Principal characteristics of the level

	Regioni *
Number of units	19+2
Population size	
Minimum	118 200
Average	2 720 881
Maximum	8 901 000
Standard deviation	2 317 440
Surface Area (km²)	
Minimum	3 264
Average	14 348
Maximum	25 707
Standard deviation	7 642
Correspondence with NUTS level	Yes
Exact correspondence to a NUTS level	NUTS 2
If not, nearest corresponding level	
Boundaries stability	Yes

* Nineteen Regioni + the two provinces of the Trentino-Alto Adige region

Responsibilities regarding the management of health and social policies

	Regioni *
Definition and management of policy regarding	
Hospital care	Yes
Ambulatory care	Yes
Social services	Yes
Health promotion	Yes
Public health reporting	Yes for some regions

* Nineteen Regioni + the two provinces of the Trentino-Alto Adige region

Data availability

	Regioni *
Health care professionals	Yes for some items
Education of health care professionals	No
Health care structures	Yes
Health care utilisation	Yes
Demographic and socio-economic data	Yes
Mortality data	Yes
Generic health status data	No (only from surveys)
Morbidity data	Yes for some items
Biological factors and health habits	Yes for some items
Living and working conditions	Yes
Data on prevention	Yes for some units

* Nineteen Regioni + the two provinces of the Trentino-Alto Adige region

References

Duriez M, Lequet-Slama D. *Les systèmes de santé en Europe*. Que sais-je n° 3343. Presses universitaires de France, Paris, France. 1998.

Structure and operation of local and regional democracy: Italy. Conseil de l'Europe, Strasbourg, France. 2000.



Health indicators in regions in Europe

3.10 Luxembourg

Health care system

The health care system in Luxembourg is based on the patient having the freedom to choose his/her own doctor, on a pay-as-you-go basis and a compulsory health insurance scheme. The system is structured according to two main themes: prevention, for which the Minister for Health is predominantly responsible, and medical treatment, for which the Minister for Health and the Minister for Social Security are jointly responsible.

The health insurance scheme, managed by the Union of health insurance funds, covers 99% of the population and is organised into 9 agencies to which insured persons are assigned according to their profession. It is financed by the State, employers and individuals.

Local democracy

On account of its size, the only level of application of local democracy in Luxembourg is the commune. There are 118 communes wherein a local council is elected every six years. The burgomaster and deputy burgomasters which form the executive body are appointed by the Grand duke or the Home Secretary from among the members of the local council. The communes share responsibility for the field of hospitals and health protection with the State.

Responses to the ISARE questionnaires

The responses to the questionnaire concern only the single level of the state of Luxembourg. In effect, taking into account its size, in comparison to that of other countries, and the absence of an intermediate level between national level and local level, it was decided to explore only this single level, which, of course, has full powers with regard to health and has access to all health-related statistical data.

Conclusion

Given the particular characteristics of Luxembourg in terms of size and population, only national level is suggested.

Summary tables

Principal characteristics of the level

	National level
Number of units	1
Population size	
Minimum	
Average	420 416
Maximum	
Standard deviation	
Surface Area (km²)	
Minimum	
Average	2 586
Maximum	
Standard deviation	
Correspondence with NUTS level	Yes
Exact correspondence to a NUTS level	NUTS 1
If not, nearest corresponding level	
Boundaries stability	Yes

Responsibilities regarding the management of health and social policies

	National level
Definition and management of policy regarding	
Hospital care	Yes
Ambulatory care	Yes
Social services	Yes
Health promotion	Yes
Public health reporting	No

Data availability

	National level
Health care professionals	Yes
Education of health care professionals	Yes
Health care structures	Yes until 1994 (1)
Health care utilisation	Yes for some items until 1994 (1)
Demographic and socio-economic data	Yes
Mortality data	Yes
Generic health status data	No
Morbidity data	Yes for some items
Biological factors and health habits	Yes for some items
Living and working conditions	Yes
Data on prevention	Yes

(1) Data will be available when the new hospital plan will be finalised and comes into force.

References

Health care system in transition: Luxembourg. European observatory on health care system, Copenhagen, Denmark. 1999

Duriez M, Lequet-Slama D. *Les systèmes de santé en Europe.* Que sais-je n° 3343. Presses universitaires de France, Paris, France. 1998.

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Health indicators in regions in Europe

3.11 Netherlands

Health care System

The Dutch health system represents a combination of a national health service and a social insurance based system. People choose to contract with one of several public or private sickness funds which compete for offering packages of health care. Very expensive health care (e.g. care of the elderly, long term psychiatric care) is still provided under a dedicated national scheme managed by the state. General practitioners are usually paid on a capitation basis for about two third of their income, whereas most specialist doctors are salaried.

Apart from the responsibility regarding very expensive health care, the role of the government is mainly to regulate the market, and to supervise health care quality. The government also controls capital investment for hospital care provision, whereas running costs are provided by the competing sickness funds. Provinces are involved in planning and advice on location of facilities, emergency posts etc. Municipalities are engaged in local planning and performance. Provinces do not collect taxes, but derive funds from the national government.

The municipalities have responsibility for ambulance transport, medical services in case of disasters, community health, health care for young people and infectious diseases.

Local democracy

The 12 provinces and the 572 municipalities represent the two main levels of local democracy in the Netherlands. Provinces and municipalities have responsibilities in the fields of housing, environment, culture, leisure and sports, transports, and economic development. Provinces are not involved in the day to day management or administration of health care. However they are involved in planning and provide advice on location of services. Municipalities are engaged into local planning and performance of health services. Their responsibilities also include education, public health, and social services.

Main sources of funding to the local authorities come in the form of subsidies allocated by the central government. Both Provinces and Municipalities decide the rate for and collect their own taxes.

Responses to the ISARE questionnaire

The two administrative levels investigated during the ISARE survey are the 50 Municipal Health Service Regions (GGD) and the WZV regions. A municipal health service refers to an aggregate of neighbouring municipalities, for which it provides prevention services as well as ambulance transport and medical services in case of disaster.

Unlike the municipal health services, the WZV regions do not refer to a specific organisation managing or providing services. They represent the administrative regional distribution used for the planning of hospital care. This planning process involves health care suppliers, insurance companies, patients representatives and local authorities (provinces and municipalities). About ten other slightly different regional distributions are used for other aspects of service provision such as mental health care, ambulatory care (58), ambulance transport and emergency aid (28) etc...

Municipal health service region

The Municipal health services have responsibility for health and social policy planning including public health reporting. They have at their disposal a health information system covering demographic, mortality and morbidity data.

There have been important changes in the boundaries of municipal health services. Their number has decreased from 64 in 1990 to 50 in 2000. Further changes are expected in the future. The current boundaries of municipal health services do not correspond to the NUTS division.

Information regarding health care professionals and hospital supply can be obtained at this level. However the same does not apply to health care utilisation data. These are mainly processed for insurance and statehood funds themselves and data are not usually or cheaply accessible to outside institutions or organisations.

Infectious diseases notifications are collected by the municipal health services and are therefore available at this level. National cancer registry data is post coded and can be aggregated at municipal levels. The national household survey, which is run on a yearly basis by the Central Bureau of Statistics (CBS), provides post coded information on long standing illness. However the sample size (around 9 000) precludes valid usage at low geographical unit level. The same problem applies for a national mental health survey (Nemesis). Municipal health services often run their own health interview surveys. However the issue there is one of data comparability because of variation in instruments.

WZV regions

WZV regions are used exclusively for the planning and provision of hospital services. This covers acute services, as well as psychiatric hospitals and nursing homes. There are no public health functions performed as such at this level though. The planning process relies mainly on the analysis of hospital supply and production figures. The regions boundaries have not changed since 1987. There is no direct correspondence with the NUTS classification, although the WZV regions keep within province's boundaries (NUTS 2).

Most information sources referred to in the municipal health services paragraph (above) are geographically coded and available from a national source. This includes demography, mortality, cancer registration, notification, and household survey data. Therefore such information could be aggregated at the WZV regions level.

Conclusion

The municipal health services regions probably represent the most relevant level for health information exchange between regions of the EUMS. This is mainly because of their responsibilities for prevention and public health reporting. The remit of the WZV regions although important, is narrower in scope. Local authority elected representative are involved at both levels. One difficulty with the municipal health services is their changing numbers and boundaries. The existence of a national co-ordinating body may help to make locally generated data more comparable across regions.

Summary tables

Principal characteristics of the levels

	GGD	WZV
Number of units	50	27
Population size		
Minimum	124 475	238 038
Average	315 205	583 712
Maximum	777 397	1 295 645
Standard deviation	156 708	276 933
Surface (km²)		
Minimum	56	221
Average	699	1 295
Maximum	3 531	3 531
Standard deviation	672	833
Correspondence with NUTS level		
Exact correspondence	No	No
To a NUTS level		
If no, nearest	3	2
Corresponding level		
Boundaries stability	No	Yes

Responsibilities regarding the management of health and social policies

	GGD	WZV
Definition and management of policy		
regarding		
hospital care	No	Yes
ambulatory care	No	No
social services	Yes	No
health promotion	Yes	No
Public health reporting	Yes	No

Data availability

	GGD	WZV
Health care professionals	Yes	Yes
Education of health care professionals	No	No
Health care structures	Yes	Yes
Health care utilisation	Not readily accessible	Yes
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	Yes for some GGDs	Yes
Morbidity data	Yes for infectious disease notification and cancer register (to be confirmed)	Yes for infectious disease notification and cancer register (to be confirmed)
Biological factors and health habits	Yes for some GGDs	idem GGD
Living and working conditions	(GGD estimates possible from data held at national level)	idem GGD
Data on prevention	Yes	idem GGD

References

Duriez M, Lequet-Slama D. *Les systèmes de santé en Europe*. Que sais-je n° 3343. Presses universitaires de France, Paris, France. 1998.

Structure et fonctionnement de la démocratie locale et régionale: Pays-Bas. Conseil de l'Europe, Strasbourg, France. 1997.



Indicateurs de santé dans les régions en Europe

3.12 Portugal

Health care system

The health system in Portugal has been organised in the form of a Beveridgian system since 1979 with the setting up of a national health system. Prior to that, social protection was organised on the basis of agreements between employee unions and employer organisations of which a part still remains. Although the law of 1979 provided for cover for the whole population, in actual fact approximately one quarter of the population is not covered by the National Health Service. According to the wording of the law, this National Health Service is independent both from an administrative and a financial viewpoint. In reality, heavy involvement by the Minister of Finances can be noted in its running.

Since 1989, Portugal has been involved in a process of privatisation which has affected all sectors of the economy, including the health sector with the appearance of the possibility for doctors of exercising a dual function, public and private, and the development of a private sector providing the means to respond to the growing needs of the population as regards health. The development of private insurance has been witnessed in parallel with this.

Thus Portugal is distinguished by the coexistence of three social protection systems: the National health service, health insurance schemes for certain professions ($\frac{1}{4}$ of the population) and private and mutual benefit insurances which cover 10% and 7% of the population respectively.

The National Health Service is financed by taxes. The health insurance schemes are financed by the State (via taxes) and by a contribution from the employees and employers. The private and mutual insurances are financed by their members' subscriptions. Thus taxes finance 62% of the total health cost (through the national health service and the insurance schemes) and the subscriptions to the health insurance schemes finance 5 % of these costs, the remainder being borne by the population including less than 2 % through voluntary insurance and mutual insurance. The contribution of the users is thus one of the highest in Europe.

A reform in 1993 resulted in the creation of five independent health regions, responsible for the field of health management.

Local democracy

Portugal is divided into 18 districts and two self-governing regions (the Azores and Madeira). Each district is then divided into "municipalities" and "parishes".

The 18 districts are today only circumscriptions of the devolved administration of the State. A reform was planned which should have resulted in the creation of administrative regions to replace these districts with a regional assembly designated by a body of electors formed by the members of the municipal assemblies and a regional executive elected from the regional assembly. This reform was however rejected by referendum.

Each municipality has an assembly made up of the Chairmen of the Parish committees (themselves elected by direct popular vote with proportional representation) and members of a number equal to the number of parishes plus one elected by direct popular vote, with proportional representation. The executive consists of directly elected members. The municipalities have jurisdiction in the areas of civil protection, the education infrastructures, day nurseries and day-care centres, home help, housing, the environment and salubrity, culture and transport. It is to be noted that the municipalities do not have jurisdiction in the area of health.

Responses to the ISARE questionnaires

The replies for Portugal relate to three levels: the communities, the regions and the health regions.

Communities

This regional level corresponds to the NUTS 3 level. It consists of a grouping of municipalities. There are 30 of them. The size and the population of these groups vary greatly.

There is currently no elected political body at this level. Similarly, there is no decision-making or specific direction relating to the organisation or the operation of the care system at this level.

Conversely, it is to be remembered that the very large majority of the socio-demographic data and a large part of the health or social data are available at this geographic level.

Region

The regions correspond to the NUTS 2 level with wide variation in size (less in surface area).

The planned reform having been rejected, the regional level has no elected political body. It only relates to a management level devolved from the State. The areas of responsibilities assumed at this level do not directly cover the health and social fields. However, it is to be remembered that it has responsibility in terms of organisation and planning, which may inter-react, indirectly in the area, which concerns us.

As with the previous level, the majority of the socio-demographic and a good amount of the health data are available for the regions. On the other hand, there is no information or a health report production system at this level.

Health region

As stated above, this geographic level results from the 1993 reform.

There are five of these health regions. They vary in size. There is no democratic structure at this level.

Even though the major directions and decisions as regards health are made at the national level, the responsibilities devolved on this level are wide and cover both ambulatory care and hospital care and care and prevention equally.

All of the data available at the other level described is available at this level also. There is also additional data in terms of morbidity, mainly through registers.

Information systems exist and health reports are produced at health region level for certain specific health programmes.

Conclusion

Although the information as regards health is available at several geographic levels in Portugal, the independent health regions seem to be the level to be used as a priority for Portugal. Indeed, it is now at this level that a large part of the health system is being decided and organised. On the other hand, no local democratic structure is to be found at this level.

The geographic level of the region however is of a certain interest: availability of the information and correspondence with a local democratic level and to an NUTS level. Conversely, no specific responsibility as regards health has evolved at this level.

Finally, the last geographic level explored, that of the community, does not appear as though it should be used even if information exists at this level and it corresponds to an NUTS level: non-conformance with a local democratic level and responsibility as regards health and the small size of this level.

