

Table Of Content

BRidging Information and Data Generation for Evidence-based Health Policy and Research	5
Summary	6
Work Package	10
Coordination of the project	10
Dissemination of the project	10
Evaluation of the project	10
European Core Health Indicators Monitoring (ECHIM)	10
Harmonized population based health examination surveys	10
Impacts of environmental chemicals on health	10
Reproductive, maternal, newborn, child and adolescent health	10
Platform for population based registries	10
Platform for Injury Surveillance	10
Building a platform for administrative data on Health Care	10
Integration of approaches into a comprehensive EU information system for health and health care monitoring and reporting	10
Evaluation of health care systems	10
Coordinator, Leader contact and partners	26
INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE	26
ROBERT KOCH-INSTITUT	26
ROBERT KOCH-INSTITUT	26
ROBERT KOCH-INSTITUT	26
ROBERT KOCH-INSTITUT	26
ROBERT KOCH-INSTITUT	26
ROBERT KOCH-INSTITUT	26
ROBERT KOCH-INSTITUT	26
RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU	26
RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU	26
RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU	26
RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU	26
RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU	26
TERVEYDEN JA HYVINVOINNIN LAITOS	26
TERVEYDEN JA HYVINVOINNIN LAITOS	26
TERVEYDEN JA HYVINVOINNIN LAITOS	26
TERVEYDEN JA HYVINVOINNIN LAITOS	26
BIPRO GMBH	26
BIPRO GMBH	26
UMWELTBUNDESAMT	26
UMWELTBUNDESAMT	26
UMWELTBUNDESAMT	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
FUNDACIO CENTRE DE RECERCA EN EPIDEMIOLOGIA AMBIENTAL - CREAL	26

FUNDACIO CENTRE DE RECERCA EN EPIDEMIOLOGIA AMBIENTAL - CREAL	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA	26
INSTITUTO DE SALUD CARLOS III	26
INSTITUTO DE SALUD CARLOS III	26
INSTITUTO DE SALUD CARLOS III	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
VLAAMSE INSTELLING VOOR TECHNOLOGISCH ONDERZOEK N.V.	26
KOBENHAVNS UNIVERSITET	26
KOBENHAVNS UNIVERSITET	26
KOBENHAVNS UNIVERSITET	26
KOBENHAVNS UNIVERSITET	26
KOBENHAVNS UNIVERSITET	26
KOBENHAVNS UNIVERSITET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
FOLKEHELSEINSTITUTTET	26
DUBLIN CITY UNIVERSITY	26
DUBLIN CITY UNIVERSITY	26
ISTITUTO SUPERIORE DI SANITA	26
ISTITUTO SUPERIORE DI SANITA	26
UNIVERSITA DEGLI STUDI DI ROMA TOR VERGATA	26
SWANSEA UNIVERSITY	26
SWANSEA UNIVERSITY	26
SWANSEA UNIVERSITY	26
SWANSEA UNIVERSITY	26
SWANSEA UNIVERSITY	26
EUROSAFE - THE EUROPEAN ASSOCIATIONFOR INJURY PREVENTION AND SAFETY PROMOTION	26
INSTITUTO ARAGONES DE CIENCIAS DE LA SALUD	26
SYDDANSK UNIVERSITET	26
SYDDANSK UNIVERSITET	26
SYDDANSK UNIVERSITET	26
SYDDANSK UNIVERSITET	26
SYDDANSK UNIVERSITET	26
SYDDANSK UNIVERSITET	26
FACULDADE DE ECONOMIA DA UNIVERSIDADE NOVA DE LISBOA	26

UNIVERSIDADE NOVA DE LISBOA	26
UNIVERSIDADE NOVA DE LISBOA	26
UNIVERSIDADE NOVA DE LISBOA	26
NACIONALNI INSTITUT ZA JAVNO ZDRAVJE	26
NACIONALNI INSTITUT ZA JAVNO ZDRAVJE	26
NACIONALNI INSTITUT ZA JAVNO ZDRAVJE	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
SEMMELWEIS EGYETEM	26
UNIVERSITETET I OSLO	26
UNIVERSITETET I OSLO	26
UNIVERSITETET I OSLO	26
UNIVERSITETET I OSLO	26
KAROLINSKA INSTITUTET	26
KAROLINSKA INSTITUTET	26
KAROLINSKA INSTITUTET	26
KAROLINSKA INSTITUTET	26
KAROLINSKA INSTITUTET	26
KAROLINSKA INSTITUTET	26
UNIVERSITA COMMERCIALE LUIGI BOCCONI	26
UNIVERSITA COMMERCIALE LUIGI BOCCONI	26
HOFMARCHER-HOLZHACKER MARIA	26
TECHNISCHE UNIVERSITAET BERLIN	26
TECHNISCHE UNIVERSITAET BERLIN	26
INSTITUT DE RECHERCHE ET DOCUMENTATION EN ECONOMIE DE LA SANTE	26
INSTITUT DE RECHERCHE ET DOCUMENTATION EN ECONOMIE DE LA SANTE	26
MEDIZINISCHE UNIVERSITAET WIEN	26
MEDIZINISCHE UNIVERSITAET WIEN	26
MEDIZINISCHE UNIVERSITAET WIEN	26
MEDIZINISCHE UNIVERSITAET WIEN	26
MEDIZINISCHE UNIVERSITAET WIEN	26
ECOLE PRATIQUE DES HAUTES ETUDES	26
ECOLE PRATIQUE DES HAUTES ETUDES	26
UNIVERSITY OF SURREY	26
UNIVERSITY OF SURREY	26
UNIVERSITY OF SURREY	26
UNIVERSITY OF SURREY	26
UNIVERSITY OF SURREY	26
UNIVERSITY OF SURREY	26

Outputs	48
MD4 Layman version of the final report	48
MD2 Final report	48
Report Follow-up Committee Assessment	48
Tech reports disability indicators, information need matching & webbased indicator repository	48
Tech reports Environment and health monitoring, role environmental health and biomonitoring, network	48
Scientific articles on Environmental Health monitoring, Integrated Environmental Health monitoring	48
Scientific articles on Blueprint RMNCH health information, Using routine data on children and adolescent health	48
Tech reports data linkage, guidelines harmonisation exchange of data, routine data sources	48
Tech reports, a.o. How to set up a register, Training guidelines	48
Tech reports Cost injury, Sustainable IDB exchange, Injury status, Training material, Health inequality in injury, Comparing IDB data with other sources on injury data	48
Tech reports current system description, ethical & legal issues, common dataset, output files, blueprint data infrastructure	48
Tech reports quality, blueprint platform	48
Scientific article Blueprint platform	48
Tech reports performance evaluation exercise, Quality performance information	48
Scientific article Blueprint of the process to be followed to build a data platform	48
Tech reports Manual presentation health system indicators, Inclusion assessment, Blueprint performance passports, Health system information repository	48
Website update	48
Scientific article integrating health systems information	48
Tech reports EHES network, training, site visits, data, data quality and reporting, health information inequality	48
Consortium agreement	48
Concept paper	48
Tech reports, a.o. on Network consolidation	48
MD1 Interim report	48
Tech reports data quality, injury status, harmonising data capturing process in EU, guidelines data administrators	48
Tech report status ECHI	48
EHES website	48
Tech report data protocols update	48
MD3 Leaflet	48
MD5 Website	48

BRidging Information and Data Generation for Evidence-based Health Policy and Research

JA2015 - GPSD [705038]

START DATE: 01/05/2015

END DATE: 31/10/2017

DURATION: 30 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Call for Proposals for Projects 2014

TOPIC: Health monitoring and reporting system

EC CONTRIBUTION: 3473044.23 EUR

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PORTFOLIO: Health indicators

Project abstract

BRIDGE Health (BRIdging Information and Data Generation for Evidence-based Health Policy and Research) aims to create European health information (EU-HI) and data generation networks covering major EU health policy areas. The network uses comprehensive experience and assures a knowledge transfer from past health and research frameworks.

