EUROPEAN COMMISSION



CONSUMERS, HEALTH AND FOOD EXECUTIVE AGENCY Health Unit

**Proposal template**

**Project Grants (HP-PJ) 3rd EU Health Programme**

**BRIDGE-Health**

**BRidging Information and Data Generation for**

**Evidence-based Health Policy and Research**

**LIST OF APPLICANTS**

|  |  |  |
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| **No\*** | **Applicant organisation name** | **Country** |
| 1 | Institut Scientific de Santé Publique (ISP) | Belgium |
| 2 | INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICAL (INSERM) | France |
| 3 | Robert Koch Institute (RKI) | Germany |
| 4 | RIJKSINSTITUTE VOOR VOLKSGEZONDHEID EN MILIEU (RIVM) | Netherlands |
| 5 | TERVEYDEN JA HYVINVOINNIN LAITOS (THL) | Finland |
| 6 | Beratungsgesellschaft für integrierte Problemlösungen (BiPRO) | Germany |
| 7 | Umwelt Bundesamt (UBA) | Germany |
| 8 | Fundació Centre de Recerca en Epidemiologia Ambiental (CREAL) | Spain |
| 9 | Instituto de Salud Carlos III (ISCIII) | Spain |
| 10 | Vlaams Instituut voor Technologische Ontwikkeling (VITO) | Belgium |
| 11 | KOBENHAVNS UNIVERSITET (KU) | Denmark |
| 12 | Folkehelseinstituttet (FHI) /Norwegian Institute of Public Health (NIPH) | Norway |
| 13 | Dublin City University (DCU) | Irland |
| 14 | ISTITUTO SUPERIORE DI SANITA (ISS) | Italy |
| 15 | HUB INTERNATIONZIONALE PER LA RICERCA SANITARIA (HIRS) | Italy |
| 16 | SWANSEA UNIVERSITY (SU) | UK |
| 17 | EUROPEAN ASSOCIATION FOR INJURY PREVENTION AND SAFETY  PROMOTION –EUROSAFE (ES) | Netherlands |
| 18 | IIS Aragón Centro de Investigación Biomédica de Aragón (IACS) | Spain |
| 19 | Syddansk Universitet (University of Southern Denmark (SDU)) | Denmark |
| 20 | Faculdade de Economia da Universidade Nova de Lisboa (Lisbon Economics Faculty (FE-  UNL)) | Portugal |
| 21 | Nacionalni inštitut za javno zdravje (NIJZ) | Slovenia |
| 22 | [Semmelweis Egyetem](http://semmelweis.hu/) (Semmelweis University (SU)) | Hungary |
| 23 | Universitetet i Oslo (University of Oslo (UIO)) | Norway |
| 24 | Karolinska Institutet (KI) | Sweden |
| 25 | University Bocconi (UB) | Italy |
| 26 | HealthSystemIntelligence (HSI) | Austria |
| 27 | Technische universtität Berlin (TUB) | Germany |
| 28 | Institut de Recherches et de documentation en Economie de la Santé (IRDES) | France |
| 29 | MEDIZINISCHE UNIVERSITAET WIEN (Medical University of Vienna (MUW)) | Austria |
| 30 | Ecole Pratique des Hautes Etudes, Paris (EPHE) | France |

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# PROBLEM ANALYSIS INCLUDING EVIDENCE BASE

The EU Health Strategy Health for Growth1 underlines that in order to respond effectively to population health an health systems’ challenges, health policy must be based on the best scientific evidence derived from sound data and

information, and relevant research. The health information and knowledge system needs to contribute to the evide based decision making in various policy areas even those beyond the health sector. It consists in collecting, analyzi and reporting health data. The health information and knowledge system is the supporting pillar for all four objec of the 3th EU Health Programme2,3. Harmonised collection of comparable data also helps to reduce the administra and economic burden on Member States (MSs) by reducing variation and multiplication of data provision. Only a system operating at European level will be able to identify differences in health outcomes at both geographical and socio-economic levels, and is therefore a condition sine qua non to tackle them effectively. Also, the EU is the lead player able to enforce data collection effectively at national level. Ideally, a health monitoring system will also provi

mean to measure the impact of future health initiatives at EU level4.

In the past years, several EU funded projects have been working towards the development of harmonized method would allow for comparable evidence in the field of health. The results from these projects, although positive, hav demonstrated that there are still gaps and deficiencies that need to be overcome. Major challenges encountered are

* + diversity of health service and health information structures in Europe;
  + fragmentation in databases and registries and
  + lack of sustainability of health information structures.

Thus there is ample room for improving the health information strategy in order to increase cost-efficiency and us value of information provided.

The Commission stresses the importance of health information strategies underlining the need5:

* + to establish a **‘knowledge management’** with increased focus on analysing, disseminating and applying

**existing** health information at EU and national levels, including customising information to specific users

* + to set **priorities for EU health information** in order to help measure progress towards improving health years, focusing on the largest parts of the burden of ill-health such as chronic diseases, mental health, and

accidents and injuries and their causes;

* + to develop further **information regarding the key determinants** of ill-health and facilitating **research o interventions** to address them;
  + to develop better **information on healthcare quality and outcomes**, as well as better information on th efficient and effective use of innovations in healthcare;
  + to enhance information on **regional variations, inequalities**, specific population groups such as children the elderly;
  + to facilitate the development of a **common EU health systems performance assessment** framework. In a scoping paper to the Expert Group on Health Information6, the Commission is also exploring opportunities t develop a sustainable European research infrastructure consortium on health information (ERIC-HI) to support t generation of evidence and methods that will aid health policy development at national and at EU level. In the

meantime, it wants to ensure continuity of the relevant activities that have been run under the past health and rese framework programmes, by supporting the creation of a network of these activities in order to enhance synergy between EU-projects on health information and data.

