Burden of Disease Workshops

MS31

Development of composite indicators to monitor burden of disease across Member States

April 2 – 5, 2019

Submission Date: June 7, 2019

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This project is co-funded by the Health Programme of the European Union

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I. Background

The burden of disease (BoD) methods quantify the comparative magnitude of health loss due to disease, injury and risk factors. These methods can add value to existing approaches but are generally not part of routine public health monitoring and reporting in Europe and the policy development process across Member States. The main reasons for this are varying levels of knowledge, experience, and capability to apply and use BoD methods. Therefore, Member States need some guidance and training to adopt and integrate BoD approaches in their public health systems.

The Join Action (Information for Action) project aims to establish a sustainable EU-HIS (Health Information System) to improve public health policy and health care (health surveillance and health system performance). The Joint Action has emphasized the potential role of burden of disease measures to provide actionable population health information across Europe. In this context, a set of three workshops sponsored by Joint Action has been planned.

Disclaimer: WP9.4 is preparatory steps for "embedding BoD approach in a sustainable EU-health information systems (HIS)". Work needs to continue beyond this project; Steering Group can provide initial work and recommendations for MS.

II. Objectives

The overall objective of these workshops is to raise awareness, share knowledge and experience, and provide mutual support and to integrate BoD indicators in the public health policies across Europe. The first workshop was mainly focussed on the concept and methodology of BoD across the Member States and the second one was about the use of BoD methodologies/data in public health policy and practice.

The programme of the two workshops has been attached as annex 1.

III. Facilitators:

- *John Newton: Health Improvements, Public health England, United Kingdom (Chair)*
- *Henk Hilderink: National Institute for Public Health and Environment (RIVM), Bilthoven, Utrecht, Netherland*
- *Thomas Ziese: Robert Koch-Institute, Berlin, Germany*
- *Nicholas Steel: Norwich Medical School, England, United Kingdom*

IV. Invited Faculty Members:

- *Brecht Devleesschauwer: Department of Epidemiology and Public Health Sciensano, Brussels; Department of Veterinary Public Health and Food Safety, Ghent University, Merelbeke, Belgium*
- *David Morgan: OECD Paris, France*
- *Alexander Rommel: Robert Koch-Institute, Berlin, Germany*
- *Milena Santric-Milicevic: University of Belgrade, Serbia*
- *Emilie Agardh: Karolinska Institute of Sweden*
- *Ian Grant: NHS National Services Scotland, United Kingdom*

- *Arpana Verma: Manchester University, England, United Kingdom*
- *Jurgen Schmidt: Public health England, United Kingdom*
- *John Ford: Norwich Medical School, England, United Kingdom*
- *Adam Briggs: University of Oxford, England, United Kingdom*
- *Meghan Mooney: University of Washington, IHME, USA*

The list of faculty members has been attached as annex 2.

V. InfAct Project & WP9:

- *Herman Von Oyen: Epidemiology and Public Health Sciensano, Brussels, Belgium*
- *Anne Gallay: Department of Non-Communicable Diseases and Injuries, Santé Publique France, Saint-Maurice, France*
- *Romana Haneef: Department of Non-Communicable Diseases and Injuries, Santé Publique France, Saint-Maurice, France*

VI. Summary

Two workshops on "Burden of Disease" focussed on concept and methodology of BoD and the implications of BoD estimates in public health policy were held. These workshops were supported by the technical presentations describing the concepts, methods to estimate BoD measures and the use of BoD data in health policy using various case studies from Member States followed by expert exchange with facilitated discussions and group work. Furthermore, to explore the challenges and opportunities to use BoD approaches alongside other approaches across the Member States were also explored.
The sessions were chaired by John Newton, Henk Hilderink and Thomas Ziese. There were 16 participating BoD experts from Belgium, Germany, the Netherlands, Serbia, Sweden, United Kingdom and United Sates. There were 40 participants from 25 Member States to attend these workshops and only three Member States (Bulgaria, Ireland and Luxembourg) were not represented.
Jean-Claude Desenclos *(Scientific director at Santé Publique France*) opened the session with welcome remarks and John Newton introduced the objectives of these workshops. Then, Herman Von Oyen gave an overview of InfAct project and Romana Haneef highlighted the WP9 activities with a link to BoD workshops.

