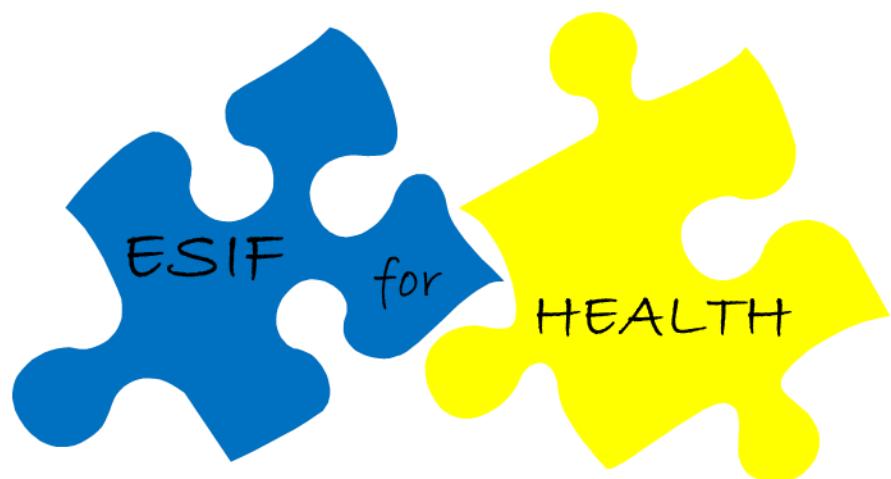


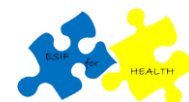
TECHNICAL TOOLKIT:

SET OF INDICATORS USEFUL FOR THE FINAL EVALUATION OF ACTIONS

Developed under the project “Provision of support for the effective use of European Structural and Investment (ESI) Funds for health investments”

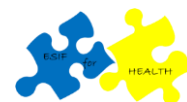


31 January 2015



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List of abbreviations

Art.	Article
CHAFEA	Consumers, Health and Food Executive Agency
CPR	Common Provisions Regulation
DG SANCO	Directorate General for Health and Consumers
ECHI	European Core Health Indicators
ERDF	European Regional Development Fund
ESF	European Social Fund
ESIF / ESI Funds	European Structural and Investment Funds
EU	European Union
GDP	Gross domestic product
ICT	Information and communications technology
ISCED	International Standard Classification of Education
OP	Operational Programme
WP	Work Package



Introduction

This document “Set of indicators useful for the final evaluation of actions” forming a part of the Technical toolkit supporting the Guide for effective investments in health under ESI Funds (hereinafter “the Guide”) is developed in the framework of a tender action on the provision of support for the effective implementation of European Structural and Investment Funds (hereinafter “ESIF”) for health investments, managed by the Consumers, Health and Food Executive Agency (CHAFAEA) on behalf of the Directorate General for Health and Consumers (DG SANCO), being delivered by EY.

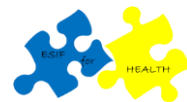
The Guide and its supporting documents (see the list of project outputs below) are based on broad analyses of collected case studies and EY expert opinion and do not represent official European Commission documents.

The project outputs developed within the framework of the tender action are as follows:

- ▶ WP 1 MAPPING REPORT ON THE USE OF EUROPEAN STRUCTURAL AND INVESTMENT FUNDS IN HEALTH IN THE 2007-2013 AND 2014-2020 PROGRAMMING PERIODS
- ▶ WP 2 GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS
- ▶ WP 3 TECHNICAL TOOLKIT FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS with the following documents under the toolkit:
 - ▶ WP 3 (1) CATEGORIZATION OF THE 2014-2020 ESI FUNDS INSTRUMENTS AND MECHANISMS
 - ▶ WP 3 (2) REFERENCE CHECKLIST: ESSENTIAL AND SUCCESS FACTORS FOR CALLS FOR PROPOSALS AND FOR THE ASSESSMENT OF PROJECT APPLICATIONS
 - ▶ **WP 3 (3) SET OF INDICATORS USEFUL FOR THE FINAL EVALUATION OF ACTIONS**
 - ▶ WP 3 (4) COMPENDIUM OF (NEW) CONCEPTS AND MODELS FOR INNOVATIVE, EFFECTIVE AND SUSTAINABLE HEALTH CARE
 - ▶ WP 3 (5) MANUAL ON HOW TO PLAN, IMPLEMENT AND SUSTAIN CAPITAL INVESTMENT IN HEALTH AND HEALTH CARE
 - ▶ WP 3 (6) REFERENCE DOCUMENT ON THE APPRAISAL OF INVESTMENT
 - ▶ WP 3 (7) REFLECTION OF ADDITIONAL ISSUES RAISED BY MEMBER STATES

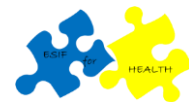
The part of the toolkit provides Member States with a set of indicators to monitor their actions in health with regard to the areas of action which can be supported by ESIF, and explains in brief the requirements on indicators laid down by the EU regulations¹ governing the implementation of ESI Funds.

¹ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013, laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Funds and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, and the European Maritime and Fisheries Funds and repealing Council Regulation (EC) No 1083/2006 (“Common Provisions Regulation”), Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006 and Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund and repealing Council Regulation (EC) No 1081/2006.



The document covers the following topics:

- ▶ Chapter one describes the **indicators in the context of ESIF programming**. This includes the requirements on indicators at the Operational Programme level: prescribed categories of indicators and common output indicators for ERDF / ESF actions.
- ▶ Chapter two provides a **set of indicators to evaluate health investment** in more detail. The indicators defined in ESIF Operational Programmes are limited in number and monitor a general result / output in relation to the specific objective achievement. They might not therefore be sufficient to monitor changes in individual health factors. For this reason, all health investments should be further monitored and evaluated, using a detailed set of indicators capturing individual aspects of public health and health infrastructure.



1. Indicators in ESIF context

The ESIF requirements on indicators are set by the Common Provisions Regulation (CPR)² and the fund-specific rules³. Article 27 paragraph 4 of the CPR addresses the indicators as it defines the requirements on the content of Operational Programmes:

Each priority sets out indicators and corresponding targets expressed in qualitative or quantitative terms, in accordance with the fund-specific rules, in order to assess progress in program implementation aimed at achieving objectives as the basis for monitoring, evaluating and reviewing performance. Those indicators include:

- ▶ Financial indicators relating to the expenditure allocated
- ▶ Output indicators relating to the operations supported
- ▶ Result indicators relating to the priority concerned

For each ESI Fund, the fund-specific rules set out common indicators and may set out provisions related to programme-specific indicators.

1.1. Output indicators

As set in Article 96 paragraph 2 (b) (iv) of the CPR⁴, each Operational Programme (OP) sets out output indicators per priority axis. Output indicators are designed to measure the output of activities directly realized within the programme's measures and through which the results planned for each specific objective are achieved. For this reason, all output indicators have to be related to a result indicator.

An example of an output and related result indicator for the investment priority *Active and healthy ageing* under an ESF programme:

- ▶ Output indicator: "unemployed between 45 and 54 participating in ICT training"
- ▶ Related result indicator: "unemployed between 45 and 54 having gained a qualification in ICT"

Output indicators are measured in physical (or monetary) units, i.e., the number of modernized facilities providing health care.

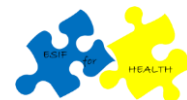
A list of **common output indicators** is defined for both ERDF and ESF, and the indicators used in OPs are to be chosen primarily from this list. Should these be insufficient to measure supported actions, they can be completed with **programme-specific output indicators**.

Common output indicators are a limited set of indicators defined at fund level, for which data is collected across Member States for all OPs supported by the fund. They allow for aggregation of data from all Member States in

² Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013.