The aim is to work towards a comprehensive, integrated and sustainable EU-HI supporting evidence-based health policy and research for the EU and Member States by providing blueprints and/or concepts of building blocks for a future EU-HI research infrastructure consortium (ERIC-HI).

The project bridges key EU projects in domains of population and health system monitoring and indicator development, health examination surveys, environment and health, population injury and disease registries, clinical and administrative health data collection systems and methods of health system monitoring and evaluation.

The project aims to:

- 1) enhance the transferability of health information and data for policy and improve the utility and use of data and indicators for stakeholders in policy making, public health surveillance and health care;
- 2) reduce health information inequality within the EU and within MS;
- 3) develop a blueprint for a sustainable and integrated EU Health information system by developing common methods for a) standardising the collection and exchange of health information within and between domains, between MS, including e-health platforms; b) ensuring data quality, including procedures for internal and external validation of health indicators; c) undertaking priority setting exercises for health information, d) addressing ethical and legal issues associated with the collection and use of health data within MS and the EU.

Coordination, dialogue and interaction with DG-SANCO, the Expert Group on Health Information, Eurostat, DG Research and other DGs ensure the sustainability of the work and bridges to a future ERIC-HI.

Summary of context, overall objectives, strategic, relevance and contribution of the action

Health policy and decision making must be based on robust evidence in the form of high quality and timely data on population health and health systems and thorough research outcomes. BRIDGE Health (BRIdging Information and Data Generation for Evidence-based Health Policy and Research) aims to create European health information and data generation networks covering major EU health policy areas. It is working towards a comprehensive,

integrated and sustainable EU health information system supporting evidence-based health policy and research for the EU and Member States by providing blueprints and/or concepts of building blocks for a future integrated and sustainable EU health information system which may result in a European research infrastructure consortium on health information.

BRIDGE Health contributes to the action of the health programme through better informed health and health-in-all policies. The project focuses on essential pillars for health information needs: (1) to be available at EU, national and subnational level, including information on social inequalities and vulnerable groups; (2) to be structured and comparable; (3) to include information regarding key determinants of ill health; (4) to include information on health care systems and (5) to build on best practice information.

More specifically, BRIDGE Health covers as specified in the call under 2.1.3.3. Towards a sustainable health monitoring and reporting system (Point 3.7. of Annex I to the Programme Regulation) following specific activities in the domain of (a) population health and health systems; monitoring by using common validated indicators; (b) harmonized population based health examination surveys; (c) monitoring of impacts of environmental chemicals to health; (d) monitoring and reporting of perinatal and child health; (e) platform for population based registries for diseases; (f) platform for injury surveillance; (g) platform for Clinical and Administrative data on Health Care; (h) establishing standards and approaches for clinical and administrative health data collection and data sharing between countries; and (i) providing harmonised indicators, methods and tools to support monitoring and evaluation of health care systems in interested countries.

Methods and means

The methods and means to meet the aim are the coordination and convergence of the existing knowledge and realisations of existing key projects in health information from the previous health programmes in order to work towards a blueprint of a European Union health information system. To enhance synergy between the previous vertical approaches, BRIDGE Health organises the different Work Packages (WPs) around the sets of generic or transversal aims.

The methods and means to reach the specific aims of the WPs range from literature review (WP 4, 6, 12), conceptual development (WP 4, 5, 7, 12), transferability to policy: stakeholder surveys, policy mapping exercises through among other things literature review, inventory of gaps identified in different domains of health information, inventory of outcomes of EU funded studies in the domain of population health and health systems and comparative studies (WP 1, 4, 5, 6, 12), network consolidation (WP 1, 4-12),

indicator development (WP 4, 8, 12), website updating (WP 1, 5, 7, 8, 9, 12), survey methodology (WP 5, 6, 8), training (WP 5, 7, 8, 9), priority setting exercises and methods development (WP 5, 6, 7, 9, 12) data collection, analysis, quality evaluation and validation (WP 1, 7, 8, 9, 10, 11).

Work performed during the reporting period

The main outputs achieved so far of the project as a whole is the concept paper, which includes the scope, tasks, activities and governance structure, of a future European health information structure. The paper presents the strengths and limitations of a set of possible structures including a European Research Infrastructure Consortium (ERIC) on Health Information. Additionally, BRIDGE Health has brought key players together and put health information on the political agenda at Member State and European level. BRIDGE Health has even extended its activities to take the lead in drafting the technical and scientific description of the ERIC on health information.

Work Package (WP) specific outputs are the interim report with annexes (WP 1), the technical report of: (WP 4) the status of the ECHI; (WP 8) the network consolidation, how to set up a registry, training guidelines; (WP 9) data quality, injury status, harmonising data capturing process in the EU, guidelines data administrators; (WP 10) common dataset, output files, blueprint data infrastructure; and (WP 11) data protocols update.

The main output achieved so far and their potential impact and use by target group (including benefits)

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Achieved outcomes compared to the expected outcomes

BRIDGE health has achieved more than was initially planned. It has taken the lead on the creation of the ERIC on health information and has made significant progress both in the Work Packages and the Horizontal Activities. Some anticipated delays have occurred to obtain data in WP 10 and to have the consortium agreement signed by all partners, but are being addressed. All other deliverables and milestones have been reached.

Dissemination and evaluation activities carried out so far and their major results

BRIDGE Health has been active in its dissemination activities. A leaflet and website has been created at the start of the project. Additionally, BRIDGE health has been active on social media, has created a newsletter, and participated in international conferences. BRIDGE health has participated in multiple national and international events and meetings to have a stronger impact and increase its visibility. BRIDGE Health has achieved wide-spread recognition and is engaged in health information discussion at national and international level.