The first session of these workshops was kicked off by Meghan Mooney (University of Washington, IHME) giving an overview of the burden of disease and GBD, GBD methodology used and key results of GBD 2017 by IHME. Later, the WHO Burden of Disease Manual as a user guide including analytical components and a systematic approach to carry out a BoD study (i.e., at national and subnational levels) was introduced.
Following that session, the technical concepts of BoD measures to estimate YLL, YLD and DALYs with examples were discussed by Ian Grant, Brecht Devleesschauwer and Adam Briggs. Later, three case studies describing the BoD experiences from three Member States were presented: 1. Dutch experience: Henk Hilderink discussed the Dutch DALYs experience highlighting the current and future Burden of Disease estimates in the Netherlands. 2.

Sweden experience: Emilie Agardh described the previous, current and future BoD activities in Sweden with special focus on health, social and economic inequalities by linking different data sources at counties/regional levels. 3. English experience: Nicholas Steel presented the subnational estimation of BoD from England using GBD 2016 study by adding the index of multiple deprivation (IMD) and highlighted the differences in premature mortality rates in most deprived areas of England as compared to more affluent areas.

Group work 1 (by Emilie and Nicholas): Following the presentations by Emilie and Nicholas, four questions about the implications of YLL estimates and added value of GBD estimated at subnational level as compared to other local and socioeconomic estimates on health and disease, were discussed by the table.

After that, various methodological challenges and their solutions were discussed by Brecht Devleesschauwer, Alexander Rommel, Ian Grant and Meghan Mooney in context of four countries i.e., Belgium, Germany, Scotland and United States, respectively. At the end of the first workshop, John Newton discussed the strengths and weaknesses of GBD estimates in public health practice using some examples of GBD data.

Group work 2 (choice of GBD vs BoD): Following that presentation, participants were asked to choose whether the GBD or a national BoD approach was appropriate to carry out BoD studies in their country context. Most of the member states mentioned that they need assistance either from IHME or other experienced MSs in BoD in the beginning to conduct BoD studies, once they get some experience, then they would perform their own BoD studies.

For the second workshop, first John Newton highlighted the BoD perspectives from WHO Europe and the recent policy-related developments such as European Burden of Disease Network, European Health Information Initiative, and Joint Monitoring Framework. Following that presentation, David Morgan presented an overview of OECD activities with a special focus on BoD data in guiding health policy. Then, Arpana Verma highlighted how existing sets of health indicators are used for monitoring health in Europe especially the approach to prioritizing the indicators based on the needs of local areas or counties.

Group work 3 (by Arpana): Following her presentation, a list of 15 health indicators were given to the participants to choose 5 indicators most important for the given area.

Later, various opportunities and barriers for BoD studies/programme were highlighted in the context of three countries by three following experts: 1. Serbia (by Milena Santri-Milicevic), Sweden (by Emilie Agardh) and England (by Jurgen Schmidt).

Group work 4 (by Milena, Emilie and Jurgen): Following their presentations, participants were asked to discuss the potential opportunities and barriers for BoD studies in participants 'countries by the table.

The *annexe 3* provide a summary of barriers and opportunities as provided by the group work participants.

After that, an update was presented about the ongoing new BoD studies in Europe. First, Alexander Rommel about German BoD study and second, Brecht Devleesschauwer about Belgium BoD Study discussed in detailed ongoing activities and perspectives of these studies. On the last day of the workshop, John Ford presented the use of GBD to monitor recent trends in life expectancy across Europe.

Group work 5 (by Ford): Following his presentation, participants were asked to discuss the YLL improvement with highest and lowest change in life expectancy from 2011 to 2017 in Belgium, France, Germany, Iceland, Norway and United Kingdom by taking into account five following factors in six groups: data issues, policy decisions, health and social care funding, health care access and austerity.

Following his presentation, Nicholas Steel highlighted the use of BoD data to inform policy with an example of NHS 2019 prevention programme which was planned based on national GBD 2016 estimates.
Finally, the last session of these workshops was focused on the facilitated discussion on the next steps for use of BoD measures across Europe and the related deliverable for Work Package 9. All the invited delegates participated in this discussion and the minutes are attached as an *annex 4.*

VII. Feedback from Participants

The workshops were well received by the participants particularly with regards to the diversity of the group and the possibility to share knowledge and experience from various countries perspectives.
These workshops provided the opportunity to discuss different challenges highlighted by the Member States such as lack of training to calculate BoD estimates, lack of human resources to implement BoD studies in their countries and lack of engagement from the ministry of health/head of data centre.