³ ERDF Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 and ESF Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013.

⁴ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013.



order to report achievements at EU level. The common indicators are listed in the annex to fund-specific regulations.⁵

For ERDF actions, one common output indicator is defined specifically to monitor progress in the area of public health:

- ▶ *Population covered by improved health services [persons, no multiple counting]:*

“Population of a certain area expected to benefit from the health services supported by the project. It includes new or improved buildings, or new equipment for various types of health service (prevention, outpatient or inpatient care, aftercare).”⁶

Common output indicators defined for other topics may also be influenced by actions in the area of health, namely indicators in the area of research and development.

For ESF actions, there are no indicators defined for health specifically, but actions in the area of public health will have a direct or indirect impact on a number of the ESF common indicators. For illustration, the result indicator *Participants above 54 years of age in employment, including self-employment* will be influenced through measures supporting healthy ageing.

The number of these common output indicators is kept to a strict minimum needed to report on the main scope of ESIF support in the context of Europe 2020⁷. Common indicators thus represent the minimum set of indicators for each OP.⁸

On top of the common indicators, the Managing Authority of an Operational Programme can define its own **programme-specific indicators**. These can be more focused to reflect the aspects, at which the support from the OP is mainly aimed. It is for the Member States and Managing Authorities to decide on the need for and design of program-specific indicators.

1.2. Result indicators

Result indicators express the change sought by a specific objective. For each specific objective, **one or a few** result indicators are defined. They have to meet certain quality criteria, i.e. they must be⁹:

- ▶ **Responsive to policy:** closely linked to the policy interventions supported. They should capture the essence of a result according to a reasonable argument about which features they can and cannot represent.

⁵ ERDF Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 and ESF Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013.

⁶ EC: Guidance document on Monitoring and Evaluation – European Regional Development Fund and Cohesion Fund - Concepts and Recommendations. March 2014, p. 30. Available at: http://ec.europa.eu/regional_policy/sources/docoffic/2014/working/wd_2014_en.pdf

⁷ EC: Europe 2020 Strategy, Brussels, March 3, 2010. Available at: <http://ec.europa.eu/eu2020/pdf/COMPLET%20EN%20BARROSO%20%20%20007%20-%20Europe%202020%20-%20EN%20version.pdf>

⁸ EC: Guidance document on Monitoring and Evaluation – European Social Fund. June 2014. Available at: <http://ec.europa.eu/social/main.jsp?catId=701&langId=en>

⁹ EC: Guidance document on Monitoring and Evaluation – European Regional Development Fund and Cohesion Fund - Concepts and Recommendations. March 2014. Available at: http://ec.europa.eu/regional_policy/sources/docoffic/2014/working/wd_2014_en.pdf



- ▶ **Normative:** having a clear and accepted normative interpretation (i.e., there must be agreement that a movement in a particular direction is a favourable or an unfavourable result).
- ▶ **Robust:** reliable, statistically validated.
- ▶ **Data collected in a timely manner:** available when needed, with room built in for debate and for revision when needed and justified.

Same as for the output indicators, Article 96 paragraph 2 (b) (ii) of the CPR¹⁰ defines that each OP sets out result indicators corresponding to the expected results for the specific objectives in order to strengthen the result-orientation of the programming. The result indicators are set out with a baseline value and a target value, where appropriate quantified in accordance with the fund-specific rules¹¹.

1.3. Baseline value and target value

For each indicator, a baseline and a target value has to be defined.

Baseline value:

Baselines capture a situation at the start of the programming period and establish a reference value against which progress is subsequently measured.

- ▶ For **output indicators**, the baseline value is **zero**; in other words, no baseline is required.
- ▶ For **programme-specific result indicators**, which relate to investment priorities, baselines use the **latest available data** at the moment of the start of the programming period.