Summary tables

Principal characteristics of the levels

	Community	Region	Health care region
Number of units	30	7	5
Population size			
Minimum	48 300	239 200	360 185
Average	330 070	1 412 500	1 720 718
Maximum	1 836 300	3 503 300	3 234 727
Standard deviation	359 817	1 452 175	1 392 239
Surface (km²)			
Minimum	779	779	4 960
Average	3 064	13 129	17 225
Maximum	8 503	26 931	24 662
Standard deviation	2 179	10 839	7 993
Correspondence with NUTS level	Yes	Yes	No
Exact correspondence to a NUTS level	NUTS 3	NUTS 2	
If no, nearest corresponding level			NUTS 2
Boundaries stability	Yes	Yes	Yes

Responsibilities regarding the management of health and social policies

	Community	Region	Health care region
Definition and management of policy regarding			
hospital care	No	No	Yes
ambulatory care	No	No	Yes
social services	No	No	Yes
health promotion	No	No	Yes
Public health reporting	No	No	Yes

Data availability

	Community	Region	Health care region
Health care professionals	Yes	Yes	Yes
Education of health care professionals	Yes	Yes	Yes
Health care structures	Yes	Yes	Yes
Health care utilisation	Yes for some items	Yes for some items	Yes for some items
Demographic and socio-economic data	Yes	Yes	Yes
Mortality data	Yes	Yes	Yes
Generic health status data	Yes for some units	Yes for some units	Yes for some units
Morbidity data	Only for transmissible diseases	Only for transmissible diseases	Yes for transmissible diseases and some other diseases
Biological factors and health habits	No	No	No
Living and working conditions	Yes	Yes	Yes
Data on prevention	Yes	Yes	Yes

References

- Health care system in transition : Portugal* . European observatory on health care system, Copenhagen, Denmark. 1999
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Health indicators in regions in Europe

3.13 Spain

Health care system

As set in the 1978 Constitution, health care provision in Spain follows the principles of a national health services providing free health care to all citizens. In the 1980's Spain underwent important political and administrative changes with the creation of 17 Autonomous Communities. In the health sector, this decentralisation has led to a full transfer of competencies regarding health promotion and health protection to the 17 autonomous communities. Seven of the latter (corresponding to 60% of Spain population) also have competencies for the management of primary health care and hospital services. In the remaining autonomous communities health services are managed by the INSALUD, which is directly controlled by the Ministry of Health. In all circumstances, the national level ensures the functions of high inspection, national co-ordination and international relationship.

Primary health care is provided either by individual practitioners or by the more recently introduced multidisciplinary primary health care teams. In the former model, practitioners work part-time for the public service and are paid on a capitation basis. Conversely, members of the multidisciplinary primary health care team are salaried. They work in a primary care centre which provides a full range of preventive and treatment services to the population of a health zone. Access to ambulatory and inpatient specialised services is via referral from the primary health care level (gatekeeper). Around 70% of hospital care provision belongs to the public sector, and 18% to the private profit making sector. Hospitals depending from INSALUD receive global budgets whereas autonomous communities are moving towards funding mechanisms based on contract taking account activity levels and performance measures.

Local democracy

The three main levels of local and regional authorities in Spain are the Autonomous Communities (17), the Provinces (50), and the Municipalities (8097). Both levels have assemblies of elected representatives. Following decentralisation, Autonomous Communities enjoy exclusive competencies in a wide range of services such as : police, education, health, social welfare, housing, environment, transport, culture leisure and sports, and economic services. Provinces share competencies in several fields including hospital services, social welfare, housing, and culture leisure and sports. Municipalities are involved in as wide a range of competencies as that of

autonomous communities, often under the authority of the latter. Some of the Autonomous Communities levy and collect taxes. They have powers to introduce surcharges on existing taxes and to introduce new taxes.

Responses to the ISARE questionnaire

Each Autonomous Community was approached individually and 12 out of 17 provided information (corresponding to 83 % of the Spanish population) for the ISARE survey. Both Autonomous Communities and Provinces were taken into consideration for the first part of the survey regarding health social systems functioning. Answers from the questionnaire on data availability concern the Autonomous Communities only.

Autonomous Communities

As mentioned above, 7 Autonomous Communities, representing more than 60% of the Spanish population have substantial political and administrative competencies in the field of health planning. This covers hospital services, ambulatory care, social care and health promotion. For the remaining 10 Autonomous Communities, the regional governments have similar responsibilities for health promotion, but competencies regarding management of primary and hospital health care continue to lie at national level (INSALUD). Public health reporting is performed in the majority of Autonomous Communities, and in some cases, this is part of wider Health Strategy / Plan defined for the population of the community. The Autonomous Community levels corresponds to NUTS level 2, and their boundaries have not changed in last ten years.

Recent and regularly updated data regarding health care professionals, structures and utilisation are available at Autonomous Community levels. Figures regarding nursing homes / elderly home care which can be more difficult to obtain. Several sources of information provide demographic and socio economic data, among which the population census (performed every ten year), the Municipal Registry of population (Padron municipal, performed every 5 years and reviewed every year), and the Active population survey, which reports on a yearly basis regional figures regarding economic activity and unemployment. The Mortality Registry provides data in all Autonomous Community and at national level on a yearly basis.

Morbidity information is available via the communicable diseases notification system. This information can be analysed at Autonomous Community level despite usual limitations of notification systems regarding reliability and exhaustiveness. Better information is available for HIV/AIDS, which is monitored via a specific register. A national register of drug users provides information at Autonomous Community level. Population based cancer registries exist in 9 Autonomous Communities, and in 5 of them they only cover the population of one province. In some Autonomous Community, surveys or registers provide information on the prevalence of other chronic diseases such as asthma and diabetes.

Data on long-standing illness, disability, and smoking prevalence are available for all the Autonomous Communities via national surveys. In some Autonomous Community, local surveys provide additional information on mental illness, biological factors (body mass index, blood pressure ...), and diet. Representative data on work and traffic accidents can be obtained from the national statistical office. Immunisation and screening coverage figures are available in each Autonomous Community. They scope may vary according to

local policy, since for instance tuberculosis immunisation and uterus cervix cancer screening are not organised in all Autonomous Communities.

Provinces

No responsibility for the management of health services lie at the level of province except when the Autonomous Community is composed by only one province.. Provinces may share with Autonomous Communities responsibility for the planning and management of social services. No public health reporting is performed at this level, although some Autonomous Communities report health indicators at this level. Provinces correspond to NUTS level 3, and their boundaries have been stable in the last ten years.

Conclusion

The Autonomous communities represent an important level of local democracy and of public service planning and management. This includes most, if not all, aspects related to health and health care, although the level of competencies varies due to differing progress of the decentralisation. Public health reporting is performed at this level and a wide range of updated data is usually available for this function. Their boundaries have been stable and they correspond to the NUTS classification. Autonomous communities represent an appropriate level for the purpose of exchanging health indicators between regions of Europe.

Summary tables

(enter only factual answers such as : yes, +/-, no. If required, develop / comment in the preceding section)

Principal characteristics of the levels

	Autonomous Communities	Provinces
Number of units	17	52
Population size		
Minimum	263644	172236
Average	2344274	787238
Maximum	7236459	3478803
Standard deviation	2243269	661572
Surface (km²)		
Minimum	5045	1980
Average	29694	9731
Maximum	94224	21766
Standard deviation		
Correspondence with NUTS level	Yes	Yes
Exact correspondence to a NUTS level	NUTS 2	NUTS 3
If no, nearest corresponding level		
Boundaries stability	Yes	? yes

Responsibilities regarding the management of health and social policies

	Autonomous Communities	Provinces
Definition and management of policy regarding		
hospital care	Yes, but shared for 10 units	No
ambulatory care	Yes, but shared for 10 units	No
social services	Yes	Yes
health promotion	Yes	No
Public health reporting	Yes	No

Data availability

	Autonomous Communities	Provinces*
Health care professionals	Yes	Yes
Education of health care professionals	Yes	No
Health care structures	Yes	Yes
Health care utilisation	Yes	Yes
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	Yes for some units and items	Yes
Morbidity data	Yes for some units and items	Yes
Biological factors and health habits	Yes for some units	Yes
Living and working conditions	Yes	Yes
Data on prevention	Yes	Yes

* Autonomous Communities are responsible of Health Information System and its management, but some of the information described above is available at the Province level.

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Health indicators in regions in Europe

3.14 Sweden

Health care system

The Swedish health care system operates like a national health service with a high level of decentralisation. The objectives of, and demands upon the system are set out in laws passed by the Riksdag (the Parliament), but the responsibility for provision of health care rests primarily with the 21 county councils and to a lesser extent with the municipalities. The National Board of Health and Welfare is the government authority supervising health care services.

Service is only to a small extent produced by private providers. Whether publicly or privately provided, 80% of care is financed through taxation. The county councils receive financial support from the Government. The main source of funding, however, is taxes that the councils can levy of the income of their inhabitants.

The county councils are also responsible for the public health and prevention services. This responsibility is, however, shared with the municipalities. Social services, and some long-term health care are the responsibility of the municipalities.

Local democracy

Below the national level there are two levels of political and administrative local authorities, county councils and municipalities. Currently there are 21 county councils and 289 municipalities. All of them are led by assemblies of locally elected people. These authorities can levy taxes on the income of their inhabitants and these taxes constitute their main financial resources.

The local authorities enjoy a substantial amount of autonomy for the management of services under their responsibility. These are mainly: general administration (e.g. statistical office), health care, culture, and public transport for the County Councils; social services, education, environment and sanitation for the Municipalities.

Responses to the ISARE survey

Responses were given for the levels of county councils and of municipalities.

County council

Most information regarding health care provision and utilisation is available at county level, can be accessed via a national source and is updated on a yearly basis. This also applies to demographic and mortality data. The Survey of Living Conditions conducted on an annual basis provides information on generic health status, as well as on specific diseases (e.g. Asthma) and impairments (e.g. vision and hearing disorders). However given the sample size of the survey, indicators at county council level are expressed as 5 year moving averages. Infectious diseases notification, cancer registers and occupational diseases are exploitable at county council level. Disease registers for diabetes or multiple sclerosis exist in some, but not all counties. National and local information systems gather data on traffic accidents, whereas home-leisure accidents data is collected only in some counties. Immunisation coverage figures are held at national level and can be aggregated at county level. Whereas coverage figures for breast and cervical cancer screening are held at local levels.

Municipalities

Regarding demographic, socio-economic and mortality data, data availability at municipality level are comparable to that of county council. The situation is quite different for health care structure, health care utilisation and morbidity information which is scarce at the level of municipality. Exceptions relate to traffic accidents, occupational diseases, cancer registers, and coverage figures for immunisation, breast and cervical cancer screening.

Conclusion

The county council level appear to be the obvious contender for health information exchange at subnational level between EU Member states. Responsibilities for health care management and democratic representation coexist at this level. A wide range of relevant indicators can be produced for county councils which also correspond to the NUTS III category.

Summary tables

Principal characteristics of the levels

	County	Municipality
Number of units	21	289
Population size 1999-12-31		
Minimum	57 428	2 746
Average	421 972	30 662
Maximum	1 803 377	743 703
Standard deviation	44 6904	57 451
Surface (km²) 1999-12-31		
Minimum	2 941	9
Average	19 568	1 487
Maximum	98 910	19 446
Standard deviation	22 980	2 485
Correspondance with NUTS level	Yes	Yes
Exact correspondance to a NUTS level	NUTS 3	NUTS 5
If no, nearest corresponding level		
Boundaries stability	Relatively stable	Relatively stable

Responsibilities regarding the management of health and social policies

	County	Municipality
Definition and management of policy regarding		
hospital care	Yes	No
ambulatory care	Yes (with municipalities)	Yes
social services	No	Yes
health promotion	Yes (with municipalities)	Yes
Public health reporting	Yes	Yes, but variable

Data availability

	County	Municipality
Health care professionals	Yes	No, only pharmacists
Education of health care professionals	No	No
Health care structures	Yes	No, only nursing homes
Health care utilisation	Yes for most items ¹	Yes for general information
Demographic and socio-economic data	Yes	Yes
Mortality data	Yes	Yes
Generic health status data	Yes	No
Morbidity data	Yes for some items	No
Biological factors and health habits	Yes for some items	No
Living and working conditions	Yes	Yes for most items ²
Data on prevention	Yes	Yes

References

- Health care system in transition: Sweden* . European observatory on health care system, Copenhagen, Denmark. 1996
- Duriez M, Lequet-Slama D. *Les systèmes de santé en Europe*. Que sais-je n° 3343. Presses universitaires de France, Paris, France. 1998.
- Structure et fonctionnement de la démocratie locale et régionale: Suède*. Conseil de l'Europe, Strasbourg, France. 1996.

¹ Data for private sector and bed occupancy figures are not available

² Dwelling size and dwelling with bath or shower not available



Health indicators in regions in Europe

3.15 United Kingdom

Health care system

The National Health Service (NHS) provides the vast majority of health care to the population. The private health care sector accounts for only about 6% of all hospital admissions. The NHS is funded essentially through general taxation, and the budget is voted every year by the parliament. At national level, the Department of Health (DoH) designs major health care policies. Eight regional offices act as decentralised executive bodies. It is also at this regional level that operates that Public Health Observatories have been recently introduced, with a broad remit of monitoring health inequalities. At a lower administrative level, 99 Health Authorities (HA) have responsibilities for identifying health needs and managing the provision of health care. HA responsibilities have decreased as a result of successive reforms introduced in the 1990's. Health care providers such as hospitals, and community care organisations have acquired "Trust" status which has meant more autonomy as well as competition within the Health care market. The main purchasers are Primary Care Groups, led by General Practitioners, which provides primary care services and have autonomy for buying secondary health care.

Local democracy

In England, local government is represented by 115 Unitary Councils in some areas, or by the older two tiers system comprising 34 County Councils and 237 Districts Councils. These local authorities receive funding from central government. Additional income is provided by a local tax (the council tax) which is set by the local authority themselves. In areas where a two tiers system of local government exists, County Councils have responsibility for education, social services, police, fire, registration of births, marriages and deaths, consumer protection, libraries. Responsibilities of the District Councils include electoral registration, collection of council taxes, housing and allotments, environmental health and cemeteries and crematoria. All these functions (County and District) are under the responsibility of a single authority in areas with unitary local government.

Following devolution, Scotland and Wales, have assemblies with powers to pass legislation on a wide range of matters including health, education, economic development and transport. Due to the state of emergency in Northern Ireland, the situation is influx.

In addition to County, District or Unitary authorities, all countries in the UK have parish, town or community councils. These units of local government have important advisory role, but few statutory functions and very little finance.

Responses to the ISARE questionnaire

Responses were provided for the levels of Health Authorities and of Local Authorities Social Services. The latter correspond to the unitary councils and county councils.

Health Authorities

At the time of the survey there were 99 Health Authorities in England, with an average population size of 500 000 inhabitants. The number and boundaries of Health Authorities have changed substantially in the past and this is likely to continue. Health Authorities boundaries do not correspond to the NUTS classification.

The role of Health Authority with respect to hospital and ambulatory care management has changed following the introduction of Primary Care Groups. However they still retain responsibilities in these fields, and sometimes in health promotion. In each Health Authority, a Director of Public Health is in charge of producing an annual report on the Health of the population.

The overall level of data availability in the HA is high. Data regarding health care structures, professionals and health care utilisation are available for the public sector. This does not apply to the private sector which, as was previously mentioned, accounts for about 6% of total hospital admissions. This proportion is probably higher for some elective surgery procedures such as cataract operations and hip replacements. Also, activity data from Nursing Homes is not readily available. All demographic and socio-economic data can be aggregated at Health Authority level, although this is not necessarily done routinely (e.g. active population, nb of unemployed). Notifications of infectious diseases are collected at local authority level which most of the times can be aggregated well enough to approximate health authority areas. Cancer registers data is postcoded and can therefore be aggregated at Health Authority level. Data related to general health functioning, biological factors and health habits can be derived from the Health Survey for England. This is a survey performed on a yearly basis, with a sample size of around 18 000 persons. Health Authority estimates can be derived by pooling together data from several years. Childhood Immunisation and breast and cervical cancer screening coverage figures are available at health authority level.

Local Authority Social Services (LASS)

As suggested by their denomination, the main remit of this administrative level is to plan and manage social services. Social services and HA get involved in joint planning when co-ordination between health and social care is required. No public health reporting is done at this level though. The 150 LASS correspond exactly to the NUTS classification level 3, with the exception of Greater London.