Work package

Work Package 1: Coordination of the project

Start month: 1

End month: 30

Work Package Leader: WIV-ISP (IPH)

Actions undertaken to manage the project and to make sure that it is implemented as planned

Task 1.1: Coordination of project

Coordination and day to day follow-up of the scientific, administrative and financial aspects of BRIDGE Health is done by WIV-ISP under the responsibility of Herman Van Oyen. The management includes regular assessment, planning future work and reporting to the relevant bodies, especially the Expert Group on Health Information (EGHI), on progress, possible deviations, proposed modifications and negotiation of subsequent amendments. The management also includes the implementation of actions for conflict resolution in case of conflicts between applicants, and will be achieved by regular meetings of the Work Package (WP) leaders through six Steering Committee meetings (SCM), including a kick-off meeting. Membership to the Steering Committee (SC) is limited to maximum two applicants (including the WP leader) for each WP. Representatives of the executive agency (CHAFEA), DG-SANCO, Eurostat, are invited to participate to the SCM. The SCM invites, as appropriate, additional experts of EU directorates and relevant selected projects following the calls under Horizon2020 or the Public Health Working Programme. All SCMs are planned to allow a tight management of the project (month 1,6,12,18,24,30). Two SCMs (month 12,18) also include a workshop related to generic transversal objectives prepared by the WP leaders and one SCM will be held immediately prior to the one day Paris seminar "European Health Information Policy Strategy" (months 24). The SCMs coincide with milestones and deliverables. The kick-off meeting and two SCM (months 1, 6, 18) are held in Luxemburg and will allow to strengthen the collaboration with DG-SANCO, Eurostat, CHAFEA and other DGs as appropriate. The other SCM's are organized in Brussels (months 12, 30) and Paris (month 24). Next to the SCM, there are 3 General Assemblies (GA) at Month 1, 12 and 24 with participation of all applicants. The meeting place of the GAs coincides with the meeting place of the SCMs.

The agenda of the SCM includes at least:

1. Overview of overall timetable and schedule of upcoming deliverables;
2. Report on each of the WPs and WP clusters progress and milestones achieved;
3. Plan annual work of each of the WP's (SCM months 1, 12, 24, including the kick-off meeting);
4. Preparations of presentations to the EGHI and BRIDGE Health Follow-up Committee;
5. Preparation of the annual report to the CHAFEA and DG SANCO (months 12, 24, 30);

6. Overview of the status of the dissemination activities and dissemination work plan;

7. Administrative and financial matters.

In addition to the SCM, the coordinator of BRIDGE Health (applicant #1) initiates at least one teleconference meeting with the WPs' leaders in the period between 2 SCM. The coordinator and the WP leader on dissemination (WP2; INSERM, applicant#2) ensures regular contacts (teleconferences or face to face) with DG-SANCO, Eurostat and the Chair of the BRIDGE Health Follow-up Committee to update them on progress and to discuss relevant issues.

Between the coordinator and the applicants a consortium agreement will be signed by the end of month 1.

For a detailed overview of the management structure and organisation, monitoring mechanisms and financial management description, please refer to section 2.8 of part B.

Task 1.2: Facilitation of the convergence between the WP's to work together towards an integrated health information system.

The coordinator facilitates the interaction between the WP leaders. By bringing together the WP leaders around generic transversal objectives, the WP leaders are stimulated to work together. For each of the transversal activities two WP leaders will set up a working group involving other applicants. The coordinator follows the progress of working groups and prepares the planning of the presentations of the work at different workshops (two within SCMs and two during the Eu

Work Package 2: Dissemination of the project

Start month: 1

End month: 30

Work Package Leader: INSERM

Actions undertaken to ensure that the results and deliverables of the project will be made available to the target groups

Task 2.1: Coordination of the communication and dissemination

The overall strategy of BRIDGE Health is to disseminate high quality information on Health Information development throughout Europe through a wide range of means including a project website, a set of dedicated linked websites, ad-hoc technical reports, country profiles, scientific papers and presentation to European conferences. The WP2, led by INSERM (applicant#2) is linked to all the specific objectives and will co-ordinate the dissemination of the results of BRIDGE Health. WP2 leader is responsible for the presentation of the communication and dissemination plan (CDP) at the kick-off meeting of the project. The main working and dissemination language is English. The WP will ensure the suitability of the language and the accuracy of the English of the dissemination media. Alternatively the translation and dissemination of the WP-specific country fact sheets in the individual countries languages is a collaborative effort done by the applicants, their

networks and collaborating stakeholders and will contribute to this WP. In addition BRIDGE Health plans to present its work at major annual European Conferences such as the EPH Conferences or the European Health Forum in Gastein. The detail of dissemination is listed under the section 6 "Expected outcomes".

WP2 coordinates the production of basic dissemination tools for BRIDGE Health: flyers, booklets, etc. and proposes various templates for harmonizing the style WP specific dissemination tools using e.g. a BRIDGE Health logo/banner: PPT, flyers, newsletters, reports, fact sheets. Following communication products are used:

- Websites: The project website has an overarching portal function for the general public providing information about BRIDGE Health, the different Health Information domains of each of the WPs and the publications and communications. As portal, it provide clear visual link to the different already existing domain specific websites from the previous projects (all WPs). These websites will clearly state that they are now an integrated part of the BRIDGE Health (including BRIDGE Health logo and banner) with the necessary link to the BRIDGE Health portal website. Next the BRIDGE Health has a confidential part as an intranet related to the project functioning.

- Policy briefs or country fact sheets (n=8 series)
- Proceedings of BRIDGE Health workshops and seminars (n=3)
- Press releases (n=3)
- Training materials and/or guidelines (n=3)
- Scientific papers (n=8)

A leaflet describing the BRIDGE Health project (partners, objectives, methods, expected outcomes) will be made available. At the end of the programme WP2 will be responsible for the production of the layman version of the final report.

WP2 reviews and updates the CDP every 6 months during the SCM, being especially attentive to the dissemination of fact sheets and policy briefs. This includes update of flyers and websites, presentation of papers in several meetings in addition of the BRIDGE-Health meeting in Paris and EUPHA workshops, release of various technical reports, and preparation of scientific papers.

Task 2.2: Organisation of two workshops at the European Public Health conferences (Milano, Vienna) and the seminar "European Health Information Policy Strategy (Paris), which is a stakeholder meeting.

INSERM (applicant #2) and EPHE(applicant#30) coordinate the BRIDGE Health public meeting on Health Information Policy Strategy to be held in Paris (Month 24) and the application for two European Public Health conference workshops during the duration of the project.

Task 2.3: Publication of a special issue on Health Information Policy Strategy in Europe.

