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REPRODUCTIVE HEALTH INDICATORS IN THE EUROPEAN UNION

FINAL ACTIVITY REPORT

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REPROSTAT

Reproductive Health Indicators in the European Union EU Community Health Monitoring Programme

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1. Introduction

The European Union (EU) Commission chose Reproductive Health (RH) as a Public Health priority project area for the year 2001, in the frame of the EUPHIN (European Union Public Health Information Network).

REPROSTAT aimed to provide health professionals, policy makers, researchers and health service user groups with RH indicators that they can use to monitor and evaluate RH and associated health care in the EU. This was a two years Project that started in September 2001 and finished in August 2003, and was part of the EU Health Monitoring Programme.

At present many RH indicators used by different EU Member States are inconsistent, preventing useful comparisons between countries. Information about some key indicators is missing in several Member States (MS). By harmonising the definition for each indicator, REPROSTAT hopes to facilitate the comparison of RH services in different MS.

We have shown which indicators are based upon data that already exist in many countries as part of routine health care services and those based on data generated from specific health surveys (see 3.1).

Recognising that RH is important not only for the reproduction of population but also for the well being of EU members, we propose a set of indicators to be used in ongoing monitoring. RH is important for the well being of the people in the EU. It is also important because of concerns about the ageing population of EU and declining fertility rates.

Some MS currently have health information systems that include questions covering several of our proposed indicators, but some definitions and methods of collection differ. These methods need to be harmonised. So, a comprehensive and reliable comparative table containing existing data is not yet feasible.

Limits and biases of indicators depend on the quality of data collected in each MS.

We propose that a specific part of the **EU wide** general health **survey** 2006 be devoted to reproductive and sexual health.

In addition, we believe there is a strong need for a **youth survey** that includes questions about RH, undertaken at regular intervals.

Health indicators can be used to monitor needs for health care, and evaluate the effectiveness and impact of health care programs. Our set of indicators is likely to be used for the:

- 1) development of policies and programs aimed at improving the sexual and RH of EU citizens;
- 2) regular monitoring and evaluation of progress, quality and effectiveness of the RH programs within EU;
- 3) making of comparisons among EU Member States;
- 4) making comparisons between different groups within MS.

In order to avoid making monitoring an unrealistic burden, each indicator should be relevant and useful.

Relevant in the sense that they represent important Public Health problems within RH and useful in the sense that they provide cues for intervention or research. Whenever possible, indicators should be based on readily available information. When such routine information is not available, other data sources, such as specific health surveys should be implemented.

The group also recognised the importance of making sure that our range of indicators covered the sexual health of both sexes. We rapidly realised that this ambition would fail if we relied only on existing indicators and data sources. Several of the new indicators proposed, therefore, require major *development before they can be implemented.*

The group recognised the importance of making sure that there was no duplication between different sets of indicators within the HMP. RH indicators could include those related to the screening and occurrence of reproductive cancers, as well as indicators of perinatal health. Discussion was held between the chairs of different EU projects in order to decide where an indicator best set within the overall HMP.

When a **comprehensive picture** of RH is to be measured, indicators from PERISTAT (*perinatal health*) and EUROCHIP (*cancer*) should be also considered. As a result of the communication between project co-ordinators covering adjacent fields, we have excluded from our list indicators related to the perinatal period (from conception to delivery) and reproductive cancers as well.

REPROSTAT included participants from 14 of the 15 European Union Member States (13 participants plus the Project co-ordinator) - see participants list **Annex I** : eight gynaecologists, four epidemiologists and two public health doctors.

This report contains the final **recommended minimum list** of indicators that the 15 actual MS can use to monitor RH. The list of indicators may need to be modified slightly when the number of MS expands in May 2004.

Our list of indicators consist of 13 core indicators, one recommended indicator and four others that need future development (**Tables I and II**, pages 11 and 12).

Core indicators are defined as that essential for monitoring RH and related health care.

The *recommended indicator* is considered desirable for a more complete assessment of RH across MS.

Indicators for *future development* represent important aspects of RH and associated health care, but require further work before they can be operationalised in MS.

The list may also develop over time to include new indicators for issues such as erectile dysfunction and sexual health and violence during pregnancy.

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