Because any postcoded data can be aggregated at whatever upper geographical level, no substantial differences exist between data availability at Health Authority or LASS levels. This applies to most data quoted for HA. However the issues of representativity of national surveys such as the Health Survey for England or the General Household Survey is more acute at this level due to smaller population size compared with HA.

Conclusion

There are arguments in favour or against HA or LASS. Data availability does not discriminate between one level or the other. Boundary stability and correspondence with democratic power plead in favour of LASS. However the responsibilities of HA regarding health care planning and particularly the function of public health reporting strongly support this level as the most appropriate for health information exchange between regions in Europe. There are questions however regarding the future role of HA in the evolving NHS, the continuing process of boundary changes, and the absence of democratic counterpart at this level. The regional level where public health observatories have recently been created, might deserve consideration at a later stage.

Summary tables

Principal characteristics of the levels

	Health Authorities	Local Authorities Social services
Number of units	99	150
Population size		
Minimum	128 231	2 086
Average	502 554	331 672
Maximum	1 013 177	1 344 023
Standard deviation	190 020	251 741
Surface (km²)		
Minimum	34	3
Average	1 317	870
Maximum	8 306	8 038
Standard deviation	1 549	1 509
Correspondence with NUTS level	No	Yes
Exact correspondence to a NUTS level	No	NUTS 3*
If no, nearest corresponding level	NUTS 3	
Boundaries stability	No	Relatively stable

- *in the majority there is an exact match with NUTS level 3 with exception of Greater London - inner and outer where the geographical units correspond to NUTS level 4*

Responsibilities regarding the management of health and social policies

	Health Authority	Local Authority Social services
Definition and management of policy regarding		
hospital care	Yes	No
ambulatory care	Yes	No
social services	No	Yes
health promotion	Yes	No
Public health reporting	Yes	No

Data availability (to be completed)

	Health Authority	Local Authority Social services
Health care professionals	Yes	
Education of health care professionals	Yes (by medical schools)	
Health care structures	Yes	
Health care utilisation	Yes (except private sector, nursing home)	
Demographic and socio-economic data	Yes	
Mortality data	Yes	
Generic health status data	Possible	
Morbidity data	Yes	
Biological factors and health habits		
Living and working conditions		
Data on prevention	Yes	

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4 - Detailed answers to the data availability questionnaire

4.1 Health care professionals

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amtskommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region							
Spain Autonomous Communities	x 1)					1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x		1999	yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV							
Portugal Community							
Portugal Region							
Sweden Municipality			x				

1) Included professional working in the Public Health System

2) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals Number of physicians working in hospitals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x 2)				
Netherlands GGD		x					
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 3)				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x						
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality			x				

1) available since 1998

2) Physicians work in hospitals and primary care

3) Included professional working in the Public Health System

Health Care Professionals Number of physicians working in community, primary care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer							
Belgium Province	x			x		1998	yearly
Denmark Amtskommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x 1)			x		1999	yearly
Netherlands GGD	x						
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x						
France Départements	x			x		1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Physicians work in hospitals and primary care

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x	x		1999	yearly
Netherlands GGD							
Portugal Health care region							
Spain Autonomous Communities	x				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x		1999	yearly
France Départements	x			x		1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x 1)		
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community							
Portugal Region							
Sweden Municipality			x				

1) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals Number of general practitioners working in hospitals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amtskommuner			x				
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level			x 2)				
Netherlands GGD							
Portugal Health care region			x	x	x	1999	yearly
Spain Autonomous Communities	this kind of service doesn't exist						
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV							
Portugal Community			x	x	x	1998	yearly
Portugal Region			x	x		1998	yearly
Sweden Municipality			x				

1) available since 1998

2) Physicians work in hospital and primary care

3) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals Number of general practitioners working in community, primary care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer							
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x 1)			x		1999	yearly
Netherlands GGD		x					
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 1)				x	1998	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Physicians work in hospital and primary care

2) Included professional working in the Public Health System

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of physicians specialist							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region							
Spain Autonomous Communities	x				x	1998	yearly
Sweden County	x		x	x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x		1999	yearly
France Départements	x			x		1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community							
Portugal Region							
Sweden Municipality			x				

Health Care Professionals Number of physicians specialist working in hospitals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amtskommuner			x				
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level			x 1)				
Netherlands GGD		x					
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 2)				x	1998	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x 3)		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) physicians work in hospital and primary care

2) Included professional working in the Public Health System

3) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals Number of physicians specialist working in community, primary care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer							
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x 1)			x		1999	yearly
Netherlands GGD	x						
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 2)				x	1998	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) physicians work in hospital and primary care

2) Included professional working in the Public Health System

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer							
Belgium Province							
Denmark Amstkommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region							
Spain Autonomous Communities	x				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region							
France Départements	x			x		1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community							
Portugal Region							
Sweden Municipality			x				

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 1)				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region			x				
Finland Province			x				
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Included professional working in the Public Health System

2) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals Number of nurses working in community, primary care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer							
Belgium Province							
Denmark Amtskommuner	x			x		1999	
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 1)				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region							
France Départements	x					1999	yearly
Finland Region			x				
Finland Province			x				
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality			x				

1) Included professional working in the Public Health System

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province							
Denmark Amstkommuner	x			x		1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region							
Spain Autonomous Communities	x				x	1998	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x		
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community							
Portugal Region							
Sweden Municipality			x				

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 1)				x	1998	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region			x				
Finland Province			x				
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Included professional working in the Public Health System

2) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province							
Denmark Amstkommuner	x			x		1999	
England Health Authorities							
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level			x				
Netherlands GGD		x					
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	1)						
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region			x				
Finland Province			x				
Greece Region	x				x		
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x	x	1998	yearly
Sweden Municipality			x				

1) working at primary care level but attached to the hospital

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of dentists							
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998/1999	
England Health Authorities	x			x		1999	yearly
France Régions	x			x		1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD		x					
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x 2)					1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x		1999	yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x 3)		
Ireland County			x				
Netherlands WZV	x			x		2000	yearly
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x	x	1998	yearly
Sweden Municipality			x				

1) dental technicians included

2) Included professional working in private and public services

3) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of pharmacists							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x			x		1999	yearly
Netherlands GGD							
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x 1)				x	1998	yearly
Sweden County	x				x	2000	monthly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV	x			x		1997	yearly
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality	x			x		2000	monthly

1) Included professional working in private and public services

2) Region of Region: Data based on the " Study of the infrastructure and functions of the medical and health care services in the region of Region".

4.2 Health care professionals

Education of Health Care Professionals Number of physicians graduated per year	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		97/98	yearly
Belgium Province			x	x			
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities			x				
France Régions	x			x		1999	yearly
Germany Land	x				x	1996	
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x 2)			x		1999	yearly
Netherlands GGD			x 3)				
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x			x	x	1999-2000	
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x		1998	yearly
Portugal Region	x			x	x	1998	yearly
Sweden Municipality			x				

1) Data are only available broken down by the place of the university/school. Medical studies are only available in three Bundesländer out of nine, also schools for the other health professionals are not available in all Bundesländer.

2) These healths professionals are not trained in Luxembourg but authorized to practice in Luxembourg

3) Possibly from universities education programs in the Netherlands in the Netherlands or Ministry of health

Education of Health Care Professionals	Are data available at this unit level			If yes				
	Number of nurses graduated per year	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange								
Austria	Bundesländer	x 1)			x		97/98	yearly
Belgium	Province			x	x			
Denmark	Amstkommuner	x			x		1999	yearly
England	Health Authorities			x				
France	Régions	x			x	x	1999	yearly
Germany	Land			x				
Ireland	Health Board			x				
Italy	Regioni			x				
Luxembourg	National level	x 2)			x		1999	annually
Netherlands	GGD			x 3)				
Portugal	Health care region	x			x	x	1999	yearly
Spain	Autonomous Communities	x				x	1999	yearly
Sweden	County			x				
Regional level Others								
Belgium	Community / Region	x			x			yearly
France	Départements	x			x	x	1999	yearly
Finland	Region	x			x		1999	yearly
Finland	Province	x			x		1999	yearly
Greece	Region	x			x	x	1998-1999	
Ireland	County			x				
Netherlands	WZV							
Portugal	Community	x			x	x	1998	yearly
Portugal	Region	x			x		1998	yearly
Sweden	Municipality			x				

1) Data are only available broken down by the place of the university/school. Medical studies are only available in three Bundesländer out of nine, also schools for the other health professionals are not available in all Bundesländer.

2) These healths professionals are not trained in Luxembourg but authorized to practice in Luxembourg

3) Possibly from universities education programs in the Netherlands in the Netherlands or Ministry of health

Education of Health Care Professionals Number of midwives graduated per year	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province			x	x			
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities			x				
France Régions	x			x	x	1999	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x 2)			x		1999	annually
Netherlands GGD			x 3)				
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region			x				
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Data are only available broken down by the place of the university/school. Medical studies are only available in three Bundesländer out of nine, also schools for the other health professionals are not available in all Bundesländer.

2) These healths professionals are not trained in Luxembourg but authorized to practice in Luxembourg

3) Possibly from universities education programs in the Netherlands in the Netherlands or Ministry of health

Education of Health Care Professionals	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		97/98	yearly
Belgium Province			x	x			
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities			x				
France Régions	x			x	x	1999	yearly
Germany Land	x					1996	
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x 2)			x		1999	annually
Netherlands GGD			x 3)				
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region			x				
Ireland County			x				
Netherlands WZV	x			x		?	yearly
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Data are only available broken down by the place of the university/school. Medical studies are only available in three Bundesländer out of nine, also schools for the other health professionals are not available in all Bundesländer.

2) These healths professionals are not trained in Luxembourg but authorized to practice in Luxembourg

3) Possibly from universities education programs in the Netherlands in the Netherlands or Ministry of health

Education of Health Care Professionals Number of pharmacists graduated per year	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		97/98	yearly
Belgium Province			x	x			
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities			x				
France Régions	x			x	x	1999	yearly
Germany Land	x					1996	
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x 2)			x		1999	annually
Netherlands GGD			x 3)				
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999	yearly
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region			x				
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Data are only available broken down by the place of the university/school. Medical studies are only available in three Bundesländer out of nine, also schools for the other health professionals are not available in all Bundesländer.

2) These healths professionals are not trained in Luxembourg but authorized to practice in Luxembourg

3) Possibly from universities education programs in the Netherlands in the Netherlands or Ministry of health

4.3 Health care structures

Health Care Structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria	Bundesländer	x			x	1998	yearly
Belgium	Province	x			x	1999	yearly
Denmark	Amstkommuner	x			x	1999	yearly
England	Health Authorities	x 1)			x		yearly
France	Régions	x			x	1999	yearly
Germany	Land	x			x	1998	yearly
Ireland	Health Board		x				
Italy	Regioni	x			x	1999	yearly
Luxembourg	National level		x				
Netherlands	GGD		x 2)				
Portugal	Health care region	x			x	1999	yearly
Spain	Autonomous Communities	x			x	1999	yearly
Sweden	County	x 3)			x	1999	yearly
Regional level Others							
Belgium	Community / Region	x			x		
France	Départements	x			x	1999	yearly
Finland	Region	x			x	1999	yearly
Finland	Province	x			x	1999	yearly
Greece	Region	x			x	x 3)	
Ireland	County		x				
Netherlands	VZV	x			x	1999	yearly
Portugal	Community	x			x	1998	yearly
Portugal	Region	x			x	1998	yearly
Sweden	Municipality		x				

1) For hospital trusts as opposed to site, and public sector only

2) RIVM has an atlas of national care in wich this is presented. Probably not at the GGF region level

3) In public sector

Health Care Structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of acute care hospitals							
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1999	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x			yearly
France Régions	x			x	x	1999	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD		x 3)					
Portugal Health care region	x			x	x		
Spain Autonomous Communities	x				x	1999	yearly
Sweden County	x 2)				x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region					x 2)		
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x		
Portugal Region	x			x	x		
Sweden Municipality			x				

1) the answer refers security and generations

2) Excluding private hospitals

3) RIVM has an atlas of national care in wich this is presented. Probably not at the GGF region level

Health Care Structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1999	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x			yearly
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni	x					1999	yearly
Luxembourg National level			x				
Netherlands GGD			x				
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999	yearly
Sweden County	x 2)				x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x		1999	yearly
Finland Region	estimate			x		1999	yearly
Finland Province	estimate			x		1999	yearly
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x	x	1998	yearly
Sweden Municipality			x				

1) the answer refers security and generations

2) Excluding private hospitals

Health Care Structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of hospitals beds acute care of which obstetrics or maternity beds							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1999	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x			yearly
France Régions	x			x	x	1999	yearly
Germany Land							
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD			x				
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999	yearly
Sweden County	x 1)				x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1999	yearly
Finland Region	estimate			x		1999	yearly
Finland Province	estimate			x		1999	yearly
Greece Region	x				x 2)		
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x		1998	yearly
Sweden Municipality			x				

1) Excluding private hospitals

Health Care Structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria	Bundesländer	x			x	1998	yearly
Belgium	Province	x			x	1999	yearly
Denmark	Amstkommuner	x			x	1999	yearly
England	Health Authorities	x 1)			x		yearly
France	Régions	x			x	1999	yearly
Germany	Land	x			x	1998	yearly
Ireland	Health Board		x				
Italy	Regioni	x				1999	yearly
Luxembourg	National level		x				
Netherlands	GGD		x 2)				
Portugal	Health care region	x			x	1999	yearly
Spain	Autonomous Communities	x			x	1999	yearly
Sweden	County	x 1)			x	1999	yearly
Regional level Others							
Belgium	Community / Region	x			x		
France	Départements	x				1999	yearly
Finland	Region	estimate			x	1999	yearly
Finland	Province	estimate			x	1999	yearly
Greece	Region	x					
Ireland	County		x				
Netherlands	WZV	x			x	1999	yearly
Portugal	Community	x			x	1998	yearly
Portugal	Region	x			x	1998	yearly
Sweden	Municipality		x				

1) Excluding private hospitals

2) RIVM has an atlas of national care in wich this is presented. Probably not at the GGF region level

Health Care Structures		Are data available at this unit level			If yes			
		Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange								
Austria	Bundesländer	x 1)			x 2)		1998	yearly
Belgium	Province	x				x	1999	yearly
Denmark	Amstkommuner	x			x		1999	yearly
England	Health Authorities	x			x			yearly
France	Régions	x			x	x	1999	yearly
Germany	Land			x				
Ireland	Health Board			x				
Italy	Regioni			x				
Luxembourg	National level			x				
Netherlands	GGD		x 3)					
Portugal	Health care region	x			x		1999	yearly
Spain	Autonomous Communities	x				x	1999	yearly
Sweden	County	x 4)			x		1999	yearly
Regional level Others								
Belgium	Community / Region	x			x			
France	Départements	x			x	x	1999	yearly
Finland	Region	estimate			x		1999	yearly
Finland	Province	estimate			x		1999	yearly
Greece	Region	x						
Ireland	County			x				
Netherlands	WZV	x			x		1999	yearly
Portugal	Community	x			x	x	1998	yearly
Portugal	Region	x			x	x	1998	yearly
Sweden	Municipality	x 4)			x		1999	yearly

1) The answer refers to beds in hospitals

2) Ministry of social Security and Generations

3) RIVM has an atlas of national care in wich this is presented. Probably not at the GGF region level