Target value:

As defined in Article 5, paragraph 1 of the ESF regulation¹² and Article 6, paragraph 2 and 3 of the ERDF regulation¹³, indicator target values for indicators are set for 2023.

- ▶ For **result indicators**, targets may be expressed in **quantitative or qualitative terms, in absolute numbers** or as a **percentage**.
- ▶ For **output indicators**, **cumulative quantified target values** are set in **absolute numbers**.

It is recommended to logically link targets for result indicators with targets for output indicators.

Setting the target values of indicators brings key information about the ambitions of the OP, as it quantifies the scope of the change the Programme aims to achieve. Target values can be calculated based on past experience, knowledge of the absorption capacity and success rate of the implemented measures. In case of a new policy and intervention type, setting targets can be challenging. At the programming stage, the planning body can only set out their best estimate that might need revision at a certain point in time.

¹⁰ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013.

¹¹ ERDF Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 and ESF Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013.

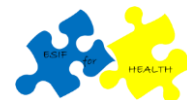
¹² Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013.

¹³ Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013.



When setting the target value of the indicators, it is important to bear in mind that the change in the value of an indicator is not only influenced by the intervention co-funded from ESIF, but also by other factors. As explains the European Commission Guidance document on Monitoring and Evaluation¹⁴, the difference between the situation before and after the public intervention does not equal the effect of public intervention. To disentangle the effects of the intervention from the contribution of other factors and to understand the functioning of a Programme, impact evaluation, which is described in more detail in the Guidance document, shall be used.

¹⁴ EC: Guidance document on Monitoring and Evaluation – European Regional Development Fund and Cohesion Fund - Concepts and Recommendations. March 2014. Available at: http://ec.europa.eu/regional_policy/sources/docoffic/2014/working/wd_2014_en.pdf



2. Indicators to monitor health care actions

This part provides a set of indicators to monitor health investment in the main categories of the areas with health funding potential under selected thematic objectives (*refer to chapter 2.2 of the Guide for the list of actions which can be supported under individual thematic objectives*) and to monitor the change in public health and health status. **As explained above, the change in indicator value cannot, however, be fully attributed to the public intervention, as other factors also influence the development of a monitored variable.**

It is also worth emphasizing that in order to make the monitoring efficient, the indicators should be measured at the local level (i.e. a level relevant for a funded action / a project). Such a requirement implies collecting data prospectively instead of using outdated or not detailed enough (e.g. national) statistics. It should be stated which indicators are being routinely collected and which are not to prevent distortion.

The proposed indicators can be used to evaluate health investment in a more focused way than that which normally allows the indicators defined in an Operational Programme. The OPs' indicators are limited in number and are defined to capture the overall progress towards a specific objective achievement, while the proposed indicators below are more specific and focus on individual health aspects.

The proposed indicators were selected from publically available statistical sources and studies, mainly from ¹⁵ :

- ▶ The European Core Health Indicators (ECHI) list ¹⁶
- ▶ Eurostat database
- ▶ Eurobarometer
- ▶ Benchmarking studies on eHealth Deployment
- ▶ National statistical information

The indicators are organized into categories per types of action, with some indicators being relevant for more than one category. Based on our professional judgement, we perceive the listed indicators as *result* indicators as most of them refer to change either in proportion of incidence of some aspect in the whole population or in number per 100 000 inhabitants. However, if adjusted and more specified, some of the indicators could be used as well as output indicators when reporting a project.

¹⁵ The full list of sources and links can be found in the annex to this report. These data sources can serve also as reference sources for additional indicators.

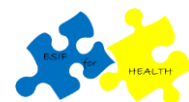
¹⁶ The European Core Health Indicators (ECHI) were previously known as the European Community Health Indicators.



2.1. eHealth

Indicators under this category are suitable mostly for ERDF interventions. Nevertheless, some of them could be relevant for ESF activities focused on training the workforce in using new technologies.

