



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**Fourth meeting
of the
European Burden of Disease
Network (EBoDN)**

Meeting Report

**Stockholm, Sweden
20–21 August 2019**

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ABSTRACT

The fourth meeting of the European Burden of Disease Network was convened by the WHO Regional Office for Europe on 20–21 August 2019 in Stockholm, Sweden, hosted by the Karolinska Institutet. A range of international burden of disease (BoD) experts from the WHO European Region and the Institute for Health Metrics and Evaluation attended. The purposes were to enhance collaboration among the group of diverse countries with similar research aims and to enable effective knowledge exchange between experts in the field.

The meeting discussed several exciting developments that have taken place in national BoD research, including generating subnational estimates, increased national interest in BoD studies in many countries and efforts to expand the global BoD risk factors to encompass socioeconomic positions. A BoD manual for countries, discussed at the third meeting of the Network, is also soon to be completed and ready for review by WHO headquarters. Various challenges remain for those undertaking BoD research, including funding, engagement by stakeholders and identifying the best available data. Despite the considerable progress, participants highlighted two areas for further improvement: the importance of enhancing knowledge on how to communicate BoD results and methods to policy-makers; and the need to find valid and feasible ways to account for socioeconomic determinants of BoD. Furthermore, it was noted that the valuable initiatives of the European Cooperation in Science and Technology Action and the Information for Action! projects in the European Union should be coordinated effectively with the European Burden of Disease Network.

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Abbreviations

BoD	burden of disease
CHAIN	Centre for Global Health Inequalities Research
COST	European Cooperation in Science and Technology
EBoDN	European Burden of Disease Network
GBD	global burden of disease
IHME	Institute for Health Metrics and Evaluation
InfAct	Information for Action! [project]

Executive summary

The fourth meeting of the European Burden of Disease Network (EBoDN) was convened by the WHO Regional Office for Europe on 20–21 August 2019 in Stockholm, Sweden, and hosted by the Karolinska Institutet. The meeting was attended by a range of international burden of disease (BoD) experts from across the WHO European Region and by representatives of the Institute for Health Metrics and Evaluation (IHME).

The meeting achieved its purposes of enhancing collaboration among the group of experts from various countries with similar research aims and enabling effective knowledge exchange between EBoDN members. Several exciting developments that have taken place in national BoD research were discussed, including generating subnational estimates, increased national interest in BoD studies in many countries and efforts to expand the global burden of disease (GBD) risk factors to encompass socioeconomic positions. EBoDN has also reached many of the targets set out in its workplan; for example, a BoD manual for countries, discussed at the third meeting, is soon to be completed and ready for review by WHO. The Network has grown significantly since its inception in 2016.

Various challenges remain for those undertaking BoD research, however, including funding, engagement by stakeholders and identifying the best available data. In addition, despite the considerable progress, two areas for further improvement were highlighted throughout the meeting. First, participants stressed the importance of enhancing knowledge about how to communicate BoD results and GBD methods to policy-makers, noting that more in-depth discussion about this issue should take place at EBoDN meetings and within other BoD networks. Second, the need to find scientifically valid ways, along with appropriate data, to analyse the role of socioeconomic determinants of BoD was noted.

Furthermore, the valuable initiatives of the European Cooperation in Science and Technology Action and the Information for Action! projects in the European Union were appreciated. It was noted that effective ways to coordinate these initiatives with the EBoDN should be found.

Introduction

The fourth meeting of the European Burden of Disease Network (EBoDN) was convened by the WHO Regional Office for Europe on 20–21 August 2019 in Stockholm, Sweden, and hosted by the Karolinska Institutet (see Annex 1 for the agenda and Annex 2 for the revised workplan of the Network). The meeting was attended by a range of international burden of disease (BoD) experts from the WHO European Region and the Institute for Health Metrics and Evaluation (IHME) (see Annex 3 for the list of participants).