4) Number of dwellings or rooms

Health Care Structures	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of pharmacies							
Regional level recommended for information exchange							
Austria	Bundesländer	x				1998	yearly
Belgium	Province	x				1999 1)	yearly
Denmark	Amstkommuner	x				1999	yearly
England	Health Authorities	x					yearly
France	Régions	x			x	1999	yearly
Germany	Land	x			x	1999	yearly
Ireland	Health Board		x				
Italy	Regioni	x				1999	yearly
Luxembourg	National level	x				1999	yearly
Netherlands	GGD		x 2)				
Portugal	Health care region	x			x	1999	yearly
Spain	Autonomous Communities	x			x	1999	yearly
Sweden	County	x				1999	yearly
Regional level Others							
Belgium	Community / Region	x					
France	Départements	x				1999	yearly
Finland	Region	x				1999	yearly
Finland	Province	x				1999	yearly
Greece	Region	x			x		
Ireland	County		x				
Netherlands	WZV	x				1999	yearly
Portugal	Community	x			x	1998	yearly
Portugal	Region	x			x	1998	yearly
Sweden	Municipality	x				2000	

1) fixed number by law

2) RIVM has an atlas of national care in wich this is presented. Probably not at the GGF region level

4.4 Health care utilisation (1)

Health Care Utilisation (1)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 2)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x						
Ireland County			x				
Netherlands WZV	x			x		?	
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 2)			x		1998	yearly

1) For NHS patient only

2) Excluding private hospitals

Health Care Utilisation (1) Number of hospitals in-patient admissions / year : acute care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 3)			x		1998	yearly
Regional level Others							
Belgium Community / Region							yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV	x			x		?	
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 3)			x		1998	yearly

1) Ministry of social Security and Generations

2) For NHS patient only

3) Excluding private hospitals

Health Care Utilisation (1) Number of hospitals in-patient admissions / year : maternity	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x					1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 2)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x		1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x						
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 2)			x		1998	yearly

1) For NHS patient only

2) Excluding private hospitals

Health Care Utilisation (1) Number of hospitals in-patient admissions / year : psychiatric care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 2)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x						
Ireland County			x				
Netherlands WZV	x			x		?	
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 2)			x		1998	yearly

1) For NHS patient only

2) Excluding private hospitals

Health Care Utilisation (1) Number of hospitals in-patient admissions / year : nursing/elderly home care beds	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1) 2)		1998	yearly
Belgium Province			x				
Denmark Amstkommuner							
England Health Authorities	x 3)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region			x		x		
Spain Autonomous Communities	x				x	1999	6 months
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV	x			x		?	
Portugal Community			x		x		
Portugal Region			x		x		
Sweden Municipality			x				

1) Ministry of social Security and Generations

2) The answer refers to beds in hospitals

3) For NHS patient only

Health Care Utilisation (1) Bed occupancy : general	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region			x				
Finland Province			x				
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) For NHS patient only

Health Care Utilisation (1) Bed occupancy : acute care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County			x				
Regional level Others							
Belgium Community / Region	x						
France Départements	x					1998	yearly
Finland Region			x				
Finland Province			x				
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) For NHS patient only

Health Care Utilisation (1) Bed occupancy : obstetrics/maternity	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities					x	1999	6 months
Sweden County			x				
Regional level Others							
Belgium Community / Region	x						
France Départements	x			x	x	1998	yearly
Finland Region			x				
Finland Province			x				
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) For NHS patient only

Health Care Utilisation (1) Bed occupancy : psychiatric care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x					1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x 3)				x	1999	6 months
Sweden County			x				
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x		1998	yearly
Finland Region			x				
Finland Province			x				
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) For NHS patient only

3) Included professional working in private and public services

Health Care Utilisation (1) Bed occupancy : Nursing/elderly home care beds	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1) 2)		1998	yearly
Belgium Province							
Denmark Amstkommuner			x				
England Health Authorities			x				
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x			
Portugal Health care region			x		x		
Spain Autonomous Communities		x 3)			x	1999	irregular
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements	x			x		1998	yearly
Finland Region			x				
Finland Province			x				
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x		x		
Portugal Region			x		x		
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) The answer refers to beds in hospitals

3) not available at least in 3 AC. Information about nursing/elderly home care is not as available as information on acute care because these services are frequently integrated into.

Health Care Utilisation (1) Number of bed days / per year	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 2)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 2)			x		1998	yearly

1) For NHS patient only

2) Excluding private hospitals

Health Care Utilisation (1) Number of Bed days : acute care / year	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 3)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x						
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 3)			x		1998	yearly

1) Ministry of Social Security and Generations

2) For NHS patient only

3) Excluding private hospitals

Health Care Utilisation (1) Number of bed days : acute care / year of which maternity	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x					1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 2)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 2)			x		1998	yearly

1) For NHS patient only

2) Excluding private hospitals

Health Care Utilisation (1) Number of Bed days : psychiatric care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x			
Portugal Health care region	x				x	1999	yearly
Spain Autonomous Communities	x 2)				x	1999	6 months
Sweden County	x 3)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 3)			x		1998	yearly

1) For NHS patient only

2) Included professional working in private and public services

3) Excluding private hospitals

Health Care Utilisation (1) Number of Bed days : nursing/elderly home care beds	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1) 2)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner			x				
England Health Authorities			x				
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x			
Portugal Health care region			x		x		
Spain Autonomous Communities		x 3) 4)			x	1999	irregular
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x		x		
Portugal Region			x		x		
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) The answer refers to beds in hospitals

3) not available at least in 3 AC. Information about nursing/elderly home care is not as available as information on acute care because these services are frequently integrated into.

4) Included professional working in private and public services

Health Care Utilisation (1) Average length of stay : acute care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner							
England Health Authorities	x 2)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 3)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 3)			x		1998	yearly

1) Ministry of Social Security and Generations

2) For NHS patient only

3) Excluding private hospitals

Health Care Utilisation (1) Average length of stay : maternity	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner							
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Region	x					1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 2)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x		1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 2)			x		1998	yearly

1) For NHS patient only

2) Excluding private hospitals

Health Care Utilisation (1) Average length of stay : psychiatric care	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner							
England Health Authorities	x 1)			x		1999-2000	yearly
France Régions	x			x	x	1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Region	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region	x					1999	yearly
Spain Autonomous Communities	x 2)				x	1999	6 months
Sweden County	x 3)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x						
Ireland County			x				
Netherlands WZV							
Portugal Community	x					1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x 3)			x		1998	yearly

1) For NHS patient only

2) Included professional working in private and public services

3) Excluding private hospitals

4.5 Health care utilisation (2)

Health Care Utilisation (1) Average length of stay : Nursing/elderly home care beds	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x 1) 2)		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner							
England Health Authorities			x				
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD	x			x	x		
Portugal Health care region			x		x		
Spain Autonomous Communities		x			x	1998	irregular
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x						
Ireland County			x				
Netherlands WZV							
Portugal Community			x		x		
Portugal Region			x		x		
Sweden Municipality			x				

1) Ministry of Social Security and Generations

2) The answer refers to beds in hospitals

3) not available at least in 3 AC. Information about nursing/elderly home care is not as available as information on acute care because these services are frequently integrated into.

Health Care Utilisation (2) Number of procedures performed on unit residents : Caesarean sections	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions		x		x		1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1998	
Luxembourg National level			x				
Netherlands GGD		x		x	x		
Portugal Health care region			x				
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements		x		x		1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV	x			x		1997	?
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		1998	yearly

Health Care Utilisation (2) Number of procedures performed on unit residents : Induced abortions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities		x					
France Régions	x			x		1997	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD		x		x			
Portugal Health care region			x				
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x		1997	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		2000	monthly

1) Only from the hospital discharge statistics is the first listed diagnose "legal interruptio" (ICD/9-BMAGS : 635) available

Health Care Utilisation (2) Number of procedures performed on unit residents : CABG	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region			x				
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		1998	yearly

1) It depends on the definition

Health Care Utilisation (2) Number of procedures performed on unit residents : PTCA	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region			x				
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region				x			yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		1998	yearly

1) It depends on the definition

Health Care Utilisation (2) Number of procedures performed on unit residents : Cataract operations	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region			x				
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x 1)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x						yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Quality register, National cataract registry. All public cataract departments participate, 85 % of private operations (6 clinics)

Health Care Utilisation (2) Number of procedures performed on unit residents : Hip replacements	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1998	
Luxembourg National level			x				
Netherlands GGD		x		x	x		
Portugal Health care region			x				
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		1998	yearly

Health Care Utilisation (2) Number of procedures performed by all hospitals in the unit : Caesarean sections	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities		x					
France Régions	x			x	x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region	x				x	1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x	x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x				x	1998	yearly
Portugal Region	x					1998	yearly
Sweden Municipality	x			x		1998	yearly

Health Care Utilisation (2) Number of procedures performed by all hospitals in the unit : Induced abortions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities		x					
France Régions	x			x		1998	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region			x		x	1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x			x		1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x		x	1998	yearly
Portugal Region			x			1998	yearly
Sweden Municipality	x			x		2000	monthly

1) Only from the hospital discharge statistics is the first listed diagnose "legal interruptio" (ICD/9-BMAGS : 635)

Health Care Utilisation (2) Number of procedures performed by all hospitals in the unit : CABG	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region	x				x	1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x				x	1998	yearly
Portugal Region	x				x	1998	yearly
Sweden Municipality	x			x		1998	yearly

1) It depends on the definition

Health Care Utilisation (2) Number of procedures performed by all hospitals in the unit : PTCA	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x 1)			x		1998	yearly
Belgium Province				x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x					1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region	x				x	1999	yearly
Spain Autonomous Communities	x				x	1999	6 months
Sweden County	x			x		1998	yearly
Regional level Others							
Belgium Community / Region				x			yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x				x	1998	yearly
Portugal Region	x				x	1998	yearly
Sweden Municipality	x			x		1998	yearly

1) It depends on the definition

Health Care Utilisation (2) Number of procedures performed by all hospitals in the unit : Cataract operations	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1998	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x				x	1998	yearly
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1998	
Luxembourg National level			x				
Netherlands GGD				x			
Portugal Health care region	x				x	1999	yearly
Spain Autonomous Communities	x					1999	6 months
Sweden County	x 1)			x		1998	yearly
Regional level Others							
Belgium Community / Region	x			x			yearly
France Départements	x				x	1998	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x				x	1998	yearly
Portugal Region	x				x	1998	yearly
Sweden Municipality			x				

1) Quality register, National cataract registry. All public cataract departments participate, 85 % of private operations (6 clinics)

Health Care Utilisation (2)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria	Bundesländer	x			x	1998	yearly
Belgium	Province	x			x	1998	yearly
Denmark	Amskommuner	x			x	1998	yearly
England	Health Authorities	x			x		
France	Régions	x			x	1998	yearly
Germany	Land		x				
Ireland	Health Board		x				
Italy	Regioni	x			x	1998	
Luxembourg	National level		x				
Netherlands	GGD		x		x		
Portugal	Health care region	x			x	1999	yearly
Spain	Autonomous Communities	x				1999	6 months
Sweden	County	x			x	1998	yearly
Regional level Others							
Belgium	Community / Region	x			x		yearly
France	Départements	x			x	1998	yearly
Finland	Region	x			x	1999	yearly
Finland	Province	x			x	1999	yearly
Greece	Region						
Ireland	County		x				
Netherlands	WZV						
Portugal	Community	x			x	1998	yearly
Portugal	Region	x			x	1998	yearly
Sweden	Municipality	x			x	1998	yearly

4.6 Demographic and socio-economic data

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Age/sex population breakdown							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1999	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x		1999	yearly
France Régions	x			x	x	1999	yearly 1)
Germany Land	x				x	1999	yearly
Ireland Health Board	x			x		1996	5 years
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	annually
Netherlands GGD	x			x	x		
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x				x	1998	yearly
Sweden County	x			x	x	1999	yearly
Regional level Others							
Belgium Community / Region	x			x	x	1998	yearly
France Départements	x			x	x	1999	yearly 1)
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County	x			x		1996	5 years
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x	1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality	x			x		1999	yearly

1) The annual datas are estimated, only the census datas (every 8-10 years) are exacts

Demographic and socio-economic data		If yes
Smallest age breakdown available		smallest age breakdown available
Regional level recommended for information exchange		
Austria	Bundesländer	one year age groups
Belgium	Province	<1 year, 1-4 ; 5-9 ; ... ; 85+
Denmark	Amstkommuner	> one year
England	Health Authorities	one year age groups
France	Régions	one year age groups
Germany	Land	> one year
Ireland	Health Board	generally 0-4, 5-9,... 85+
Italy	Regioni	<1 year, 1-4 ; 5-9 ; ... ; 85+
Luxembourg	National level	<1 year, 1-4 ; 5-9 ; ... ; 95+
Netherlands	GGD	<1 year, 1-4 ; 5-9 ; ... ; 85+
Portugal	Health care region	one year age groups
Spain	Autonomous Communities	one year age groups
Sweden	County	one year age groups
Regional level Others		
Belgium	Community / Region	
France	Départements	one year age groups
Finland	Region	one year age groups
Finland	Province	one year age groups
Greece	Region	
Ireland	County	generally 0-4, 5-9,... 85+
Netherlands	WZV	one year age groups
Portugal	Community	one year age groups
Portugal	Region	one year age groups
Sweden	Municipality	one year age groups

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of live births per year							
Regional level recommended for information exchange							
Austria	Bundesländer	x		x		1999	yearly
Belgium	Province	x		x		1999	yearly
Denmark	Amskommuner	x		x		1998	yearly
England	Health Authorities	x		x		1999	yearly
France	Régions	x		x	x	1999	yearly
Germany	Land	x			x	1998	yearly
Ireland	Health Board	x		x		1996	yearly
Italy	Regioni	x				1999	yearly
Luxembourg	National level	x		x		1999	yearly
Netherlands	GGD	x		x			
Portugal	Health care region	x		x	x	1999	yearly
Spain	Autonomous Communities	x				1998	yearly
Sweden	County	x		x		1999	yearly
Regional level Others							
Belgium	Community / Region	x		x	x		yearly
France	Départements	x		x	x	1999	yearly
Finland	Region	x		x		1999	yearly
Finland	Province	x		x		1999	yearly
Greece	Region	x		x	x		
Ireland	County	x		x		1996	yearly
Netherlands	WZV	x		x		1999	yearly
Portugal	Community	x		x	x	1999	yearly
Portugal	Region	x		x	x	1999	yearly
Sweden	Municipality	x		x		1999	yearly

Demographic and socio-economic data	Are data available at this unit level			If yes				
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency	
number of deaths per year								
Regional level recommended for information exchange								
Austria	Bundesländer	x			x	1999	yearly	
Belgium	Province	x			x	1999	yearly	
Denmark	Amskommuner	x			x	1998	yearly	
England	Health Authorities	x			x	1999	yearly	
France	Régions	x			x	1999	yearly	
Germany	Land	x			x	1998	yearly	
Ireland	Health Board	x			x	1996	yearly	
Italy	Regioni	x				1999	yearly	
Luxembourg	National level	x			x	1999	annualy	
Netherlands	GGD	x			x			
Portugal	Health care region	x			x	1999	yearly	
Spain	Autonomous Communities	x				1998	yearly	
Sweden	County	x			x	1999	yearly	
Regional level Others								
Belgium	Community / Region	x			x	x	1998	yearly
France	Départements	x			x	x	1999	yearly
Finland	Region	x			x		1999	yearly
Finland	Province	x			x		1999	yearly
Greece	Region	x			x	x		
Ireland	County	x			x		1996	yearly
Netherlands	WZV	x			x		1999	yearly
Portugal	Community	x			x	x	1999	yearly
Portugal	Region	x			x	x	1999	yearly
Sweden	Municipality	x			x		1999	yearly