Category / Indicator	Measurement unit
ICT infrastructure	
Health care professionals using a computer	% of health care professionals
Health care professionals using a computer during consultation (to display a patient's file, to get supporting information when making treatment or medication decisions)	% of health care professionals
Health care professionals with broadband connection with speed above 50 MBps	% of health care professionals
Health care professionals having a website	% of health care professionals
Health care professionals using email to communicate with patients	% of health care professionals
Use of eHealth applications	
Health care professionals with an electronic appointment booking system	% of health care professionals
Health care professionals using electronic storage of patient's data	% of health care professionals / % of patients
Health care professionals using electronic medication list	% of health care professionals
Use of electronic networks for transfer and exchange of patient medical data (i.e. exchange of clinical information, laboratory results, medication information etc.)	% of health care professionals / % of patients
Use of electronic networks for transfer and exchange of patient administrative data (i.e. for reimbursement purposes between care providers and health insurance companies)	% of health care professionals / % of patients
Health care professionals with integrated system to send electronic discharge letters	% of health care professionals
Health care professionals with an integrated system for tele-medicine (tele-radiology, tele-homecare/tele-monitoring services to outpatients)	% of health care professionals
Health care professionals monitoring patients remotely at their home	% of health care professionals
Health care professionals using electronic networks to transfer prescriptions electronically to a dispensing pharmacist (ePrescribing)	% of health care professionals



Data security

% of health care professionals using coded data to store and exchange information % of health care professionals

% of health care professionals physicians using e-signatures % of health care professionals



2.2. Health care infrastructure, transition to community-based care

Indicators referring to health care infrastructure are relevant mostly for ERDF investments, while indicators relating to transition to community based care serve to monitoring of ESF interventions.

Category / Indicator	Measurement unit
Hospital care	
Standardized rate of hospitalization	Number of hospital admissions per 100 000 inhabitants
In-patient average length of stay in days, all diagnosis	Average duration in days of a single episode of hospitalization in a hospital per discharged in-patient
In-patient average length of stay in days, for individual diagnosis groups	Average duration in days of a single episode of hospitalization in a hospital per discharged in-patient
Hospital care capacities	
Hospital beds per 100 000 inhabitants	Number of beds
Long-term hospital beds per 100 000 inhabitants	Number of beds
Psychiatric hospital beds per 100 000 inhabitants	Number of beds
Acute care hospital beds per 100 000 inhabitants	Number of beds
Transition to community-based care, development of long-term care and after care	
Persons, to whom care has been provided in a community / at home / in a nursing house	Number of persons
Percentage of persons discharged from hospital who are readmitted within 30 days	Percentage of discharged persons
Primary and ambulatory care	
Percentage of ambulatory physicians on total number of physicians	% of physicians
Percentage of general practitioners in outpatient care	% of physicians
Percentage of ambulatory specialists in outpatient care	% of physicians
Percentage of illness cases where the first point of contact is a general practitioner	% of illness cases

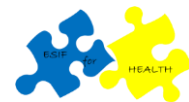


2.3. Health system, access to health care services

General indicators relating to the health system are applicable in the case of both ESF and ERDF interventions. Indicators referring to access to health care services primarily belong to ESF activities.

Category / Indicator	Measurement unit
Health system	
Total health care expenditure	% of GDP
Responsiveness: Self perceived acceptability of health system	% of people who assess the performance of the health system to be good or very good
Equity of access to health care services	
Proportion of people (all population) with self-declared unmet needs for health care services due to either financial barriers, waiting times or travelling distances	% of population
Proportion of people whose highest level of education is ISCED 0, 1, or 2 with self-declared unmet needs for health care services due to either financial barriers, waiting times or travelling distances	% of population with highest level of education is ISCED 0, 1, or 2
Proportion of people in the first quintile of equalized income (20% lowest income group) with self-declared unmet needs for health care services due to either financial barriers, waiting times or travelling distances	% of population in the first quintile of equalized income
Proportion of people (all population) with self-declared unmet needs for dental care services due to either financial barriers, waiting times or travelling distances	% of population
% of women aged 50-69, whose highest level of education is ISCED class 0, 1 or 2 (lower secondary), reporting a mammography in the past two years	% of women with highest level of education is ISCED class 0, 1 or 2
Percentage of persons (aged 50-74), whose highest level of education is ISCED class 0, 1 or 2 (lower secondary), reporting a colorectal cancer screening in the past two years	% of population with highest level of education is ISCED 0, 1, or 2
Waiting time for certain types of surgeries*	N/A
Cancer treatment delay*	N/A