Based on based on the papers to be presented in the Paris meeting, the WP2 leader (INSERM, applicant #2) will coordinate and be the editor of a special issue on Hea

Work Package 3: Evaluation of the project

Start month: 1

End month: 30

Work Package Leader: WIV-ISP (IPH)

Actions undertaken to verify if the project is implemented as planned and reaches the objectives:

The project BRIDGE Health is coordinated by the ISP (applicant #1). The coordination has been entrusted to Herman Van Oyen (WIV-ISP) as project leader (PL). To ensure the progress of BRIDGE Health and perform its mandatory internal evaluation, it was decided to establish a Follow-up Committee bringing together stakeholders from MS (selected through Expert Group on Health Information (EGHI, N=3)), a representative of the Belgian Ministry of Public Health and of the Ministry of Research and an academic evaluator from a Belgian university. This committee will meet 3 times in Brussels during the 30 months duration of the project (month 9, 20 and 30). The Follow-up Committee invites the PL and the WP2 leader (WP dissemination) and an applicant, member of the Steering Committee of the project to inform the Follow-up Committee during the meeting. The Follow-up Committee appoints a chair and rapporteur during the first meeting. Administrative personnel of the ISP provides administrative support to the Chair of the Follow-up Committee upon his/her request. The missions of the Follow-up Committee are:

- to discuss and validate the activity report (achievement of the objectives and impact on the target groups) of the project for the previous period using the defined list of process, output and outcome/impact indicators;
 - to discuss and validate the work plan for the following period, if necessary, identifying needs and opportunities for interactions with DG-Sanco or other DG's, Eurostat and other selected projects following the calls under Horizon2020 or Public Health Working Programme.
 - to discuss the planned programme of the European Public Health conference workshops and the Paris seminar "Health Information Policy Strategy in Europe".
- As recommended, the internal evaluation is not conducted by the PL, adding that ideally the person responsible for internal evaluation should not be associated with the implementation of the project, the responsibility for the WP devoted to internal evaluation (WP3) will be entrusted to the Chair of the Follow-up Committee. In practice, the PL and the WP Leader for dissemination (WP2) will report on the project to the Follow-up Committee on the basis of the specific indicators, expected outcomes and milestones of the project. The evaluation will be expressed by the conclusions of meetings, which will be attached to the interim and final reports of the project.

Work Package 4: European Core Health Indicators Monitoring (ECHIM)

Start month: 1

End month: 30

Work Package Leader: RKI

Update of the ECHI Shortlist indicators and improvement of the knowledge to

support the effective development and use of health indicators for health policy purposes

Task 4.1. Strengthening the network of national capacities for assessing, reviewing, developing and using ECHI-indicators (RKI, applicant #3)

- Have two meetings with national health indicator experts (e.g. the former EGHI group) about progress or problems concerning the national use and implementation of ECHI-indicators, the underlying data availability and quality and the available capacities and reporting opportunities to tackle the health information inequality
- Map the data availability for the ECHI-shortlist in all MS (+)
- Coordinate Work Package 4 by instituting an expert advisory core group (8-10 people) and having 2 two-day meetings of this group and by having regular teleconferences and meetings (2 per year)

Task 4.2. Technical evaluation, repair and development of the current ECHI-shortlist (RKI)

Recent changes in underlying indicator methodology or data collections, such as in the European Health Interview Survey, require changes in definitions and background information for some ECHI-shortlist indicators. Indicators from the 'development' section of the ECHI-list will need to be included in this work as well to assess progress or possible changes in definitions and availability. The process requires expert consultation working towards general consensus.

Testing and further developing the indicators in the current 'development' section of the ECHI-list for progress in methods, definitions, data collections and for the availability, comparability and quality of the data in EU/EFTA countries. Literature search, criteria development and expert review.

A special development activity will be undertaken for the area of disability indicators as these are planned to be integrated in the EHIS-wave 2019. This will involve scientific development work on the elaboration and testing of a relevant disability module including expert consultation. Collaboration with Eurostat is foreseen.

Task 4.3. Content evaluation of the ECHI-shortlist and strategy definition for its elaboration (RIVM, applicant #4)

It is important to evaluate the ECHI-shortlist against existing national health policies and information needs. This will provide a policy perspective that is broader than the initial 'public health' approach taken by the ECHI-projects. This also a priority exercises by mapping existing health policy information needs to potential indicator areas for further development, such as indicator needs for health system performance, for health inequalities, for health of different age groups (children, elderly) and for specific EU-policies, including regional policies or policies on healthy ageing or chronic diseases. Through this policy mapping exercise and expert consultation priority areas are identified where new common European health indicators need to be developed. It will also involve drawing up and testing criteria for including indicators in the existing ECHI-list.

This requires collecting input from other work packages that host for instance expertise in the area of health system performance assessment (WP9-WP12). It also involves further document and literature search, expert consultation, MS consultation, consultation with EC Directorates. Finally, a discussion and review of

results and outcomes with core expert group appointed for Task 4.1. to critically analyse the results. Presentation of results to EGHI and to meeting of national indicator experts from MS and international organisations such as OECD, WHO and to the other WP's leaders in the project.

Task 4.4. Collect data and information for a European health indicator repository (RIVM)

Health indicator knowledge, reports and publications will be collected and systematically arranged following the conceptual health indicator structure developed by ECHIM with the aim to fill a health indicator r

Work Package 5: Harmonized population based health examination surveys

Start month: 1

End month: 30

Work Package Leader: THL

This WP (THL, applicant 5) will collaborate closely with other WPs, especially with WP4, WP6, WP8, WP9 and WP12, to find synergies in data collection procedures at national level, establishment of centralized database (including data transfer and management systems), in definition of indicators to be used in reporting and establishment of reporting systems.

The recommendations for the standardized health examination survey protocols, and their training materials, will be updated and extended. Support for national survey organizers will be provided to ensure comparability of HESs

Task 5.1 Maintaining and updating the EHES network (Months 1-30)

- During the EHES Pilot Project, a network of national experts on health examination surveys was established and it covered all EU MSs and EFTA/EEA countries except Liechtenstein. The network will be maintained and updated to ensure that all the relevant people from the all MS are included.
- Communication and exchange of knowledge between network members will be encouraged. To facilitate this communication, EHES Newsletter will be distributed in regular intervals. EHES Newsletter will include latest news from the national HES conducted in MSs and other relevant information relating to planning, preparation and organization of national HESs. When relevant, additional information will be distributed through e-mails.

Task 5.2 Maintaining and updating the EHES web site (Months 1-18)

- During the EHES Pilot Project, EHES web site (<http://www.ehes.info>) was created. This web site has information about national HESs conducted in Europe, EHES Manuals and training material, and other relevant information relating to the planning and preparation of national HESs.
- Information on web site will be updated and extended to cover latest national HESs, and latest published recommendation relating to physical measurements

possible to conduct in survey setting. Also link to the European Health Interview Survey (EHIS) and other relevant projects will be added to the web site.

Task 5.3 Providing professional support for countries planning and preparing their national HES (Month 1-30)

- During the project period (2nd quarter of 2015 – end of 2017) several countries (at least Czech Republic, Finland, France, Malta, Portugal and UK) are planning to conduct a national HES.
- Professional support on planning and preparation of these surveys will be provided. This will cover topics such as sample selecting, calculation of sampling weights for reporting, possibilities for recruitment methods, selection of measurements for the survey, how to organize the training of the selected measurement, and how to handle survey non-response.