The list of participants has been attached as annex 5. At the end of the workshops, participants gave their inputs and is attached as *annex 6*.

VIII. Key message/Action points

These workshops highlighted three key areas of action:

1. The need for methodological trainings to strengthen skills in calculating and in interpreting the BoD estimates across the Member States
2. To encourage more collaborations to share or exchange good practices on BoD across the Member States
3. The importance of the implications of BoD data to guide policy across the Member States.

IX. Recommendations

- Methodological trainings to calculate BoD estimates are needed to implement BoD approaches in routing public health monitoring and reporting in Europe.
- More collaborations among Member States on BoD activities are needed in the future.
- Joint country studies on BoD are needed.
- Good practices or inspiring case studies on BoD should be shared among the Member States.
- Better approaches to translate BoD data for policy are required.
- A general session on "BoD estimates and health policy" would effective for policy-makers to understand the usefulness of BoD estimates in health policy.

X. Next steps

Please see *table 1* below for the next steps to BoD programme across the Member States.

Table 1: Next steps to BoD programme across the member states

WP9.4	Deadlines	Objectives	Actions	Timeline	Responsible
MS31	April 23, 2020	A comprehensive report of 3 BoD workshops	Prepare an email questionnaire (i.e., 3-4 questions) for MSs about technical assistance needs for the third BoD workshop	May 10, 2019	JS, RH, AG
			Define objectives, participants, date and location for the third workshop	By June 30, 2019	Steering group
D9.4	October 27, 2020	Overview report of available BoD estimates for EU countries	Comparison of BoD estimates from ECDC, OECD, GBD and BoD (NL, BE, UK-SC), highlighting the strengths and limitations of different methodological approaches applied with a focus of Member States.		Steering group
D9.4	October 27, 2020	Develop toolkit to produce BoD estimates and other composite indicators at national and subnational level	Agreeing on scope and content of a BoD toolkit		Steering group
BoD_InfAct steering group		• To plan and organize the BoD activities for Member States under InfAct project • To explore how BoD approach can be embedded in a sustainable EU-health information systems (HIS)	Terms of reference required for steering group *(link with WP6 (lead by Portugal) focused on capacity building)*		Steering group (FR,UK,NL,BE,DE,ES, *PT*)
			Terms of reference required for secretariat function		JS, RH, AG
			Ensure secretariat PHE/SPF; share documents; create SPF web space; Use Open Lucius web site		JS, RH, AG
			A programme of work for better data for BoD studies		Steering group
			Organize one meeting among steering group members after every two months to follow the activities	**(TBC)**	JS, RH, AG
			A two-page report proposing to Assembly of Members (AoM) to highlight the added value of BoD estimates such as using trends in life expectancy and to help policymakers in using these data for policy recommendations/documents.	September, 2019	Steering group

Acknowledgements

List of contributors to the report.

Appendices

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Annex 6: Feedback from participants

Annex 1: Programme for InfAct workshops on Burden of Disease

Workshop I

	Monday 1st April	Tuesday 2nd April		Wednesday 3rd April	
		Registration at 08h30-09h00			
Morning session 1 at 09h00		Introduction and welcome	*Jean-Claude Desenclos, John Newton*	Using BoD to assess social inequalities	*Emilie Agardh*
		About InfAct and WP9	*Herman van Oyen, Romana Haneef*	Subnational estimation of BoD Case study from the UK	*Nick Steel*
		Participant objectives and expectations from the workshop	*All*	Facilitated discussion on tables	*All*
Break (at 10h30 for 20min.)					
Morning session 2		About the Global Burden of Disease Study	*Meghan Mooney*	Methodological challenges in undertaking BoD studies and how to overcome them	*Ian Grant, Brecht Devleesschauwer, Alexander Rommel, IHME*
		Introducing the WHO BoD Manual	*Meghan Mooney*	Q&A -	
Lunch (at 12h30 for 1hr)					
Afternoon session1 at 13h30		Intro to technical measures (YLL, YLD, DALYs, etc) with case studies	*Ian Grant, Brecht Devleesschauwer, Adam Briggs*	Strengths and weaknesses of BoD methods	*John Newton and Adam Briggs*
		Q&A -	*All*	Facilitated discussion on tables	*All*
Break (at 15h30 for 20min.)					
Afternoon session 2		The Dutch Foresight study	*Henk Hilderink*	Burden of Disease Technical clinic	*Panel*
Evening	Arrival	Dinner at 19h30		Social event – river boat tour at 18h00	