The meeting was opened by the EBoDN Chair, Professor John Newton (Chief Knowledge Officer, Public Health England), and Dr Christian Gapp (Acting Unit Head, Health Informatics and Information Systems, WHO Regional Office for Europe). Amanda Aronsson (Administrative Officer, Karolinska Institutet) was elected as rapporteur. The programme of work was adopted. Karolinska Institutet representatives Professor Marie Hasselberg (Head of the Department of Public Health Sciences), Peter Allebeck (Professor/Senior Physician, Department of Public Health Sciences) and Ole Petter Ottersen (President) welcomed participants and formally addressed the meeting, outlining the importance of the Network and emphasizing the link between the work of EBoDN and the vision of the Karolinska Institutet.

The fourth meeting was the last meeting to be chaired by Professor John Newton. Dr Henk Hilderink, Co-chair of the Network, will be Acting Chair until the meeting next year, when a new chair and co-chair will be appointed.

Objectives of the meeting

The purpose of the fourth EBoDN meeting was to enhance collaboration among this group of diverse countries sharing similar aims and to enable effective knowledge exchange between experts in the field. The expected outcomes included:

- identification of potential new areas of work;
- suggestions for valid and feasible ways to clarify the role of socioeconomic determinants of BoD;
- examples of subnational analysis in European countries and ways these can be communicated to policy-makers;
- a report summarizing the discussion, conclusions reached and action points agreed.

Fig. 1. Fourth EBoDN meeting participants



© WHO/Christian Gapp

Recent developments in the field of BoD and related areas in the WHO European Region

Dr Christian Gapp (WHO Regional Office for Europe) thanked EBoDN for all its work and recognized how independently and how well it operates. He provided an update on recent activities in global burden of disease (GBD) by the WHO Regional Office for Europe. The Division of Information and Research held a five-day Autumn School on Health Information and Evidence for Policy-making, attended by 20 participants, in The Hague, Netherlands, including a GBD workshop developed and taught by IHME. WHO is operating under the Thirteenth General Programme of Work, which includes a framework for measuring its progress and impact. WHO and IHME are working together to improve understanding of the drivers of differences in estimation and to enhance mutual understanding and improved estimates for the future. The aim of this collaboration is to strengthen health information system capacity and the use of data for decision-making.

Recent developments at IHME: collaboration with WHO, GBD 2019 methodology, new collaborations and initiatives

Mrs Maja Pašović and Professor Stein Emil Vollset (IHME) updated the meeting on recent developments. IHME continues its close collaboration with WHO, supported by the 2015 memorandum of understanding,¹ with the aim of improving the quality, timeliness and policy relevance of health data. Regular exchange has taken place between IHME and WHO headquarters to understand and improve methods for global health estimations, and to achieve greater scientific dialogue between IHME, WHO and countries. IHME and WHO have

¹ Memorandum of understanding between the World Health Organization and the Institute for Health Metrics and Evaluation. Washington, DC: Institute for Health Metrics and Evaluation; 2015 (<http://www.healthdata.org/news-release/who-and-ihme-collaborate-improve-health-data-globally>, accessed 22 August 2019).

conducted joint technical consultations and have been in discussion about organizing the first GBD review week at WHO headquarters. Finally, IHME has explored opportunities to become a WHO Collaborating Centre.