Task 5.4 Review and updating of the EHES Manual and related training materials (Months 3 – 30)

- During the EHES Pilot Project, EHES Manual and training materials were prepared. These covered sample selection, core measurements (anthropometric measurements, blood pressure, and blood sample collection for measurement of lipids and glucose/HbA1c), external quality assessment and basic concepts of data management and reporting.
- Questionnaire items recommended in the EHES Manual will be compared against latest recommendations of the European Health Interview Survey (EHIS) and where needed and feasible, updated.
- Need for new questionnaire modules and availability of widely accepted standardized modules will be evaluated.
- For core measurements, latest developments of measurement devices will be evaluated and protocols will be updated if necessary. This concerns especially blood pressure, where previous (also EHES) standard was to use mercury sphygmomanometer and since banning the sale of mercury sphygmomanometers, new alternatives are required.
- Need for new measurement protocols and availability of widely accepted standardized protocols will be evaluated.

Task 5.5 External quality assessment of national HESs (Months 1-30)

- Site visits to evaluate the field work, used procedures

Work Package 6: Impacts of environmental chemicals on health

Start month: 1

End month: 30

Work Package Leader: BIPRO GMBH

The work package on impact to health of environmental chemicals (and other exposures) is coordinated by BiPRO and CREAL. The overall coordination has been entrusted to Anke Joas (BiPRO) and Martine Vrijheid (CREAL) as work package

leaders. This WP will collaborate closely with other WPs, especially with WP5, WP7, WP8, and WP11, to find synergies in data collection procedures at national level, definition of indicators to be used in reporting and establishment of reporting systems, and in integration of data sources (including data transfer and management systems). The work package will perform three major tasks: i) do a summary analysis of the status quo in environmental exposure assessment and environmental health surveillance including a gap analysis in the light of policy and infrastructural needs, ii) perform an assessment of options on how to better integrate existing methods and data sources with research, iii) further develop a proposal for a future role and EU wide infrastructure for longterm integration of environmental health surveillance and exposure assessment in EU health information and health policies. These tasks entail review and mapping work, horizon screening and strategy development.

Task 6.1 Maintain and expand the COPHES and ENRIECO expert network, strengthening exchanges between these networks. (BiPRO, CREAL)

- Update and expansion of relevant contact lists to cover all MS
- Organisation of regular e-exchange (newsletter with contributions from the experts and contributions to network websites)
- Organisation of stakeholder feedback to status quo and needs by means of a questionnaire
- Organisation of drafting meetings (Mo9, Mo18)
- Organisation of a network meeting for information exchange and consensus building (Mo24)

Task 6.2 Develop a strategy for harmonizing and bridging data collections from environmental health surveillance and research projects in environmental health and for setting priorities for Europe-wide collaborative work (BiPRO, CREAL, VITO, ISCIII, UCPH, UBA in close collaboration with WP leaders of WP5, WP7 and WP11)

- Compile latest knowledge of biomarkers and non-invasive sampling, prioritization of substances, analytical methods, study design, data storage, and ethical issues in the light of health information (BiPRO, CREAL, UBA, UCPH, ISCIII)
- Map biomonitoring of environmental chemicals including covered substances, biomarkers and analysis methods (BiPRO, CREAL)
- Evaluate potential links of HBM, questionnaire data and other health parameters with other data sources for environmental health surveillance, including those that may be linked to the routine data registries specified in WP7 and WP8. These may include publically available environmental and health data repositories including geographically-based Europe-wide exposure databases. The existence of exposure databases and health registry data in many regions of Europe, provides potential for the environmental health surveillance, additional to HBM. With this we mean the systematic and continuous monitoring of disease prevalence in relation to potential pollution sources. (CREAL, VITO)
- Identify and prioritize gaps in the knowledge on relations between environmental determinants and health (CREAL, VITO)
- Identify priority areas for harmonization of existing data collections (in HBM, indicators (WP4) and registers (WP7, WP8) (all)
- Update information on infrastructural and organisational needs for environmental health monitoring and options for surveillance synergies (see also WP5 and WP7)

(all)

- Summarise options for research to policy and practice interface to promote the use of environmental health surveillance in European health information (UCPH, CREAL, BiPRO, UBA, ISCIII)

Task 6.3 Develop blueprint for long term contribution of environmental health monitoring to European health information and decision making in public health (BiPRO, CREAL, VITO, ISCIII, UBA, UCPH)

- Compile needs and priorities in health and cons

Work Package 7: Reproductive, maternal, newborn, child and adolescent health

Start month: 1

End month: 30

Work Package Leader: NIPH

To improve and strengthen information and data collection on reproductive, maternal, newborn and child health (RMNCH) by bridging efforts for health information in RMNCH and creating a roadmap for further development.

Task 7.1 To develop a blueprint for health information in RMNCH to be sustainably integrated in a European health information system for health care, public health surveillance, research and policy making (NIPH, applicant #12; in collaboration with INSERM, applicant #2, CREAL (applicant #8 and DCU, applicant #13)

- Review and merge existing maps, as well as undertake data collection in the joint network, to map the structure and content of the current European infrastructure of reproductive health registries and other data collections in RMNCH
- 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

Task 7.2 To Optimize the sustainability, timeliness, comprehensiveness, quality and use of perinatal health information from routine systems as specified in the Euro-Peristat roadmap (INSERM in collaboration with NIPH, CREAL, DCU)

- Support sustainable perinatal health reporting from routine health information systems in Europe by maintaining the existing Euro-Peristat network of 29 countries and expand it with the joint RMNCH network

- Training sessions held with new member countries
- Meeting of the Euro-Peristat network
- Report and scientific publications on analysis of Euro-Peristat Health Indicators published

- Reinforce capacity and reduce inequalities in data production, transfer, sharing, analysis and use of perinatal health indicators from routine data systems on the national and European levels by implementing cross-cutting health surveillance and

research actions identified in the Euro-Peristat project

- Action research report on extending reporting capacity through data linkage published
- Protocol for experimental micro-data repository using data on 2015 births published
- Reporting interface protocol involving policy makers, clinicians, statisticians, users and researchers on a selected theme published
- To harmonize and integrate Euro-Peristat health indicators, methods and tools within an EU health information system
- Report on synergies between perinatal health information and other health information projects published

Task 7.3 To create a research observatory for reproductive, maternal, newborn and child cohorts and registries. (CREAL, in collaboration with NIPH, INSERM, DCU)

- Maintenance and expansion to new cohorts (see www.birthcohort.net)
- Report with proposal for improved integration of cohort and registry data sources on RMNC
- Expert meeting (in conjunction with objective 2A) to develop an infrastructure for research observatory for reproductive, maternal, newborn and child cohorts and registries
- Guidelines for Europe-wide cohort data harmonization and exchange. List of priority child health areas for data harmonization
- Harmonizing and bridging routine administrative and health data collection systems and indicators with research data collections. (DCU)
- Review of possible sources of relevant administrative and research data on maternal and child health
- Report on the extent and value of a range of possible data sources on the lives of children, and adolescents in Europe
- Workshop, on bringing administrative data into full use for child and maternal health in Europe
- RICHE website maintenance and updating

Work Package 8: Platform for population based registries

Start month: 1

End month: 30

Work Package Leader: ISS

To maintain and strengthen the implementation of population based registries for chronic diseases with standardization of methodologies for producing standardized EU-wide indicators taking selected clinical conditions as test cases.