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
socio-economic population breakdown							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1998	yearly
Denmark Amtskommuner	x			x		1998	yearly
England Health Authorities	x			x		1999	10 years
France Régions	x			x	x	1999	8-10 years
Germany Land			x				
Ireland Health Board	x			x		1996	5 years
Italy Regioni	x			x			
Luxembourg National level			x				
Netherlands GGD							
Portugal Health care region	x						
Spain Autonomous Communities	x					1996	5 years
Sweden County	x			x		1990	5 years
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1998	8-10 years
Finland Region	x			x		1995	5 years
Finland Province	x			x		1995	5 years
Greece Region	x			x	x		
Ireland County	x			x		1996	5 years
Netherlands WZV							
Portugal Community	x						
Portugal Region	x						
Sweden Municipality			x				

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Active population (labour force)							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x			x	x	1999	8-10 years
Germany Land	x				x	1999	yearly
Ireland Health Board	x			x		1996	3 months
Italy Regioni	x			x		oct 2000	3 months
Luxembourg National level	x			x		1998	annualy
Netherlands GGD		x		x	x		
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		1999	quarterly
Regional level Others							
Belgium Community / Region	x			x			
France Départements	x			x	x	1998	8-10 years
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region	x			x	x		
Ireland County	x			x		1996	3 months
Netherlands WZV	x			x		1997	yearly
Portugal Community	x			x		1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality		x 1)		x		1999 / 2000	quarterly - yearly

1) only for the three big cities (Stockolm, Göteborg and Malmö)

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Active population by age							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstikommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x			x	x	1999	8-10 years
Germany Land	x				x	1999	yearly
Ireland Health Board	x			x		1996	3 months
Italy Regioni	x			x		oct-00	3 months
Luxembourg National level			x				
Netherlands GGD		x		x			
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		1999	quarterly
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1998	8-10 years
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region							
Ireland County	x			x		1996	3 months
Netherlands WZV	x			x		1997	yearly
Portugal Community	x			x		1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality		x 1)		x		1999 / 2000	quarterly - yearly

1) only for the three big cities (Stockholm, Göteborg and Malmö)

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Active population by sex							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x			
France Régions	x			x	x	1999	8-10 years
Germany Land	x				x	1999	yearly
Ireland Health Board	x			x		1996	3 months
Italy Regioni	x			x		oct-00	3 months
Luxembourg National level			x				
Netherlands GGD		x		x			
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		1999	quarterly
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1998	8-10 years
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region							
Ireland County	x			x		1996	3 months
Netherlands WZV	x			x		1997	yearly
Portugal Community	x			x		1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality		x 1)		x		1999 / 2000	quarterly - yearly

1) only for the three big cities (Stockolm, Göteborg and Malmö)

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of unemployed							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x			monthly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x 1)			x			
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board	x			x		1996	3 months
Italy Regioni	x			x		oct 2000	3 months
Luxembourg National level	x			x		1999	yearly
Netherlands GGD		x		x	x		
Portugal Health care region	x						
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		2000	monthly
Regional level Others							
Belgium Community / Region	x		x	x			yearly
France Départements	x			x	x	1999	yearly
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region							
Ireland County	x			x		1996	3 months
Netherlands WZV	x			x		1999	yearly
Portugal Community	x						
Portugal Region	x						
Sweden Municipality	x			x		2000	monthly

1) possible but not routinely collected

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of unemployed by age							
Regional level recommended for information exchange							
Austria Bundesländer	x						
Belgium Province	x						
Denmark Amstkommuner	x					1998	yearly
England Health Authorities	x 1)			x			
France Régions	x			x	x	1999	yearly
Germany Land			x				
Ireland Health Board	x			x		1996	3 months
Italy Regioni	x			x		oct 2000	3 months
Luxembourg National level	x						
Netherlands GGD		x		x			
Portugal Health care region	x						
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		2000	monthly
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region							
Ireland County	x			x		1996	3 months
Netherlands WZV			x				
Portugal Community	x						
Portugal Region	x						
Sweden Municipality	x			x		2000	monthly

1) possible but not routinely collected

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of unemployed by sex							
Regional level recommended for information exchange							
Austria Bundesländer	x						
Belgium Province	x						
Denmark Amtskommuner	x					1998	yearly
England Health Authorities	x 1)			x			
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1999	yearly
Ireland Health Board	x			x		1996	3 months
Italy Regioni	x			x		oct 2000	3 months
Luxembourg National level	x			x		1999	yearly
Netherlands GGD		x		x			
Portugal Health care region	x						
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		2000	monthly
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region							
Ireland County	x			x		1996	3 months
Netherlands WZV			x				
Portugal Community	x						
Portugal Region	x						
Sweden Municipality	x			x		2000	monthly

1) possible but not routinely collected

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Distribution of workers between agricultural, industrial, market services and public sectors							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1998	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x 1)			x			
France Régions	x			x	x	1999	8-10 years
Germany Land			x				
Ireland Health Board	x			x		1996	5 years
Italy Regioni	x			x		oct 2000	3 months
Luxembourg National level	x			x		1998	yearly
Netherlands GGD		x		x			
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x					1999	3 months
Sweden County	x			x		1999	annually
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	8-10 years
Finland Region	x			x		2000	monthly
Finland Province	x			x		2000	monthly
Greece Region							
Ireland County	x			x		1996	5 years
Netherlands WZV	x			x		1997	yearly
Portugal Community	x			x		1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality	x			x		1999	yearly

1) possible but not routinely collected

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
% of the adult population (25 to 64 years old) that has completed upper secondary education							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1991	10 years
Denmark Amtskommuner	x			x		1998	yearly
England Health Authorities	x 1)			x			
France Régions	x			x	x	1999	8-10 years
Germany Land			x				
Ireland Health Board	x			x		1996	5 years
Italy Regioni	x			x			
Luxembourg National level	x			x		1991	10 years
Netherlands GGD		x		x	x		
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x				x	1996	5 years
Sweden County	x			x		1999	annually
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	8-10 years
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County	x			x		1996	5 years
Netherlands WZV	x 2)			x		1997	yearly
Portugal Community	x			x		1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality	x			x		1999	yearly

1) possible but not routinely collected

2) 15-64 years

Demographic and socio-economic data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
% of the adult population (25 to 64 years old) that has completed upper tertiary education, first stage, of the type that leads to a first university degree or equivalent							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1991	10 years
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x 1)			x			
France Régions	x			x	x	1999	8-10 years
Germany Land			x				
Ireland Health Board	x			x		1996	5 years
Italy Regioni	x			x			
Luxembourg National level	x			x		1991	10 years
Netherlands GGD		x		x	x		
Portugal Health care region	x			x	x	1991	10 years
Spain Autonomous Communities	x				x	1996	5 years
Sweden County	x			x		1999	annually
Regional level Others							
Belgium Community / Region							
France Départements	x			x	x	1999	8-10 years
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region							
Ireland County	x			x		1996	5 years
Netherlands WZV	x 2)			x		1997	yearly
Portugal Community	x			x	x	1991	10 years
Portugal Region	x			x	x	1991	10 years
Sweden Municipality	x			x		1999	yearly

1) possible but not routinely collected

2) 15-64 years

4.7 Mortality data

Mortality data	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of perinatal deaths							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1995	yearly
Denmark Amstkommuner	x			x		1996	yearly
England Health Authorities	x			x			
France Régions	x			x	x	1997	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board	x			x		1996	yearly
Italy Regioni	x			x		1997	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD	x			x	x		
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x				x	1999 1)	yearly
Sweden County	x			x		1999	yearly
Regional level Others							
Belgium Community / Region	x			x	x	1994	yearly
France Départements	x			x	x	1997	yearly
Finland Region	x			x		1998	yearly
Finland Province	x			x		1998	yearly
Greece Region	x			x	x		
Ireland County	x			x		1996	yearly
Netherlands WZV							
Portugal Community	x			x	x	1998	yearly
Portugal Region	x			x	x	1998	yearly
Sweden Municipality	x			x		1999	annually

1) Data are available yearly, but 1995 was the last year in which death data were analysed for every AC

Mortality data Age/sex breakdown of deaths by cause	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	yearly
Belgium Province	x			x		1995	yearly
Denmark Amtskommuner	x			x		1997	yearly
England Health Authorities	x			x			
France Régions	x			x	x	1997	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board	x			x		1996	yearly
Italy Regioni	x			x		1997	yearly
Luxembourg National level	x			x		1998	yearly
Netherlands GGD	x			x			
Portugal Health care region	x			x	x	1999	yearly
Spain Autonomous Communities	x					2000 1)	yearly
Sweden County	x			x		1999	annually
Regional level Others							
Belgium Community / Region	x			x	x	1994	yearly
France Départements	x			x	x	1997	yearly
Finland Region	x			x		1998	yearly
Finland Province	x			x		1998	yearly
Greece Region	x			x	x		
Ireland County	x			x		1996	yearly
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x		1998	yearly
Portugal Region	x			x	x	1998	yearly
Sweden Municipality	x			x		1998	annually

1) Data are available yearly, but 1995 was the last year in which death data were analysed for every AC

Mortality data ICD version and level of detail in coding used for age/sex breakdown of deaths by cause	If yes	
	Which ICD version has been used for the last 5 years	Which level of detail in coding is used (3 or 4 digits ?)
Regional level recommended for information exchange		
Austria Bundesländer	ICD-9	4 digits
Belgium Province	ICD-9	4 digits
Denmark Amstkommuner	ICD-10 since 1994	4 digits
England Health Authorities	ICD-9	4 digits
France Régions	ICD-9	4 digits
Germany Land	ICD-9	3 digits
Ireland Health Board	ICD-9	coded to 4 digits but usually published at 3 digits level
Italy Regioni	ICD9-CM	5 digits
Luxembourg National level	ICD-10 since 1998	4 digits
Netherlands GGD	ICD-10	4 digits
Portugal Health care region	ICD-9	3 digits
Spain Autonomous Communities	ICD-9	4 digits
Sweden County	ICD-9 and ICD-10	4 digits
Regional level Others		
Belgium Community / Region	ICD9-97	4 digits
France Départements	ICD-9	4 digits
Finland Region	ICD-9 up to 1995 and ICD-10 since 1996	4 digits
Finland Province	ICD-9 up to 1995 and ICD-10 since 1997	4 digits
Greece Region	ICD-9	
Ireland County	ICD-9	coded to 4 digits but usually published at 3 digits level
Netherlands WZV	ICD-10	4 digits
Portugal Community	ICD-9	3 digits
Portugal Region	ICD-9	3 digits
Sweden Municipality	ICD-9 and ICD-10	4 digits

4.8 Generic health status data

Generic health status data	Are data available at this unit level			If yes				Comments
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange								
Austria Bundesländer	x			x		1991	irregular	Survey data of 1999 will be available in 2001
Belgium Province		x		x		1997	5 years	National Health Survey
Denmark Amstkommuner	x			x		2000	5 years	Update frequency is aproximative
England Health Authorities		x						National Health survey for England provides some data. Sample is around 20k pop, so need to pool several year to obtain representativity at HA level. Health survey for England may be every year
France Régions			x					The number of persons recognised by the Social security with 'long stay illness' is known. However, this number cannot be considered as representative of the prevalence of 'long stay illness' because it depends of the declaration by the person concerned himself and of the recognition of the affection by the Social security
Germany Land			x					
Ireland Health Board			x					This detail is not collected
Italy Regioni			x					
Luxembourg National level			x					Only for working population within the social security system
Netherlands GGD		x		x	x			GGD's gather often data on general health status, representative at regional level (n=3000 for region)
Portugal Health care region		x		x		1998	yearly	
Spain Autonomous Communities	x 1)			x	x	1993	irregular	irregular frequency depending on date of Health Survey
Sweden County	x			x		1999	yearly	Survey of living conditions, Statistics Sweden. It is necessary to present 5-years moving average (ie. for 1997 : 1995-1999)
Regional level Others								
Belgium Community / Region	x			x		1997	4 years	National Health Survey
France Départements			x					cf. France Régions
Finland Region	x			x		2000	yearly	Sample sizes of HIS-studies require pooling of several years in order to obtain reliable results
Finland Province	x			x		2000	yearly	cf. Finland Region
Greece Region			x					
Ireland County			x					This detail is not collected
Netherlands WZV	x							
Portugal Community		x		x		1998	yearly	
Portugal Region		x		x		1998	yearly	
Sweden Municipality			x					

1) Data on long-standing illness comes from Health Surveys. Some of surveys carried out by the central Health Ministry provides data for every AC because sample is representative of each AC population. In addition, some of AC (five) have their own Health Survey which provides data on health status.

Generic health status data	Are data available at this unit level			If yes				Comments
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange								
Austria Bundesländer	x			x		1995	irregular	
Belgium Province		x		x		1997	5 years	National Health survey
Denmark Amtskommuner	x			x		2000	5 years	Update frequency is aproximative
England Health Authorities			x					Last national survey 1985
France Régions			x					
Germany Land	x				x	1997	2 years	Statistik der Schwerbehinderten
Ireland Health Board			x					This detail is not collected
Italy Region			x					
Luxembourg National level			x					
Netherlands GGD		x		x	x			GGD's gather often data on general health status, representative at regional level (n=3000 for region)
Portugal Health care region		x		x	x	1999	yearly	
Spain Autonomous Communities	x 1)			x		1999	irregular	irregular frequency depending on date of Health Survey
Sweden County	x			x		1999	yearly	Survey of living conditions, Statistics Sweden. It is necessary to present 5-years moving average (ie. for 1997 : 1995-1999)
Regional level Others								
Belgium Community / Region	x			x		1997	4 years	National Health Survey
France Départements			x					
Finland Region	x			x		1995-96	varying interval	N=13000 in the 1995-96 survey
Finland Province	x			x		1995-97	varying interval	N=13000 in the 1995-96 survey
Greece Region			x					
Ireland County			x					This detail is not collected
Netherlands WZV	x							
Portugal Community		x		x	x	1998	yearly	
Portugal Region		x		x	x	1998	yearly	
Sweden Municipality			x					

1) Data about physical disabilities comes from Disability Survey, usually carried out by the Central Government. The last survey (carried out in 1999) was representative for every AC.