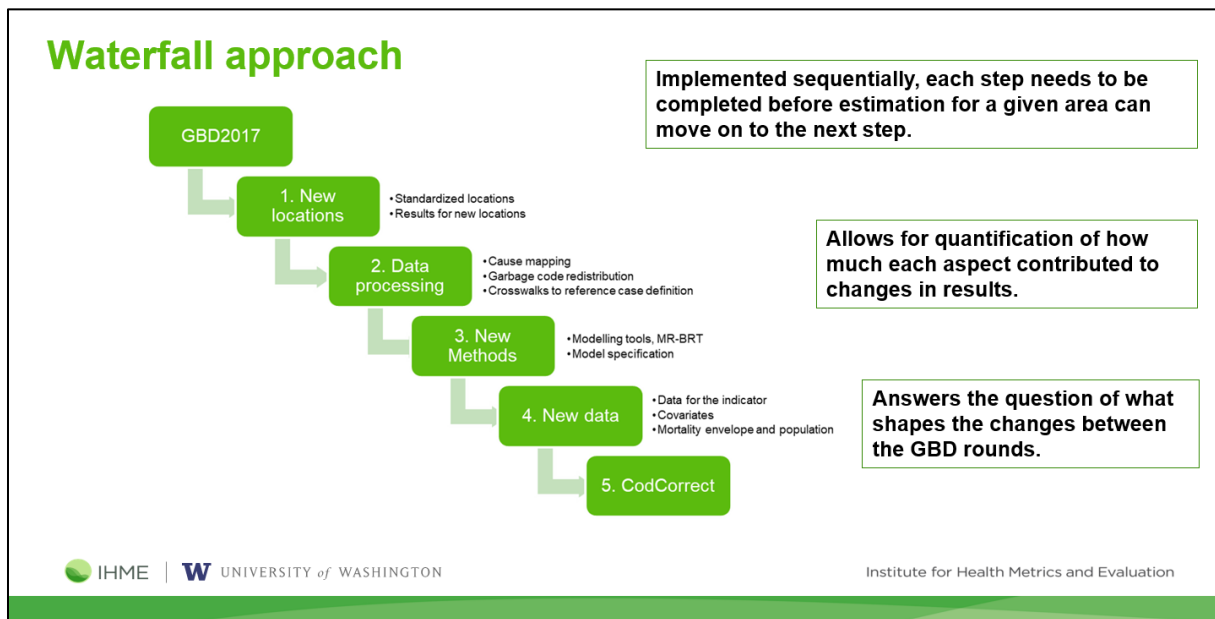
The publication of the GBD 2019 results is targeted for May 2020, to coincide with the Seventh-third World Health Assembly. Further, the newly created BoD manual for countries is soon to be shared with counterparts at WHO headquarters.

The network of GBD collaborators has grown over the last year, and IHME continues to strengthen relationships with countries and institutions. With the GBD 2019 study, the BoD estimation has been expanded for several new causes and risk factors. During the year, IHME has organized workshops and webinars and supported the production of many policy-relevant publications, national papers and other collaborator-led publications. Regarding new collaborations, a memorandum of understanding with the United Nations Population Fund was signed in March 2019, aimed at advancing population estimates and forecasts. Collaboration also started with St. Jude Children’s Research Hospital, Memphis, United States, to include prominent causes of cancer in children in the GBD data. Finally, IHME has had ongoing discussions with the Centre for Global Health Inequalities Research (CHAIN²) and Erasmus University in Rotterdam, the Netherlands, resulting in a five-year strategic plan aimed at establishing the link between socioeconomic position and health outcomes using a modified version of the GBD framework.

IHME has introduced a major innovation to the GBD methodology: the decomposition or “waterfall” approach, which aims to enhance transparency and stability of GBD estimates and facilitate greater understanding of what shapes change in estimates between GBD cycles (Fig. 1). The waterfall approach aims to make it easier to see why and where changes happened. An ambition for the future is to integrate this approach into the visualization tool.

² CHAIN – Centre for Global Health Inequalities Research [website]. Trondheim: Norwegian University of Science and Technology; 2020 (<https://www.ntnu.edu/chain#/view/about>, accessed 2 October 2019).

Fig. 2. The IHME “waterfall” approach



Source: created for the meeting by IMHE, University of Washington, Seattle, WA, United States of America.

IHME also presented an update of current forecasts of future health scenarios. As there will now be a transition to the new methods of GBD 2019, forecasts to 2050 will start. Forecasts will be extended to include not only mortality but also incidence, prevalence, non-fatal health loss and disability-adjusted life-years. Forecasts will be extended to include some subnational forecasts of some selected countries.

