



# Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

## **WP 4: Identification and Application of Innovative Measures of Quality and Outcome of Models:**

### **Innovative measures of outcome and quality of care in child primary care models**

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# **Innovative measures of outcome and quality of care in child primary care models**

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## Summary

### Background and objectives

Scientific research and the World Health Organisation have progressively extended the concept of health so that it now includes important aspects of the individual's life such as life style, well-being, the environment, economics, and socio-cultural factors as important ingredients of health. Health Care Quality is can thus be regarded as a multidimensional concept, as it encompasses a number of these aspects that require evaluation. Scientific evidence suggests that the criteria used to evaluate quality of care for adults, does not directly translate to a robust evaluation of care for children. As reported by Rigby et al. (2003), health determinants, disease patterns, preventive and therapeutic health services and data sources are all different for children compared to adults.

Our task is to explore a continuum of feasible measures, from clinical, health status and satisfaction perspectives, that can be used effectively by stakeholders from diverse structural models (across countries) and paediatric settings to quantify the impact of the paediatric care and make judgements on its quality.

The main objectives of this deliverable are to:

- a) provide an overview of the measures available in internationally open-accessible databases;
- b) report on the results of an ad-hoc questionnaire, sent to each of the MOCHA countries, to identify the availability and utilisation of measures used nationally to evaluate health care for children;
- c) provide an overview of the measures adopted in each of the 30 countries for the evaluation of health care for children;
- d) explore whether the Patient-Reported Experience Measures (PREMs) and the Patient-Reported Outcome Measures (PROMs) are used in the evaluation of paediatric care in each of the 30 MOCHA countries.

### Methodology

Monitoring child health status and quality of child health care is likely to produce different findings. Our approach aimed to distinguish between those measures used to evaluate child health status, as collected by the international databases; and the measures used to evaluate quality of child health care, as reported by the Country Agents<sup>1</sup> through a bespoke project questionnaire.

All open-access international databases that contain a broad spectrum of child health-related issues were searched. Scrutinized sources came from organisations, agencies, research networks and

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<sup>1</sup> Each of the 30 countries within the MOCHA is represented by a MOCHA Country Agent who is able to contact experts within their country to answer a range of research questions and give each nation's unique perspective, and primary care function. More information about the Country Agents can be found at [www.childhealthservicemodels.eu/partners](http://www.childhealthservicemodels.eu/partners).

observatories. Ongoing and ended research projects on health care for children were also investigated.

In parallel to this exercise, a questionnaire was developed and distributed to the MOCHA Country Agents to gather information on:

- Agencies/organisations in charge of the evaluation of quality of care at national and/or local level;
- Coverage of quality evaluation specifically devoted to health care for children;
- Topics covered in the evaluation of child primary health care services;
- Measures used to evaluate health care for children.

Alongside the analysis of objective measures, gathering the perspectives of patients has been proven to provide a deeper insight into the experiences of facing illnesses and interaction with health services. This information is hard to capture through other evaluation systems of quality of care, and highlights the difference between measuring children's 'objective' health status and, obtaining their 'subjective' perception of their quality of life. Thus, the questionnaire to the Country Agents included a section on PREMs and PROMs aimed at identifying to what extent these recently introduced tools have been adopted across countries as well as applied to health care for children. This is an effect a 'top-down' and 'bottom-up' approach to measuring quality of care to children by primary care health systems in Europe.

## Results

### Classifying the measures

The measures obtained from the interrogation of the international databases and the results provided by the Country Agents via the questionnaire, enabled a map to be produced which has been divided into five categories, known as 'areas': 1) Structure; 2) Process; 3) Outcome; 4) Social, political, economic and environmental context; and 5) Health-related behaviour.

Within these areas, 22 topics were identified. The "Structure" area included the following topics: Childcare provider/Workforce, Health Expenditure, Facilities, Health Policy, and Equipment. The "Process" area included the following topics: Prevention, Primary health care management, Specialist/hospital health care. The "Outcome" area included the following two topics: Health status and Medical care. The "Social, political, economic and environmental context" area included the following topics: Demographic, Education, Socio-economic, Welfare-policy (non-health) and Environment. The "Health-Related Behaviour" area included four topics: Nutrition, Addiction, Sexuality, and Physical Activity.

The finer operationalization of the 22 topics led to a selection of 19 sub-topics for the "Structure" area, 23 sub-topics for the "Process" area, 19 sub-topics for the "Outcome" area, 27 sub-topics for the "Social, political, economic and environmental context" area, and no sub-topic for the "Health-related behaviour" area.

## **International Databases**

Almost half of the measures from international databases fall into the Social, political, economic and environmental context (49%). The second most representative area concerns the Outcome (19.2%) area, and the remaining measures are approximately equally distributed among the other three areas.

For all countries, the Social, political, economic and environmental context area is the most represented. With regard to the three areas possessing the strongest links with the health care system, that are Structure, Process and Outcome, only Cyprus has more than half of its measures (52%) classified in these areas, while Ireland is the country in which these areas are less represented (29.4%).

The distribution of the collected measures among the topics covered by the international databases shows that education is the most represented topic (18.3% of the measures), followed by health status (17.8%) and welfare policy (non-health) (13.9%). Within the Process area one PREM was found concerning self-reported unmet needs for medical examination, while within the outcome area three PROMs regarding self-perceived health and limitations were present.

## **Country Agents Questionnaire**

Twenty six countries out of the 30 involved in the MOCHA project provided answers to the questionnaire. As reported by the country agents, four countries (Greece, Malta, Poland, and Romania) do not have systems in place for quality assessment.

The majority of the measures are related to the Process (50.9%) and to the Outcome (33.0%) of care. These two areas are covered by 24 countries (96.0%) but only 6 countries (Austria, Germany, Finland, Northern Ireland, Ireland, Latvia) cover all the five areas of the map.

10.2% of the measures fall in the Structure area, which is covered by 72% of the countries.

The remaining two areas account for a 3.1% (Social, political, economic and environmental context area) and a 2.8% (Health-related behaviour area), with a coverage of 68% and 40% of countries respectively.

The most analysed topic is that of health status considering both the number of measures (25%) and the coverage among countries (92%).

Another important part of the quality assessment is related to three topics of the Process area: specialist/hospital health care (24%), prevention (14%) and primary health care management (12%). These results are also confirmed analysing the distribution by country where both the prevention and the health status are analysed in 23 countries (92%) while the primary health care management is studied in 20 countries (80%).

## **PREMs and PROMs**

Five countries (Estonia, Germany, Italy, Poland, and England) have implemented surveys to obtain both PROMs and PREMs. Austria reported only outcome measures, while Czech Republic, Lithuania,

Norway, Republic of Ireland, and Spain use only PREMs for their quality evaluation. In Denmark the same national survey described presents both PROMs- and PREMs-related aspects.

Other national surveys, specifically focused on the evaluation of patients' experiences, have been implemented in Croatia, Norway, Republic of Ireland, and England.

## **Comparison between international databases and Country Agents coverage**

This comparison identifies potential feasible and already available measures that are collected through open-access databases. It acknowledges that the considered measure is being used by some European countries, to evaluate the quality of health care for children. Considering the five areas of the map, International databases collect the majority of the measures on the Social, political, economic and environmental context area (49%), whilst Countries focus the attention more on Process (50%). The outcome area is the second most representative for both sources (18% and 33%, respectively).

Identifying and comparing measures that are common between the International Databases and the Countries led to the identification of 30 measures, distributed across all five areas and representing 9 topics, health expenditure, child health care provider/workforce, prevention, specialist/hospital health care, health status, demographic, education, socio-economic and health-related behaviour.

## **Discussion**

This dual approach, of using International databases and the Country Agents' questionnaire is based on the assumption that national quality assessment is generally performed by national and/or regional agencies to evaluate their health system based on the widely accepted Donabedian framework of Structure, Process and Outcome (1966, 1980, 1986, 1988)). This provides an indication of how the system is performing, given the resources available in the structure, the process applied and finally considering its effects in terms of outcomes.

In contrast, international organisations who collect data covering all continents, base their evaluation on a broader concept of well-being. Therefore, they monitor and compare health status by considering the different socio-economic characteristics of each country. This provides a benchmark that is useful to identify areas of intervention that does not exclusively pertain to health systems. Based on this hypothesis, our analysis of different sources of information, specifically focused on child primary care, identifies two main results. On the one hand, it helps to identify populated measures that may be used in further MOCHA analysis, and satisfies the criteria of feasibility of the related measures. On the other hand, both perspectives of the analysed sources facilitate the identification of common features, but most importantly, gaps that hinder a multidimensional approach of the evaluation of primary care systems for children.

The analysis identified gaps in the quality of primary care systems for children in both international databases and Country Agent questionnaires. One of the most evident one concerns the evaluation of primary care for children in his/her life course. If we consider the distribution by age, the major focus is on the maternal, perinatal health and on the first years of the child, while a few measures are adopted to monitor children psychophysical development in later stage of his/her life course, in particular adolescents. Another crucial gap concerns disease-specific measures, mainly focused on

asthma and diabetes both in the majority of countries as well as in international databases. However, the scattering of other disease-specific measures presumes that other morbidities are important in the evaluation of care. The issues of disability and non-communicable disease, the increase of which poses challenges for service provision (not only in terms of health), is important to measure in a perspective of mitigating and enhancing quality of life of both children and their families. Moreover, emerging calls for patient-reported experiences and outcomes (PREMs and PROMs) should be encouraged. Validated methods to link traditional metrics with the specific components of quality, as directly expressed by children and their family, should be further explored. This would provide a deeper insight in the quality of primary health care for children in terms of innovative measures as well as prompt appropriate changes in service delivery.

# 1. Introduction

This report addresses one of the aims of MOCHA Work Package 4 “**Identification and application of innovative measures of quality and Outcome of Models**”.

The main goal is to identify and explore the feasibility of a continuum of measures, from clinical, health status and satisfaction perspectives, that can be used effectively by the stakeholders within diverse structural models of health care for children across countries to quantify the impact of primary care for children. We have achieved this goal using the following steps.

The first step consisted of an investigation of the currently collected country-specific measures of child health and its determinants from international open-access databases and from research projects. This step provides a comprehensive and exhaustive list of child health care measures which are populated by data and whose implementation is proved to be feasible.

Secondly, we sought an overview of the country-specific measures used to evaluate the quality of primary care for children in the European Union and the European Economic Area. Monitoring child health and monitoring the quality of health care for children is likely to produce different results, both in terms of the availability of measures, and from a conceptual point of view; given the different purposes for which the measures are collected and used. These two steps address this issue by using two different sources (international databases and the MOCHA Country Agents<sup>2</sup>) to gather the corresponding information.

The third step investigated a patient-centered approach. The OECD has stressed the importance of capturing patients’ perspectives and to use information that is “better shaped around patients’ needs” to deliver health services. Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) are increasingly used nationally across the EU and EEA to evaluate the quality of health care and monitor improvement in services (OECD Health Care Quality Review, 2017).

To complete the second and third step, we developed an ad-hoc questionnaire that was sent to the MOCHA Country Agents. It asked them to collect the information and highlight potential challenges and opportunities encountered in establishing effective measurement systems for the evaluation of quality of health care for children. Information obtained by the Country Agents has been analysed all countries and sent back to the Country Agents for any clarifications about the metrics used. Revisions, and integrations were conducted to achieve the highest possible level of homogeneity. This resulted in a reliable set of measures double-checked by Country Agents.

The fourth step developed recommendations for expanding and enhancing measurement efforts within primary care for children to achieve three primary goals: comprehensive service assessment; meaningful data collection and interpretation; and outcomes-driven program design and service provision.

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<sup>2</sup> Each of the 30 countries within the MOCHA is represented by a MOCHA Country Agent who is able to contact experts within their country to answer a range of research questions and give each nation’s unique perspective, and primary care function. More information about the Country Agents can be found at [www.childhealthservicemodels.eu/partners](http://www.childhealthservicemodels.eu/partners).

Therefore, the main objectives of this report is to:

- a) provide an overview of the measures available in internationally open-accessible databases;
- b) develop an ad-hoc questionnaire to collect information on the availability and utilization of measures to evaluate the quality of the health care for children in each of the 30 countries;
- c) provide an overview of the measures adopted in each of the 30 countries for the evaluation of health care for children;
- d) explore whether the PREMs and PROMs are used in the evaluation of paediatric care in each of the 30 countries.

The overall objective is to identify the most common measures used, as well as to highlight where there are gaps in measuring and evaluating primary care for children.

This deliverable is structured as follows: Section 2 provides a background on the main issues related to the identification of quality metric for children including novel approaches such as PREMs and PROMs. Section 3 describes the methodology adopted to define the map for the classification of metrics as well as to analyse the results of both international databases and Country Agents questionnaires. The results are reported in Section 4, where a map is presented, along with the rationale of how its features were chosen. Results of the measures collected in international databases and Country Agents questionnaires are presented and classified according to the map. In conclusion, Section 5 highlights the common measures and gaps between the two sources of information. Appendices contain: 1) questionnaire submitted to Country Agents; 2) brief description of the international databases analysed; 3) complete list of measures gathered from international databases; 4) complete list of measures gathered from CA questionnaires; 5) sources of information for the measures gathered from CA questionnaires.

## 2. Background

Certain key issues in the analysis have guided the structure of this deliverable. These are: quality of care, child primary care, quality measures and indicators, PREMs and PROMs, and the DIPEX<sup>3</sup> qualitative inquiry of young people carried out as part of the MOCHA project.

### 2.1. Quality of care

Health Care Quality is a multidimensional concept, as it encompasses a number of aspects that need to be evaluated. Scientific research as well as the extended vision by the World Health Organisation (WHO) have progressively enlarged the concept of health by including other important aspects of the individual's life, such as life style, well-being and contextual factors such the environment, economics, and socio-cultural influences into the definition of 'health'. This is clearly described by Arah et al. (2006) who introduced the concept of health care that encompasses medical care (primary and secondary care) and public health (prevention, promotion and protection) as main components of health systems that have a positive impact on individuals.

In terms of quality assessment, Donabedian's (1966, 1980, 1986, 1988) conceptual framework is an important point of reference that includes the following three categories:

- **Structure:** denotes the attributes of the settings in which care occurs. This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organisational structure (such as medical staff organisation, methods of peer review, and methods of reimbursement).
- **Process:** denotes what is actually done in giving and receiving care. It includes the patient's activities in seeking care and carrying it out as well as the practitioner's activities in making a diagnosis and recommending or implementing treatment.
- **Outcome:** denotes the effects of care on the health status of patients and populations. Improvements in the patient's knowledge and salutary changes in the patient's behaviour are included under a broad definition of health status, and so is the degree of the patient's satisfaction with care.