Taking advantage of existing experience from EUROCISS and EUBIROD, two tasks will contribute in the realization of the work, task 1 focusing in particular on chronic disease occurrence and task 2 focusing in particular on quality of health care.

Task 8.1. (ISS)

- Identify standardized definitions of non-communicable chronic diseases of interest in public health,
 - Identify common procedures and methods for establishing population-based registers, including sources of information, population size, identification of events, diagnostic criteria for the validation of events, quality control, internal and external validation procedures, ethical issues, to deliver the processed core indicators of disease occurrence recommended by ECHIM.
 - Prepare a manual of operations with a stepwise procedure for the implementation of the population based register of the chronic non-communicable diseases
 - Prepare guidelines for the training of epidemiological team involved in the implementation of the population based registers
- Synergies with other groups involved in population health information/health examination (EHIS/EHES) and in morbidity/mortality surveillance will be explored (EUROSTAT).

Task 8.2. (UNITOV and USURREY)

Building upon the successful experience of major EU projects conducted in the field of diabetes, this task will take advantage of the continuing EUBIROD network of registers, managed by HIRS under the direction of UNITOV and with the support of USURREY, to make further progress and deliver results across different disease areas.

- The implementation the set of standardized definitions identified for diseases selected in Task 1 into a general population-based register data dictionary
- Blueprints for adjusting and further developing a suite of open source software for data management, statistical analysis and automated delivery of indicators. The document will include a detailed plan of the development and implementation of a user friendly interface that will enable data custodians to produce local reports and transmit data towards a central location for the routine production of EU indicators (e.g. ECHI shortlist). The compliance of the whole process to privacy and data protection rules will be explored through the specification of targeted evaluation methods that will be made available to participating registers.
- Development of technical manuals, including sets of recommendations for personnel involved in data processing of population-based registers.

Work Package 9: Platform for Injury Surveillance

Start month: 1

End month: 30

Work Package Leader: SU

Task 1. Maintain a IDB- repository of current IDB-data and support to the current network of IDB national data administrators by:

- Coordinating external quality control on national data sets and Meta Data Files;
- Annual data uploads of national data files into the EU-database;
- Standardised analysis of IDB data, including annual data delivery reviews;

- Producing bi-annual reports (including country comparison, trend analysis, ECHI-29-b);
- Organise 3 exchange and training meetings with IDB national data administrators
- Web based communications demonstrating the value of injury data for prevention.

Task 2 Expand IDB by including the remaining nine EU/EEA MSs while maintaining the current country partners , cover all injuries, i.e. including road traffic and violence and all age groups by:

- Assisting in developing national samples of hospitals in new countries;
- Providing guidance and distance training to new IDB-national data administrators and facilitate national implementation;
- Monitoring the results of pilot tests and the introduction of full scale data collection efforts.

Task 3 Maintaining and further enhance the quality of implementing the IDB system in countries by:

- Monitoring surveillance practice in countries (sample selection of emergency departments, case definition, data flow management, national coordination);
- Assisting countries in developing their systems into full compliance with the IDB standards;
- Ensuring continuous training and development of national data administrators on IDB and their teams by 3 training events and on line coaching;
- Developing an EU-core set of materials for organising training seminars in countries.

Task 4. Assist countries in producing information based on harmonised indicators assessing the burden, financial costs and disability outcomes of injuries as well as inequalities in injury risks by:

- Introducing DALY and direct cost calculations as a routine procedure in the IDB-countries;
- Assessing the impact of variations in health care services on injury statistics reported by countries;
- Assisting countries in measuring injury related health inequalities.

Task 5. Establish linkages with other health information repositories by:

- Actively exploring synergies with other information systems and health data sets, taking into account international developments such ICD-11 and ICE on Injuries;
- Preparing the injury surveillance network and its coordinating body to take up its new role in a future ERIC on HI

Work Package 10: Building a platform for administrative data on Health Care

Start month: 1

End month: 30

Work Package Leader: IACS

WP10, building a platform for administrative data on healthcare, is meant to provide insight on how to build a data infrastructure based on individual patient-level data, and exploring the integration of routinely collected administrative data, from different European experiences, with a view of producing relevant information for healthcare performance assessment, at different levels of interest (i.e. patient, provider, healthcare area, region, country).

WP10 will consider administrative data on healthcare those provided by administrative sources as a consequence of an administrative regulation. The analyses will depart from those sources that are able to provide information at individual-level, and will also explore how to enrich this information with other administrative data sources. Although, the first objective will focus on a comprehensive description of those sources – at national and international level-, in the remaining three objectives, the focus will be on those sources that are common in all participating experiences.

Several European experiences will be considered as case studies. In order, to increase external validity, those experiences will cover a wide range of health systems. Following the taxonomy proposed by Joumard et al. ("Healthcare systems efficiency and Institutions. 2010, OECD Economics, WP#769 OECD Publishing.), the experiences have been selected in accordance with some institutional features that might have an influence in healthcare performance: level of public vs private coverage for the basic health benefit basket, reliance on market vs. public sector in the provision of services, intensity of gatekeeping and degree of patient choice. Thus, parties in the WP will cover the health systems of Austria, Belgium, Denmark, England, Hungary, Portugal, Slovenia, Spain, and The Netherlands.

WP10 deliverables will contribute to WP 1, 2, 4, 7, 8, 11, and 12 and will benefit from the background and deliverables in WP 4, 7, 8, 11, and 12.

Task 1. Healthcare individual-level administrative data in existing selected EU experiences (IACS in collaboration with SDU, FE-UNL, NIJZ, UNITOV, USURREY)
Task 1 will provide an analysis on the use of administrative individual (patient-level) data in healthcare performance assessment, in a sample of European experiences. Contextualized in their respective performance frameworks, the main focus will be on describing the different administrative healthcare data systems used in each initiative, identifying and classifying the content and type of data sources, and the different levels (patient, provider, local, regional) at which information is collected. Ethical issues (e.g. information gaps that could entail information inequalities across countries) and legal issues (e.g. data protection or secure data transfer) will be largely considered. All parties will contribute in the completion of task 1. A working meeting will be held to approve the report describing the different data-systems. UNITOV will specifically contribute to the review of ethical and legal issues and organize a working meeting to approve this part. Support for the scope will be provided by USURREY. This task will contribute to WP1 and WP12.

