## Annex 1.

Technical notes for the demographic and epidemiological profile

## Data sources and methods

Data sources for this report include demographic data from the United Nations World Population Prospects (2008 revision) and World Urbanization Prospects (2009 revision), and health-related data from the WHO European Health for All (January 2012 revision) and GLOBOCAN (2008) databases and from *The global burden of disease*: 2004 update (1–5).

The main source is the European Health for All database (3), which contains over 600 indicators from demographic, socioeconomic, mortality, morbidity and hospital discharge, lifestyle, environment, health care resources, health care utilization and expenditure, and maternal and child health categories, disaggregated by sex and age groups, where pertinent. Time series for some indicators span 1970 to 2011, but most data used extend from 1980/1990 to 2009/2010. Although the number of countries in the WHO European Region nearly doubled after 1990, the statistics used represent data annually reported by today's 53 Member States to the WHO Regional Office for Europe, contributing to its health monitoring efforts.

European regional averages represent population-weighted averages, weighted by total population, population younger or older than 65 years, or number of live births – either for both sexes or solely for males or females, as appropriate. In most cases, mortality indicators represent the age- and sex-standardized mortality rate, calculated with the direct method using the European standard population (3). Some of the estimates and projections used were produced by WHO, the International Agency for Research on Cancer (IARC) and the United Nations Population Division.

The global burden of disease: 2004 update (5) divides the countries in the European Region into two groups:

- high-income countries: Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, the Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland and the United Kingdom;
- low- and middle-income countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Poland, the Republic of Moldova, Romania, the Russian

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Federation, Serbia and Montenegro (one country in 2004), Slovakia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan.

In contrast, Chapter 2 of this report illustrates target development using historical country subgroups, as used in the European Health for All database (3):

- EU15: the 15 Member States belonging to the EU before 1 May 2004

   Austria, Belgium, Denmark, Finland, France, Germany, Greece,
   Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom;
- EU12: the 12 new Member States joining the EU in May 2004 or in January 2007 – Bulgaria, Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia; and
- CIS (Commonwealth of Independent States until 2006): Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

Countries in the European Region but not included in these groups are: Albania, Andorra, Bosnia and Herzegovina, Croatia, Iceland, Israel, Monaco, Montenegro, Norway, San Marino, Serbia, Switzerland, the former Yugoslav Republic of Macedonia and Turkey.

A challenge identified in this report is how to allocate all 53 countries to meaningful sub-European aggregations, for example, to illustrate subregional trends in a contemporary context.

## References

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