Generic health status data	Are data available at this unit level			If yes				Comments
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange								
Austria Bundesländer			x					
Belgium Province		x		x		1997	5 years	National Health survey
Denmark Amtskommuner	x			x		2000	5 years	Update frequency is aproximative
England Health Authorities			x					Psychiatric morbidity survey one-off. Representativeness may be difficult at HA level
France Régions								
Germany Land			x					
Ireland Health Board			x					This detail is not collected
Italy Region			x					
Luxembourg National level			x					
Netherlands GGD		x		x	x			GGD's gather often data on general health status, representative at regional level (n=3000 for region)
Portugal Health care region		x		x		1998	yearly	
Spain Autonomous Communities		x 1)			x	1999	yearly	
Sweden County	x			x		1999	yearly	Survey of living conditions, Statistics Sweden. It is necessary to present 5-years moving average (ie. for 1997 : 1995-1999)
Regional level Others								
Belgium Community / Region	x			x		1997	4 years	National Health Survey
France Départements			x					
Finland Region	x			x		1995-96	varying interval	N=13000 in the 1995-96 survey
Finland Province	x			x		1995-97	varying interval	N=13000 in the 1995-96 survey
Greece Region			x					
Ireland County			x					This detail is not collected
Netherlands WZV	x							
Portugal Community		x		x		1998	yearly	
Portugal Province								
Sweden Municipality			x					

1) Data on mental illness is available only in five AC, in those that have mental illness registry

4.9 Data on morbidity (1)

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		Latest year available	Update frequency	Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution			
HIV/AIDS incidence												
Regional level recommended for information exchange												
Austria Bundesländer	x				x			x 1)		1998	monthly	
Belgium Province	x				x			x		1998	yearly	
Denmark Amstkommuner	x			x				x		1999	yearly	
England Health Authorities	x				x				x	1999	yearly	Notification of infectious diseases is collected at local authority level
France Régions	x				x			x	x	1997	yearly	Only the Aids cases are notified. The extension bto HIV seropositivity is on study.
Germany Land	x			x				x		1998	yearly	AIDS-Fallregister im Robert Koch-Institu, Berlin
Ireland Health Board	x				x			x			yearly	
Italy Regioni	x				x			x		2000	yearly	Register kept at NIH (Istituto Superiore di Sanità-ISS) and continuously updated
Luxembourg National level	x				x			x		1999	monthly	
Netherlands GGD		x			x			x	x			In the Netherlands it is obliged to registrar certain infections diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal Health care region										1999	yearly	
Spain Autonomous Communities	x			x					x	1998	yearly	
Sweden County	x							x		2000	monthly	
Regional level Others												
Belgium Community / Region	x			x	x			x		1998	yearly	
France Départements	x				x			x	x	1997	yearly	Only the Aids cases are notified. The extension bto HIV seropositivity is on study.
Finland Region	x				x			x		1999	yearly	
Finland Province	x				x			x		1999	yearly	
Greece Region	x				x			x	x			Year of registration 1995
Ireland County			x									
Netherlands WZV												
Portugal Community	x			x				x		1998	yearly	
Portugal Region	x			x				x		1998	yearly	
Sweden Municipality			x									

1) Ministry of social Security and generations

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria	Bundesländer											It only could be estimated incidence minus deaths would be possible
Belgium	Province		x					x		1998	yearly	
Denmark	Amstkommuner	x			x			x		1999	yearly	
England	Health Authorities	x				x			x	1999	yearly	Notification of infectious diseases is collected at local authority level
France	Régions			x								
Germany	Land	x			x			x		1998	yearly	AIDS-Fallregister im Robert Koch-Institu, Berlin
Ireland	Health Board			x								
Italy	Regioni			x								
Luxembourg	National level			x								
Netherlands	GGD		x			x		x	x			In the Netherlands it is obliged to register certain infections diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal	Health care region	x			x			x		1999	yearly	
Spain	Autonomous Communities	x			x				x	1998	yearly	
Sweden	County			x								
Regional level Others												
Belgium	Community / Region											
France	Départements			x								
Finland	Region			x								Prevalence can be indirectly estimated on the basis of information about incidence and survival
Finland	Province			x								Prevalence can be indirectly estimated on the basis of information about incidence and survival
Greece	Region			x								
Ireland	County			x								
Netherlands	WZV											
Portugal	Community	x						x		1998	yearly	
Portugal	Region	x			x			x		1998	yearly	
Sweden	Municipality			x								

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
tuberculosis incidence												
Regional level												
recommended for information exchange												
Austria Bundesländer	x				x			x 1)		1998	yearly	
Belgium Province	x				x			x		1999	yearly	
Denmark Amstkommuner	x			x				x		1999	yearly	
England Health Authorities	x				x				x	1999	yearly	Notification of infectious diseases is collected at local authority level
France Régions	x				x			x	x	1997	yearly	
Germany Land	x				x				x	1998	yearly	Landesamt für Datenverarbeitung und Statistik des Landes Nordrhein-Westfalen
Ireland Health Board	x				x			x			yearly	
Italy Regioni	x				x			x		1998	yearly	SIMID database kept at the Ministry of Health yearly updated (ca 2 years delay)
Luxembourg National level	x				x			x		1999	monthly	
Netherlands GGD	x				x			x	x			In the Netherlands it is obliged to register certain infectious diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal Health care region	x				x				x	1999	yearly	
Spain Autonomous Communities	x				x				x	1998	yearly	
Sweden County	x							x		2000	monthly	
Regional level												
Others												
Belgium Community / Region	x			x	x				x	1998	yearly	
France Départements	x				x			x	x	1997	yearly	
Finland Region	x				x			x		1999	yearly	
Finland Province	x				x			x		1999	yearly	
Greece Region	x				x			x	x			Year of registration 1995
Ireland County			x									
Netherlands WZV	x				x			x		1999	yearly	Isis-project / RIVM
Portugal Community	x				x				x	1998	yearly	
Portugal Region	x				x				x	1998	yearly	
Sweden Municipality			x									

1) Ministry of social Security and generations

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
STD excl. HIV incidence												
Regional level recommended for information exchange												
Austria Bundesländer	x				x			x 1)		1998	yearly	no general duty of notification
Belgium Province			x									
Denmark Amstkommuner	x			x				x		1999	yearly	
England Health Authorities	x				x				x	1999	yearly	Notification of infectious diseases is collected at local authority level
France Régions			x									
Germany Land	x				x				x	1998	yearly	Landesamt für Datenverarbeitung und Statistik des Landes Nordrhein-Westfalen
Ireland Health Board	x				x			x			yearly	
Italy Regioni	x				x			x		1998	yearly	
Luxembourg National level	x				x			x		1999	monthly	
Netherlands GGD	x				x			x	x			In the Netherlands it is obliged to register certain infectious diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal Health care region	x				x				x	1999	yearly	
Spain Autonomous Communities	x				x				x	1998	yearly	
Sweden County	x							x		2000	monthly	
Regional level Others												
Belgium Community / Region			x									
France Départements			x									
Finland Region	x				x					1999	yearly	
Finland Province	x				x			x		1999	yearly	
Greece Region			x									
Ireland County			x									
Netherlands WZV												
Portugal Community	x				x				x	1998	yearly	
Portugal Region	x				x				x	1998	yearly	
Sweden Municipality			x									

1) Ministry of social Security and generations

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria	Bundesländer	x			x			x 1)		1998	p.a.	
Belgium	Province											
Denmark	Amstkommuner	x			x			x		1999	yearly	
England	Health Authorities	x			x				x	1999	yearly	Notification of infectious diseases is collected at local authority level
France	Régions											
Germany	Land	x			x				x	1998	yearly	Landesamt für Datenverarbeitung und Statistik des Landes Nordrhein-Westfalen
Ireland	Health Board	x			x			x			yearly	
Italy	Regioni	x			x			x		1998	yearly	SIMID database kept at the Ministry of Health yearly updated (ca 2 years delay)
Luxembourg	National level	x			x			x		1999	monthly	In published data hepatitis is not broken up for B and C
Netherlands	GGD		x		x			x	x			In the Netherlands it is obliged to register certain infectious diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal	Health care region	x			x				x	1999	yearly	
Spain	Autonomous Communities	x			x				x	1998	yearly	
Sweden	County	x						x		2000	monthly	
Regional level Others												
Belgium	Community / Region											
France	Départements											
Finland	Region	x			x			x		1999	yearly	
Finland	Province	x			x			x		1999	yearly	
Greece	Region	x			x			x	x			Year of the registration
Ireland	County											
Netherlands	WZV	x			x			x	x	1999		Isis-project / RIVM
Portugal	Community	x			x				x	1998	yearly	
Portugal	Region	x			x				x	1998	yearly	
Sweden	Municipality											

1) Ministry of social Security and generations

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria	Bundesländer											
Belgium	Province			x								
Denmark	Amstkommuner	x			x			x		1999	yearly	
England	Health Authorities	x				x			x	1999	yearly	Notification of infectious diseases is collected at local authority level
France	Régions			x								
Germany	Land			x								
Ireland	Health Board			x								
Italy	Regioni		x			x						
Luxembourg	National level			x								
Netherlands	GGD		x				x	x	x			In the Netherlands it is obliged to registrar certain infections diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal	Health care region	x				x			x	1999	yearly	
Spain	Autonomous Communities			x								
Sweden	County			x								
Regional level Others												
Belgium	Community / Region			x								
France	Départements			x								
Finland	Region			x								Prevalence can be indirectly estimated on the basis of information about incidence and survival
Finland	Province			x								Prevalence can be indirectly estimated on the basis of information about incidence and survival
Greece	Region	x				x						
Ireland	County			x								
Netherlands	WZV											
Portugal	Community	x							x	1998	yearly	
Portugal	Region	x					x		x	1998	yearly	
Sweden	Municipality			x								

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Hepatitis C incidence												
Regional level recommended for information exchange												
Austria Bundesländer	x				x			x 1)		1998	yearly	
Belgium Province			x									
Denmark Amstkommuner	x			x				x		1999	yearly	
England Health Authorities	x				x				x	1999	yearly	Notification of infectious diseases is collected at local authority level
France Régions			x									
Germany Land			x									
Ireland Health Board	x				x			x			yearly	
Italy Regioni			x									
Luxembourg National level	x				x			x		1999	monthly	In published data hepatitis is not broken up for B and C
Netherlands GGD		x			x			x	x			In the Netherlands it is obliged to register certain infectious diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal Health care region	x				x				x	1999	yearly	
Spain Autonomous Communities	x				x				x	1998	yearly	
Sweden County	x							x		2000	monthly	
Regional level Others												
Belgium Community / Region			x									
France Départements			x									
Finland Region	x				x			x		1999	yearly	
Finland Province	x				x			x		1999	yearly	
Greece Region			x									
Ireland County			x									
Netherlands WZV					x				x			
Portugal Community	x				x				x	1998	yearly	
Portugal Region	x				x				x	1998	yearly	
Sweden Municipality			x									

1) Ministry of social Security and generations

Data on morbidity (1)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria	Bundesländer											
Belgium	Province		x									
Denmark	Amstkommuner	x			x			x		1999	yearly	
England	Health Authorities	x				x			x	1999	yearly	Notification of infectious diseases is collected at local authority level
France	Régions			x								
Germany	Land			x								
Ireland	Health Board			x								
Italy	Regioni			x								
Luxembourg	National level			x								
Netherlands	GGD		x			x		x	x			In the Netherlands it is obliged to register certain infectious diseases. These are registered at the GGD level and gathered at the national level by RIVM in ISIS.
Portugal	Health care region	x				x			x	1999	yearly	
Spain	Autonomous Communities			x								
Sweden	County			x								
Regional level Others												
Belgium	Community / Region			x								
France	Départements			x								
Finland	Region			x								Prevalence can be indirectly estimated on the basis of information about incidence and survival
Finland	Province			x								Prevalence can be indirectly estimated on the basis of information about incidence and survival
Greece	Region		x			x						Lionis, et al, Journal of Viral Hepatitis 1998 and
Ireland	County			x								
Netherlands	WZV					x						
Portugal	Community	x							x	1998	yearly	
Portugal	Region	x					x		x	1998	yearly	
Sweden	Municipality			x								

4.10 Data on morbidity (2)

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x			x		1998	yearly	
England Health Authorities			x									
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Region			x									
Luxembourg National level			x									
Netherlands GGD			x									
Portugal Health care region			x									
Spain Autonomous Communities			x									
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region			x									
Finland Province			x									
Greece Region		x										
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
COPD prevalence												
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x	x		x		H : 1998 S : 1994	H : yearly S : 5 year	H = hospital S = survey
England Health Authorities			x									
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni	x					x				1999/ 2000	few years	
Luxembourg National level			x									
Netherlands GGD	x							x	x			Prevalence based on hospital admission rates. This is not always accurate. There is also a national study among general practitioners that can help to gather these data at national level. It is not representative at regional level, only at national level.
Portugal Health care region			x									
Spain Autonomous Communities		x 1)				x					irregular	
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region			x									
Finland Province			x									
Greece Region		x										
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

1) Available in those some AC that have included this item in the Health Surveys.

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Asthma incidence												
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x	x		x		H : 1998 S : 1994	H : yearly S : 5 year	H = hospital S = survey
England Health Authorities												
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni			x									
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region			x									
Spain Autonomous Communities		x		x			There is a specific registry working in somme AC				irregular	
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x							x		1999	yearly	
Greece Region		x										
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level												
recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x	x		x		H : 1998 S : 1994	H : yearly S : 5 year	H = hospital S = survey
England Health Authorities	x					x						
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni	x					x						For some regions there are survey estimates for children (SIDRIA Study)
Luxembourg National level			x									
Netherlands GGD	x							x	x			
Portugal Health care region			x									
Spain Autonomous Communities	x			x			Specific registry in some AC			1993	irregular	
Sweden County	x					x	Survey of living conditions, SCB			1999	annually	It is necessary to present 5-years moving average (ie 1997 : 1995-1999)
Regional level												
Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						idem	x		1999	yearly	
Greece Region		x										
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the unit	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer	x			x				x		1997	yearly	
Belgium Province	x			x								
Denmark Amstkommuner	x			x				x		1996	yearly	
England Health Authorities	x											
France Régions		x		x					x	1998	yearly	Ces données ne sont disponibles que pour la région Alsace
Germany Land	x			x					x	1998	yearly	Regierungsbezirk Münster only
Ireland Health Board	x			x				x		1996	yearly	The National Cancer Registry has only been in operation for a number of years and has only published for the period of 1994-1996 to date
Italy Regioni		x		x						1998	yearly	
Luxembourg National level	x			x						1997		data are not issued timely but can be asked for
Netherlands GGD									x	1999	yearly	
Portugal Health care region		x		x						1999	yearly	
Spain Autonomous Communities		x 1)		x						1994	yearly	
Sweden County	x			x				x		1998	yearly	
Regional level Others												
Belgium Community / Region												
France Départements		x		x					x	1998	yearly	Il existe 17 registres régionaux à l'échelon des départements et un registre pleuro-pulmonaire.
Finland Region	x			x				x		1999	yearly	
Finland Province	x			x				x		1999	yearly	
Greece Region	x											
Ireland County	x			x				x		1996	yearly	Same as Ireland Health Board
Netherlands WZV	x			x				x		1997		
Portugal Community												
Portugal Region			x									
Sweden Municipality	x			x				x		1998	yearly	

1) Data on cancer come from cancer registry, and at present they available in 7 AC.

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of				Can these data		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Breast cancer incidence												
Regional level recommended for information exchange												
Austria Bundesländer	x			x				x		1997	yearly	
Belgium Province	x			x								
Denmark Amtskommuner	x			x				x		1996	yearly	
England Health Authorities	x											
France Régions		x		x					x	1998	yearly	Ces données ne sont disponibles que pour la région Alsace
Germany Land	x			x					x	1998	yearly	Regierungsbezirk Münster only
Ireland Health Board	x			x				x		1996	yearly	The National Cancer Registry has only been in operation for a number of years and has only published for the period of 1994-1996 to date
Italy Regioni		x		x						1998	yearly	
Luxembourg National level	x			x						1997		data are not issued timely but can be asked for
Netherlands GGD												
Portugal Health care region		x		x					x	1999	yearly	
Spain Autonomous Communities		x 1)		x						1994	yearly	
Sweden County	x			x				x		1998	yearly	
Regional level Others												
Belgium Community / Region												
France Départements		x		x					x	1998	yearly	Il existe 17 registres régionaux à l'échelon des départements et un registre pleuro-pulmonaire.
Finland Region	x			x				x		1999	yearly	
Finland Province	x			x				x		1999	yearly	
Greece Region	x											
Ireland County	x			x				x		1996	yearly	Same as Ireland Health Board
Netherlands WZV	x			x				x		1997		
Portugal Community			x									
Portugal Region												
Sweden Municipality	x			x				x		1998	yearly	

1) Data on cancer come from cancer registry, and at present they available in 7 AC.