Workshop II

	Thursday 4th April		Friday 5th April	
Morning session 1 at 09h00	Introduction to Workshop II		Use of GBD to monitor recent trends in life expectancy across Europe	*John Ford*
	Perspective from WHO Europe on BoD and recent policy developments	*John Newton*	Using data to inform policy	*Nick Steel, Anne Gallay*
	Perspective from OECD	*David Morgan*		
Break (at 10h30 for 20min.)				
Morning session 2	How are existing indicator sets used for monitoring health in Europe	*Arpana Verma*	Discussion on using data to inform policy:	*Nick Steel, Anne Gallay*
	Facilitated table discussion: what do policy makers want / need from health statistics	*All*	1. Common features of successful examples	*All*
			2. Criteria for successful use of data to guide policy	*All*
Lunch (at 12h30 for 1hr)				
Afternoon session1 at 13h30	Opportunities and barriers for BoD studies in Participants' Countries	Milena Santric-Milicevic, Emilie Agardh, Jurgen Schmidt	Discussion on next steps for use of BoD measures across Europe and for WP9	*John Newton, Thomas Ziese, Henk Hilderink*
	Facilitated table discussion	*All*	1. Potential for further country studies 2. Potential for further cross Europe comparisons	*All*
Break (at 15h30 for 20min.)				
Afternoon session 2	Update on new BoD studies in Europe	*Alexander Rommel, Brecht Devleesschauwer*	Feedback from participants and closing remarks	*Henk Hilderink, John Newton*
Evening	Free evening		Departure at 16h00	

Annex 2: List of faculty members

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Annex 3: Barrier and opportunities to national BoD studies

Annex 4: Facilitated discussion on the next steps for the use of BoD

In these notes, GBD refers to the Global Burden of Disease study as defined and implemented by IHME. BoD refers to a Burden of Disease study as carried out by any member of the network, independently of their collaboration with IHME. The last session of the workshops was dedicated to agreeing the next steps forward.

A couple of general observations apply: there is a consensus that there is not one optimal way of designing and implementing a BoD study, that each country will have to decide on the degree of reliance on IHME, and that each country has different degrees of capacity and preparedness to carry out a similar study. The importance of the InfAct network to provide support to members of the network was repeatedly addressed. Finally, there is a need to have a common understanding about the details of the deliverables under WP9.

Beyond individual countries' needs, there is a need to ensure that BoD relates to the European HIS (Health Information System), and that it is integrated.

Many participants to these workshops are relative newcomers to the concept and methodology of BoD. It was felt by the group that the four days have achieved an increased shared understanding of BoD and its place within the WP9.

The discussion dealt with a couple of main issues around content, process and governance of task 9.4, including deciding next steps.

JN introduced WP 9.4, its deliverables and the funding available, and stressed the importance of governance of this process.

TZ reminded the group that beyond implementing BoD, InfAct is about establishing a more sustainable infrastructure bringing together research and monitoring; in the long term, ERIC (European Research Infrastructure Consortium), or something like a CDC-type structure for NCD (Non-Communicable Diseases). This in turn raises the question of the role of BoD in a European HIS.

The milestone and deliverables are:

- MS31: A comprehensive report of 3 BoD workshops by April 23, 2020
- D9.4: Overview report of available BoD estimates for EU countries by October, 2020
- D9.4: Develop toolkit to produce BoD estimates and other composite indicators at national and subnational level by October, 2020.

Here the discussion addressed the nature of toolkit, whether it is about guidelines or methodology? JN commented that it will be "our version of the (European Network) BoD manual". In this context BD expressed criticism of the manual, in that it looks as if only IHME can assist in carrying out a BoD study. Explanations given are at a very detailed level making it rather difficult for interested parties. The manual has a normative approach suggesting the need for direct involvement of IHME. InfAct shouldn't give same message.

JN: John Newton; TZ: Thomas Ziese; BD: Brecht Devleesschauwer

As for the toolkit JN suggested to specifically use the workshop to be held in April next year to design this toolkit. Someone then needs to 'build' it.