According to Donabedian, this three-part approach to quality assessment is possible only because a good structure increases the likelihood of a good process, and a good process increases the likelihood of a good outcome. This assumption has been criticized for its linear and deterministic vision of the interaction among the three categories and the difficulty in evaluating health outcome. In addition, this vision fails to consider pre-existing characteristics (for example patient biological characteristics and environmental factors) which are important determinants in the evaluation of the quality of care (Mitchell et al., 1998; AHRQ 2013). However, to better contextualize the Donabedian framework, it is important to consider that it was developed in a hospital-centric

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<sup>3</sup> Database' of Individual Patients' Experiences (DIPEX International) [www.dipexinternational.org](http://www.dipexinternational.org)

perspective that, at the time, was a novel approach in assessment of quality. This approach has been refined and adapted in the MOCHA project.

## 2.2. Health care of children

There is scientific evidence that the criteria used to evaluate quality of care for adults cannot be directly translated to children. As reported by Rigby et al. (2003), health determinants, disease patterns, preventive and therapeutic health services and data sources are all different for children compared to adults. Specific areas of challenge have been identified when considering the quality of health care for children (Vandell & Wolfe, 2000, Forrest et al., 1997; Shaul et al., 1999; Seid et al., 2000). Beal et al. (2004), as well as the United States' Agency for Health care Research and quality (AHRQ), refer to the unique characteristics of child as the "four D" as follows <sup>4</sup>:

- **Development:** Childhood is marked by rapid developmental changes that affect functioning, cognition, and health care needs. As children grow and develop their health care utilisation changes as well as the preventive care they require. Quality measures based on child functioning are challenging to construct, because child functioning generally improves with age;
- **Dependency:** Children depend on their caregivers for access to the medical system and health-related care. Consequently, researchers often depend on caregivers to provide information regarding children's health outcomes and experiences with care. Compared with studies of adult self-report, less work has been done to determine the validity of parental report of processes of care compared with other methods of data collection (Hermida et al., 1999);
- **Different Epidemiology:** The majority of children do not suffer from chronic conditions or disabilities, and their interactions with the health care system are focused on prevention and treatment for acute illnesses. Health care quality outcomes based on wellness present a methodological challenge to researchers because of the need to measure absence of disease, which is the normal state for most children. Also, the low rates of children with serious medical conditions pose significant methodological challenges for obtaining valid results.
- **Demographic Patterns:** This refers to the child socio-economic conditions that influence child health. AHRQ refers in particular to the high rates of children living in poverty or in single parent families. Similar phenomena are currently increasingly affecting European countries (for example crisis-related widespread household poverty, immigration flows, ethnic-based conflicts, and changing of health insurance policies), resulting in countries struggling to cope with the additional demands on health care resources.

In the MOCHA conceptual framework of life course determinants of child health and primary care quality, these aspects are considered. In particular, the changing influence of the determinants of health (family, school and community/peers, health and social care services, socio political cultural

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<sup>4</sup> See: <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chttoolbx/why/index.html>

context and media) as well as the child life stages (pre-school, school, adolescents and adult services) is taken into account in the MOCHA analysis based on a set of representative tracer conditions.

### 2.3. Quality measures and indicators

Measures, are necessary to acquire insight into the quality of the care provided. They are a measurable aspect of the care provided, for which there is a scientific evidence base for quality or consensus among experts (McGlynn et al., 2003; Wollersheim, 2007). Measures serve many purposes, making it possible to: document the quality of care; compare care (benchmarking) over time between places (e.g. hospitals); judge and set priorities (e.g. choosing a hospital or surgery, or organizing medical care); support accountability, regulation, and accreditation; support quality improvement; and support patient choice of providers. Their use enables professionals and organisations to monitor and evaluate what happens to patients as a consequence of how well professionals and organisational systems operate to provide for the needs of patients.

Measures have been defined in several different ways, for example (i) measures that assess a particular health care process or outcome (Worning et al., 1992); (ii) quantitative measures that can be used to monitor and evaluate the quality of important governance, management, clinical, and support functions that affect patient outcomes (JCAHO<sup>5</sup>; Mainz, 2003). In addition, there is a general overlapping of the concepts of measure and indicators. For clarification, a MOCHA workshop was organized to come to a common understanding and definition of quality metrics reported below:

- A **measure** is a defined and specific process for assessment, whose description needs to include the following information: what (clear definition of the measure); who (explicit definition of the population to be included/excluded and the setting to which they apply); when (time frame); how (data specification); where (data sources).
- A measure becomes an **indicator** when it is a useful comparator, against a scientifically recognized benchmark, other setting, an average, or a previous period of time.

In this deliverable, given that international databases and Country Agents reported both measures and indicators we refer to these terms as measures.

A first set of metrics for the assessment of the quality of primary care for children in tracer conditions such as asthma, ADHD/autism and immunisation was carried out in MOCHA Deliverable 4.1 (<http://www.childhealthservicemodels.eu/publications/deliverables>). The analysis has highlighted the limited number of measures specifically focused on health care for children.

Currently, the call for quality metrics that capture patients' needs in using health services has led to the consideration of new forms of quality evaluation, known under the common name of PREMs and PROMs, which are discussed in section 2.4.

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<sup>5</sup> Joint Commission: Accreditation, Health Care, Certification (JCAHO). <http://www.jointcommission.org>

## 2.4. Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs)

Gathering the perspective of patients provides a deeper insight into the experience of facing illness and their interaction with health services. This information is hard to capture using other evaluation systems of quality of care. In terms of children, it highlights the difference between measuring children's 'objective' health status using scales, and, their 'subjective' perception of their quality of life (how the child interacts with his/her daily activities) (Colver & Jessen, 2000). Thus, PREMs and PROMs have great potential and application to trigger changes in care delivery and to inform clinical management of patients and conditions. They are considered to be a means of empowering patients, and provide a useful basis to translate metrics into effective and relevant actions to improve clinical outcomes as well as clinical practices. PREMs and PROMs specifically designed for children and/or their parents have been developed in terms of child development and ability during different stages of the life course. In particular, PREMs and PROMs administered to children between 5 and 8 years old usually require the assistance of a parent or another adult, while from the age of 8 years, they are generally self-reported .

The use of PROMs is less developed in OECD health care systems (OECD, 2017), though according to the literature, over 3,000 generic and disease-specific PROMs exist that are commonly used in research contexts, particularly in clinical trials (Worth et al., 2014). Conversely, very few condition-specific PREMs are available up-to-date and even fewer for children. To this end, the studies conducted by DIPEX International can provide a valuable aid to search for examples of patients' experiences of care (Aspinall, 2014).

Similarly to quality measures, PREMs and PROMs must be developed and selected on the basis of specific methodological issues such as validity, sensitivity, reliability generalizability, and feasibility. A great deal of research is currently being carried out into the use of PREMs and PROMs, including the design of systems (such as PROMIS: Patient Reported Outcomes Measurement Information System <sup>6</sup>) that support the development of person-centred measures.

The most efficient ways of conducting PREMs and PROMs remain the subject of scientific studies (Cella et al., 2015) which consider both the modes and methods of administration (reviews vs. questionnaires; telephone vs. electronic questionnaire submission) as well as the best time for their administration in the patient journey. More generally, a common agreement regarding the methods for the development of these tools and their routine use in clinical practice is still under discussion. Morris et al. (2009) proposed key issues that should be considered prior to selecting such instruments, in particular for assessment of especially for health care for children. These are:

- (i) deciding which aspects of children's health and wellbeing should be assessed;
- (ii) at what age do children become competent to report their own health;
- (iii) the use of reports of parents or carers as a proxy for their children.

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<sup>6</sup> <http://www.healthmeasures.net/explore-measurement-systems/promis>

There are also legal aspects that need consideration in the use of PREMs and PROMs to assess children's experiences of health care and health systems. These include the child's right to consent and report their own health, and when it is appropriate for parents to answer on a child's behalf without his or her consent (Morris et al., 2009).

New initiatives are emerging through the development of Patient Centred Outcome Measures (PCOMs), that are being developed to help patients assess their own health, quality of life and benefits of treatments/therapies. Related to PREMs and PROMs, these measures represent a step forward as they track the patient their families and carers perspectives throughout the patient journey with the aim of making better informed health decisions. The PCOMs, however, are not currently considered as part of the MOCHA analysis.

### 2.4.1. PROMs

PROMs measure the outcome of treatment as reported directly by the patient or carer. They are usually short, self-completed questionnaires, most commonly used to measure the impact of clinical interventions in a strictly clinical sense.

According to Monmouth Partners (2015) PROMs are “*standardised validated instruments (question sets) to measure patients' perceptions of [factors such as] their health status (impairment), their functional status (disability), and their health-related quality of life (well-being)*”. They also define the following terms:

- **Tools:** A holistic term, describing an individual, or set of, measures, as operationalized by a supplier
- **Measures:** A series of questions collectively used in a predefined way to determine a patient's score
- **Score:** A single numerical output across one, or a series of, measures – used to describe the patient's condition.

These definitions highlight the different purposes that PROMs aim to achieve compared with those pursued by the use of measures. On the basis of a predefined measure, for example health status, the score is represented by a scale of values, such as pain scales, that makes subjective evaluations comparable and facilitates the introduction of modifications in the pathway of health care for children.

Worth et al. (2014) describe “[...] a PROM (for a long-term condition) is a measure of the impact and/or the outcome of treatment for that condition on a patient's quality of life, reported directly by the patient or carer. This may include impact of the condition on health-related quality of life (HRQoL), perceptions of health/functional status related to the long-term condition and the impact of treatment/care on the patient's quality of life”.

PROMs are broadly classified in two ways by Monmouth Partners (2015):

- Disease scope / relevance that can consider:
  - Generic: covering multiple clinical conditions; or

- Condition-specific: developed for and focusing on outcomes relevant to a particular condition
- Construct scope, i.e. what attributes the PROMs measures. The most typical constructs include:
  - Symptoms (impairments) and other aspects of well-being
  - Functioning (disability)
  - Health status
  - General health perceptions
  - Quality of life (QoL)
  - Health related quality of life (HRQoL)
  - Reports and ratings of health care.

Based on the construct scope, PROMs are *uni-dimensional*, when they measure only one of the above-mentioned construct, or *multi-dimensional*. The latter ones are more commonly used in combination of a specific condition.

#### 2.4.2. PREMs

Evaluating patients' experience can be divided between: (Monmouth, 2015):

- **Satisfaction measures** which allow patients (or their carers) to report their subjective view, or perception of, the treatment received (e.g. would you recommend the service);
- **Patient Reported Experience Measures (PREMs)**, which collate patients' objective experience of care. By focusing on specific aspects of the process of care (e.g. were you seen on time) PREMs seek to remove the subjectivity associated with measures of satisfaction.

There has been growing interest into the concept of using the Patient Reported Experience Measures (PREMs) as a tool for measuring the quality/standard of health care received by patients (RCPCH, 2012). There are various reasons why feedback from patients' experiences is potentially useful. These include (Coulter et al., 2009):

- understanding current problems in care delivery;
- informing continuous improvement and redesign of services;
- helping professionals reflect on their own and their team's practice;
- monitoring the impact of any changes;
- facilitating benchmarking between services/organisations;
- comparing organisations for performance assessment purposes;
- informing referring clinicians about the quality of services;
- informing commissioners and patients about the quality of services;
- informing patients about care pathways;
- helping patients choose high quality providers;
- enabling public accountability.

Rarer still is the collection of information about safety incidents reported directly by patients. These are known as Patient-Reported Incident Measures (PRIMs: OECD, 2017) and Patient-Reported Incident in Hospital Instrument (PRIH-I: Bjertnaes et al., 2012). A patient safety incident is any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS care. PRIMs are not included in the MOCHA project.

### 2.4.3. DIPEX: a qualitative approach to Attention Deficit Hyperactive Disorders

A qualitative approach to PREMs was carried out as part of the MOCHA project, by the German DIPEX team into the experiences of children and adolescents with ADHD (Full Report forthcoming). The DIPEX team conducted 21 interviews to children with ADHD (10 males and 4 females, aged 14-18; 4 males and 3 females aged 18+) and to 10 parents. Age at diagnosis was below 8 years for 17 children, between 8 and 15 years for 10 children and greater than 15 years for two children. For two children, the age at diagnosis was unknown.

#### *Hypothesis generated by the analysis*

The qualitative analysis of the data led to the following hypotheses, presented according to five issues: age at diagnosis, factors influencing the diagnosis, process leading to the diagnosis, management of the condition and parents.

- **Age of diagnosis:** The age at diagnosis is likely to influence the later life of the children with ADHD. An early diagnosis implied, from the child's point of view, fewer negative experiences in his/her later life and, from the parents' point of view, a timely start of the treatment. If ADHD is diagnosed at a later stage, the adolescents can only learn how to deal with the disease, and it is likely that this is not optimum. If siblings are present in the family, comparison with others mean that the diagnosis is more probable and will occur sooner.
- **Factors influencing the diagnosis:** Role of the parents is an important factor. In particular, if the parents have ADHD themselves, their perception of ADHD in general, their beliefs about medication, the area where they live (rural or urban). Presence of siblings, in particular if there are other siblings with ADHD. Another important factor regards stigmatization of the condition, and how a child with ADHD interacts with children and wider social networks. Comorbidities and school performance also play an important role in diagnosis.
- **Process leading to the diagnosis:** The diagnosis process, usually performed by a psychiatrist, is often very long because of the many tests that need to be administered and the time spent to determine the correct medication prescription.
- **Management of the condition:** The adolescents did not develop good strategies to deal with ADHD
- **Parents:** The parents represent a major factor in diagnosis, in how the condition is perceived and what therapies are implemented, especially when the children are very young. The parents complain about the bad behavior of their child. The parents' understanding of ADHD influences how child deals with ADHD. Mothers don't talk openly about the reason her son/daughter needs to take medications.