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Colorectal cancer incidence												
Regional level recommended for information exchange												
Austria Bundesländer	x			x				x		1997	yearly	
Belgium Province	x			x								
Denmark Amtskommuner	x			x				x		1996	yearly	
England Health Authorities	x											
France Régions		x		x					x	1998	yearly	Ces données ne sont disponibles que pour la région Alsace
Germany Land	x			x					x	1998	yearly	Regierungsbezirk Münster only
Ireland Health Board	x			x				x		1996	yearly	The National Cancer Registry has only been in operation for a number of years and has only published for the period of 1994-1996 to date
Italy Regioni		x		x						1998	yearly	
Luxembourg National level	x			x						1997		data are not issued timely but can be asked for
Netherlands GGD												
Portugal Health care region		x		x					x	1999	yearly	
Spain Autonomous Communities		x 1)		x						1994	yearly	
Sweden County	x			x				x		1998	yearly	
Regional level Others												
Belgium Community / Region												
France Départements		x		x					x	1998	yearly	Il existe 17 registres régionaux à l'échelon des départements et un registre pleuro-pulmonaire.
Finland Region	x			x				x		1999	yearly	
Finland Province	x			x				x		1999	yearly	
Greece Region	x											
Ireland County	x			x				x		1996	yearly	Same as Ireland Health Board
Netherlands WZV	x			x				x		1997		
Portugal Community												
Portugal Region				x								
Sweden Municipality	x			x				x		1998	yearly	

1) Data on cancer come from cancer registry, and at present they available in 7 AC.

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer												
Belgium Province			x									
Denmark Amtskommuner					x			x		1998	yearly	
England Health Authorities			x									
France Régions		x		x								S'il s'agit du diabète insulino dép. Il existe quatre registres régionaux qui ne concernent néanmoins que l'enfant.
Germany Land			x									
Ireland Health Board			x									
Italy Region		x		x						2000	real time	
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region	x			x				x	x	1999	yearly	
Spain Autonomous Communities		x 1)			x		A specific survey through Sentinel Network in some of the AC.			2000	yearly	
Sweden County		x		x								Develop a register of diabetes. Participating units: 161 primary care units (15%), 51 medical departments (60%) and 10 children's departments (25%) participated 1998.
Regional level Others												
Belgium Community / Region												
France Départements		x		x					x		yearly	cf. France régions
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						same as Finland Region	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community												
Portugal Region			x									
Sweden Municipality			x									

1) There is a specific survey carried out in 3 AC in year 2000 by means of Sentinel Network of GP.

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Diabetes mellitus prevalence												
Regional level recommended for information exchange												
Austria Bundesländer	x					x		x		1991	irregular	Data for 1999 will be available in 2001. Wording of the question : "Zuckerkrankheit"
Belgium Province			x									
Denmark Amstkommuner	x				x	x		x		H : 1998 S : 1994	H : yearly S : 5 year	H = hospital S = survey
England Health Authorities			x									
France Régions		x		x								There is for registers but they concerns only childs.
Germany Land			x									
Ireland Health Board			x									
Italy Regioni		x		x						2000	real time	Estimates from surveys cover all units
Luxembourg National level			x									
Netherlands GGD	x							x	x			
Portugal Health care region	x			x				x	x	1999	yearly	
Spain Autonomous Communities		x			x		A specific survey through Sentinel Network in some of the AC.			2000	yearly	
Sweden County		x		x								Develop a register of diabetes. Participating units: 161 primary care units (15%), 51 medical departments (60%) and 10 children's departments (25%) participated 1998.
Regional level Others												
Belgium Community / Region												
France Départements		x		x					x		yearly	
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						same as Finland Region	x		1999	yearly	
Greece Region	x											
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (2) Rheumatoid arthritis incidence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x			x		1998	yearly	
England Health Authorities		x										
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni			x									
Luxembourg National level												
Netherlands GGD			x									
Portugal Health care region			x									
Spain Autonomous Communities			x									
Sweden County		x		x								Since 1997, 39 rheumatology units participate in registration (95 %)
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (2) Rheumatoid arthritis prevalence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x	x		x		H : 1998 S : 1994	H : yearly S : 5 year	H = hospital S = survey
England Health Authorities		x										
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni			x									
Luxembourg National level			x									
Netherlands GGD	x							x	x			
Portugal Health care region			x									
Spain Autonomous Communities			x									
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (2)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Down's syndrome incidence												
Regional level												
recommended for information exchange												
Austria Bundesländer	x				x					1999	yearly	as far as recognized at birth
Belgium Province			x									
Denmark Amstkommuner	x				x			x		1996	yearly	
England Health Authorities	x											
France Régions			x									
Germany Land	x				x				x	1998	yearly	two perinatal registers in Northrhine-Westfalia
Ireland Health Board			x									
Italy Regioni	x				x					1997	yearly	
Luxembourg National level	x						National laboratory of Health					
Netherlands GGD												
Portugal Health care region	x				x				x	1999	yearly	
Spain Autonomous Communities		x			x		Available only in some AC.			1998	yearly	
Sweden County	x				x					1998	yearly	
Regional level												
Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x				x			x		1998	yearly	
Finland Province										1998	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region												
Sweden Municipality	x				x					1998	yearly	

4.11 Data on morbidity (3)

Data on morbidity (3)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		Latest year available	Update frequency	Comments
	Schizophrenia prevalence	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution			
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amtskommuner	x								x			
England Health Authorities			x									
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Region			x									
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities		x 1)		x						1998	yearly	
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	the data include all psychoses, schizophrenia cannot be separated
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	the data include all psychoses, schizophrenia cannot be separated
Greece Region												
Ireland County			x									
Netherlands WZV		x				x				1999	no	
Portugal Community												
Portugal Region			x									
Sweden Municipality			x									

1) Available in those AC with mental illness registry

Data on morbidity (3)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Parkinson prevalence												
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x								x			
England Health Authorities												
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni		x				x				1995	few years	LSA study, persons aged 65 and over
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities			x									
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements												
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (3)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Multiple sclerosis incidence												
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x			x				x		1993 and 2000	Irregular	
England Health Authorities		x										
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni			x									
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities		x		x						97/99	irregular	
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (3) Multiple sclerosis prevalence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x			x				x		1993 and 2000	irregular	
England Health Authorities		x										
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni	x					x				1999/2000	few years	
Luxembourg National level												
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities		x		x						97/99		
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (3)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria	Bundesländer	x				x		x		1995	irregular	
Belgium	Province			x								
Denmark	Amstkommuner	x				x		x		1994 (+2000)	5 years	
England	Health Authorities		x			x						
France	Régions			x								
Germany	Land			x								
Ireland	Health Board			x								
Italy	Regioni	x				x				1999 /2000	few years	
Luxembourg	National level			x								
Netherlands	GGD											
Portugal	Health care region											
Spain	Autonomous Communities	x 1)				x				1999	irregular	
Sweden	County	x				x	Survey of living conditions, SCB			1999	annually	It is necessary to present 5-years moving average (ie 1997 : 1995-1999)
Regional level Others												
Belgium	Community / Region											
France	Départements			x								
Finland	Region			x								Register of visual impairments provides annual data but the coverage of the register is poor
Finland	Province			x								Register of visual impairments provides annual data but the coverage of the register is poor
Greece	Region											
Ireland	County			x								
Netherlands	WZV											
Portugal	Community											
Portugal	Region			x								
Sweden	Municipality			x								

1) Vision and hearing disorders are gathered in both Health Surveys and Physical Disability Surveys

Data on morbidity (3) Hearing disorders prevalence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer	x					x		x		1995	irregular	
Belgium Province			x									
Denmark Amstkommuner	x					x		x		1994 (+2000)	5 years	
England Health Authorities			x									
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni	x					x				1999 /2000	few years	
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities	x 1)					x				1999	irregular	
Sweden County	x					x	Survey of living conditions, SCB			1999	annually	It is necessary to present 5-years moving average (ie 1997 : 1995-1999)
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region			x									
Finland Province			x									
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community												
Portugal Region			x									
Sweden Municipality			x									

1) Vision and hearing disorders are gathered in both Health Surveys and Physical Disability Surveys

Data on morbidity (3)	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province		x		x								
Denmark Amstkommuner	x				x			x		1998	yearly	
England Health Authorities												
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni		x		x								MONICA register (Friuli and Brianza). Estimates from surveys are available for all units
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities		x		x						1998	irregular	
Sweden County			x							1997	yearly	The acute myocardial infarction register, national
Regional level Others												
Belgium Community / Region												
France Départements		x		x				x		1997	yearly	Since the Monica program ended, the three french registries still exist
Finland Region	x						entitlement to reimbursed medication	x		1999	yearly	
Finland Province	x						entitlement to reimbursed medication	x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									The acute myocardial infarction register, national

Data on morbidity (3) Cerebrovascular diseases incidence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province			x									
Denmark Amstkommuner	x				x			x		1998	yearly	
England Health Authorities			x									
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni		x		x								MONICA register (Friuli and Brianza). Estimates from surveys are available for all units
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region												
Spain Autonomous Communities		x				x	Specific survey only for one AC.					
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements		x		x				x		1998	yearly	Il existe un registre départemental (Côte d'Or) des accidents vasculaires cérébraux.
Finland Region			x									
Finland Province			x									
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region			x									
Sweden Municipality			x									

Data on morbidity (3) Chronic renal failure incidence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province												
Denmark Amstkommuner		x										
England Health Authorities			x									
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni			x									
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region		x						x		1999	yearly	
Spain Autonomous Communities	x			x						1998	yearly	
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x			x				x		1999	yearly	
Finland Province	x			x				x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region												
Sweden Municipality			x									

Data on morbidity (3) Chronic renal failure prevalence	Are data available at this unit level			What is the most frequent source of information providing the data ?				Can these data be obtained from		If yes		Comments
	Yes for all the units	Yes for some units	No	Disease register	Notification	survey	other source, please specify	a national statistical office or institution	a local statistical office or institution	Latest year available	Update frequency	
Regional level recommended for information exchange												
Austria Bundesländer			x									
Belgium Province		x		x								
Denmark Amstkommuner		x										
England Health Authorities												
France Régions			x									
Germany Land			x									
Ireland Health Board			x									
Italy Regioni	x					x				1999/2000	few years	
Luxembourg National level			x									
Netherlands GGD												
Portugal Health care region		x						x		1999	yearly	
Spain Autonomous Communities	x			x						1998	yearly	
Sweden County			x									
Regional level Others												
Belgium Community / Region												
France Départements			x									
Finland Region	x			x				x		1999	yearly	
Finland Province	x			x				x		1999	yearly	
Greece Region												
Ireland County			x									
Netherlands WZV												
Portugal Community			x									
Portugal Region												
Sweden Municipality			x									

4.12 Biological factors and health habits

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Biological factors : distribution of BMI in the population							
Regional level							
recommended for information exchange							
Austria Bundesländer	x			x		1991 1)	irregular
Belgium Province		x		x	x	1997	5 years
Denmark Amstkommuner	x			x		1994 (+2000)	5 years
England Health Authorities	x 2)						
France Régions			x				
Germany Land	x				x	1999	irregular
Ireland Health Board			x				
Italy Regioni	x			x		1999/2000	few years
Luxembourg National level	x			x		1996	no update
Netherlands GGD		x 3)		x			
Portugal Health care region		x		x		95/96 INS	
Spain Autonomous Communities		x 4)			x	92-99	irregular
Sweden County	x 5)			x		1998	irregular
Regional level							
Others							
Belgium Community / Region							
France Départements			x				
Finland Region		x		x		1997	
Finland Province		x		x		1997	
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Data for 1999 will be available in 2001

2) Health survey for england (sample problem)

3) RIVM, CBS and GOD wrph together in Rejenboog project. Biological factors are gathered at GGD level (45 of 49 regions) for national reprsentive results. Number at regional level is still not enough for representative pronouncements (gathering over some years will).

4) Information about biological factors is available in 7 AC, in those who carried out Nutritional Surveys.

5) Survey of Living Conditions, at the CC-level it is possible to present 5-years moving averages

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Biological factors : distribution of blood pressure level in the population							
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province		x				1997	5 years
Denmark Amstkommuner			x				
England Health Authorities	x 1)						
France Régions			x				
Germany Land	x				x	2000	irregular
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level		x					
Netherlands GGD		x 2)		x			
Portugal Health care region		x				95/96 INS	
Spain Autonomous Communities		x 3)			x	92-99	irregular
Sweden County		x			x		
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region		x				1997	
Finland Province		x		x		1997	
Greece Region							
Ireland County			x				
Netherlands VZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Health survey for england (sample problem)

2) RIVM, CBS and GOD wrph together in Rejenboog project. Biological factors are gathered at GGD level (45 of 49 regions) for national reprsentive results. Number at regional level is still not enough for representative pronouncements (gathering over some years will).

3) Information about biological factors is available in 7 AC, in those who carried out Nutritional Surveys.

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Biological factors : distribution of serum cholesterol level in the population							
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province		x				1997	
Denmark Amstkommuner			x				
England Health Authorities	x 1)						
France Régions			x				
Germany Land			x				
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level		x					
Netherlands GGD		x 2)		x			
Portugal Health care region			x				
Spain Autonomous Communities		x 3)			x	92-99	irregular
Sweden County		x			x		
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region		x				1997	
Finland Province		x		x		1997	
Greece Region							
Ireland County			x				
Netherlands VZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Health survey for england (sample problem)

2) RIVM, CBS and GOD wrph together in Rejenboog project. Biological factors are gathered at GGD level (45 of 49 regions) for national reprsentive results. Number at regional level is still not enough for representative pronouncements (gathering over some years will).

3) Information about biological factors is available in 7 AC, in those who carried out Nutritional Surveys.

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province			x				
Denmark Amstkommuner			x				
England Health Authorities			x				
France Régions			x				
Germany Land	x				x	1999	yearly
Ireland Health Board			x				
Italy Regioni	x					1999/2000	few years
Luxembourg National level			x				
Netherlands GGD		x 1)		x	x		
Portugal Health care region		x		x		95/96 INS	
Spain Autonomous Communities	x 2)				x	93-97	irregular
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x			x		2000	
Finland Province	x			x		2000	
Greece Region	x			x	x		
Ireland County			x				
Netherlands WZV	x			x		1998	yearly
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Health habits are gathered both for national purpose (CBS) as for regional representative puposes (GGD) (n=1500-3000 in region).

2) Information about smoking is gathered through Health Surveys.