The BRIDGE-Health (**BR**idging **I**nformation and **D**ata **G**eneration for **E**vidence-based **Health** Policy and Resea project aims to respond to this strategy through focusing on (1) enhancing transferability of health informationand knowledge for policy; (2) reducing health information inequality and (3) development of a blueprint for a sustainab and integrated EU health information system. Thus the BRIDGE-Health respond to the call from the Commissio ensure short term continuity in health information and data exchange at EU-level, to enhance efficiency in informa structures and to facilitate synergy between the platforms that emanated from previous **key projects** from the pre EU health programmes. The scope of potential health information is vast. The BRIDGE-Health project focus on broad policy areas (Ageing and population health; Health determinants, Health and mental health; Health services Health care; Health in all Policy) identified by the Joined Action ECHIM7.

1. <http://ec.europa.eu/health/programme/docs/prop_prog2014_en.pdf>)
2. <http://ec.europa.eu/health/programme/docs/ev_20141104_co01_en.pdf>
3. <http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf>).
4. <http://ec.europa.eu/health/programme/docs/ia_progr2014_en.pdf>
5. <http://ec.europa.eu/health/strategy/docs/ev_20090428_rd01_en.pdf>
6. <http://ec.europa.eu/health/strategy/docs/hi_eric_scopingpaper_en.pdf>
7. <http://ec.europa.eu/health/indicators/docs/echi_shortlist_by_policy_area_en.pdf>



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1. **AIMS AND OBJECTIVES OF THE PROJECT**

# General objective of the project

The BRIDGE-Health project answers action “*2.1.3.3. Towards a sustainable health monitoring and reporting system*” of th priority area 2.1.3. Actions under thematic priority 3 - Contributing to innovative, efficient and sustainable health systems in the Work Programme 2014 of the Public Health Programme of Community action in the field of health (2014-2020).

Accordingly the objective of BRIDGE-Health is to work towards an European health information (EU-HI) and d generation networks covering major EU health policy areas by promoting the coordination and convergence of exi key projects in health information. The aim is to work towards a comprehensive, integrated and sustainable EU-H supporting evidence-based health policy and research for the EU and MSs by providing blueprints and/or concept building blocks for a future EU-HI structure such as a European Research Infrastructure Consortium (ERIC-HI). using the comprehensive experience and integrating existing key EU cross-national initiatives, BRIDGE-Health as a knowledge transfer from the past health and research frameworks. Throughout the project, BRIDGE-Health aim work on following generic objectives:

* ensure sustainability of key health information activities that have been run under the past EU-health and rese framework programmes and enhance synergy among these activities;
* enhance the transferability of health information and data for policy and improve the utility and use of data an indicators for stakeholders in policy making, public health surveillance and health care;
* reduce health information inequality within the EU and within MSs;
* enhance information on regional variations on indicators, inequalities and specific population groups such as children and the elderly;
* develop a blueprint for a sustainable and integrated EU Health information system by developing common methods for
  + standardizing the collection and exchange of health information (including meta-data, role of different sources) within and between domains, between MSs, including e/m-health platforms through the development of common tools and mechanisms at EU level to address shortages of resources and to improve health information, and facilitate up-take of innovation in health information at EU and MSs level;
  + ensuring data quality, including procedures for internal and external validation of health indicators;
  + undertaking priority setting exercises for health information in order to help measure progress toward

improving healthy life years (EIP Active Healthy Ageing), focusing on the largest parts of the burden

health such as chronic diseases, mental health, functioning, and accidents and injuries and their causes

* + addressing ethical and legal issues associated with the collection and use of health data within MSs and EU.

More specifically, the BRIDGE-Health project

1. contributes to the conceptual framework for a sustainable health monitoring and reporting system;
2. evaluates and improves the core set of European Core Health Indicators (ECHI) and ensures its sustainable fu development;
3. strengthens the use of the Healthy Life Years (HLY) indicator, as overarching indicator of population health a

outcome measure for health and health inequality improvement efforts, within the EU and MSs in different po areas;

1. ensures that data generated by national health examination surveys conducted in MSs are reliable and compara

over time and between MSs;

1. maintain and expand work on harmonised European wide Human Biomonitoring (HBM) surveillance in the European population;
2. improves and strengthens information and data collection on reproductive, maternal, newborn and child healt (RMNCH) by bridging efforts for health information in RMNCH and creating a roadmap for further develop
3. maintains and strengthens the implementation of population based registries for chronic diseases with standardization of methodologies for producing standardized EU-wide indicators taking selected clinical condi as test cases;
4. maintains, strengthens and expands the platform for injury surveillance;
5. maint-ain, strengthen and expand a platform based on health care administrative data meant to evPaalugaet5e/h1e2alth



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performance;

1. develops harmonized indicators, methods and to tools to monitor and evaluate health care systems at the natio and regional level
2. develops a blueprint to integrate population health information by creating a roadmap based on mapping barr and opportunities in MSs with special attention to improving geographic availability of health information and methods for the exchange and use of population health data;
3. develops a blueprint to integrate health care information systems using existing data sources – administrative d survey data or registry data, both population or disease-based.