## ***Conclusions***

The preliminary hypotheses generated from the DIPEX work suggests that, because of societal changes , ADHD is more visible, which has led to an increased number of diagnoses and the detection of ADHD at an earlier stage in the child's life course. A common point of view is that an earlier diagnosis leads to a better prognosis, due to prompt and appropriate treatment, fewer comorbidities and a higher quality of life. The timing of the diagnosis is influenced by parents, by the severity of the ADHD, by the performance at school (worst performance leads to an earlier diagnosis) and by the type of residence (urban or rural). As the children get older, they increasingly become the actors of their therapies. They request their own medications, as they feel better, perform better in school, have more friends and feel more "normal".

## 3. Methodology

### 3.1. International databases and research projects

Measurement is a key component in the evaluation of every aspect of life and special attention is directed towards health care services and their evaluation. At national and international level, thousands of pieces of information are collected by different databases and research projects. However, not all of these measures describe and evaluate health, in particular primary care and its determinants, and crucially only some focus on child health or contain measures dedicated to children.

To identify sources relevant to the MOCHA project, all open-access international databases that dealt with a broad spectrum of child health-related issues were searched. A variety of sources of databases included those from organisations, agencies, research networks and observatories. Ongoing and ended research projects on child health care were also scrutinized, focusing in particular on those funded by the European Union.

The ten international databases scrutinized were:

- World Health Organisation (WHO);
- United Nations Children's Fund (UNICEF);
- World Bank Data;
- Organisation for Economic Co-operation and Development (OECD);
- Eurostat;
- Eurobarometer;
- European Observatory on Health Systems and Policies;
- European Quality of Life Survey;
- Health Behaviour in School-aged Children (HBSC);
- Institute for Health Metrics and Evaluation (IHME).

The nine research projects examined were:

- European Core Health Indicators (ECHI);
- European Community Health Indicators Monitoring (ECHIM);
- Health Indicators in the European Regions (ISARE);
- Euro-Peristat;
- Child Health Indicators of Life and Development (CHILD);
- EuroREACH;
- Child Health Indicators of Life and Development (RICHE);
- European Health Care Outcomes, Performance and Efficiency (EuroHOPE);
- Child Health Indicators of Life and Development (BRIDGE).

A brief description of the ten international databases and the nine research projects examined can be found in Appendix 2.

For each of the listed references, all the available measures concerning child health care were extracted. Measures not pertinent to children were not considered.

For each identified measure, the availability of its estimate (either ratio, rate, mean, absolute or number, according to the nature of the measure) was established by means of its originating source.

If the estimate of a measure was not available then the measure was excluded. For the remaining measures, the following information was collected:

- the description of the measure;
- the last available year;
- the child age reference;
- the gender coverage;
- the data availability for each country involved in the MOCHA project;
- the reference source(s).

### **3.2. Country Agents' questionnaire**

Much of the literature on the evaluation of health quality issued by international agencies (WHO, 2010; OECD, 2017) and/or international expert groups (EU, 2016) tend to have two main goals. Firstly, to provide recommendations for the development of an accountable and transparent evaluation system; and secondly, to compare national health systems on the basis of a pre-defined set of measures (EU, 2016) and/or providing some country profiles (European Observatory on Health Systems and policies). An overall picture of quality measurements currently used in each EU/EEA country is therefore missing. In addition there is a general lack of information on quality of health care for children. Moreover, the emerging call for patient reported measures requires further investigation on its use within national evaluation systems.

To fill these gaps, the team developed a questionnaire to gather information on:

- Agencies/organisations in charge of the evaluation of quality of care at national and/or local level;
- Coverage of quality evaluation specifically devoted to health care for children (i.e. agencies/organisation devoting a specific part to child health care, or including some specific items within the quality assessment or not considering at all child health care-related measures);
- Topics covered in the evaluation of child primary health care services (e.g. Immunisation, mortality, etc.);
- Measures used to evaluate child health care (respondents were required to provide a list of measures and/or official documents);
- Use of PREM at national and/or local level, providing a list of those in use;
- Use of PROM at national and/or local level, providing a list of those in use.

### 3.3. Classification procedure

A map was developed that could classify and analyse the results of the international databases and the Country Agent questionnaires. This map was constructed by combining a top-down and a bottom-up approach, where the more salient classes are first identified and included in a conceptual schema, and then the generalization/decomposition process is recursively applied to this initial set of classes (Breitman et al., 2007).

The top-down approach aimed to identify broad areas that were able to represent the whole range of health determinants of health (IoM 2001; Arah et al., 2006). It is based on the Donabedian framework of *Structure, Process and Outcome*, and it also includes areas based on the MOCHA Lollipop model of care which is described in full elsewhere in the MOCHA project (*Final Report on Current Models of Primary Care for Children* [www.childhealthservicemodels.eu/publications/deliverables](http://www.childhealthservicemodels.eu/publications/deliverables)) defined here as: *Health-related behaviour*, and *Social, political, economic and environmental context*. Additionally, the map includes topics covered by PREMs strictly connected with the *Process* and PROMs that provide further insights in the evaluation of health outcomes. The measures collected in the questionnaires and in the international databases were analysed to produce a common classification of the results.

The bottom-up approach identified topics and sub-topics that belong to the above-mentioned areas on the basis of the number of the occurrences gathered. Two WP4 research teams independently analysed and classified the measures collected from the international databases and from the CA questionnaires and a consensus was reached by subsequently consulting external experts.

Dimensions of health quality (e.g. equity, efficiency), considered in the PHAMEU project ([www.nivel.nl/en/primary-care](http://www.nivel.nl/en/primary-care)) and in the MOCHA Lollipop were deliberately not considered (REFERENCES), as the main analysis goal was to map used and available measures in view of identifying gaps in the evaluation of primary health care for children. Moreover, the identification of the quality dimensions is currently part of a MOCHA Delphi consultation.

On the basis of this bottom-up approach, only populated topics and sub-topics were identified. The following criteria were then applied to perform a quali-quantitative analysis of the results:

1. To avoid multiple assignments, all selected measures were classified in a unique area. This is due to the purpose of the study and is intended to facilitate the analysis of the results.
2. To provide a clear picture of the type of metrics used to analyse child health care systems, duplication of measures found in different international databases and/or in the CA questionnaires were excluded. This conforms to the aim of providing the map of quality measures specifically focused on health care systems based on comparable measures.

In particular:

- In cases where the measures specified a different distribution unit (e.g. by 1000 or 100000 population) a unique, more general measure was reported indicating in bracket that different units are available. For example, the measures "Ambient air pollution attributable deaths in children under 5 years (in thousands)" and "Ambient air pollution

- attributable deaths per 100'000 children under 5 years” were combined in the single measure “Ambient air pollution attributable deaths in children under 5 years (per 100'000 children or in thousands)”. This criterion facilitates the comparison among the responses of Country Agents as well as among international databases.
3. To facilitate comparison, sub-topics were always assigned. Therefore, in cases where the sub-topic does not specify a specific attribute, the sub-topic *General* was assigned. Examples can be found in the *Structure* area, in which *Expenditure pro capita* refers to the general calculation of health expenditure.

Additionally, to gain a deeper insight, results were analysed considering to emerging issues:

- Coverage of disease-specific measures;
- Coverage of child age range.

The disease-specific measures were collected on the basis of ICD10 (International statistical Classification of Diseases and related health problems).

The grouping of age ranges is particularly challenging because different statistical offices and evaluation systems represent them in different ways. To balance the need of granularity with the choice of a standardized age range and with the intent of capturing the most common (but also the less frequent) age coverage, we changed slightly the age groups described by the UN Convention on the Rights of the Child (0-4, 5-9, 10-17) to the following age-ranges: 0-11 months; 1-4; 5-9, 10-17, and > 17. This allows the identification of an important and frequently analysed life period, such as maternal and perinatal health, and the challenging upper end of childhood. It must be borne in mind that age group classifications are currently under review as part of a concurrent MOCHA research exercise, and as a result of this may well change. . When a measure comprises multiple age ranges, the analysis includes it in each age range considered. For example, a measure that covers ages [0-9] has been included in the respective [0-11m]; [1-4] and [5-9] age ranges. In this way we capture both the measures devoted to a specific age range and those that cover multiple, longer period of childhood.

Another further important step was to incorporate feedback from the Country Agents, who revised the preliminary results of the questionnaires sent in the form of summary tables. The Country Agents checked, updated and clarified the metrics used in their country to evaluate the quality of child health care in the context of other countries’ results . This exercise also verified the correct insertions of metrics contained in the documentation attached by some Country Agents.

### **3.4. Analysis of PREMs and PROMs**

The analysis of the results of the questionnaires about PREMs and PROMs in the MOCHA countries aimed to identify to what extent these recently introduced tools have been adopted across countries as well as applied to health care for children. The results provided by the Country Agents was analysed and desk research was performed to provide further detail and/or verify the information provided.

The results of PREMs and/or PROMs were analysed in terms of whether they were generic or disease-specific. No distinction has been made between PREMs and satisfaction measures as suggested by the Monmouth classification (Monmouth partners, 2015), because this information could not be easily deduced from the responses of Country Agents. Additionally, the analysis considered the context covered by PREMs, distinguishing between Primary and Hospital care.

PROMs were also analysed in terms of the age of the child to whom the surveys could be administered. Moreover, we distinguished between surveys and tools which are increasingly developed to design PROMs.

## 4. Results

### 4.1. Classifying the Measures

The top-down and the bottom-up approach described in Chapter 3 Methodology produced the map shown in Figure 1.

Five main areas were identified: 1) Structure (green); 2) Process (blue); 3) Outcome (red); 4) Social, political, economic and environmental context (yellow); 5) Health-related behaviour (grey).

The first three areas, Structure, Process and Outcome represent the Donabedian framework that was the first attempt to conceptualize the assessment of quality of care (Donabedian, 1966, 1980, 1986, 1988), further adapted, extended and modified by many others.

A criticism of the Donabedian framework is that it does not include the factors that evaluate non-health care determinants of health. For this reason, further evolution of the Donabedian framework (Starfield, 1973; Coker et al., 2013; Arah et al., 2006) included these factors as an important part of evaluating quality in health care. In Figure 1, we distinguish between Social, political, economic and environmental and Health-related behaviour. The first area pertains to the interaction of the individual's past and current living context with health status; while the second area refers to well-known health-related behaviours that are not directly linked to the health care system, but which nevertheless play a significant role in the analysis and interpretation of health care measures. Both Social, political, economic and environmental and Health-related behaviour characteristics can potential become confounding factors in child health, a phenomenon that is strongly supported by the scientific literature. These areas correspond to the life course determinants of health identified in the MOCHA model. For each area, some topics have been identified. The topics represent a lower level of abstraction of the area that refines the corresponding concept.

The “**Structure**” area contains the following topics: Childcare provider/Workforce, Health Expenditure, Facilities, Health Policy, and Equipment. Donabedian (1966) defined the structure as the attributes of the settings in which the care occurs and Kringos (2015) referred to the structure as the basic conditions that enable a good functioning of primary care. Material resources, represented by the Facilities and Equipment, have been broadly used by many authors, except by Kringos (2015), whose attributes included governance, economic conditions and workforce development. Human resources such as health care provider/Workforce and governance, such as the Health Policy, are also found in other authors' work as elements of the structure.

The “**Process**” area includes the following topics: Prevention, Primary health care management, Specialist/hospital health care. Donabedian (1966) described the process as what is actually carried out in terms of giving and receiving care. This concept was formalized by Starfield (1973) as the provision and receipt of care, as elements of the system performance. Describing the process of primary care, Kringos (2015) included dimensions relevant to service delivery. Prevention was discussed as one of the “four D” categories (Different Epidemiology) by the US AHRQ and in Arah's tier “Health Care system performance” (2006) (See Page 15). The other two topics are relatively common and can be found in most of the frameworks proposed by other authors.

The “**Outcome**” area includes the following topics: Health status and Medical care. Donabedian (1966) describes the Outcome as the effects of care on the patients’ health status and Campbell (2000) considers health status as the principal outcome of quality of care. Whilst health status is a well-recognized outcome, the medical care topic, is not widely used as an outcome. However this topic had relevance to our approach, because it covers outcomes resulting from frequently used measures, pertaining to hospital care.

Considering that patient reported information is increasingly considered a valuable source for the evaluation of health care, both areas of Process and Outcome have been integrated with the PREM and PROM topics. They respond to the increasing need and advisability of capturing the patients’ perspective and the use of information “better shaped around patients’ needs” to deliver health services (OECD Health Care Quality Review, 2017). The necessity of taking into account this information was highlighted by the revised version of Starfield’s framework (1998) which included “Acceptance and satisfaction”, “Understanding” and “Participation” as elements of receipt of care. Campbell (2000) focused analysis on the individual patient perspective from the quality point of view, and the US Institute of Medicine (2001), formalizing its “STEEEP” approach, introduced patient-centeredness into the evaluation of quality of care, in the light of the goal to customize care to the specific needs of the individual.

The “**Social, political, economic and environmental context**” area includes the following topics: Demographic, Education, Socio-economic, Welfare-policy (non-health) and Environment. It is worthwhile to note the inclusion of “self-reported topic”, which is an indication of the increasing attention paid to subjective perception of different lifestyles and the subsequent predictive effect on health outcomes.

The “**Health-Related Behaviour**” area includes four topics: Nutrition, Addiction, Sexuality, and Physical Activity.

The finer operationalisation of the 22 topics led to a selection of 27 sub-topics for the “Social, political, economic and environmental context” area, no sub-topic for the “Health-related behaviour” area, 19 sub-topics for the “Structure” area, 23 sub-topics for the “Process” area, and 19 sub-topics for the “Outcome” area.