Access to primary care

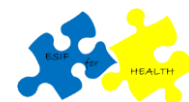


Number of inhabitants per one general practitioner, by region	Number of inhabitants
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Number of women per one gynaecologist, by region	Number of women
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Number of inhabitant per one dentist, by region	Number of inhabitants
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* Indicators under this category are currently being developed as a part of the ECHI initiative.



2.4. Health workforce

Indicators under this category are mainly aimed at interventions implemented under ESF.

Indicator	Measurement unit
Practicing physicians	Number per 100 000 inhabitants
Practicing dentists	Number per 100 000 inhabitants
Practicing nurses	Number per 100 000 inhabitants
Percentage of physicians aged 35 years and younger	% of physicians, all specializations
Percentage of physicians aged 55 years and older	% of physicians, all specializations
Percentage of nurses aged 35 years and older	% of nurses
Percentage of nurses aged 55 years and older	% of nurses
Average age of general practitioners	Average age in years
Number of jobs created in health care sector	Equivalent of full time jobs
Number of jobs created in health care sector for qualified workforce holding post-secondary degree	Equivalent of full time jobs
Shortage of physicians (nationwide, regional)	Vacancy rate Percentage of care not covered
Shortage of dentists	Vacancy rate Percentage of care not covered
Shortage of nurses	Vacancy rate Percentage of care not covered



2.5. Health promotion and prevention, healthy ageing

Indicators under this category are mostly suitable for monitoring of ESF interventions.

Category / indicator	Description / measurement unit
Prevention	
Brest cancer screening	% of women aged 50-69 reporting a mammography in the past two years
Cervical cancer screening	% of women aged 50-69 reporting a cervical cancer screening in the past two years
Colorectal cancer screening	% of persons (aged 50-74) reporting a colorectal cancer screening in the past two years
Influenza vaccination in elderly	Proportion of persons aged 65 and over reporting to have received one shot of influenza (flu) vaccine during the last 12 months
Vaccination coverage in children	Percentage of infants reaching their first birthday in the given calendar year who have been fully vaccinated against diphtheria, tetanus, pertussis, poliomyelitis, haemophilus influenza type b or Hepatitis B and those reaching their second birthday in the given calendar year who have been fully vaccinated against measles, mumps and rubella
Preventive health determinants	
Regular smokers	Proportion of persons aged 15+ reporting to smoke cigarettes daily
Alcohol consumption	Total, recorded and unrecorded alcohol consumption in litres per person aged 15+ per year
Narcotic abuse	Proportion of people aged 15-64 reporting to have ever used narcotics
Physical activity	Proportion of persons aged 15+ reporting practice of daily physical activity
Obesity: Body mass index	Proportion of adult persons who are obese, i.e. their body mass index is equal or bigger than 30.
Blood pressure	Proportion of persons reporting diagnosed high blood pressure (hypertension) in the last 12 months
Consumption of fruit	Proportion of people aged 15+ reporting to eat fruits (excluding juice) at least once a day
Consumption of vegetables	Proportion of people aged 15+ reporting to eat vegetables (excluding potatoes and juice) at least once a day
Occupational health	