Task 2. Data model blueprint (IACS in collaboration with FE-UNL, NIJZ, USURREY)
Task 2 will focus on designing a common data platform. The task will entail: 1) the definition of a common meaningful information dataset (CMID) required for healthcare performance international comparison – "common" for all the previously analysed experiences, and "meaningful" to allow the elaboration of sound and valid

healthcare performance indicators; 2) the design of a common data infrastructure – content [master files (i.e. core data), intermediary files (i.e. auxiliary information), output files (i.e. performance results)], linkage algorithms (i.e. 1 to 1, 1 to N, N to N relations) and exploitation interfaces; and 3) translating the logic-data model into the correspond

Work Package 11: Integration of approaches into a comprehensive EU information system for health and health care monitoring and reporting

Start month: 1

End month: 30

Work Package Leader: THL

Integration of approaches into a comprehensive EU information system for health and health care monitoring and reporting.

Task 1 (THL, ISCIII, BU, KI, SDU, SE, UIU)

Further development of the research infrastructure based on register linkages: updating protocols, data processing, collecting, reporting and extending the episode approach to other countries and services given in primary care and social care (including long term care), This includes maintaining and updating the protocols of selected diseases/conditions (e.g. acute myocardial infarction, stroke, hip fracture, and breast cancer and low-birth weight infants). The protocols include e.g. inclusion/exclusion criteria, definition of cycle of care (when it starts, follow-up etc.), comorbidities (used in risk adjustment) and specification of process, utilization, and cost and outcome measures. National comparison data used in calculation of indicators and in research activities will be updated. In addition, further development of processes in risk adjustment and reporting of the indicators will be done. The international patient level comparison data (from countries allowing data sharing) will be updated for research and validation purposes.

Task 2 (THL, ISCIII, UNITOV, USURREY, partners related to WP8 and WP10)

Comparison of feasibility and quality of performance information calculated from administrative data sets (with and without possibility for register linkages) and population based registries for disease. Assessment of legal issues related to the approaches.

Task 3 (ISCIII)

Explore and test to build a data linkage infrastructure capable of securely and safely managing health information from around the EU, overcoming the fragmentation of health information and data, and contributing towards a sustainable and integrated EU health information system for both public health and research purposes.

Task 3 is a horizontal line of activities that will propose a coherent methodology to integrate health information systems from existing data sources – administrative data, survey data or registries data, both population or disease-based. The interest is on exploring the possibility to provide information about the individuals and

populations exposure to health determinants, health outcomes and resources consumption, throughout the whole cycle of life concentrating on Cardiovascular Diseases.

The work of the Task 3 will explore how to improve the way linkable health and health related data is made available across EU, enhancing MS's ability to research, analyse and monitor health trends and health needs, developing and testing leading-edge technology to ensure the safe and secure linking of data collections whilst working to protect peoples' identity and privacy.

The development of integrated indicators, as Healthy Life Expectancy, will be explored through the advancement in integration of data. This will be explored in collaboration with WP 4.

The differences across MS in terms of data available, as well as their quality, for linkage will be explored, as well as the improvements in the production of ECHI indicators that linked data could support.

Activities:

1. Identify and classify the content and type of all data sources (statistics, administrative data, disease registers, observational studies and surveys) at different levels (national/regional, local, provider and individual level).
2. Provide a conceptual basis and information management infrastructure to support the analyses of available data.
3. Test the possibilities to integrate information contributed from different data sources and the improvement in health information reporting and integrated indicators could provide.
4. To provide recommendations for implementing data linkage in EU Member States.

Work Package 12: Evaluation of health care systems

Start month: 1

End month: 30

Work Package Leader: HSI

Evaluation of health care systems

Task 12.1 Develop blue print for an European Health Indicator Repository Host and disseminate relevant background documentation that relates to the quality and availability of the preferred sources and definitions of health system indicators including ECHI-indicators. Provide access to information on the progress of work on indicators both aggregate and individual level and by other international organisations. There is interaction with WP10, WP11.

Task 12.2 On-going and current work in the area of health system performance assessment should be documented and disseminated

This involves frameworks currently in use or in discussion on both the level of MS but also internationally. Data and indicators used or proposed for monitoring and surveillance should be also documented, see also Task 1; develop a blue print of conceptual requirements to harmonize domains and contents of a health system

performance assessment framework. There is collaboration with WP10, WP11.

Task 12.3 Expand country coverage in the Health Data Navigator and adapt reporting standards for a European Health Data Repository

Take up and host health datasets commonly used in MS to evaluate health system performance, including archiving and disseminating the related background documentation. There is collaboration with WP10, WP11

Task 12.4 Maintain and develop assessment standards for a European Health Project Outcome Repository

Outcomes from EU funded projects in the area of population health and health systems should be systematically displayed and should enable the health research community to access and to control or redo previous studies and benefit from a systematic documentation of methods and quality improvements on datasets. There is collaboration with WP10, WP11

COORDINATOR



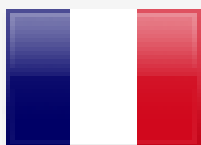
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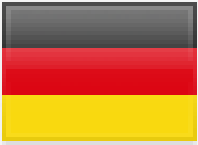
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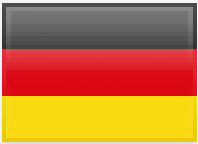
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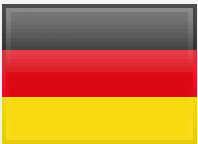
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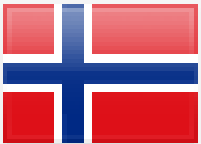
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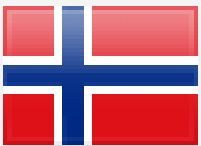
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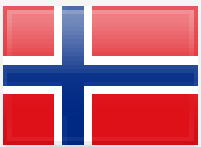
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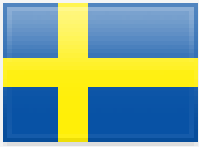
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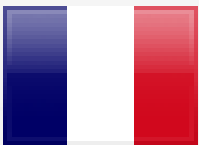
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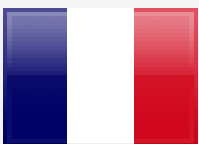
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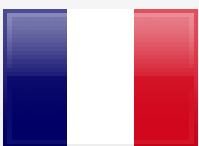
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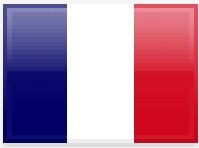


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MD4 Layman version of the final report

INSERM

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

This is a short (+/-10 pages) version of the final report, written for the interested public as a target group

MD2 Final report

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

MD2 Final report with annexes: - scientific article Bridge Health results - technical fact sheet - technical report HLY in policy - scientific article HLY in policy

Report Follow-up Committee Assessment

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

Assessment of the BRIDGE Health project by Follow-up Committee (interim report 1)

Tech reports disability indicators, information need matching & webbased indicator repository

RKI

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

- ECHI disability indicators: Design and definition of a set of disability indicators and related survey methodology (RKI) - Health indicator evaluation and prospect report (RIVM) - Health indicator repository content on Health indicators (RIVM)

Tech reports Environment and health monitoring, role environmental health and biomonitoring, network