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Health habits : % of regular daily smokers aged 15 years or more							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1997	irregular
Belgium Province		x		x		1997	
Denmark Amstkommuner	x			x		1994 (+2000)	5 years
England Health Authorities			x				
France Régions			x				
Germany Land	x				x	1999	irregular
Ireland Health Board			x				
Italy Region	x					1999/2000	few years
Luxembourg National level	x			x		1998	5 years
Netherlands GGD		x 1)		x	x		
Portugal Health care region		x				95/96 INS	
Spain Autonomous Communities	x 2)				x	93-97	irregular
Sweden County	x 3)			x		1997	yearly
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x			x		2000	
Finland Province	x			x		2000	
Greece Region	x			x	x		
Ireland County							
Netherlands WZV	x			x		1998	yearly
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Health habits are gathered both for national purpose (CBS) as for regional representative puposes (GGD) (n=1500-3000 in region).

2) Information about smoking is gathered through Health Surveys.

3) Survey of living conditions, Statistics Sweden. It is necessary to present 5-years moving average (ie. for 1997 : 1995-1999)

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Health habits : number of illegal drugs users by sex and age group							
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province			x				
Denmark Amstkommuner	x			x		2000	
England Health Authorities			x				
France Régions			x				
Germany Land			x				
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level	x						
Netherlands GGD		x					
Portugal Health care region			x				
Spain Autonomous Communities	x 1)				x	93-97	irregular
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region			x				
Finland Province			x				
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Information about drug users is gathered through specific registry which covers every AC.

Biological factors and health habits	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Health habits : average number of calories per person, per day(kcal)							
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province			x				
Denmark Amstkommuner			x				
England Health Authorities			x				
France Régions			x				
Germany Land			x				
Ireland Health Board			x				
Italy Regioni			x				
Luxembourg National level			x				
Netherlands GGD			x 1)				
Portugal Health care region			x				
Spain Autonomous Communities		x 2)			x	93-97	irregular
Sweden County			x				
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region		x		x		1997	
Finland Province		x		x		1997	
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality			x				

1) Discussion to gather this in 2001 rejenboog project a GGD level.

2) Information about biological factors is available in 7 AC, in those who carried out Nutritional Surveys.

4.13 Living and working conditions

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Average dwelling size							
Regional level recommended for information exchange							
Austria Bundesländer	x			x		1999	quarterly
Belgium Province			x				
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x		1991	census
France Régions			x				
Germany Land	x					1999	yearly
Ireland Health Board	x			x		1991	10 years
Italy Regioni	x			x		1991	10 years
Luxembourg National level	x			x		1991	10 years
Netherlands GGD			x 1)				
Portugal Health care region	x			x		1991	10 years
Spain Autonomous Communities	x				x	1991	10 years
Sweden County	x 2)			x		1990	5 years
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x			x	x		
Ireland County	x			x		1991	10 years
Netherlands WZV							
Portugal Community	x			x		1991	10 years
Portugal Region	x			x		1991	10 years
Sweden Municipality	x 1)			x		1990	5 years

1) St consumer and safety has this kind of data at national level. Forecasts between this organisation and GGD's are held to present these date representative in GDD regions.

2) The data have to be derived from other variables from the Census. A new Census is carrying out in year 2005 (every fifth year). Expressed by number of rooms, not square meters.

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Dwelling with bath or shower							
Regional level							
recommended for information exchange							
Austria Bundesländer	x			x		1999	quarterly
Belgium Province			x				
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x			x		1991	census
France Régions			x				
Germany Land			x				
Ireland Health Board	x			x		1991	10 years
Italy Regioni	x			x		1991	10 years
Luxembourg National level	x			x		1991	10 years
Netherlands GGD			x 1)				
Portugal Health care region	x			x		1991	10 years
Spain Autonomous Communities	x				x	1991	10 years
Sweden County	x			x		1980	No update 2)
Regional level							
Others							
Belgium Community / Region							
France Départements	x			x	x	1999	8 years
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x			x	x		
Ireland County	x			x		1991	10 years
Netherlands WZV							
Portugal Community	x			x		1991	10 years
Portugal Region	x			x		1991	10 years
Sweden Municipality	x			x		1980	No update 2)

1) St consumer and safety has this kind of data at national level. Forecasts between this organisation and GGD's are held to present these date representative in GDD regions.

2) The question have not been asked since 1980 because it assumed that everyone has modern dwellings with bath or shower.

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of road traffic accidents							
Regional level							
recommended for information exchange							
Austria Bundesländer	x			x		1999 1)	quarterly
Belgium Province	x			x		1999	yearly
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x 2)			x			
France Régions	x			x	x	1999	yearly
Germany Land			x				
Ireland Health Board	x			x		1999	yearly
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD			x 3)				
Portugal Health care region	x			x		1999	yearly
Spain Autonomous Communities	x 4)			x		1999	yearly
Sweden County	x 5)	x 6)		x		1998/1999	monthly / annual
Regional level							
Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1999	yearly
Finland Province	x			x		1999	yearly
Greece Region	x			x	x		
Ireland County	x			x	x	1999	yearly
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x		1999	yearly
Portugal Region	x			x		1999	yearly
Sweden Municipality	x 5)	x 6) 7)		x		1998/1999	monthly / annual

1) Data available also for 2000 ((first half of the year)

2) Available at local authority level

3) St consumer and safety has this kind of data at national level. Forecasts between this organisation and GGD's are held to present these data representative in GGD regions.

4) For some AC is possible to obtain data from the local statistic office. In any case, the national statistical office has data for every AC.

5) Police-reported

6) The hospital Discharge register and Local surveys system

7) National injury register

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Number of home leisure accidents							
Regional level							
recommended for information exchange							
Austria Bundesländer	x			x		1997	irregular
Belgium Province			x				
Denmark Amstkommuner	x			x		1998	yearly
England Health Authorities	x 1)			x			
France Régions			x				
Germany Land			x				
Ireland Health Board			x				
Italy Regioni	x			x		1999	yearly
Luxembourg National level			x				
Netherlands GGD			x 2)				
Portugal Health care region			x				
Spain Autonomous Communities	x			x		1998-1999	yearly
Sweden County		x 3)			x	Variable	special periods
Regional level							
Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x			x		1997	Surveys repeated with varying intervals
Finland Province	x			x		1997	Surveys repeated with varying intervals
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality		x 3) 4)		x 4)	x 3)	Variable	special periods

1) Available at local authority level

2) St consumer and safety has this kind of data at national level. Forecasts between this organisation and GGD's are held to present these date representative in GDD regions.

3) Local surveys system

4) National injury register

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level							
recommended for information exchange							
Austria Bundesländer			x				
Belgium Province	x			x		1999	yearly
Denmark Amstkommuner			x				
England Health Authorities			x				
France Régions	x			x	x	1999	yearly
Germany Land			x				
Ireland Health Board	x			x		1991	10 years
Italy Regioni	x			x		1999	yearly
Luxembourg National level	x			x		1999	yearly
Netherlands GGD			x 1)				
Portugal Health care region	x	x				1999	yearly
Spain Autonomous Communities	x 2)			x		1998	yearly
Sweden County	x 3)	x 4)		x		1999	yearly
Regional level							
Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1998	yearly
Finland Province	x			x		1998	yearly
Greece Region	x			x	x		
Ireland County	x			x		1991	10 years
Netherlands WZV							
Portugal Community	x	x				1999	yearly
Portugal Region	x	x				1999	yearly
Sweden Municipality	x 3)	x 4) 5)		x		1999	yearly

1) St consumer and safety has this kind of data at national level. Forecasts between this organisation and GGD's are held to present these date representative in GDD regions.

2) For some AC is possible to obtain data from the local statistic office. In any case, the national statistical office has data for every AC.

3) Nation wide register of Information on occupational accidents and work-related diseases (ISA)

4) Local surveys system

5) National injury register

Living and working conditions	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level							
recommended for information exchange							
Austria Bundesländer			x				
Belgium Province	x			x		1999	
Denmark Amstkommuner			x				
England Health Authorities			x				
France Régions	x			x	x	1999	yearly
Germany Land	x				x	1998	yearly
Ireland Health Board			x				
Italy Regioni	x						
Luxembourg National level	x 1)			x		1999	yearly
Netherlands GGD			x 2)				
Portugal Health care region	x	x				1999	yearly
Spain Autonomous Communities	x 3)			x		1998	yearly
Sweden County	x 4)			x		1999	yearly
Regional level							
Others							
Belgium Community / Region							
France Départements	x			x	x	1999	yearly
Finland Region	x			x		1998	yearly
Finland Province	x			x		1998	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community	x	x				1999	yearly
Portugal Region	x	x				1999	yearly
Sweden Municipality	x 4)			x		1999	yearly

1) Nb of notified cases

2) St consumer and safety has this kind of data at national level. Forecasts between this organisation and GGD's are held to present these date representative in GDD regions.

3) For some AC is possible to obtain data from the local statistic office. In any case, the national statistical office has data for every AC.

4) Nation wide register of Information on occupational accidents and work-related diseases (ISA)

4.14 Data on prevention

Data on prevention	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer							
Belgium Province			x				
Denmark Amstkommuner			x	x			
England Health Authorities	x						
France Régions			x				
Germany Land			x				
Ireland Health Board	x			x		1999	yearly
Italy Region			x				
Luxembourg National level	x 1)			x		1996	5 years
Netherlands GGD			x				
Portugal Health care region	x			x	x	1999	
Spain Autonomous Communities		x 2)			x	1999	yearly
Sweden County	x			x		1999	yearly
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x 3)			x		1998	2 years
Finland Province	x 3)			x		1998	2 years
Greece Region		x					
Ireland County			x				
Netherlands WZV							
Portugal Community	x			x	x	1998	
Portugal Region	x			x	x	1998	
Sweden Municipality	x			x		1999	yearly

1) not first but second birthday

2) Available in those AC that vaccine against tuberculosis is recommended.

3) Data on coverage of immunisation is obtained by biannual surveys on 1000 children aged 2 years. The small (but representative) sample poses limits to the reliability of results concerning Provinces and particularly those concerning Regions. However, on the national level, the coverage is about 98% which means that the coverage must be very high in all Provinces and Regions.

Data on prevention	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
% of infants reaching their first birthday who have been fully immunised against diphtheria, tetanus, pertussis and polio							
Regional level							
recommended for information exchange							
Austria Bundesländer			x				
Belgium Province							
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x						
France Régions			x				
Germany Land			x				
Ireland Health Board	x			x		1999	yearly
Italy Regioni		x				1998	
Luxembourg National level	x 1)					1996	5 years
Netherlands GGD	x			x	x		
Portugal Health care region	x			x	x	1999	
Spain Autonomous Communities	x				x	1999	yearly
Sweden County	x			x		1999	yearly
Regional level							
Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x 2)					1998	2 years
Finland Province	x 2)			x		1998	2 years
Greece Region		x 3)					
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x	1998	
Portugal Region	x			x	x	1998	
Sweden Municipality	x			x		1999	yearly

1) not first but second birthday

2) Data on coverage of immunisation is obtained by biannual surveys on 1000 children aged 2 years. The small (but representative) sample poses limits to the reliability of results concerning Provinces and particularly those concerning Regions. However, on the national level, the coverage is about 98% which means that the coverage must be very high in all Provinces and Regions.

3) C. Lionis, et al. Assessment of vaccine coverage of school children in three Primary Health Care areas in rural Region, Greece. Family Practice 1998; 15: 443-448.

Data on prevention % of infants reaching their first or second birthday who have been fully immunised against measles (hfa)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province							
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x						
France Régions		x		x		1998	yearly
Germany Land			x				
Ireland Health Board	x			x		1999	yearly
Italy Region		x				1998	
Luxembourg National level	x			x		1996	5 years
Netherlands GGD	x			x	x		
Portugal Health care region	x			x	x	1999	
Spain Autonomous Communities	x				x	1999	yearly
Sweden County	x			x		1999	yearly
Regional level Others							
Belgium Community / Region							
France Départements		x				1998	yearly
Finland Region	x 1)			x		1998	2 years
Finland Province	x 1)			x		1998	2 years
Greece Region		x 2)					
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x	1998	
Portugal Region	x					1998	
Sweden Municipality	x			x		1999	yearly

1) Data on coverage of immunisation is obtained by biannual surveys on 1000 children aged 2 years. The small (but representative) sample poses limits to the reliability of results concerning Provinces and particularly those concerning Regions. However, on the national level, the coverage is about 98% which means that the coverage must be very high in all Provinces and Regions.

2) C. Lionis, et al. Assessment of vaccine coverage of school children in three Primary Health Care areas in rural Region, Greece. Family Practice 1998; 15: 443-448.

Data on prevention % of infants reaching their first or second birthday who have been fully immunised against rubella	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level							
recommended for information exchange							
Austria Bundesländer			x				
Belgium Province							
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x						
France Régions		x		x		1998	yearly
Germany Land			x				
Ireland Health Board	x			x		1999	yearly
Italy Regioni		x				1998	
Luxembourg National level	x			x		1996	5 years
Netherlands GGD	x			x	x		
Portugal Health care region	x			x	x	1999	
Spain Autonomous Communities	x				x	1999	yearly
Sweden County	x			x		1999	yearly
Regional level							
Others							
Belgium Community / Region							
France Départements		x		x		1998	yearly
Finland Region	x 1)			x		1998	2 years
Finland Province	x 1)			x		1998	2 years
Greece Region		x 2)					
Ireland County			x				
Netherlands WZV	x			x		1999	yearly
Portugal Community	x			x	x	1998	
Portugal Region	x			x	x	1998	
Sweden Municipality	x			x		1999	yearly

1) Data on coverage of immunisation is obtained by biannual surveys on 1000 children aged 2 years. The small (but representative) sample poses limits to the reliability of results concerning Provinces and particularly those concerning Regions. However, on the national level, the coverage is about 98% which means that the coverage must be very high in all Provinces and Regions.

2) C. Lionis, et al. Assessment of vaccine coverage of school children in three Primary Health Care areas in rural Region, Greece. Family Practice 1998; 15: 443-448.

Data on prevention Screening coverage (breast cancer)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province				x			
Denmark Amstkommuner		x		x		1999	yearly
England Health Authorities	x						
France Régions			x				
Germany Land	x				x	1998	yearly
Ireland Health Board	x			x		1999	yearly
Italy Regioni		x					
Luxembourg National level	x 1)					1998	yearly
Netherlands GGD	x			x	x		
Portugal Health care region			x				
Spain Autonomous Communities		x 2)			x	1999	yearly
Sweden County	x			x		2000	daily
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x					1998	yearly
Finland Province	x			x		1998	yearly
Greece Region							
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		2000	daily

1) Data available for the target group of the national breast cancer screening programme (50 to 65 years)

2) Available in every AC except one which has not an organised screening programme.

Data on prevention Screening coverage (uterus cervix cancer)	Are data available at this unit level			If yes			
	Yes for all the units	Yes for some units	No	Is it possible to obtain these data from a national statistical office or institution	Is it possible to obtain these data from a local statistical office or institution	Latest year available	Update frequency
Regional level recommended for information exchange							
Austria Bundesländer			x				
Belgium Province			x				
Denmark Amstkommuner	x			x		1999	yearly
England Health Authorities	x						
France Régions			x				
Germany Land	x				x	1999	yearly
Ireland Health Board	x					1999	yearly
Italy Regioni		x					
Luxembourg National level							
Netherlands GGD	x			x	x		
Portugal Health care region			x				
Spain Autonomous Communities			x				
Sweden County	x			x		2000	daily
Regional level Others							
Belgium Community / Region							
France Départements			x				
Finland Region	x			x		1998	yearly
Finland Province	x			x		1998	yearly
Greece Region		x					
Ireland County			x				
Netherlands WZV							
Portugal Community			x				
Portugal Region			x				
Sweden Municipality	x			x		2000	daily

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