Coordination, dialogue and interaction with DG Sanco, with the MSs through the Commission Expert Group on Health Information, with Eurostat, DG Research and other DGs as well as WHO and OECD, where necessary, w ensure the sustainability of the work and the bridging to more sustainable structures such as an ERIC on Health Information.

**2.2. Specific objective(s) of the project**

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| --- | --- | --- |
| **Specific Objective**  **Number** | 1 | |
| **Specific Objective** | Contribute to the conceptual framework for a sustainable health monitoring and repor  system | |
| **Process Indicator(s)** | | **Target** |
| Kick off meeting: Workplan WP1-12? Yes/no | | Yes |
| **Output Indicator(s)** | | **Target** |
| Production of a technical report on the updated ECHI indicators including the  further development of indicators (ECHI-shortlist): yes /no | | yes |
| Technical report on bleu print for methods on priority setting in health  indicator development and selection: yes/no | | yes |
| Web-based European health indicator repository: ): yes /no | | yes |
|  | |  |
| **Outcome/Impact Indicator(s)** | | **Target** |
| Number of MS out of 27 able to provide information following the ECHI  technical norms by ECHI shortlist indicator set): n/28 | | 25/28 |

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| **Specific Objective Number** | 2. | |
| **Specific Objective** | Maintain, consolidate European Core Health Indicators (ECHI) and ensure sustainabl  improvement | |
| **Process Indicator(s)** | | **Target** |
| Report of “Core expert group on ECHI” meetings (Months 10 and 25;yes/no) | | Yes |
| Report of “National expert group on ECHI meetings (Months 10 and  25;yes/no) | | Yes |
| **Output Indicator(s)** | | **Target** |
| Production of a technical report on the updated ECHI indicators including the  further development of indicators (ECHI-shortlist): yes /no | | yes |

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| Technical report on bleu print for methods on priority setting in health  indicator development and selection: yes/no | yes |
| Web-based European health indicator repository: ): yes /no | yes |
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| **Outcome/Impact Indicator(s)** | **Target** |
| Number of MS out of 27 able to provide information following the ECHI  technical norms by ECHI shortlist indicator set): n/27 | 25/27 |

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| **Specific Objective Number** | | 3. | | | |
| **Specific Objective** | | Strengthen the use of the Healthy Life Years (HLY) within the EU and Member States  different policy areas | | | |
| **Process Indicator(s)** | | | | | **Target** |
| Workplan is presented at kick-off meeting (yes/no) | | | | | yes |
| **Output Indicator(s)** | | | | | **Target** |
| Production of a technical report on the review of the use of HLY in policy  documents and technical reports of the European commission services: yes  /no | | | | | yes |
| Comparative study on the use of HLY in EU and MS policies yes/no | | | | | yes |
| **Outcome/Impact Indicator(s)** | | | | | **Target** |
| Status of the scientific paper on the Comparative study on the use of HLY in  EU and MS policy areas | | | | | In review (Month 30) |
|  | **Specific Objective Number** | | **O5.1** | | |
| **Specific Objective** | | To have a network of HES experts covering all EU Member States | | |
| **Process Indicator(s)** | | | **Target** | |
| Identification of possible contact persons/organizations in all 28  MSs (n/28) | | | 28 | |
| E-mail contacts to all MSs to obtain information on national HES  experts (n/28) | | | E-mail send to all 28 MSs | |
| **Output Indicator(s)** | | | **Target** | |
| List of contact persons (national HES expert or if no HES in the  country, representative from relevant organization) with up-to- date contact information (e-mail) from all 28 MS (n/28) | | | 28 national representative | |
| **Outcome/Impact Indicators(s)** | | | **Target** | |
| All MSs can be kept informed about the development of European  Health Examination Survey thought distribution of EHES Newsletter and e-mail contacts (n/28) | | | Contact points in all 28 MSs | |

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# Specific Objective Number O5.2

**Specific Objective** To provide updated and extended recommendations (EHES Manual)

for the planning and organization of national HESs

# Process Indicator(s) Target

Review of EHIS questionnaire against questionnaire in the EHES Manual (Yes/No)

Yes

Review of questionnaire modules included into previously conducted national HESs in Europe against questionnaire modules in the EHES Manual (Yes/No)

Yes

Review of existing measurements protocols in the EHES Manual against latest developments on international standards and regulations (Yes/No)

Yes

Review of measurement modules included into previously conducted national HESs in Europe against measurement modules in the EHES Manual (Yes/No)

Yes

# Output Indicator(s) Target

Updated and extended questionnaire modules for the EHES Manual (Yes/No)

Yes

Updated and extended measurement modules for the EHES Manual (Yes/No)

Yes

# Outcome/Impact Indicators(s) Target

MSs have up-to-date recommendations for planning and conducting national HESs in their country (EHES Manual Published/Unpublished at the EHES Web site)

Published

# Specific Objective Number O5.3

**Specific Objective** To provide updated and extended training material to support the

standardized implementation of the survey measurements

# Process Indicator(s) Target

To review existing training material against latest developments on international recommendations and regulations (Yes/No)

Yes

To review need for new training materials (Yes/No) Yes

# Output Indicator(s) Target

Updated and extended training material is prepared (Yes/No) Yes

# Outcome/Impact Indicators(s) Target

MSs have up-to-date training material available, at the EHES web site, to be used when their train their national fieldwork personnel to conduct physical measurements in standardized way (Updated and- extended training material is published/unpublished at the