Recent national developments in the field of BoD

Participants described BoD developments in 16 different countries: Belgium, France, Georgia, Germany, Iceland, Ireland, Italy, Norway, the Netherlands, Poland, the Russian Federation, Slovenia, Spain, Sweden, Switzerland and the United Kingdom (England and Scotland). A few countries, including Belgium, Norway, Sweden and the United Kingdom, have been working on BoD data for several years; other countries are in the early stages – such as Ireland and Slovenia. A wide range of approaches continues to be seen across Europe in the way BoD studies are undertaken. For example, Scotland and Germany have undertaken their own studies, independent of the IHME machinery but drawing on its methodology. Other countries work in more direct collaboration with IHME, meaning that national data go through the extensive analytical machinery provided by IHME, thus assuring comparability between countries and regions.

Many countries reported that they are undertaking subnational studies. While some – such as England, Scotland, the Netherlands, Sweden and Norway – have conducted subnational studies previously, others – including Poland and Italy – are doing it for the first time. For BoD activities in the Russian Federation, some challenges were reported relating to subnational research, referring to both the difficulty of harmonizing the data and results from the 85 regions and also depending on expert assumptions.

One issue reported by participants was the importance of gaining more knowledge in how to communicate BoD results and GBD data to policy-makers. Throughout the meeting, participants called for more in-depth discussion about this at EBoDN meetings and within other BoD networks.

Belgium noted that its national BoD estimates are expected next year. For the future, it hopes to include GBD information on the Healthy Belgium website,³ where recent estimates and data on health aspects are published.

England, United Kingdom, has updated local estimates and reported on the success of the government deciding to invest in various health services based assessments using GBD data.

A project team in **France** has been launched to work on the development of GBD indicators as this project has been set as a priority by an independent science committee. The team is preparing this work with partners and the IHME for methodological support.

Last year, **Germany** started to make BoD estimates at national and regional levels, using national data, based on GBD methodology. A pilot study will be undertaken with a limited number of conditions.

Georgia noted that the National Centre for Disease Control and Prevention is looking to expand its BoD work. It hopes to discuss challenges and explore further opportunities with IHME.

Iceland reported recent work on international collaborations – for example, with Sweden on tackling alcohol and drug issues. In the future, Iceland would like to start a Nordic collaboration to address self-harm and interpersonal violence.

Ireland explained that the country is at an early stage of working with the GBD data and has applied for a research grant that would allow it to undertake a national GBD study.

Italy reported that subnational estimates should be ready for publication in the 2020 round. The participant reported a rapid major expansion of the national network and great interest in BoD registered from regional health agencies. Interest at the government level is, however, still somewhat lacking; this relates to difficulties in explaining GBD data.

The **Netherlands** confirmed its long tradition of BoD estimates and noted that it also performs foresight reports, conducting projections of 25 years on a four-year basis, although the ministry of health has requested an early update next year. As estimates are collected at both national and municipality levels, the country is looking into a subnational GBD study.

Norway reported undertaking a lot of work on communicating BoD information to policy-makers, who ask many questions about it. The participants reported on recent publications and ongoing subnational studies. The country is aiming for an expansion of the social

³ Healthy Belgium [website]. Brussels: Belgian Health Care Knowledge Centre; 2020 (<https://www.healthybelgium.be/en/>, accessed 22 August 2019).

determinants of health in the GBD data, in which partnership with CHAIN is vital (see the section on analyses of the role of social determinants for BoD below).

Poland explained that a subnational study is ongoing. Training courses and workshops are set up for people doing subnational studies and there are plans to use the subnational GBD results to develop maps of health needs for the ministry of health. This was discussed as an example of how subnational estimates can influence policy-making.

The **Russian Federation** described work with IHME to conduct and interpret subnational results. The country sees a need to work on knowledge-sharing and dissemination within EBoDN and suggests that WHO could provide a platform for various knowledge exchange mechanisms, such as publications and other educational materials.

Scotland, United Kingdom, reported on recent publications, the update of the health burden in Scotland visualization tool and the recently published subnational BoD data. For the future, the country is working on developing a protocol for evaluating the impact of BoD interventions and will look at the impact of socioeconomic position on BoD.

Slovenia does not yet have any ongoing BoD studies and is working to recruit co-workers for this job. There is capacity for BoD work for next year.