Work injuries	Standardized incidence rate of accidents at work per 100 000 workers
Work-related health problems	Percentage of workers reporting work-related health problems in the past 12 months
	Workers off work at least 1 month due to accidents at work and work-related health problems in the past 12 months
Sick leave	Number of sick leave cases per 100 000 workers
	Average length of 1 episode sick leave in days
Work safety	Number of employed persons who would stay longer at work if their workplace was healthier and/or safer
Active and healthy ageing	
Employment rate of workers aged 55-64	Proportion of people aged 55-64 in employment.
Population with health-related restrictions	Proportion of people reporting to have long-term restrictions in daily activities
Dementia / Alzheimer incidence	Incidence per 100 000 inhabitants
Influenza vaccination in elderly	Proportion of persons aged 65 and over reporting to have received one shot of influenza (flu) vaccine during the last 12 months
Limitations in personal care	Proportion of people aged 65+ reporting to have long-term restrictions in daily activities
Limitations in household activities	Proportion of people aged 65+ reporting to have limitations in doing activities of household care related to longstanding health-related problems
Promotion programmes*	
Policies of healthy nutrition	N/A, under development
Policies and practices on health lifestyles	N/A, under development
Integrated programmes in workplace, schools, hospitals	N/A, under development

* Indicators under this category are currently being developed as a part of the ECHI initiative.



2.6. Health status

All the below listed indicators can be measured for total population, per sex, per highest level of education attained, per income quintile to monitor the differences in the health status of the population. Given their universality, these indicators are suitable for both ESF and ERDF interventions.

Indicator	Description / measurement unit
Life expectancy at birth (total population, men / women)	Average number of years of life remaining at birth
Life expectancy at 65 years of age (total population, men / women)	Average number of years of life remaining at the age of 65
Healthy life years	Expected remaining number of years, lived from a particular age without long-term activity limitation
Infant mortality rate	Ratio of the number of death of infants per 1000 live births
Diabetes incidence	% of persons with diabetes diagnosed in the past 12 months
Cancer incidence	Incidence per 100 000 inhabitants
Acute myocardial infarction incidence	Incidence per 100 000 inhabitants
Depression incidence	Proportion of people reporting diagnosed chronic depression in the past 12 months
General musculoskeletal pain	Proportion of people reporting to experience general musculoskeletal pain
Long-term activity limitations	Proportion of people reporting to have long term restrictions in daily activities
Self-perceived health	Proportion of people who assess their health to be good or very good
Psychological well-being	Proportion of people who assess their mental health to be good or very good



Sources

European Commission sources:

- ▶ Europe 2020 Strategy, Brussels, March 3, 2010. Available at: <http://ec.europa.eu/eu2020/pdf/COMPLET%20EN%20BARROSO%20%20%20007%20-%20Europe%202020%20-%20EN%20version.pdf>
- ▶ Guidance document on Monitoring and Evaluation – European Regional Development Fund and Cohesion Fund - Concepts and Recommendations. March 2014. Available at: http://ec.europa.eu/regional_policy/sources/docoffic/2014/working/wd_2014_en.pdf
- ▶ Guidance document on Monitoring and Evaluation – European Social Fund. June 2014. Available at: <http://ec.europa.eu/social/main.jsp?catId=701&langId=en>

EU Regulations:

- ▶ Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006.
- ▶ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013, laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Funds and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, and the European Maritime and Fisheries Funds and repealing Council Regulation (EC) No 1083/2006 (“Common Provisions Regulation”).
- ▶ Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund and repealing Council Regulation (EC) No 1081/2006.

Indicator data sources:

- ▶ Commission Staff Working Document on an Action Plan for the EU Health Workforce, 2012. Available at: http://ec.europa.eu/health/workforce/docs/staff_working_doc_healthcare_workforce_en.pdf
- ▶ eHealth Indicators Country profiles. Available at: http://www.ehealth-indicators.eu/index2.php?page=country_profile/country_profiles
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