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| EHES web site) | |  |
| **Specific Objective Number** | **O5.4** | |
| **Specific Objective** | To have a joint database where national HES data is collected in  harmonized format | |
| **Process Indicator(s)** | | **Target** |
| To identify other relevant projects which have developed data  transfer and management systems for joint database (Yes/No) | | Yes |
| To have contact with relevant persons in identified projects to  obtain more information about their data transfer and management systems (Yes/No) | | Yes |
| **Output Indicator(s)** | | **Target** |
| Review of similarities and differences in data transfer and  management systems of different project (Yes/No) | | Yes |
| **Outcome/Impact Indicators(s)** | | **Target** |
| Outline of key features of joint database for HES data, including  data transfer and management features, is ready to be implemented (Yes/No) | | Yes |
| **Specific Objective Number** | **O5.5** | |
| **Specific Objective** | To have a data evaluation and reporting system to facilitate fast  reporting of basic indicators from national HESs in standardized way across the MSs | |
| **Process Indicator(s)** | | **Target** |
| To identify other relevant projects which have developed data  evaluation and reporting systems (Yes/No) | | Yes |
| To have contact with relevant persons in identified projects to  obtain more information about their evaluation and reporting systems (Yes/No) | | Yes |
| **Output Indicator(s)** | | **Target** |
| Review of similarities and differences in evaluation and reporting  systems of different projects (Yes/No) | | Yes |
| **Outcome/Impact Indicators(s)** | | **Target** |
| Outline of key features of evaluation and reporting system for HES  data is ready to be implemented (Yes/No) | | Yes |

# Specific Objective Number O5.6

**Specific Objective** To have an action list to enhance the organization of national HES in all



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|  | | | EU MSs | | | |
| **Process Indicator(s)** | | | | **Target** | | |
| To identify key obstacles in MSs for organization of national HES  (n/28) | | | | 25/28 | | |
| To identify European level regulations, agreements and  recommendations supporting the organization of national HES (Yes/No) | | | | Yes | | |
| **Output Indicator(s)** | | | | **Target** | | |
| List of key obstacles preventing the organization of national HES  (Yes/No) | | | | Yes | | |
| List of commitments through regulations, etc. to the MSs to  collected data available only through national HESs (Yes/No) | | | | Yes | | |
| **Outcome/Impact Indicators(s)** | | | | **Target** | | |
| Outline of actions/arguments to be used at national level when  negotiating with different stakeholders about the organization of national HES (document published/unpublished at the EHES web site) | | | | Published | | |
|  | **Specific Objective**  **Number** | 6.1 | | | |  |
| **Specific Objective** | To maintain and intensify exchange within and between COPHES  ENRIECO networks | | | |
| **Process Indicator(s)** | | | | **Target** |
| Existing networks up-dated and expanded (see also WP5) | | | | Yes |
| Provide online information on work package (see WP2) | | | | Yes |
| Regular e-exchange (newsletter) is organized and facilitated | | | | Yes |
| Questionnaire for information collection from network partners and  stakeholders developed | | | | Yes |
| Network meeting is scheduled | | | | Date, agenda,  participation list available |
| **Output Indicator(s)** | | | | **Target** |
| Communication and Engagement strategy, including stakeholder analysis  (based on WP2) | | | | Yes |
| Up-dated and expanded list of contact persons/organizations in all 28  MS (see also WP5) | | | | Yes |
| Newsletter for the COPHES and ENRIECO networks | | | | Yes |
| Technical report on follow up activities | | | | Yes |



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| **Outcome/Impact Indicator(s)** | **Target** |
| Relevant experts in MS can be kept informed and involved in the  elaboration of work package results | 28+ |

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| **Specific Objective**  **Number** | 6.2 | |
| **Specific Objective** | To further develop strategy for harmonizing and bridging data collections  from monitoring and research projects and for setting priorities for Europe- wide collaborative work | |
| **Process Indicator(s)** | | **Target** |
| Mapping of covered substances, biomarkers and existing health based  guidance values completed | | Yes |
| Compilation of existing concepts for substance prioritisation, QA/QC  systems, study design, data interpretation (link to environmental and health registry data) established | | Yes |
| Other data sources for environmental health surveillance, including those that  may be linked to the routine data registries specified in WP7 and 8 evaluated. | | Yes |
| Gaps in the knowledge on relations between environmental determinants and  health identified and prioritized | | Yes |
| Feasibility to collect and integrate data from existing data inventories assessed | | Yes |
| Priority areas for harmonization of existing data collections (in cohorts and  other data sources) identified | | Yes |
| Information on infrastructural and organisational needs for environmental  health monitoring is compiled and options to merge existing networks up- dated and synergies identified (see also WP5 and WP7) | | Yes |
| Strategies for harmonizing and bridging data collections from monitoring and  research projects and for setting priorities for Europe-wide collaborative work developed | | Yes |
| **Output Indicator(s)** | | **Target** |
| Inventory of monitoring of impact of environmental chemicals to health  available | | Yes |
| Blueprint for a strategy to harmonize and bridge data collections from  monitoring and research projects and for setting priorities for Europe wide collaborative work | | Yes |
| Blueprint on options for an integrated environmental health monitoring  system is available | | Yes |
| Scientific Publication: Review on state of the art of environmental health  monitoring | | Yes |
| Scientific publication on chances of and challenges for an integrated  environmental health monitoring system is prepared | | Yes |
| **Outcome/Impact Indicator(s)** | | **Target** |
| Strategy is developed and publicly available | | Yes |