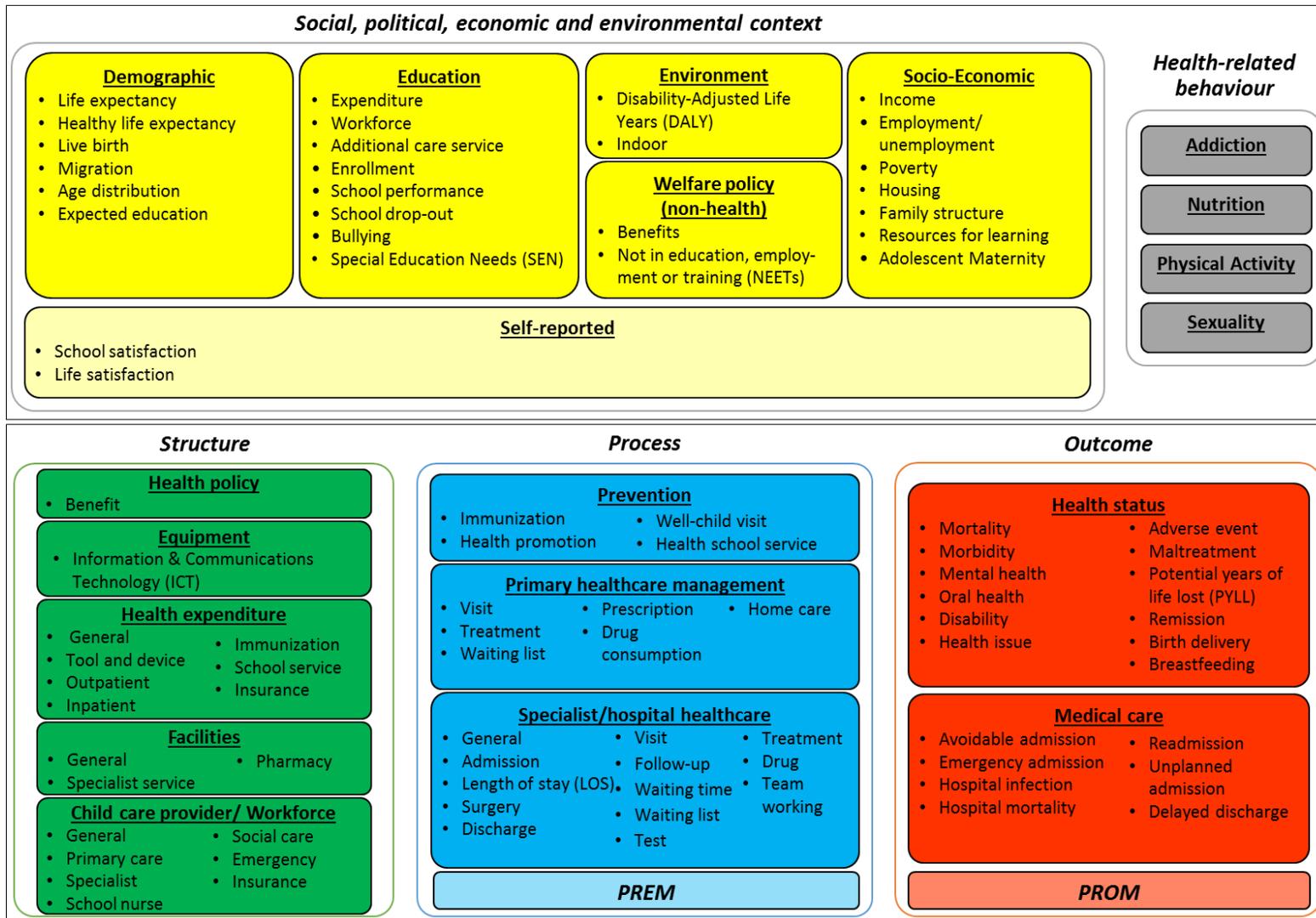


Figure 1. Map for the measures classification

## 4.2. International databases

Table 1 shows the distribution, n (%), of the 208 measures, by originating source, gender and last available year.

	Frequency (%)
<b>Source</b>	
Centralized Information for Infectious Diseases (CISID)	2 (1.0)
Eurostat	29 (13.9)
Organisation for Economic Co-operation and Development (OECD)	137 (65.9)
The World Bank Data	7 (3.4)
United Nations Children's Fund (UNICEF)	6 (2.9)
World Health Organisation (WHO)	12 (5.8)
Multiple sources	15 (7.2)
<b>Gender</b>	
Female	1 (0.5)
Total	79 (38.0)
Male and Female	21 (10.1)
Male and Total	1 (0.5)
Male, Female and Total	38 (18.3)
Not Applicable	68 (32.7)
<b>Last available year</b>	
2002-2010	30 (14.4)
2011-2012	28 (13.5)
2013-2014	79 (38.0)
2015-2016	71 (34.1)
<b>Total</b>	208 (100)

**Table 1. Distribution of the measures by originating source, gender and last available year**

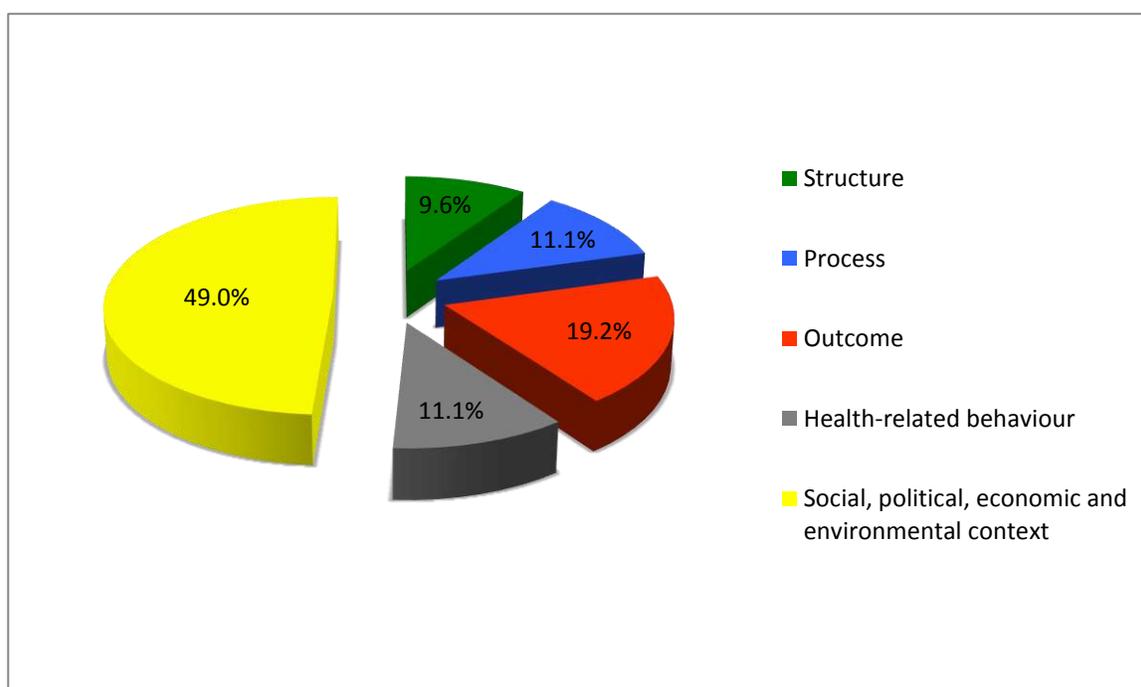
More than half of the measures were retrieved from OECD databases (65.9%). The second most frequent source was Eurostat (13.9%), followed by the World Health Organisation (5.8%). Other sources (CISID, The World Bank Data and UNICEF) contribute less than 5% each. 7.2% of the measures were found from multiple sources. No measure was retrieved from the European research projects scrutinized. This is because the European research projects aimed to provide a list of measures and their originating sources. All the international databases initially identified by the MOCHA project were included in all the originating sources mentioned by European research projects. This confirmed the comprehensiveness of the list of international databases identified, and enhanced the list of measures provided by the various European research projects.

The majority of the measures estimates were available only for the total population (38%), with no distinction between male and female. However, for 28.4% of the measures this distinction was available (18.3% considering gender distribution along with the total estimate, whereas 10.1% only with male and female estimation). For 68 measures the information about gender was not applicable; these are mainly the expenditure and workforce related measures.

The oldest measures are from 2002, whereas the most recent ones are from 2016. The majority of measures fall between the years 2013 and 2014 (38%).

#### 4.2.1. Areas

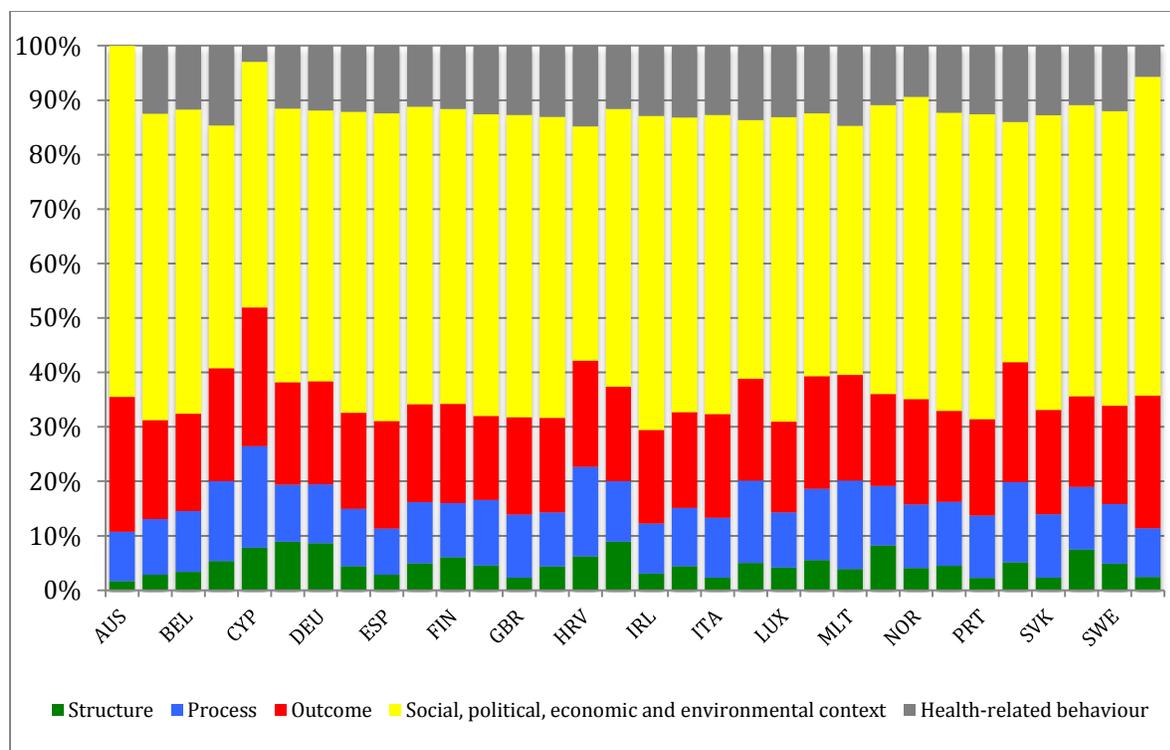
Figure 2 reports the distributions of the measures gathered from the international databases by the five areas defined in the map described in Figure 1 (see Page 28).



**Figure 2. Distribution of the measures, by area**

Almost half of the measures fall into the Social, political, economic and environmental context area (49%). The second most representative area is that of Outcome (19.2%) and the remaining measures are approximately equally distributed among the other three areas.

Figure 3 shows the distribution of the identified measures by areas, for each country in the MOCHA project, including Australia and the United States.

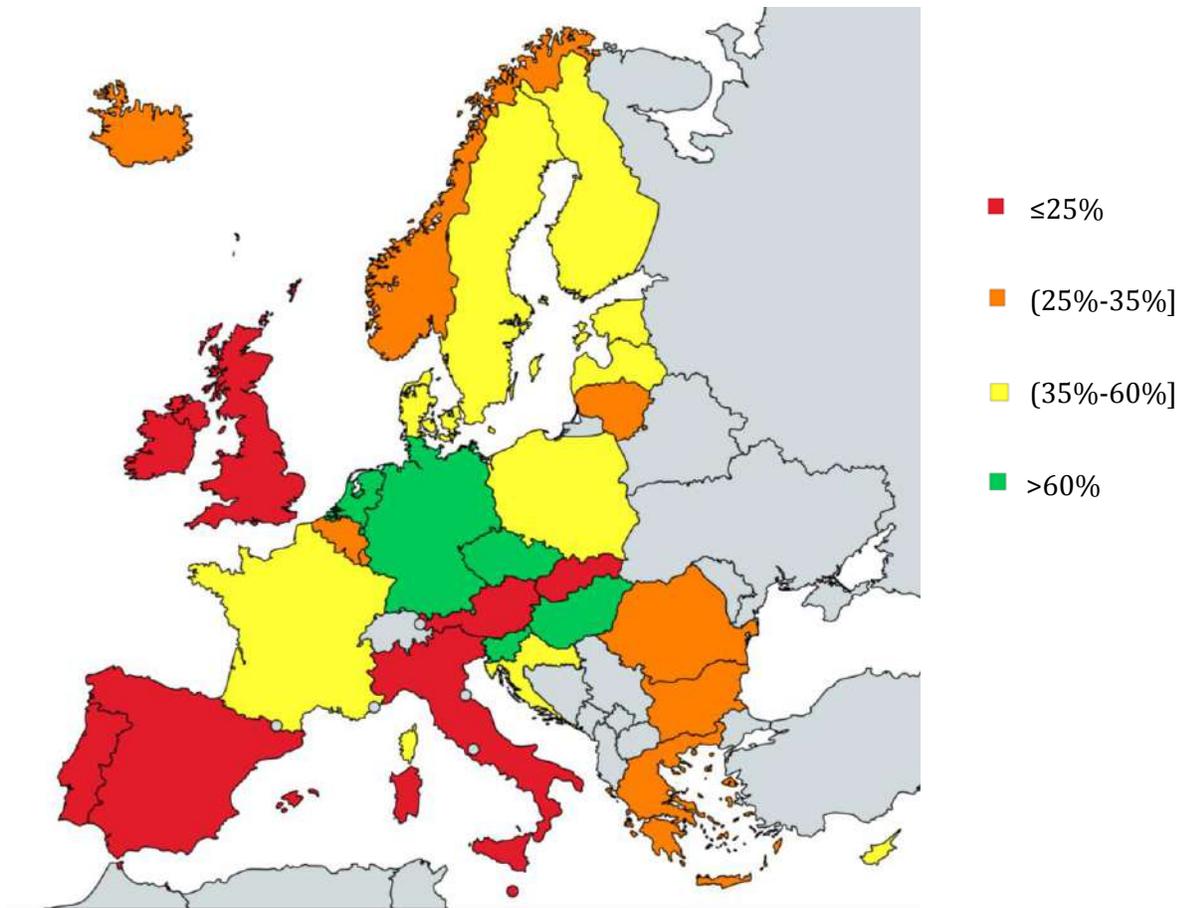


**Figure 3. Distribution of the measures by area, for each country**

For all countries, the Social, political, economic and environmental context area is the most represented. With regard to the three areas that have the strongest links to the health care system: Structure, Process and Outcome, only Cyprus has more than half of its measures (52%) classified in these areas, while in Ireland these areas are the least represented (29.4%).