As **Spain** is in the early stages of a BoD study it is in the process of mapping researchers working in the BoD field. The plan is to have preliminary national estimates by next year.

Sweden reported on ongoing data collection for national and subnational BoD studies, and in particular data from primary care and work on the role of socioeconomic determinants for BoD. Nordic collaborative studies are ongoing, related to alcohol and drug use, based on GBD data.

Switzerland is working on a quality assessment of the country's cause of death statistics, using ANACONDA software, as well as a project investigating the descriptive epidemiology and patterns of care of diabetes. An implicit project goal is to explore and demonstrate how a BoD approach could be useful and implemented in Switzerland.

Update on Information for Action! (InfAct) project work package on BoD measures

The Joint Action on Health Information, InfAct, is a 36-month project funded by the European Commission, launched in March 2018.⁴ It builds on the BRIDGE Health project and other initiatives in health information and is available to European Union Member States and accession countries. Within Work Package 9, the InfAct project was used to promote a BoD approach.

Santé Publique France has hosted workshops in this area; the last was particularly successful, running over four days with 40 participants and resulting in a report including a factsheet. Based on a survey conducted after the workshops, it has become clear that Member States

⁴ InfAct: Joint Action on Health Information [website]. Ixelles: Sciensano; 2020 (<https://www.inf-act.eu/>, accessed 3 March 2019).

would like more skills training and more information on how to communicate the importance of BoD data to policy-makers.

InfAct's steering group is planning a future workshop, inviting the same participants for continuity. A third would facilitate discussions about how GBD data can be improved. Another plan is to develop a toolkit, intended for countries starting to work with BoD data –it would help them decide how they can work with IHME or to what extent they could develop their own BoD studies.

Analyses of the role of social determinants for BoD

Professor Terje Eikemo (Norwegian University of Science and Technology) reported on the ongoing work of CHAIN. The aim of CHAIN is to improve health equity at a global scale by monitoring, explaining and reducing health inequalities globally. Through a collaboration between a wide range of scholars and international organizations (such as the United Nations Children's Fund), CHAIN focus on several dimensions of inequality, resulting in a variety of research topics.

CHAIN has been working to include socioeconomic position as a risk factor in the GBD data. It will initially try to integrate education as a preliminary factor, with the intention of continuing with other measures of socioeconomic position. This will be supported through literature reviews, creation of a new Global Burden of Health Inequalities data warehouse and establishment of a global socioeconomic network. The data warehouse will compile and provide access to individual-level data on inequalities in health, by socioeconomic position and by their determinants in as many countries as possible, covering all world regions.

During the meeting discussion took place about the contextual aspects of socioeconomic risk factors and how to assess and understand them in relation to GBD data. For example, education and educational risk are highly contextual and vary globally. Another challenge is the matter of causality of education as a risk factor and its comparability to other risk factors in the GBD data. CHAIN is having ongoing discussions about this with IHME and others.

Dr Emilie Agardh (Karolinska Institutet) presented an ongoing project on how to use GBD data to assess social inequalities in collaboration with researchers at the department of Public Health Sciences at Karolinska Institutet, IHME, CHAIN and other researchers in the United Kingdom and Norway. The aim of the project is to create a Swedish BoD database combining data on health, mortality, risk exposures, residence, education, work and income to be analysed within the GBD framework. This database would improve monitoring of progress in health inequalities and would open a new scientific platform to analyse aspects of socioeconomic factors and health burden. Within current GBD activities, estimations are being prepared on premature death by educational level in Sweden. The plan is to add estimates for years lived with disability and disability-adjusted life-years; this poses a challenge, as more data are needed to conduct such analyses.

Subnational analyses of BoD

Professor John Newton (Public Health England) discussed the various strengths and limitations of conducting national BoD studies outside the IHME approach. A strength is the detailed information about local BoD that can be communicated to policy-makers; however, if the results are not in accordance with the GBD data, they cannot be compared with those of other countries. A GBD study is universally applicable – an advantage that might be missing in a national BoD study that uses its own estimates and results.