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|  | **Specific Objective**  **Number** | 6.3 | | | | |
|  | **Specific Objective** | To strengthen research to policy and practice interface to promote the use of  environmental health surveillance in European health information. | | | | |
|  | **Process Indicator(s)** | | | | **Target** | |
|  | Latest needs and priorities of MS and European Commission in chemicals,  food safety and consumer products policies identified | | | | Yes | |
|  | Up-dated summary of options for data availability and exchange elaborated as  input to horizontal issues | | | | Yes | |
|  | Latest knowledge on structures for development of health based guidance  values established | | | | Yes | |
|  | Options for integration with existing larger scale research infrastructures  (BBMRI, EMRP, industry, civil society) assessed | | | | Yes | |
|  | Options for a common platform for resources (recommendations, templates,  etc…) is established | | | | Yes | |
|  | **Output Indicator(s)** | | | | **Target** | |
|  | Blueprint for strategic role of HBM in collection of data and information to  support decision making in public health and use of HBM in regulatory decision making. | | | | Yes | |
|  | **Outcome/Impact Indicator(s)** | | | | **Target** | |
|  | Proposal for application of HBM in areas with policy relevance available for  peer review | | | | Yes | |
| **Specific objective 1.B** | | | Integrate RMNCH data in the overall BRIDGE project’s system  framework and other health areas, emphasizing opportunities to improve the utility and use of data, including use by parents, and young people, reduce inequalities, the need to harmonize responses to ethico-legal issues, improving health and care indicators, and the increasing use of e- and m-health systems  Lead: NIPH, Contributors: INSERM, CREAL, DCU | | |  |
| **Process indicators** | | | **Output indicators** | **Outcome indicators** | |
| Consultations undertaken with  all WP leaders of the BRIDGE project (yes/no) | | | Project Report on RMNCH  issues for health information published (yes/no) | RMNCH needs stated in report  of all WP of the BRIDGE project (yes/no) | |

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| **Specific objective 1.C** | Develop a Blueprint for Health Information in RMNCH integrated  in the overall BRIDGE project  Lead: NIPH, Contributors: INSERM, CREAL, DCU | |
| **Process indicators** | **Output indicators** | **Outcome indicators** |
| Number of MS participating in  Blueprint (n) | Blueprint published (yes/no) | Scientific report on European  health information needs for peer-review (yes/no) |

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| **Specific objective 2.A** | Support sustainable perinatal health reporting from routine health informat  systems in Europe by maintaining the existing Euro-Peristat network of 29 countries and expand it with the joint RMNCH network | |
| **Process indicators** | **Output indicators** | **Outcome indicators** |
| Training sessions held with new  member countries (yes/no) | Report on test of data collection  process in new members using 2010 data published (yes/no) | Aaddition of Bulgaria and Croatia to th  network (yes/no) |
| Meeting of the Euro-Peristat  network attended by at least 80% of member countries | Report on analysis of Euro-  Peristat Health Indicators published (yes/no) | Publications in peer reviewed journals  Euro-Peristat data (n=2 ) |
| Website maintained and  enhanced (number of new articles, page visits) | Newsletter published and  disseminated to Euro-Peristat stakeholders | Greater involvement of stakeholders .(1  stakeholders to participate in specific objective 2C) |
| Euro-Peristat network members  attend RMNCH Meetings (yes/no) | Report on Euro-Peristat’s  members feedback about RMNCH Blueprint published and disseminated to other partners (yes/no) | Countries participating in Euro-Peristat  have endorsed RMNCH Roadmap (nu |
| **Specific objective 2.B** | Reinforce capacity and reduce inequalities in data production, transfer, sha  analysis and use of perinatal health indicators from routine data systems o national and European levels by implementing cross-cutting health surveil and research actions identified in the Euro-Peristat project | |
| **Process indicators** | **Output indicators** | **Outcome indicators** |
| Meetings of working group on  data linkage to improve perinatal health indicators (yes/no) | Action research report on  extending reporting capacity through data linkage published (yes/no) | Countries have improved availability of  indicators (number) |
| Meetings of working group to  improve transfer of perinatal health data (yes/no) | Protocol for experimental  micro-data repository using data on 2015 births published  (yes/no) | Improved quality and cost-effectivenes  data transmission, operationalised in at 10 countries for 2015.(number) |
| Meetings of working group on  priority setting for perinatal health indicator reporting (yes/no) | Reporting interface protocol  involving policy makers, clinicians, statisticians, users and researchers on a selected theme published. (yes/no) | Consensual list of priorities on selected  theme (yes/no) |
| **Specific objective 2.C** | Under the systems framework of this proposal, harmonize and integrate E  Peristat health indicators, methods and tools within an EU health informati system | |
| **Process indicators** | **Output indicators** | **Outcome indicators** |
| Involvement of Euro-Peristat | Report on synergies between | Modifications to Euro-Peristat’s data |

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| members in Bridge activities  relevant to objectives (yes/no) | perinatal health information and  other health information projects published (yes/no) | collection and reporting procedures (at  3 changes). (number) |
| **Specific objective 3.A** | To create a research observatory for reproductive, maternal, newborn and  cohorts and registries. | |
| **Process indicators** | **Output indicators** | **Outcome indicators** |
| Cohort inventory website  maintenance and expansion to new cohorts ([www.birthcohorts.net](http://www.birthcohorts.net/)) (yes/no) | Newsletters (one per year) with  inventory updates to cohorts  and other stakeholders. (number of newsletters) | Maintenance and expansion of the coho  network. Greater involvement of stakeholders. (number of cohorts participating in the inventory and stakeholders registered) |
| Expert meeting (in conjunction  with objective 2A) to develop an infrastructure for research observatory for reproductive, maternal, newborn and child cohorts and registries.(yes/no) | Report with proposal for  improved integration of cohort and registry data sources on RMNC. (yes/no) | Enhanced integration of cohort and regi  data. (yes/no) |
| Meeting of the European  cohorts to establish guidelines for data harmonization and exchange, and priority areas (yes/no) | Guidelines for Europe-wide  cohort data harmonization and exchange. List of priority child health areas for data harmonization (yes/no) | More efficient use of cohort data sourc  research and surveillance (yes/no) |