Australia is the only country with no measure in the Health-related behaviour area, whilst the United States of America presents a quite similar distribution of the five areas to that of the EU countries. However a potential bias of databases selection, which mainly European-centred, should be considered when interpreting these figures.

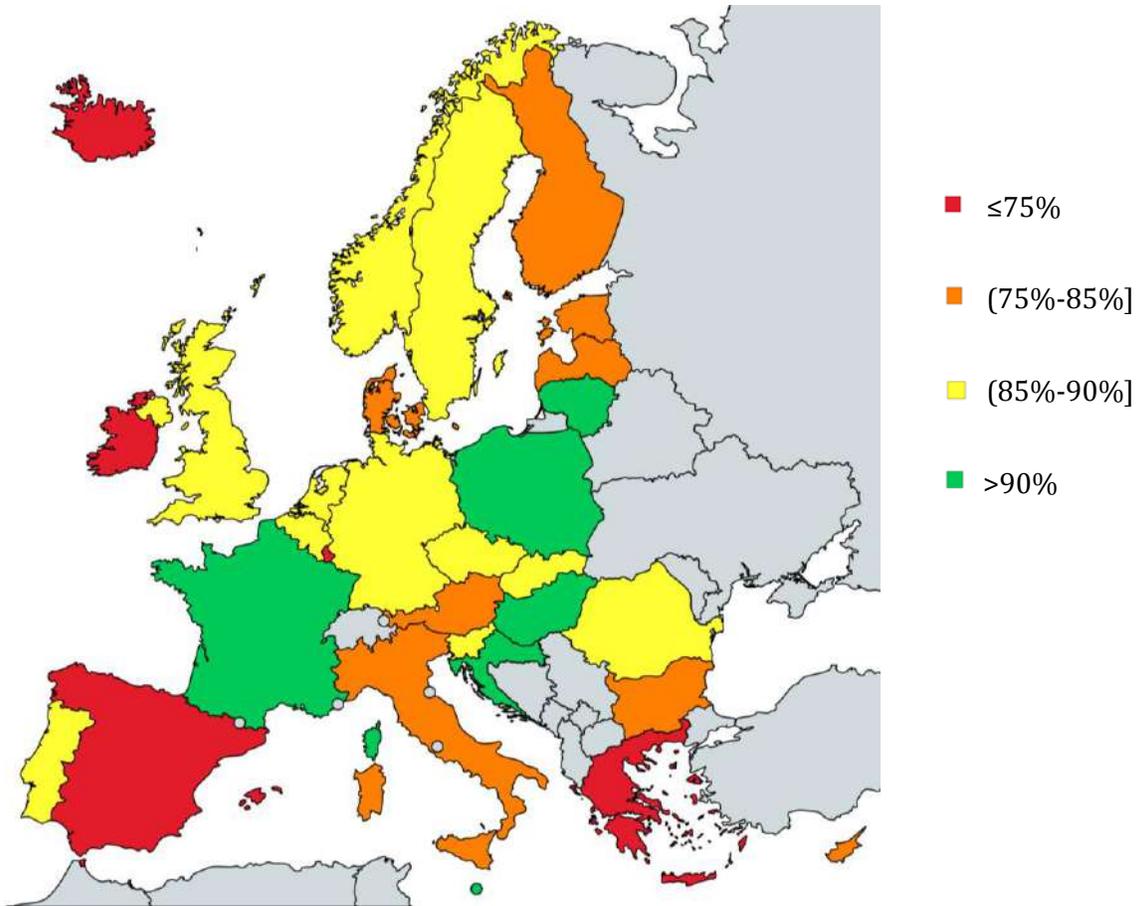
The country-specific data availability of the measures was evaluated separately for each area. Figure 4, Figure 5, Figure 6, Figure 7 and Figure 8 show the maps of the European countries coloured in compliance with their data availability on the measures identified for a specific area. The countries in red have the lowest percentages of data available; followed by the countries in orange and yellow. The countries in green have the highest percentages. The countries coloured in grey are not involved in the MOCHA project.



**Figure 4. Country specific data availability for the Structure area**

The map in Figure 4 presents data availability per country in terms of the Structure area measures. This is the area with the lowest median of the data availability (35%), in other words, 50% of the countries have less than 35% of measures available.

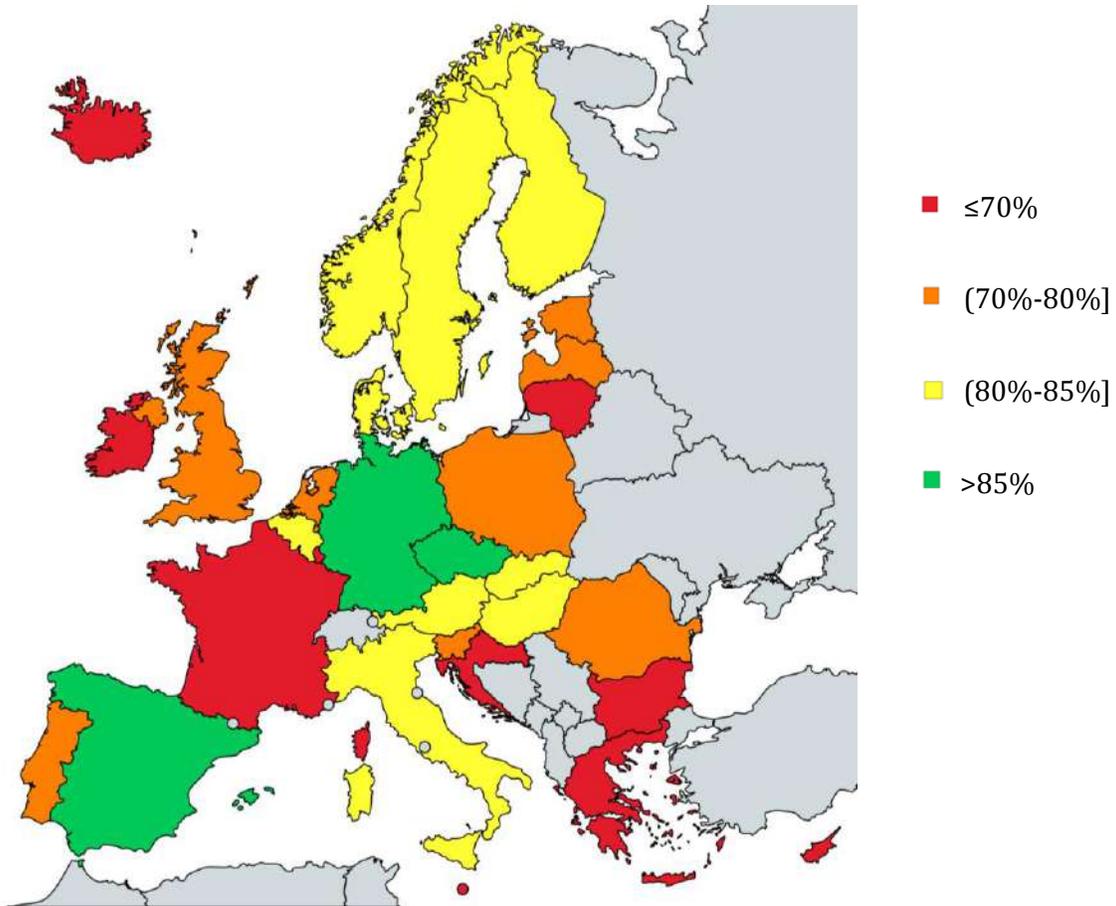
Regarding the countries coloured red, the lowest percentage of 20% applies to Italy, Portugal, Slovakia and the UK. The Czech Republic and Hungary have maximum availability, where 85% of Structure measures are available.



**Figure 5. Country specific data availability for the Process area**

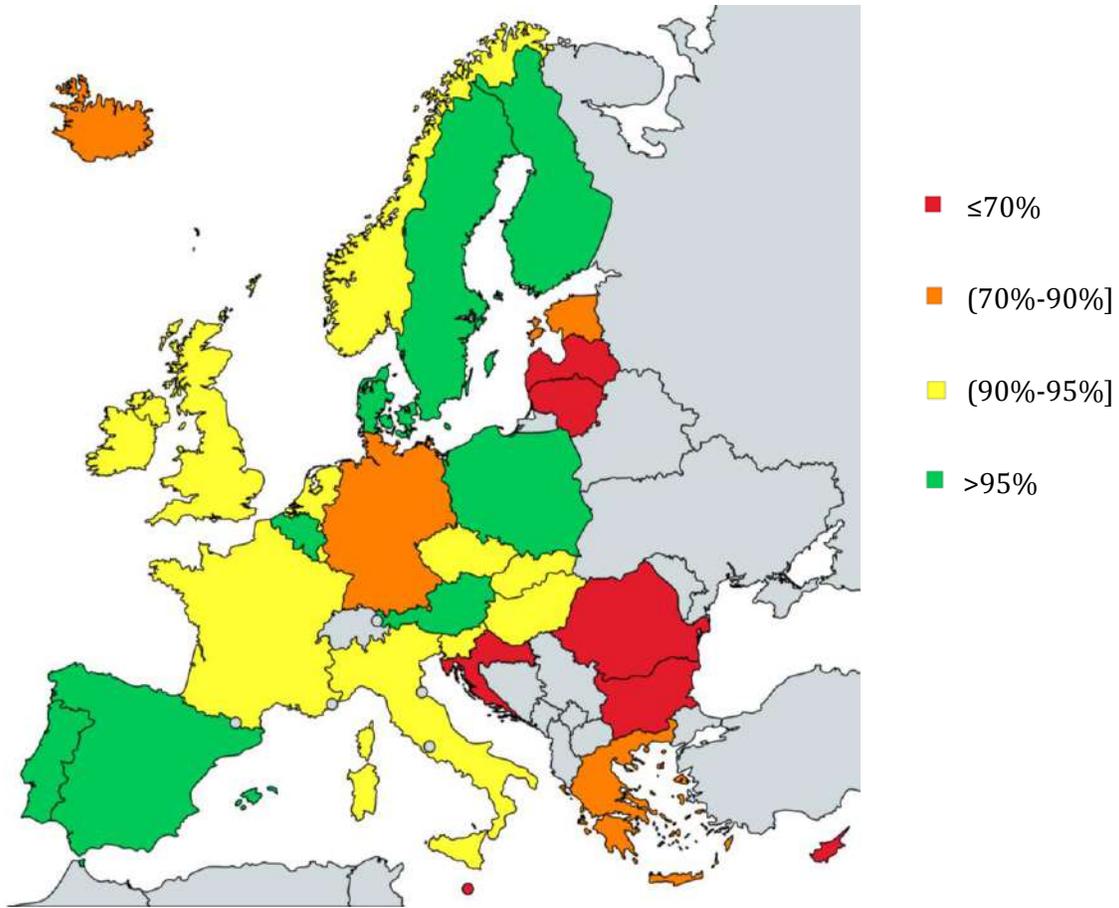
Figure 5 shows the map of the Process measures. The median of the country data availability is 87%.

Ireland and Spain are the countries with the lowest coverage (65%), while the six countries coloured in green (Croatia, France, Hungary, Lithuania, Malta and Poland) have 91% of the measures available.



**Figure 6. Country specific data availability for the Outcome area**

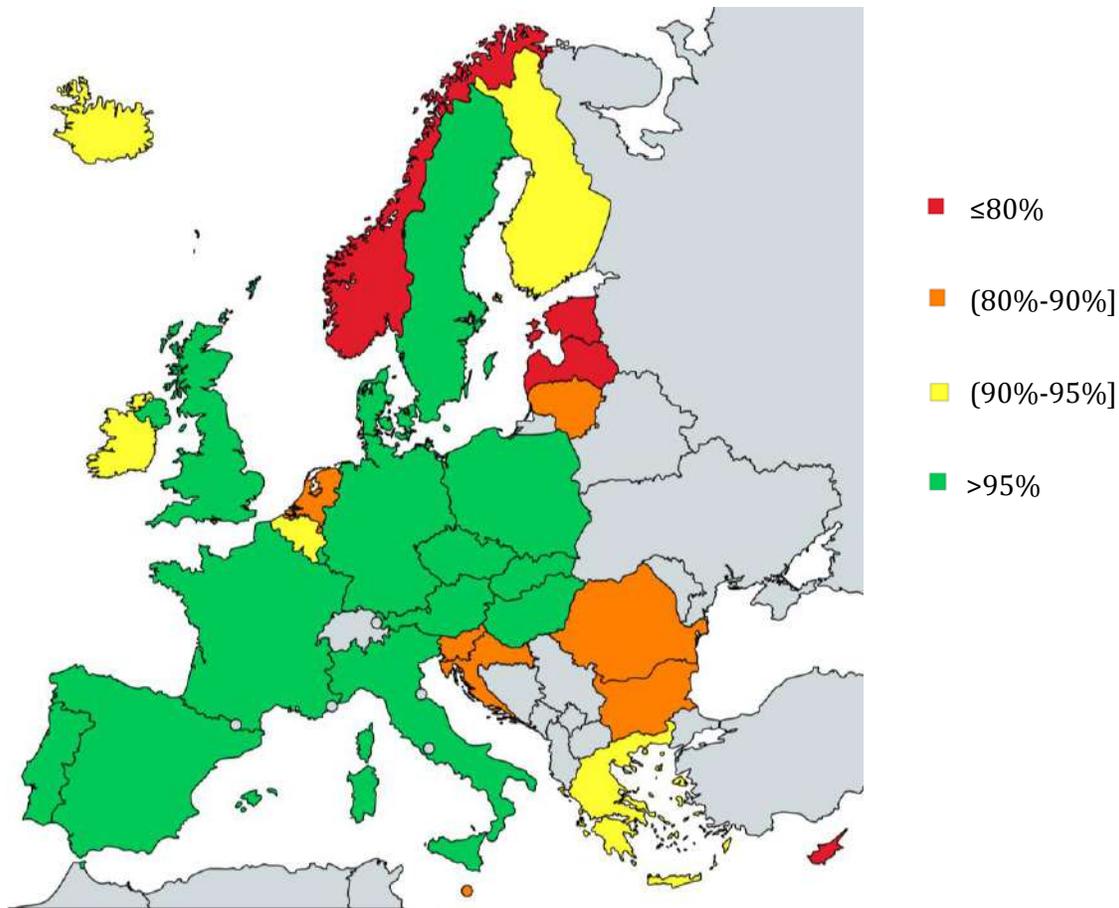
The data availability of the Outcome area directly linked to the health care system is shown in Figure 6. The availability ranges from 63%, in Croatia and Malta, to 90%, in the Czech Republic, with a median availability of 76%.