Professor Newton reported on the joint work of Public Health England and IHME on subnational studies in the United Kingdom, published in *The Lancet*. This paper was published just before the National Health Service's long-term planning, which facilitated use of GBD data for the assessment of risk factors and planning for interventions. He also noted that Public Health England has had to discuss the data with people using it, and especially to explain why the GBD data change over time. A point raised at the meeting was that BoD experts need to meet the challenge of explaining methodological changes and improvements of the GBD study; this should become easier as the new waterfall approach is introduced.

Professor Simon Øverland (Norwegian Institute of Public Health) presented the subnational studies that have been conducted in Norway and that will be available in the next GBD cycle. Norwegian work on subnational BoD data has resulted from national politics, as the Public Health Act obliges all authorities of administrative levels in the country to provide a health overview, and the Norwegian Institute of Public Health is responsible for offering support to local authorities. The opportunity to create a subnational study therefore supports the tasks of the Norwegian administrations, which found that including GBD data in local studies has added valuable information that was previously missing, such as the option of age standardization.

European Cooperation in Science and Technology (COST) Action

Dr Brecht Devleesschauwer (Sciensano) reported on the COST programme. COST is funded by the European Union, enabling researchers to set up interdisciplinary research networks in countries of the Union and beyond. The programme is available to European Union Member States and accession countries.

Funding has been received from COST for a four-year EBoDN project or Action.⁵ So far, 37 countries have signed the memorandum of understanding and are officially part of the Action. New countries can be added over the course of the four years. The rationale for the Action is that many working with BoD data face the same challenges and would benefit from collaborating and from bringing together different groups and integrating existing capacities. There is also a need for a technical platform to improve methodological aspects, for example, alongside a need to enhance efforts of knowledge and policy transfer.

Participants discussed the possible overlap between EBoDN, the COST Action and the InfAct project, and agreed that the various initiatives need to be coordinated – for example, through

⁵ CA18218 – European Burden of Disease Network [website]. Brussels: European Cooperation in Science and Technology; 2020 (<https://www.cost.eu/actions/CA18218/#tabs|Name:overview>, accessed 22 August 2019).

timing of meetings and roles of people engaged in the activities. While the Network has a clear mandate and a workplan – to be updated – it was agreed that the COST Action would enable more in-depth discussions and capacity-building, and would provide a platform where issues can be targeted directly. Future talks are needed on how to facilitate communication between the various BoD networks and collaborations and on how to make more efficient use of the knowledge that exists within EBoDN. It was proposed that IHME should join the COST Action network.

Conclusions and next steps

The fourth EBoDN meeting led to enhanced collaboration and knowledge transfer between national experts in BoD studies. It became clear that communicating the results of a BoD study to policy-makers continues to be a challenge, and that more work would be appreciated on how knowledge-sharing can be improved. Another conclusion was that an important next task is to integrate the rising number of BoD networks and collaborations in the Region so that the valuable knowledge that exists is efficiently organized.

Several positive developments in national BoD studies have taken place: generating subnational estimates, increased national interest in BoD studies in many countries and efforts to expand the GBD risk factors to encompass socioeconomic position. Various challenges remain for those undertaking BoD studies, including funding, engagement by stakeholders and identifying the best available data.

The Network's workplan will be revised, as many of the goals have been achieved. Professor John Newton, Dr Christian Gapp and Dr Henk Hilderink will prepare a draft of a new workplan to circulate among EBoDN members before finalization. At the fifth meeting, a new chair must be appointed. The Network thanked Professor John Newton and appreciated the years that he has been Chair. Until the next meeting, the Co-chair, Dr Henk Hilderink, will take over these tasks.