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| **Specific objective 3.B** | Harmonizing and bridging routine administrative and health data collectio  systems and indicators with research data collections. | |
| **Process indicators** | **Output indicators** | **Outcome indicators** |
| Review of possible sources of | Report on the extent and value | Greater harmonization and bridging of |
| relevant administrative and | of a range of possible data | routine and research data collection sys |
| research data on maternal and | sources on the lives of children, |
| child health (yes/no) | and adolescents in Europe |
| (yes/no) |
| Workshop, to be held in  conjunction with specific objective 3a, and 2a, on bringing administrative data into full use for child and maternal health in Europe. (yes/no) | Report on ways of making the  lives of children and adolescents in Europe more visible in routine data collection. (yes/no) | Wider use of existing data sources to  explore the lives of women, children, a families, across Europe. |
| RICHE website maintenance  and updating (yes/no) | Annual newsletter to  stakeholders and partners (yes/no) | Maintenance and possibly expansion of  RICHE group |

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| **Specific Objective**  **Number** | **WP8-Task1.** | |
| **Specific Objective** | To gather, harmonize, and disseminate procedures/methods shared by population based  registers of chronic diseases as a common platform for the provision of comparable community health indicators of chronic disease occurrence; to prepare and disseminat guidelines for organizing population based registers and training personnel | |
| **Process Indicator(s)** | | **Target** |
| Updating and maintaining the collaborative network of fieldwork experts and key persons of  surveillance of major chronic non-communicable diseases | | 2 meetings with at least one  expert in epidemiology of e selected chronic diseases |
| Interactive communication with research groups dealing with surveillance of chronic non  communicable diseases for development of manual of operations of population based registers and guide-line for training personnel | | Use of the web-based com  tool |
| Synergies with BEHIND partners involved in population health | | 1 meeting with at least one  representative of EUROST and Hub of EHES (WP5) a ECHIM (WP4) |
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| **Output Indicator(s)** | | **Target** |
| Updated list of experts of population based registries of chronic diseases | | Finalized the list of experts |
| Manual of operations of population based registries including at least 3 selected chronic  diseases, which shared population size, sources of information, standardized definitions of diagnostic criteria, internal and external validation procedures, ethical issues and elaboration of community health indicators of chronic diseases occurrence (attack rate, incidence, survival, in and out of hospital case fatality, years of life lived with disability) | | Manual of operations  downloadable from the web |
| Guidelines for training personnel involved in implementation of population based registers  of chronic diseases, including definitions, procedures for record linkage of different sources of information, validation procedures, quality control and assessment of community health indicators of diseases occurrence | | Training materials downloa  from the website |
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| **Outcome/Impact Indicator(s)** | | **Target** |
| Number of contacts for consulting manual of operations of population based registers of  chronic diseases | | Contacts from at least two  countries |
| Number of contacts for consulting training materials for population based registers of chronic diseases | | Contacts from at least two countries |

Specific Objective Number

**WP8-Task2.**

Specific Objective Provision of privacy-enhanced software for statistical analysis, data exchange, and

automated calculation of indicators, both locally and at EU level

# Process Indicator(s) Target

Development of a data dictionary for multiple chronic diseases through cooperation with register managers



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Downloadable from web

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Development of the BIRO analytic open source system for general application in population- based disease registers

Application of the privacy performance assessment methodology in different chronic conditions

Downloadable from web Available on website

# Output Indicator(s) Target

Data dictionary registry tool available online Applied in at least two chronic diseases

Integrated suite of open source tools, including user interface, available online Manual of technical specifications for users and programmers

Automated reports including ECHI indicators

Privacy performance assessment tool available online for selected diseases

Report on privacy performance assessment available for different chronic conditions.

Applied in at least two chronic diseases

Applied in at least two chronic diseases

# Outcome/Impact Indicator(s) Target

High percentage of data custodians from participating registers actively contributing to the data > 80% dictionary

High percentage of participating registers able to deliver local reports and transmit indicators to the EU level, with a high level of user satisfaction

> 80%

High percentage of participating registers conducting privacy performance assessment > 80%

# Specific Objective Number

**Specific Objective** Ensure the availability of valid and up to date injury data at EU-level for bench making policies relevant for the safety of citizens in Europe and maximise synergies with existing health information repositories.