**Figure 7. Country specific data availability for the Social, Political, Economic, Environmental context area**

The following category is that of the highest median (93%) of the available data per country: Social, political, economic, environmental context.

Figure 7 shows the countries with an availability of less than 70% coloured in red. By decreasing order of coverage, these are Latvia, Lithuania, Romania, Malta, Bulgaria, Croatia, and Cyprus, the latter with only 45% of the measures available. The maximum availability, observed in Belgium, is 98%.



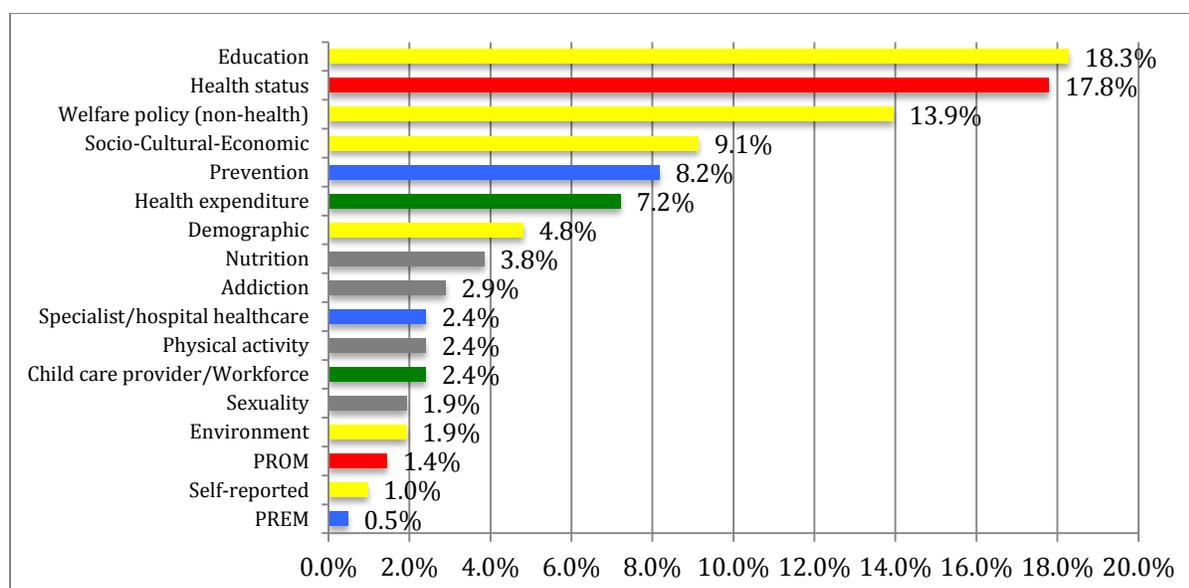
**Figure 8. Country specific data availability for the Health-Related Behaviour area**

Finally, Figure 8 shows the map of the Health-Related Behaviour measures. Concerning this area, the median of the country data availability is 91%.

Cyprus is the country with the lowest availability (13%). This percentage is smallest figure observed both across all five areas and of the EU countries. On the other hand, 14 countries, coloured in green, reach 96% of the measures available.

#### **4.2.2. Topic**

This section presents details concerning the topics . Figure 9 shows the distribution of the collected measures among the topics covered by the international databases. Education is the most represented topic, with 18.3% of the measures. This is followed by health status (17.8%) and welfare policy (non-health) (13.9%). Within the measures retrieved, patient reported measures were also found. Specifically, within the process area one PREM was found concerning self-reported unmet needs for medical examination, while within the outcome area three PROMs regarding self-perceived health and limitations were present.



**Figure 9. Distribution of the measures, by topic**

### 4.2.3. Sub-topics

Figure 10 illustrates the conceptual map highlighting only topics (n=total number of measures) and sub-topics (n=total number of measures) covered by the international databases.

In the Structure area, three topics are entirely empty: Equipment, Health policy and Facilities. In the Health Expenditure topic, only the Insurance sub-topic is missing, while within the health care provider/Workforce topic only the General (40%), Primary care (20%) and Specialist (40%) sub-topics are represented.

In the Process area, all the measures in the Prevention topic belong to the Immunisation sub-topic. The Primary health care management topic is entirely missing, and in the Specialist/hospital health care topic only three sub-topics are covered: (Length of stay (40%), Surgery (20%), Discharge (40%)). The patient reported experience of the health care process is represented by one measure.

Only two of the three topics of the Outcome area are covered, leaving the Medical care topic empty. The measures in the Health status topic mainly concern Mortality (45.9%) and Morbidity (27%), while there are five sub-topics missing. The patient reported health status is represented by three measures.

Within the Social, political, economic and environmental context, all the topics and sub-topics are represented, with the exception of the Family structure sub-topic under the Socio-economic topic. The sub-topics most represented are Benefit in the Welfare policy (non-health) topic and School performance in the Education topic, with 28 and 14 measures respectively. Two self-reported measures have been found, concerning life and school satisfaction.

Lastly, the Health-related behaviour area has all the topics represented. As explained in the methodology section, no sub-topics have been identified within these topics.

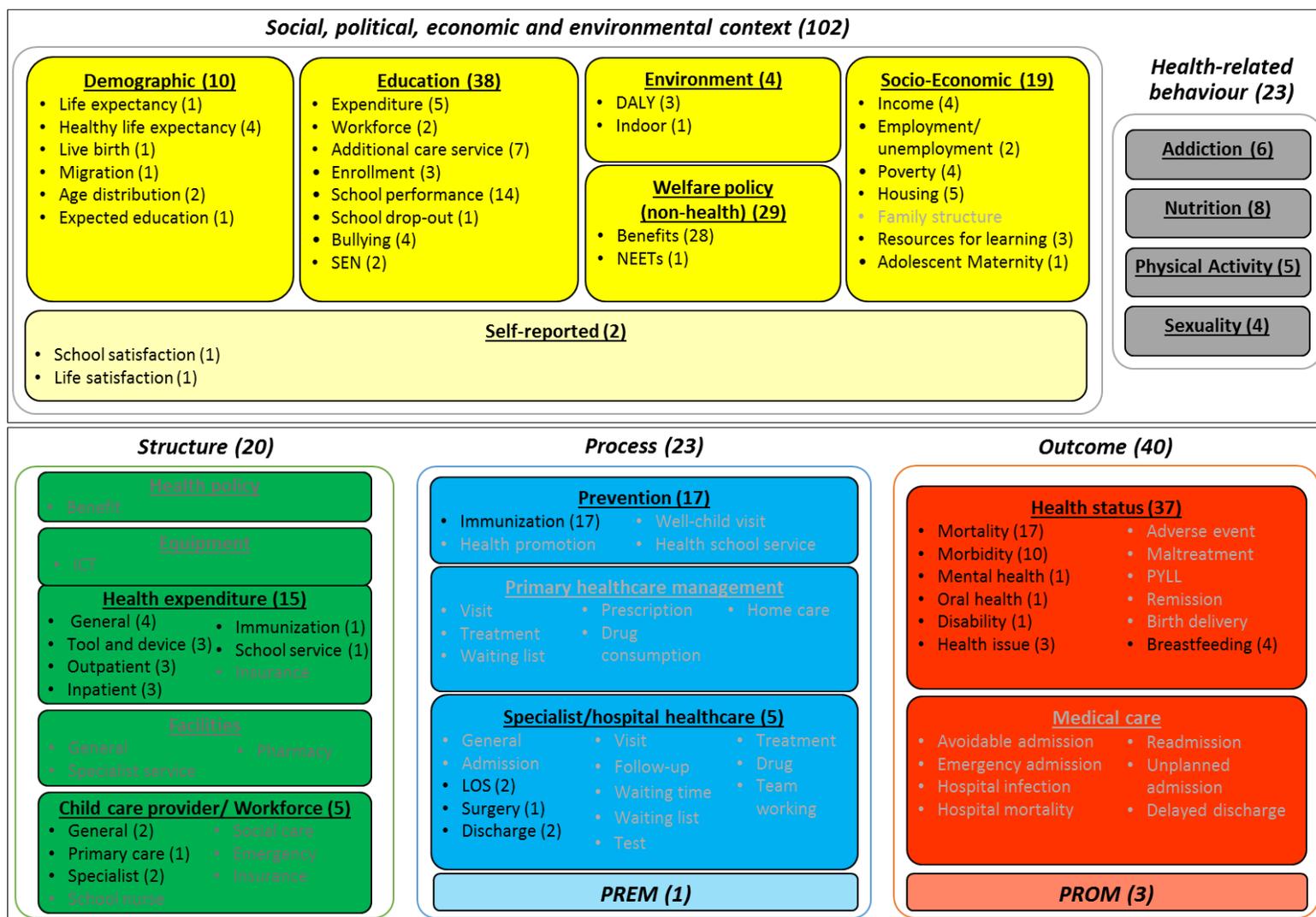


Figure 10. Distribution of the measures within the map

#### 4.2.4. Age ranges.

Among the 208 measures identified by the international databases, 51 do not link to a specific age group. These are mainly concerning the Health expenditure and Welfare policy (non-health).

The age distribution of the remaining 157 is shown in Table 2. The red cells report the number (%) of measures that specifically refer to each age range.

The last line represents the coverage of each defined age category (<1, [1-4], [5-9], [10-17], >17) obtained as the ratio between the total number of measures falling in that category over the 157 age-specific measures.

**Table 2. Distribution of measures analysed, according to the age range**

<1	[1-4]	[5-9]	[10-17]	> 17
41 (26.1%)	3 (1.9%)	1 (0.6%)	42 (26.8%)	0
17 (10.8%)				
0				
16 (10.2%)				
14 (8.9%)				
	1 (0.6%)			
	0			
	1 (0.6%)			
		10 (6.4%)		
		0		
			11 (7.0%)	
88 (56.1%)	52 (33.1%)	43 (27.4%)	94 (59.9%)	26 (16.6%)

The two age classes more frequently studied by the collected measures are between 10 and 17 years and less than one year (26.8% and 26.1%, respectively). The measures referring to the age classes less than 5 years and less than 18 years are 10.8% and 10.2%, respectively.

The categories <1 and [10-17] are confirmed to be the most covered age groups by the collected measures.

### 4.3. Country Agent Questionnaires

Twenty-six countries out of the 30 involved in the MOCHA responded to the questionnaire. Among them Austria, Cyprus, Czech R., Estonia, Finland, Germany, Italy, Poland, Ireland, United Kingdom (that provided information on England, Scotland, N. Ireland and Wales) provided their feedback to the preliminary results sent by WP4 team.

#### 4.3.1. Agencies/Areas/Other

##### 4.3.1.1. National agencies

Table 3 shows the results from Question1c of the questionnaire, which reports for each country the number of national agencies/organisations that are involved in quality assessment of primary care for children.

In eight countries at least one organisation devotes a specific part of quality assessment on child health care, while the majority of countries (14 out of 26) have organisations that undertake quality assessment for child health care as a part of wider health quality evaluation (for example, the yearly “National Outcomes Program” in Italy). Germany (for 6 out of 8 organisations) and Sweden make no distinction between children and adults. England did not report whether the two agencies specifically cover health care for children.

A single national agency/organisation is present in 11 countries. Four countries have a specific focus on health care for children (Austria, Finland, Latvia and the Netherlands). In six countries, quality assessment for child health care is undertaken as a part of wider health evaluation (Belgium, Cyprus, Czech Republic, Hungary, Iceland, and Portugal).

Among the ten countries for which more than one organisation is involved in quality assessment of health care, Denmark, Norway, and Ireland distinguish between agencies specifically devoted for child health care and those that undertake quality assessment for children’s health care as a part of wider health quality evaluation. In Germany, six organisations do not distinguish between children and adults, while two have specific items related to the quality of child health care.

In four countries the quality assessment is performed directly by central government bodies: the Ministry of Health in Austria and Cyprus, the Ministry of Social Affairs in Estonia and the Department of Health and Department of Children and Youth Affairs in Ireland. In other countries independent agencies assess the quality of child health care, but generally in collaboration with the Ministry of Health.

No agencies/organisations exist in Greece, Malta, Poland, Romania, and Spain. However, in Spain quality assessment of health care is performed at regional level (see Table 2). In those countries that do not have health evaluation systems in place, some remarks mentioned by the Country Agents are worth reporting.

According to the Country Agents: in Greece *“indicators for quality assessment of childcare are usually monitored by Primary Healthcare Units but there is no specific system for their evaluation. In research level indicators are monitored by Universities or Institutions e.g. National School of Public Health, Institute of Child Health (in Athens) etc.”*. In Malta *“there is no formal quality assessment of the child health care system in the country”*. In Romania *“a National agency for quality management in health care exists, but quality standards have been elaborated only for*

*hospitals (units with beds). These standards are used in the accreditation of hospitals. According to the 'Law for quality assurance in health care' quality standards for outpatient settings will be developed until 2017, September 30th".* Similarly to Romania, in Poland, although several national institutions were reported by the Country Agent, quality assessment is mainly carried out using health care accreditation procedures, relating to the functioning of hospitals and primary health care as well as specialist outpatient care and treatment of addictions.

The Danish Institute for Quality and Accreditation in Healthcare (IKAS), which is one of the five organisations for quality assessment reported by the Danish Country Agent, specifically performs accreditation programs. In particular, IKAS deals with a range of accreditation programs that span across private hospitals, community pharmacies, community health care, general practice and specialist physicians practicing outside of a hospital setting (see for example, Andersen et al., 2017).

The accreditation procedures emerging from these responses are representative of a particular type of quality evaluation, based on national regulations, with their own aims and criteria (for instance in Italy accreditation procedures aim to evaluate the services performed by the private sector providing the authorisation to act as part of the National health system). This type of quality evaluation is not considered in this analysis, because no specific quality measures can be collected. However, the criteria and procedures for accreditation warrant further investigation to gain a more complete picture of the different health systems in the EU and EEA.