HH thought that the process behind development of indicators was as important as producing the indicators themselves. Consequently, it becomes a matter of how to involve all stakeholders, and clarity as to what the data are all about. A more process-oriented goal about how to do it with stakeholders is needed. TZ suggested to use the example of decreasing life expectancy as a 'catchy' case study to show the added value of the work of the network and to highlight the importance of a European HIS.

JN pointed out that the group needed a product it can control, even if it's only some slides in a presentation. In terms of available resources, he summarized these as funding for workshops and funding available to PHE for one part-time staff. The latter could assure a secretariat function for the next 2 years. He invited the group to come forward with any suggestions for what is left of the funding. Where additional resources were required participants to the group would need to meet them.

HH suggested to produce a document presenting available choices (in carrying out a BoD) like the list in Ian Grant's presentation (i.e., Introduction to technical measures of BoD). It should provide an understanding of what MS are doing, what else is happening across Europe, what choices are made, and why? This part of the discussion was not taken forward to any concrete decision. (Action point: decide to write or not? Who does it?).

A similar document would need to mention what choices have been taken by IHME for European countries and why (RG)? AR reminded that methodological choices are normative and have impact on all calculations. This requires identifying which challenges and which limitations are implicit in one's own approach.

More discussion followed (MSM, Spain, and Lithuania) about how to involve stakeholders and communication of results to the policy makers including the group's representatives of ministries concerned. The final decision was to produce a report briefing on how to communicate results for the Assembly of Members (EN, deadline to submit the brief report to the AoM is September, 2019 for the second meeting of AoM is planned on November 13, 2019). Lithuania suggested an additional workshop with MoH representatives.

JN summarized that a short report for September 2019 (EN, check date) should be produced for the Assembly of Members. (Action point: not assigned).

The following discussion focused simultaneously on the content of the next workshop and the strategies to apply to communicate the relevance of BoD to policymakers.

TZ proposed other options to integrate BoD; asking Delphi members how to choose indicators; how do they influence precision at decision level; add BoD indicators to Delphi survey (Action point: check the feasibility to add BoD indicators to planned Delphi survey).

HH: Henk Hilderink; RG: Robert Griebler; AR: Alexander Rommel; MSM: Milena Santric Milicevic

BD made the point of using the WP network to both communicate about BoD and to create capacity. Thus, one could organize a small workshop on occasion of the next European Public Health conference as an opportunity for increased visibility. The network should be used however as well to increase technical understanding/capacity building. It is a unique opportunity to bring together people. (EN no action point recorded).

RH suggested as a follow-up to this workshop to create a small group around capacity building on BoD. (EN no action point recorded).

Coming back to the document for policymakers, ETA suggests sharing examples of how BoD has influenced policy and how it overcame obstacles. HH agreed and added the need to explain BoD indicators and how to use them to policy makers.

Coming back to the next workshop, JN commented on how the output should be case studies and lessons. There needs to be a one-day methodological workshop followed the next day by a discussion of case studies. The toolkit itself could be decision tree illustrated by case studies. HH pointed out the need to address how to integrate BoD with other indicators. HH reminded of the need to better understand what MS needs are.

AR and HH commented on how the next workshop could be exceedingly demanding if one day is dedicated to methodological aspects and the next day to the policy impact. Perhaps it is advisable to simply look at how to integrate BoD with other indicators and see how to influence policy at a later stage. MS are at different stages of BoD implementation and the group needs to serve their needs.

JN agreed that only so much can be achieved in one workshop, and that more was to be done in between. The overall objective for WP9.4 is

a) to influence policymakers and
b) to integrate Burden of Disease into European Health indicators

HH reminded the group of the Edinburgh methodological workshop 2 years ago, and that a technical workshop is possible.

GW suggested that success stories/best practices should be described throughout the year, before the next workshop, adding unintended benefits. In the case of Scotland, while calculating DALYs some success in prevalence was identified from the figures.

As to the location and date of the next workshop, April 2020 and Brussels, Lisbon, Vienna, Edinburgh and Paris were mentioned.

A separate query was about whether the toolkit would be available to non-participating MS (Slovakia), which was confirmed. In fact, the toolkit will be available online (JN) but more so, it will need to be designed to meet the needs of all countries. Ideally all MS should participate in designing it. JF suggested to share infographics-style information on how MS communicated their work on BoD.