# Process Indicator(s) Target

Annual uploads of quality controlled IDB data files from 22-28 participating countries, including national file information reports

Training events being held for National Data Administrators (NDAs)/ interactive web based support tool for injury data use

Bilateral assistance and training of new countries/ coaching existing partners in expanding scope of data collection

Assistance in data use for policy purposes/ coaching in DALY calculations and assessment injury related inequalities

3 up loads

3 two-days training and exchange events Implementation plans for 8 MSs Annual Alert-updates on data use

# Output Indicator(s) Target

Bi-annual reports ‘Injuries in the EU’, i.e. including data 2012-2014 (issued early 2016) and 2014-2017 (late 2018)/ web site presenting injury data for policy making purposes

2 Injuries in EU- reports

Reports on training events and resulting list of additional actions to undertake 3 meeting reports

and action lists

IDB data collection improved in 80% of countries that did not meet



requirements in 2015

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6 old + 2 new MSs

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| DALY calculation tools/ Inventory relevant injury related inequality  indicators | | 2 reports |
| **Outcome/Impact Indicator(s)** | | **Target** |
| Enhanced data use for policy purposes in countries and at EU-level | | Counts of EuroSafe  Web visits / requests |
| Enhance capacity in countries for injury data collection/ Updates of IDB-  manual and tools for injury surveillance | | 10% increase Report  score/ 2 Manual updates |
| Sustainable IDB data collection in 2018 in at least 30 countries (2015: 22) | | 28 IDB countries in  2018 |
| National initiatives for producing policy reports on burden of injury and  inequalities in injury risks. | | 10+ countries report  on DALY burden or |
| **Specific Objective**  **Number** | 10.1 | |
| **Specific Objective** | Describing existing information systems built upon healthcare  administrative data, whose aim is the evaluation of Healthcare | |
| **Process Indicator(s)** | | **Target** |
| 1. All parties delivered adequate information, enabling the content and data  model analyses. Y/N | | Yes |
| 2. WP leader team designed the questionnaire for analysis. Y/N | | Yes |
| 3. Working meeting meant to discuss a preliminary report describing different data models, held. Y/N | | Yes |
| 4. All parties delivered adequate information to analyse ethical and legal issues. Y/N | | Yes |
| 5. HIRS design questionnaire to analyse information ethical and legal issues from the countries, held. Y/N | | Yes |
| 6. Working meeting meant to discuss preliminary report on ethical and legal issues, held. Y/N | | Yes |
| **Output Indicator(s)** | | **Target** |
| 1. Questionnaire for information systems analysis, done. Y/N | | Yes |
| 2. Preliminary report on the participant data infrastructures (approved) Y/N | | Yes |
| 3. Questionnaire for the analysis of ethical and legal issues, done. Y/N | | Yes |
| 4. Preliminary report on legal and ethical issues (approved). Y/N | | Yes |
| **Outcome/Impact Indicator(s)** | | **Target** |
| 1. A description of the different data infrastructures included in the Technical  Manual. Y/N | | Yes |
| 2. Ethical and legal aspects section included in the Technical Manual Y/N | | Yes |

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| **Specific Objective**  **Number** | 10.2 | |
| **Specific Objective** | Producing a Common Meaningful Information Dataset (CMID) that would  enable international healthcare performance assessment | |
| **Process Indicator(s)** | | **Target** |
| 1 . Meta-data assessment from each information system, done. Y/N | | Yes |

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| 2. Consensus meeting to reach an agreement on the CMID held. Y/N | Yes |
| 3. Consensus meeting to agree the blueprint, held. Y/N | Yes |
| 4. Translation into programming language, done. Y/N | Yes |
| **Output Indicator(s)** | **Target** |
| 1. CMID: common meaningful information dataset. Y/N | Yes |
| 2. Set of healthcare performance indicators that could be routinely analysed  using the CMID. Y/N | Yes |
| 3. Agreed blueprint of a common data infrastructure. Y/N | Yes |
| 4. Data infrastructure programming scripts. Y/N | Yes |
| **Outcome/Impact Indicator(s)** | **Target** |
| 1. CMID section included in the technical manual. Y/N | Yes |
| 2. Common data infrastructure blueprint and programming scripts into the  manual. Y/N | Yes |

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| **Specific Objective**  **Number** | 10.3 | |
| **Specific Objective** | Exploring the feasibility of integrating similar data infrastructures from  different European countries | |
| **Process Indicator(s)** | | **Target** |
| 1. Data extraction, data transformation and data loading completed for all  contributing parties. Y/N | | Yes |
| 2. Data model programming implemented in the common data  infrastructure. Y/N | | Yes |
| 3. Programming intermediate, auxiliary and output files production, implemented. Y/N | | Yes |
| **Output Indicator(s)** | | **Target** |
| 1. Server available for quality checking with datasets loaded and  programming protocols implemented. Y/N | | Yes |
| 2. Output files with healthcare performance indicators ready for calculation.  Y/N | | Yes |
| **Outcome/Impact Indicator(s)** | | **Target** |
| 1. Description of output files into the manual. Y/N | | Yes |

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| **Specific Objective Number** | 10.4 | |
| **Specific Objective** | Assessing the quality of the resulting infrastructure. | |
| **Process Indicator(s)** | | **Target** |
| 1. Quality assessment for the five quality dimensions carried out Y/N | | Yes |
| 2. Preliminary report with quality results delivered to all parties. Y/N | | Yes |
| 3. Meeting for discussion of the preliminary report, held. Y/N | | Yes |
| **Output Indicator(s)** | | **Target** |
| 1. Performance indicators and auxiliary data calculated. Y/N | | Yes |
| 2. Preliminary report with quality results approved. Y/N | | Yes |



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| **Outcome/Impact Indicator(s)** | **Target** |
| 1. Quality analysis included into the manual. Y/N | Yes |
| 2. Technical report uploaded into the BRIDGE-Health website. Y/N | Yes |
| 3. Conceptual paper published as part of the Supplement in EJPH Y/N | Yes |