#### **4.3.1.2. Regional agencies**

Table 4 shows the results from Question 2c, reporting the number of regional agencies/organisations that consider quality assessment of child health care for each country.

Croatia, Cyprus, Czech Republic, Denmark, Finland, the Netherlands, and Norway have national agencies but no regional ones. According to the Danish Country Agent, *"Denmark has municipal self-government, which means that the municipalities conduct the evaluations of the quality of primary health care, though they can't be tied up in some specific standards on how the evaluation should be carried out. Therefore, it is uncertain how this is done in the municipalities, and there are no precise records of what they specifically do as regards to quality"*.

As previously reported, Spain has regional but not national agencies, while Greece, Malta, Poland, and Romania have neither national nor local agencies for quality assessment of health care for children.

In four countries (Austria, Belgium, Latvia and Spain), at least one regional organisation devotes a specific part of quality assessment on health care for children, while seven countries have regional organisations that use specific measures for child health care quality assessment as a part of wider health quality evaluation. Only in Bulgaria and Germany is no distinction made between children and adults. England did not give specific details on the type of agency or on specific child health care quality measures, which is the same for Portugal where a General Health Direction is reported and in Sweden where 21 regional/local agencies/organisations were reported.

A single regional agency/organisation is present in six countries: more specifically, two declare to have a specific focus on child health care (Belgium and Latvia), while in four countries (Austria, Estonia, Hungary and Ireland) some child specific items are used as a part of wider health quality evaluation.

Among the seven countries for which have more than one relevant organisation, only Austria distinguish between agencies specifically devoted for child health care evaluation (five local agencies) and those that undertake quality assessment for child health care as a part of wider health quality evaluation (One agency). In Spain, there are no national agencies, but there are as many regional agencies/organisations as there are regions and/or autonomous communities (17 agencies). A similar organisation is present in Bulgaria, Germany, Italy and Lithuania where the number of agencies correspond to the number of regions.

In terms of the organisations; in three countries the health care quality assessment is performed directly by government central bodies: the *Bundesländer* Health Authorities in Austria, the “Child and Family” Agency of the Flemish Government in Belgium and the National Health Service in Latvia. In the other countries, independent agencies assess the quality of health care for children, but generally in strict collaboration with the Ministry of Health, as in the case of the previously reported national agencies. For instance, in Bulgaria there is a functioning Regional Health Inspectorate, reporting to the Ministry of Health, for each administrative region (district) of the country.

No agencies/organisations are present in Croatia, the Czech Republic, Denmark, Finland, Greece, Malta, Netherlands, Norway, Poland, and Romania.

All the macro-areas described in (Table 5) covered in the evaluation of quality in health care services for children are generally present in all countries with the exception of service delivery (15 countries) and expenses (13 countries) that are considered out of the 22 countries that have national and/or regional quality assessment in place. Immunisation is the most frequently used type of metric (used in 21 countries with the exception of the Netherlands) followed by Medicine/Pharmaceuticals (19 countries), Mortality and Hospitalization (18 countries) and Child health care provider (17 countries). Table 5 also reports in brackets some detailed information provided by the Country Agents. In the questionnaire, the Country Agents were asked to provide “Other” macro-areas in both Q1d and Q2d. These answers together with the preliminary results of the analysis were sent back to the Country Agents for further explanation and updates. As a result, when the Country Agents reported in their feedback specific measures that were used, these were included in the analysis of measures (see Appendix 5). In cases where the macro-areas could not be easily be turned into measures, they have been reported in Table 6. This is the case for Belgium, Germany, Italy, Netherlands and the United Kingdom (England). The list provided generally identifies areas related to child health care, such as growth monitoring, post-natal care (in the Netherlands) and child welfare and protection (UK: England) or to the use and promotion of quality measures (i.e. promotion of quality assurance measures, quality management and quality report in hospital as reported by the German CA).

**Table 3. National agency/organisation covering quality assessment for health care for children (Q1c)**

Country	AUT	BEL	BUL	CRO	CYP	CZE	DAN	EST	FIN	GER	GRE	HUN	ICE	ITA	LAT	LIT	MAL	NL	NOR	POL	POR	R. IRL	ROM	SPA	SWE	UK (England) <sup>1</sup>	
Yes	1			3			5		1						1			1	1				1				
No specific part, but some child specific items are present		1	2		1	1	2	4		2		1	1	3		2			2		1	2					
No (There is no distinction between children and adult)										6																1	
No											✓						✓			✓			✓	✓			
N/A																										2	

<sup>1</sup>. UK reported the same two agencies both at national and local level, and did not specify whether they devote a specific part of the quality assessment to child health care

**Table 4. Regional agency/organisation devoting a specific part of the quality assessment to health care for children (Q2c)**

Country	AUT	BEL <sup>1</sup>	BUL <sup>2</sup>	CRO	CYP	CZE	DAN	EST	FIN	GER <sup>3</sup>	GRE	HUN	ICE	ITA <sup>4</sup>	LAT	LIT <sup>5</sup>	MAL	NL	NOR	POL	POR	R. IRL	ROM	SPA <sup>6</sup>	SWE <sup>7</sup>	UK (England) <sup>8</sup>
Answer																										
Yes	5	1													1									17		
No specific part, but some child specific items are present	1							1				1	7	21		N						1				
No (There is no distinction between children and adult)			28							18																
No				✓	✓	✓	✓		✓		✓						✓	✓	✓	✓			✓			
N/A																					1			21	2	

1. In Belgium the Regional Agency is subdivided in turn into 3 bodies, according to the different languages (Flemish, German, French) spoken in the country
2. In Bulgaria for each administrative region (district) of the country (there are 28 in total), there is a functioning Regional Health Inspectorate, reporting to the Ministry of Health
3. The CA from Germany declared that, other than the two regional organisations reported in the questionnaire, there is at least one for each of the 16 federal states that make up the country .
4. In Italy there is a Regional Health care Agency for each one of the Regions/Autonomous Provinces.
5. In Lithuania each municipality (there are 110 in total) has a public health department, which analyses the situation and provides annual report to the Institute of Hygiene.
6. In Spain there are as many regional agencies/organisations as regions/autonomous communities (ACs)

7. Sweden reported the presence of 21 regional/local agencies/organisation, but did not provide answers as to their being devoted (totally or in part) to the quality assessment of child health care
8. UK reported the same two agencies both at national and local level, and did not specify whether they devote a specific part of the quality assessment to child health care.

**Table 5. Topics covered in the evaluation of the quality in child primary health care service (Q1d, Q2d) at both national and regional level**

Topic ✓: National X: Regional	Country																										
	AUS	BEL	BUL	CRO	CYP	CZE	DAN	EST	FIN	GER	GRE <sup>1</sup>	HUN	ICE	ITA	LAT	LIT	MAL <sup>2</sup>	NL	NOR	POL	POR	R. IRL	ROM <sup>3</sup>	SPA	SWE	UK (England)	
Immunisation	✓ X	X	✓ X	✓	✓	✓ (pneumol., physiol., preventive)	✓	✓	✓	✓ X		✓ X	✓ X	✓ X	✓ X	✓ X			✓		✓	✓ X			X	X	✓
Mortality	✓ X	✓ X	✓ X	✓	✓	✓	✓	✓	✓	✓ X			X	✓ X	✓ X	✓ X						✓	✓ X			X	✓
Hospitalization	✓ X	✓	✓ X	✓	✓	✓	✓	✓	✓	✓ X		✓		✓ X	✓ X	✓ X						✓	✓ X			X	✓
Medicine/ Pharmaceuticals	X	✓	✓ X			✓ (Partly)	✓	✓	✓	✓ X		✓ X	✓ X	✓ X	X	✓		✓	✓			✓	✓ X		X	X	
Service delivery		✓	✓ X	✓			✓	✓	✓	✓ X			✓ X	X	✓ X	✓ X			✓			✓	✓ X				✓
Expenses	✓	✓	✓			✓	✓	✓	✓	✓				✓	X	✓						✓		X			

	X	X	X			(Partly)				X										X				
Child Health Care Provider		X (GP/ Paed .)	✓ X	✓	✓ (P C Pa ed .)		✓ (G P)	✓ (GP/ Paed .)	✓ (Muni cipaliti es)	✓ X □ (GP/ Paed .)	✓	✓ (GP/ Paed.; Nurse; Midwife)	X	✓ X				✓		✓	X (G P)	X (P C Pa ed .)	X	
Other (see Tab.4)		✓								✓ X			✓				✓							✓

1. In Greece “indicators for quality assessment of childcare are usually monitored by Primary Health care Units but there is no specific system for their evaluation. In research level indicators are monitored by Universities or Institutions e.g. National School of Public Health, Institute of Child Health (in Athens) etc.”
2. In Malta “there is no formal quality assessment of the child health care system in the country”.
3. In Romania “a National agency for quality management in health care exists, but quality standards have been elaborated only for hospitals (units with beds). These standards are used in the accreditation of hospitals. According to the ‘Law for quality assurance in health care’ quality standards for outpatient settings will be developed until 2017, September 30th”.

**Table 6. “Other” subjects to be analysed**

Country	“Other” subject
<b>Belgium</b>	All types of care needs in children (foster care, adoption, supporting services in both primary and secondary care)
<b>Germany</b>	Mandatory measures for quality assurance
	Enhancement of quality assurance
	Obligation of specialists, psychological psychotherapists and paediatric and adolescent psychotherapists to receive postgraduate training
	Quality evaluation and control in SHI (Social Health Insurance) medical care
	Quality report in hospitals
	Quality management
	Quality assurance in outpatient operations
	Quality assurance in outpatient treatment in hospital
	European Practice Assessment (EPA): internal quality management and accreditation for small practices and medical care centres
	Data-based medical quality circles
	Implementation of evidence-based care concepts (i.e. prescribing, chronic care, multimorbidity, patient safety)
	Evaluation of new contracting models in the health care and health services research
	Representation of interests of physicians and psychotherapists
	Political representation of interests
	Obligation to ensure security
	Organise and improve the statutory ambulatory health care
	Drugs
	Monitoring the professional practice of physicians
	Promotion of quality assurance measures
	Establishment of an ethics commission
	Promotion of professional development
	Opinion and mediation of experts
	Protection of the professional interests
	Coordination and organisation of the implementation of quality assurance measures at state level
	Identification of quality related problems
<b>Italy</b>	Devices for persons suffering from diabetes or rare diseases

Country	“Other” subject
	Secondary care performances for the monitoring of the physiological pregnancy
	Secondary care performance for the protection of the responsible pregnancy
<b>Netherlands</b>	Psychosocial problems
	Are all children in the picture?
	Does the well child clinic and SHS have quality information about the care they provide
	How good is the collaboration within the social sector/health care sector
	How does the guideline for child abuse work in practice
	Are there point of improvement from the previous inspection implemented?
	Post-natal care
	Continence (4-19 years)
	Growth monitoring
	Social media (ab)use
	Problems with testes
	Early signs of psychosocial problems
	Smoking prevention
<b>UK (England)</b>	Child welfare & protection

### 4.3.2. Measures

In terms of the measures reported by the Country Agents, the four countries (Greece, Malta, Poland, and Romania) that do not have systems in place for health care quality assessment are not included in the analysis. However, we analyse separately the measures provided by Northern Ireland, Wales and Scotland. Therefore, the analysis is based on 25 countries. In the following, the number of measures for each area, topic and sub-topic are reported along with the coverage among countries. However, our aim is not to appraise countries with a high-number of measures but rather to capture the multi-dimensional view of the health quality in each country as represented by the variety of measures used.

#### 4.3.2.1. Areas

The analysis of the areas identified in the map is carried out considering the proportion of measures classified in each area (Figure 11). To show to what extent areas are covered in each country, Figure 12 depicts, for each category, the percentage of countries that use measures for quality assessment. These results are also summarized in

Table 7. The distribution by country of the measures in each area is reported in Figure 13 and Figure 12.

As highlighted in Figure 11 the majority of the measures are related to the Process (N = 180; 50.9%) and to the Outcome (N = 116; 33.0%) of care. These areas are covered by 24 countries

(96.0%) as shown in Figure 12. Only six countries (Austria, Germany, Finland, Northern Ireland, Ireland, and Latvia) cover all the areas of the map.

Moreover, 36 measures (10.2%) have been classified within the Structure area of the Donabedian framework which is covered by 18 countries (72%).

The remaining areas are described using 11 measures (3.1%) for the Social, political, economic and environmental context area and 10 measures (2.8%) for the Health-related behaviour area, with a coverage of 68% and 40% of countries respectively.