BIPRO GMBH

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

- Blueprint for a strategy to bridge data collections from monitoring, indicators and health data registries and for setting priorities for Europe wide collaborative work including research priorities to close gaps in environmental exposure-health outcome -relationship and proposals to integrate and develop new methods and tools - Blueprint on options for an integrated environmental health monitoring system - Blueprint for the strategic role of environmental health surveillance in European health information and use of HBM in regulatory decision-making - Follow-up of activities including questionnaire, newsletters, meeting proceedings and updated and expanded list of contact persons/organisations

Scientific articles on Environmental Health monitoring, Integrated Environmental Health monitoring

BIPRO GMBH

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

Article 1: Review on state of the art of environmental health monitoring Article 2: Chances of and challenges for an integrated environmental health monitoring system

Scientific articles on Blueprint RMNCH health information, Using routine data on children and adolescent health

NIPH

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

Article 1 (NIPH): Blueprint for Health Information in RMNCH in Europe; scientific paper Article 2 (DCU): Ways of making more effective use of routine

data to examine the lives of children and adolescents in Europe

Tech reports data linkage, guidelines harmonisation exchange of data, routine data sources

NIPH

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

- Guidelines for data linkage, transmission using a micro-data repository and mapping priorities among stakeholders (INSERM) - Report containing describing observatory and including guidelines of data harmonization exchange, prioritization, and bridging within cohorts, and bridging of cohort data with registry data (CREAL) - Report on sources of routine data on child and adolescent health across Europe (DCU)

Tech reports, a.o. How to set up a register, Training guidelines

ISS

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

4 technical reports: - Manual of operations with stepwise procedures for population based register implementation, sharing sources of information and including population size, sources of information, standardized diagnostic criteria, internal and external validation, elaboration of disease occurrence indicators (ISS) - Guidelines for training personnel involved in the implementation of population based registers of chronic diseases at local level including definitions, procedures for record linkage, validation, assessment of disease (ISS) - Blueprint of open source software platform for population-based chronic diseases registries, based on the BIRO experience (UNITOV) - Manual of requirements and technical specifications for users and programmers (UNITOV)

Tech reports Cost injury, Sustainable IDB exchange, Injury status, Training material, Health inequality in injury, Comparing IDB data with other sources on injury data

SU

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

5 technical reports: - National estimates of injury related disability and direct costs - Report on sustainability of IDB exchange at EU level under the new Health Information Infrastructure 2018+ - Second of two bi-annual reports on trends, country comparison and ECH-29 indicator - Training materials and tools for national injury data administrators for national implementation - Indicators for measuring injury related health inequalities in countries - Protocols for data comparison between IDB data on the one hand and information from other sources such as discharge registers and national health survey data

Tech reports current system description, ethical & legal issues, common dataset, output files, blueprint data infrastructure

IACS

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

5 technical reports: - Technical manual chapter on the existing healthcare administrative data systems contextualized on their respective performance frameworks (IACS) - Technical manual chapter on ethical and legal issues (FE UNL) - Common Meaningful Information Dataset (IACS) - Description of Output files – performance indicators and adjusters (IACS) - Technical manual chapter on Blueprint of the common data infrastructure (IACS)

Tech reports quality, blueprint platform

IACS

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

2 technical reports: - Technical Manual chapter on Quality checking - Blueprint Building a platform for administrative data on Health Care

Scientific article Blueprint platform

IACS

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

Conceptual paper on Blueprint Building a platform for administrative data on Health Care submitted to an European Journal

Tech reports performance evaluation exercise, Quality performance information

THL

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

2 technical reports: - A report on pilot study using data from four large towns in which the episode approach is extended to primary health and social services - A report on comparison of feasibility and quality of performance information calculated from administrative data sets (with and without possibility for register linkages) and population based registries for disease.

Scientific article Blueprint of the process to be followed to build a data platform

ISCIII

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

A blueprint of the process to be followed to build a data platform built upon the integration of different sources -administrative data, surveys' data or registries data, both population or disease-based

Tech reports Manual presentation health system indicators, Inclusion assessment, Blueprint performance passports, Health system information repository

HSI

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

4 technical reports: - Handbook/Tab on documentation standards for displaying health system indicators - Report on inclusion and assessment criteria for IP, CP, PP - Blueprints of IP, CP, PP and HSPA passports - Report on recommendations for further development of building blocks of a health system information repository

Website update

MUW

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

Updated Health Data Navigator

Scientific article integrating health systems information

HSI

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 26/06/2018

Scientific publication to disseminate knowledge about progress in bringing health information systems together

Tech reports EHES network, training, site visits, data, data quality and reporting, health information inequality

THL

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 30/10/2017

- Updated list of EHES network members - Updated EHES Manual and related training materials - Site visits report - Blueprint of data transfer and management system - Blueprint of data transfer and management system and evaluation and reporting system (including structure of joint database) - Blueprint of actions to ensure equal health information in all MSs

Consortium agreement

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 02/03/2017

Consortium agreement

Concept paper

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 22/12/2016

Concept paper, including scope, tasks, activities and governance structure, of a future European Health Information Structure. The paper presents the strengths and limitations of a set of possible structures including a European Research Infrastructure Consortium (ERIC) on Health Information. The concept paper will be presented in a form that can serve as a draft agreement between interested Member States, candidate and EEA/EFTA countries and international organisations when submitting an application for an ERIC on Health Information to the European Commission or when opting for another structure

Tech reports, a.o. on Network consolidation

ISS

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 22/12/2016

Three technical reports: - Collaborative network of fieldwork experts involved in surveillance of chronic diseases and interested in building a platform of population based registers (ISS) - Draft blueprint of open source software platform for population-based chronic diseases registries, based on the BIRO experience (UNITOV) - Draft of manual of requirements and technical specifications for users and programmers (UNITOV)

MD1 Interim report

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 16/12/2016

MD1 Interim report with annexes: - scientific article Bridge Health concept - scientific article Review GALI

Tech reports data quality, injury status, harmonising data capturing process in EU, guidelines data administrators

SU

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 16/12/2016

4 technical reports: - Report on country uploads (quality/improvement actions) - First of two bi-annual reports on trends, country comparison and ECH-29 indicator - EU-Harmonized injury data capture methodology and classification and updates of the manual of operations for the implementation of national injury registers - Update of support tools for national injury data administrators (coding guides/ quality control software tools/extrapolation tool/conversion software)

Tech report status ECHI

RKI

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 11/11/2016

Report on status of ECHI developmental indicators. Methodological evaluation report and proposal for indicator repair needs

EHES website

THL

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 11/11/2016

Updated EHES website

Tech report data protocols update

THL

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 11/11/2016

Updating protocols, data processing, reporting indicators for selected diseases/conditions in EuroHOPE web pages

MD3 Leaflet

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 25/08/2015

A leaflet to promote the project must be produced at the beginning

MD5 Website

WIV-ISP (IPH)

BRidging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health)

Published on: 25/08/2015

Each project must have a dedicated website/webpages. This can have a public part and another one accessible only to the applicants.