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| **Specific Objective** | 11.1 | |
| Specific Objective | To develop a coherent methodology to integrate health information systems  from existing data sources – administrative data, survey data or registry data, both population or disease-based | |
| Process Indicator(s) | | Target |
| Updating and maintaining the collaborative EuroHOPE network of experts  and key persons of register based performance analysis | | Three meetings of  the network |
| Interactive communication with other groups dealing with health care  performance analysis using disease registers (WP# 8), administrative data (WP# 10 ) and supporting monitoring and evaluation of health care systems (WP# 12) | | Two meetings |
| Communications with other WPs related to defining the sources subject of integration and the requirements for data-linkage | | Two meetings |
| **Output Indicator(s)** | | **Target** |
| Updating protocols, data processing, collecting and reporting of indicators  for the years 2009-2013 for selected diseases | | Producing indicators  at country and regional level between the years 2006-2013,available at website |
| Extending episode based the approach to include primary health care and  social services in treatment of three disease | | A pilot investigation  using data from four metropolitan area(Helsinki, Madrid ,Stockholm Oslo) |
| Updating international patient level comparison data (from countries allowing data sharing) to for validation purposes. Using this data it is possible  compare feasibility and quality of performance information calculated from administrative data sets (WP #10 and population based registries for diseases(WP#8 ) | | Comparison data at  individual level finalized |

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| Technical analysis of the requirements for data-linkage of the proposed data  infrastructure | Map of sources  subject of integration |
| **Outcome/Impact Indicator(s)** | **Target** |
| A comparison of feasibility and quality of performance information calculated  from different data sources | Expert report/publication |
| mmendations to be followed to build a data platform built upon the integration  erent sources | Expert  report/publication |

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| **Specific Objective Number** | 12.1 | |
| **Specific Objective** | Enhance capacity of health systems monitoring by developing reporting standards  of common validated indicators and related (meta)information | |
| **Process Indicator(s)** | | **Target** |
| Liaise and coordinate with other WP and international organizations: yes/no | | Yes |
| Establish task force to harmonize health system indicator documentation  standards and needs: yes/no | | Yes |
| **Output Indicator(s)** | | **Target** |
| Mutually agreed documentation standards of health system indicators  including metadata (linked to ECHI-shortlist): yes /no | | Yes |
| A blueprint for a web-platform/a tab within a web-platform with validated  health system indicators, stratified where possible: yes/no | | Yes |
| **Outcome/Impact Indicator(s)** | | **Target** |
| Blueprint of health system indicator passports (IP) including related  documentation standards on the basis of key criteria: yes/no | | Yes |
| Leaflets on key developments of indicators built through individual level data | | Yes |
| Number of MS endorsing documentation standards of health system  indicators | | 10 + at least 2 NMS |

# Specific Objective Number



12.2

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| **Specific Objective** | Document existing and new Health System Performance Assessment (HSPA)  frameworks | |
| **Process Indicator(s)** | | **Target** |
| Liaise and coordinate with international organization, with EU projects, with other WP  and with MS: yes/no | | Yes |
| Structured dialog with EC and international organizations in the context project steering  committee meetings and sounding board meetings: yes/no | | Yes |
| **Output Indicator(s)** | | **Target** |
| HSPA Passports describing key characteristics, performance domains and health system  indicators used, and context of use: yes /no | | Yes |
| Report mapping overlaps and matches in the use of performance domains and health  system indicators: yes/no | | Yes |
| **Outcome/Impact Indicator(s)** | | **Target** |
| Blueprint of a HSPA framework: yes/no | | Yes |
| Dissemination of a blueprint of building blocks for a consolidated HSPA framework | | Yes |
| Expanded coverage of frameworks in the Health Data Navigator (in the TAB  Performance) | | Yes |

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| **Specific Objective**  **Number** | 12.3 | |
| **Specific Objective** | Provide meta information about data sources commonly used for evaluating  health systems in MS | |
| **Process Indicator(s)** | | **Target** |
| Liaise and coordinate with other WP and project partner countries, at least in ES, DK,  POR, SLO, BE, NL, HUN, ITA: yes/no | | Yes |
| Validated and harmonized criteria to assess suitability of data sources for health  system monitoring used in partner countries: yes/no | | Yes |
| **Output Indicator(s)** | | **Target** |
| Country passports (CP) including assessment criteria: yes /no | | Yes |
| CP detailing availability of individual level data, governance and data protection  issues: yes/no | | Yes |
| **Outcome/Impact Indicator(s)** | | **Target** |
| Blueprint of country passports (CP) including related documentation standards on the  basis of key criteria: yes/no | | Yes |
| Leaflets on key developments linking individual level data | | Yes |
| Adapted country coverage in the Health Data Navigator (in the TABs National and  Data Management) | | ca.8 /at least 2 NMS |

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| **Specific Objective Number** | 12.4 | |
| **Specific Objective** | Assess outcomes and results of EU-funded projects supporting the  evaluation of health systems | |
| **Process Indicator(s)** | | **Target** |



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| Validate, expand and develop inclusion and assessment criteria of such projects:  yes/no | Yes |
| **Output Indicator(s)** | **Target** |
| Project Passports (PP) including assessment criteria: yes /no | Yes |
| **Outcome/Impact Indicator(s)** | **Target** |
| Blueprint of PP including related documentation standards on the basis of key  criteria: yes/no | Yes |
| Number of studies controlling or re-doing previous studies | Tbd. |
| Expanded coverage in the Health Data Navigator (in the TAB International/Projects) | Yes |