RH: Romana Haneef; ETH: Erlend Tuseth Assheim; GW: Grant Wyper; JF: John Ford

KE explained how Malta is new to this. She thought that it needed help from either IHME or MS. However, she felt they should not rely only on IHME. The perspective of a small country is different from the global perspective of IHME that combining YLL and YLD can be dangerous, and that one doesn't need to follow each step of IHME. More important is to develop one's own way to design BoD. In that context, more is information is needed about the influence of social determinants which isn't reflected in the definition of DALYs.

One more separate discussion followed about item 9.4.2 in work plan (Spain) and how integrating mortality and morbidity indicators (ecological case study) needed data from all MS (EN no action point recorded). This decision brought up awareness of the need for clarity among MS of what deliverables under WP 9.4 actually entail, given the number of new participants.

Concerning the future of the network, CU and RH suggested to carry out a small survey about country needs with few questions by email. (Action point: produce email questionnaire).

AG reminded that in any case the network must support countries who want to do BoD. It is important now (after these workshops) to maintain momentum, to stay operational and to try to access funding.

The report on these two workshops will need to be short and to the point, with a forward focus as to where next (HH). It will contain the message that there will be an investigation into life expectancy as a model for how to influence policymakers, in the form of a report for policy makers.

Over the next two weeks the group should decide practical steps and produce a draft report within the next two weeks, and a final report within one month (JN).

In terms of final deliverables of the WP9.4, JN commented that PHE is to write a report on European BoD data. It could mention and compare what ECDC, OECD, GBD and countries do about BoD (Netherland-RIVM, Scotland, Belgium) and highlight the strengths and limitations of methodological approaches in various contexts. (EN no action point recorded).

The need for a steering group and a secretariat was addressed. An informal suggestion was that the participants to the final meeting form an informal steering group (EN, France, NL, UK, Belgium, Germany, Spain, and Portugal).

In addition, JN confirmed that PHE will use its remaining part of funding under the InfAct programme to provide a secretariat to the group. This will be assured by Dr Jürgen Schmidt, PHE assisted by Dr Anna Gallay, SPF.

Incidental observations:

- How to articulate relationship with ECHI European Core Health Indicators group?
- ESRI roadmap to implement ERIC; BoD needs to be mentioned as one area of ERIC
- Improve IHME database to increase comparability

KE: Kathleen England; CU: Ciprian Ursu; AG: Anne Gallay

Annex 5: List of participants

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Annex 6: Feedback from Participants

Workshop 1 (Concept and methodology of BoD) and Workshop 2 (Implications of BoD estimates in health policy)

Need trainings to calculate BoD estimates

- Need training for how to calculate BoD estimate with the detailed methodology that would help to understand the underlying concept.
- Need more technical details on DALYs, YLL and YLD calculation.
- Need training to identify computational problems and their solutions using BoD methods.
- Need training to know what type of data is needed to do BoD calculations.
- Better to involve also young participants who have no experience in BoD to learn from experts.
- Need training course on how to conduct a BoD study in their country.
- Need methodological support to implement BoD approaches.
- Need to take into account social determinants of health as independent risk factors in BoD estimates.
- Malta is small with limited human resources, training and support are needed.
- Joint country studies on BoD or a practical exercise involving all participating countries on BoD are needed.

Encourage group discussions

- More time should be allocated to facilitated discussions/small group discussions which were very useful.
- Smaller group discussions were useful which provided the opportunities to talk with participants.
- Some handouts such as countries case studies from the start till the end (i.e., from data collection till communicating to policymakers) should be provided beforehand.

Need more collaborations for good practices on BoD

- Need some bilateral exchanges of good practices on BoD or GBD based studies, for example how some countries i.e., Belgium, Netherland, Scotland and England are doing (i.e., country-specific case studies).
- Need an increase collaboration especially between countries who never did it and with those who are experienced and can help out.
- Countries without expertise should be guided by those with more experience in conducting BoD studies
- Examples from other countries and their success are inspiring.

Highlight the implications of BoD estimates in health policy

- Need to highlight the pros and cons of using BoD as an indicator of policy. For example, the composite indicator versus YLL and YLD or their own. Combining mortality and disability together may result in priorities which do not reflect what the real priorities are.
- Need a better engagement of national responsible/representatives (i.e., director of NIPH, head of health data centre, the ministry of health) in BoD/InfAct, they engage when they have to.
- If BoD is in the frame of Joint Action (JA), should put the BoD on agenda with a strong focus on that.

- The influence of social determinants and the role of public health who should lead.

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