Annex 1. Agenda

Tuesday 20 August 2019

- 13:00–13:15 Welcome and opening remarks
John Newton, EBoDN Chair, and Christian Gapp, Acting Unit Head, Health Informatics and Information Systems, WHO Regional Office for Europe
- 13:15–13:30 Welcome address by host
Marie Hasselberg, Head of Department, and Peter Allebeck, Professor/Senior Physician at the Department of Public Health Sciences, Karolinska Institutet
- 13:30–13:35 Election of rapporteur
Chair, WHO Secretariat
- 13:35–13:40 Adoption of the agenda and programme
Chair
- 13:40–13:50 Introduction of participants
- 13:50–14:15 Recent developments in the field of burden of disease (BoD) and related areas in the WHO European Region
WHO Secretariat
- 14:15–15:00 Recent developments at IHME: collaboration with WHO, GBD 2019 methodology, new collaborations and initiatives
Stein Emil Vollset, Professor of Health Metrics Sciences, and Maja Pašović, Engagement Officer, IHME
- 15:15–16:45 Reports from members on recent national developments in the field of BoD
- 16:45–17:00 Update on Information for Action! (InfAct) project work package on BoD measures
John Newton, Chief Knowledge Officer, Public Health England

Wednesday 21 August 2019

- 09:00–09:15 Summary of the key points outlined in day 1 and expectations for day 2
Rapporteur, WHO Secretariat
- 09:15–10:00 Analyses of the role of social determinants for BoD

Terje Eikemo, Norwegian University of Science and Technology, Stein Emil Vollset, IMHE, Emilie Agardh, Associate Professor, Karolinska Institutet

- 10:00–10:45 Subnational analyses of BoD
- John Newton, Public Health England, Simon Øverland, Specialist Director, Mental and Physical Health, Norwegian Institute of Public Health*
- 11:00–11:30 European Cooperation in Science and Technology (COST) Action
- Brecht Devleesschauwer*
- 11:30–12:00 Proposed new work and update of the workplan
- All*
- 12:00–12:15 Any other business
- All*
- 12.15–12.30 Date and place of next meeting and closing remarks
- Chair, WHO Secretariat*

Annex 2. Workplan

Priority activities status (open, ongoing, done, discarded)	Description of activity	Core deliverable	Priority	Lead	Time frame												
					2017				2018				2019				2020
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Fifth meeting
Strategic activities																	
Done	Ensure sustainability of BoD work at the national level	Rationale (and generic benefits) to support national bids for resources to perform BoD studies. Output includes: regular Network meetings, journal articles, presentations (e.g. to IANPHI), support creation of COST network.	-	Dietrich Plaß, Brecht Devleesschauwer													X
Done	Establish a working group for finalization of a BoD manual	-	1	WHO Regional Office for Europe													
Ongoing	Develop and publish BoD manual	Interim draft	-	IHME													
Done	-	Final draft for discussion with WHO and Regions	-	IHME													X
Open	-	Finalize approved draft and submit to Regional Office for discussion with WHO headquarters	-	IHME													X
Discarded	Articulate what the Network	Network manifesto	-	All													

Priority activities status (open, ongoing, done, discarded)	Description of activity	Core deliverable	Priority	Lead	Time frame																
					2017				2018				2019				2020				
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Fifth meeting				
	about international and national BoD activities Create Network website																				
Discard	-	Improve the website (make user-friendly)	-	WHO																	
Done	Organize a sharing platform	Dropbox folder to share bibliography of studies	-	WHO Regional Office for Europe																	
Open Publications	Joint paper for <i>Public Health Panorama</i>	Draft paper on BoD manual	-	John Newton, Milena Šantrić, IHME																	
Open	Viewpoint papers on uses of GBD	Draft papers	-	Countries to volunteer and Peter Allebeck to coordinate																	
Ongoing Training	Plan a European Region-wide GBD training workshop	Discuss with WHO to obtain support	-	IHME, WHO																	X

BoD: burden of disease; EHII: European Health Information Initiative; EUPHA: European Public Health Association; GBD: global burden of disease; IANPHI: International Association of National Public Health Institutes; IHME: Institute for Health Metrics and Evaluation; PHE: Public Health England; Q: quarter; WG: Working Group

Annex 3. List of participants

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Division of Information, Evidence, Research and Innovation

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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