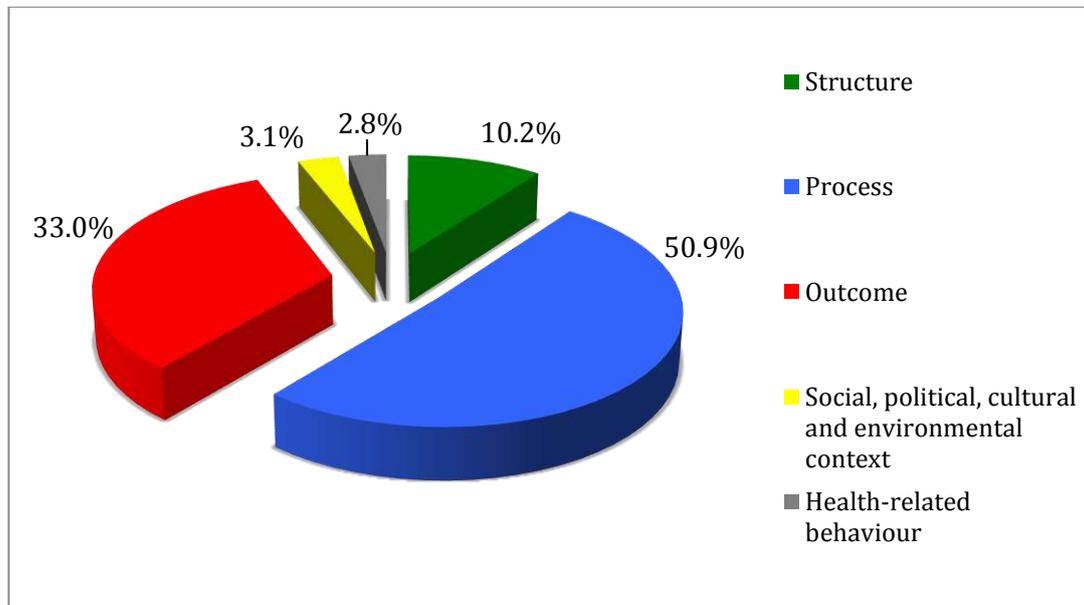


Figure 11. Distribution of the measures, by area

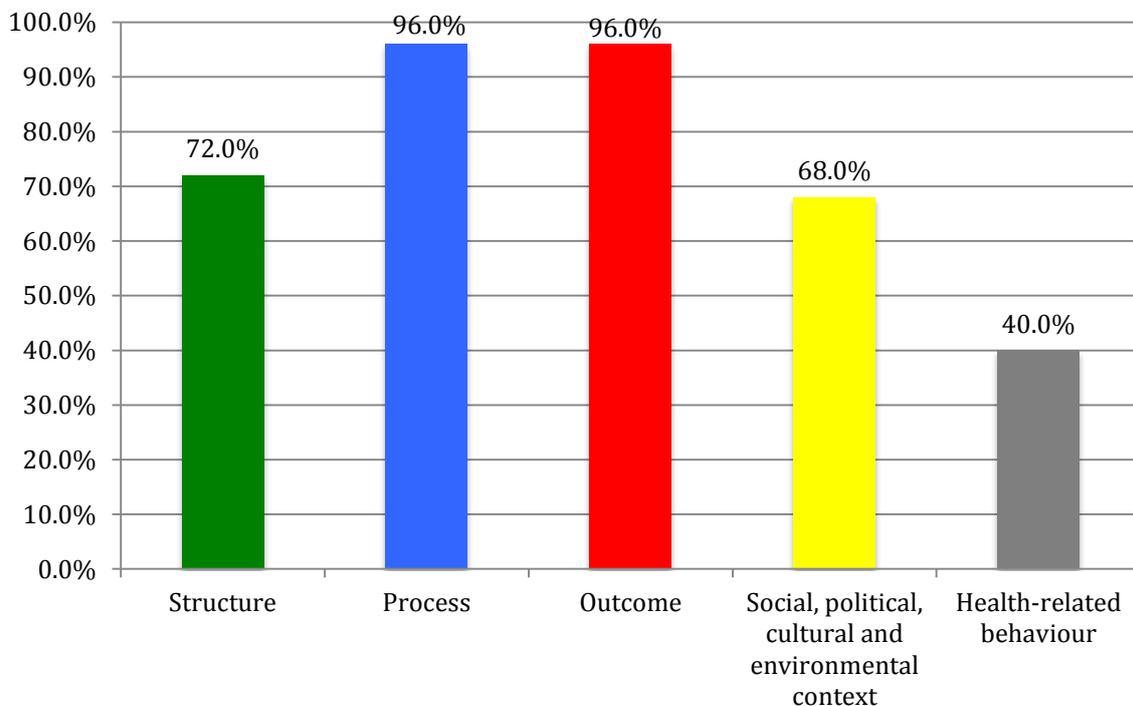


Figure 12. Percentage of countries that focus the quality assessment on the basis of each specific area

**Table 7. Distribution of measures per each area of the map as well as number (and percentage) of countries that focus the quality assessment on the basis of each specific area**

Area	Measures		Countries	
	#	%	#	%
Structure	36	10.2%	18	72.0%
Process	180	51.9%	24	96.0%
Outcome	116	33.0%	24	96.0%
Social, political, economic and environmental context	11	3.1%	17	68.0%
Health-Related Behaviour	10	2.8%	10	40.0%
<b>Total</b>	<b>351</b>			

Figure 13 shows the distribution of the identified measures within the five categories in a country specific perspective. It confirms that the majority of countries focus the quality assessment for child health care on the Process and Outcome measures (shown by the blue and red bars) but with a high level of variability among countries. For instance: 1) Bulgaria, Czech Republic, Croatia and Norway where the Country Agents reported a high number of Structure measures, 2) Belgium, Bulgaria and Iceland with a consistent number of Social, political, economic and environmental context measures and 3) the Netherlands with a 33% of Health-Related behaviour measures that represents the highest percentage compared with other countries.

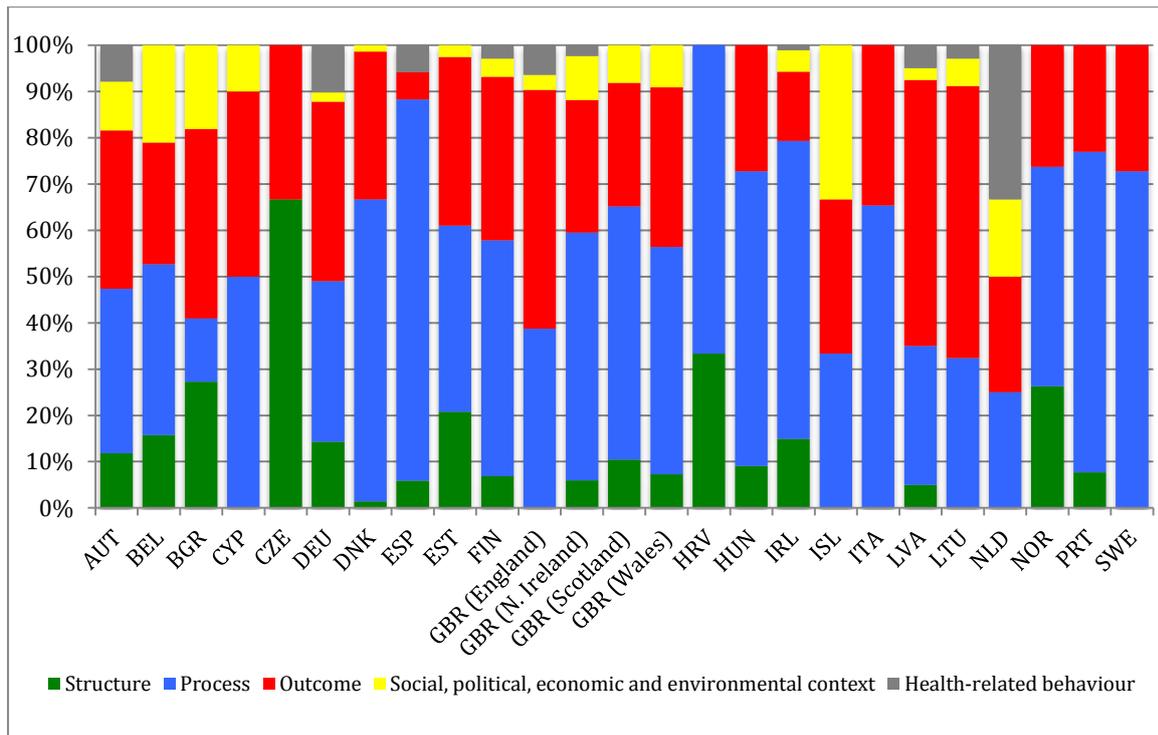


Figure 13. Distribution of the measures by area, for each country

#### 4.3.2.2. Topics

The analysis of the topics identified in the map is carried out considering the proportion of measures classified in each area (Figure 14) and its distribution by country (Figure 15). These results are summarized in

Table 8. Each topic is reported in Figures highlighting in brackets also the related area.

The most analysed topic is Health status, considering both the number of measures (N = 89; 25%) and the coverage among countries (N = 23; 92%).

An important part of the quality assessment is related to three topics of the Process area: specialist/hospital health care (N = 85; 24%), prevention (N = 50; 14%) and primary health care management (N = 41; 12%). These results are also confirmed by the analysis of distribution by country (Figure 15) where both the prevention and the health status are analysed in 23 countries (92%) while the primary health care management is studied in 20 countries (80%).

Other important topics are medical care within the Outcome area that is analysed in 16 countries (64%) using 27 measures (8%) and child health care provider/workforce within the Structure area that is analysed in 15 countries (60%) using 16 measures (5%). Considering the other topics where the number of measures is lower than 10 particular attention is given to demographic and socio-economic measures (within the Social, political, economic and environmental context area) that are respectively used in 14 (56%) and 12 (48%) countries.

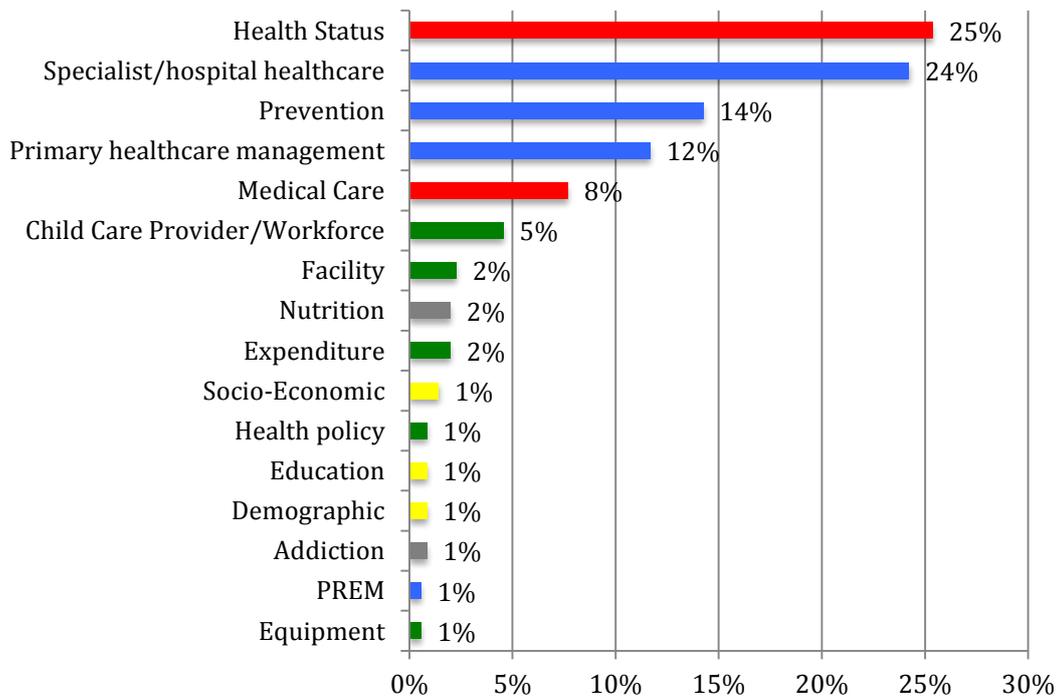
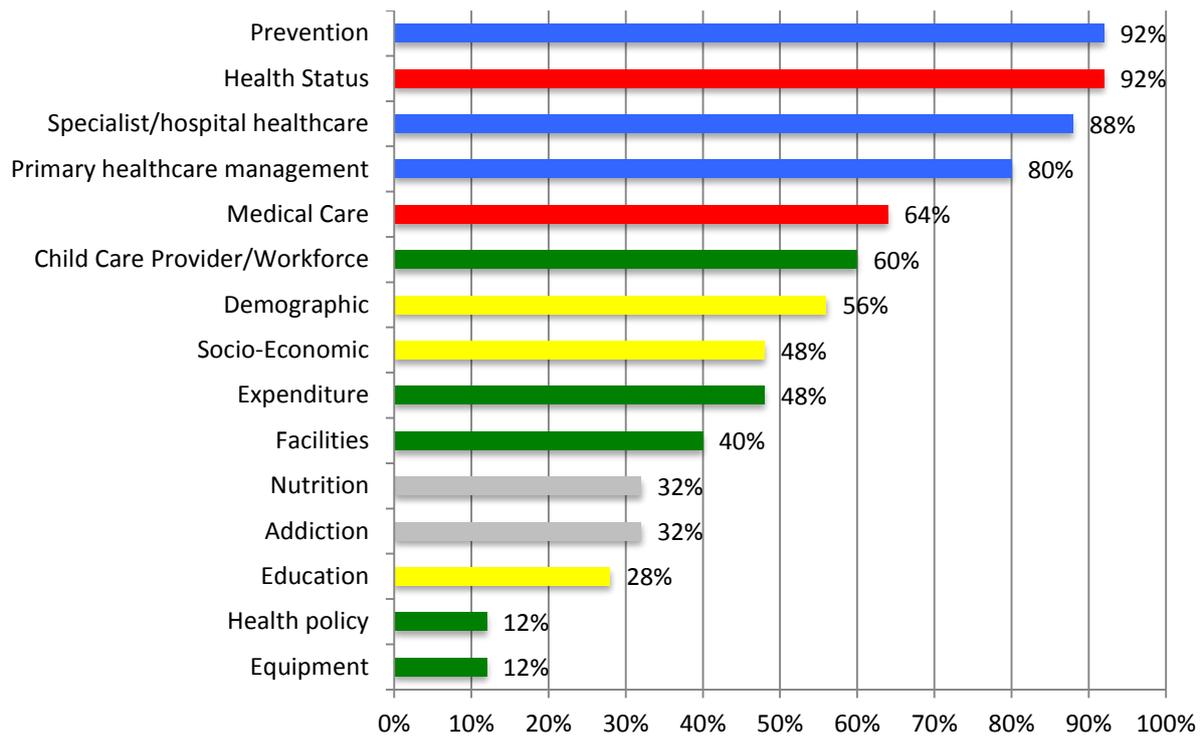


Figure 14. Distribution of the measures, by topic



**Figure 15. Number countries that focus the quality assessment on the basis of each specific topic**

**Table 8. Distribution of measures by topic as well as number (and percentage) of countries that focus the quality assessment on the basis of each specific topic**

Topic	Measures		Countries (n=25)	
	n	%	n	%
Addiction	3	0,9%	8	32%
Child Health Care Provider/Workforce	16	4,6%	15	60%
Demographic	3	0,9%	14	56%
Education	3	0,9%	7	28%
Equipment	2	0,6%	3	12%
Expenditure	7	2,0%	12	48%
Facilities	8	2,3%	10	40%
Health policy	3	0,9%	3	12%
Health Status	89	25,4%	23	92%
Medical Care	27	7,7%	16	64%
Nutrition	7	2,0%	8	32%
Prevention	50	14,2%	23	92%
Primary health care management	41	11,7%	20	80%
Socio-Economic	5	1,4%	12	48%
Specialist/hospital health care	85	24,2%	22	88%
PREM	2	0,6%	2	8%
<b>Total</b>	<b>351</b>	<b>100%</b>		

#### 4.3.2.3. Sub-topic.

Figure 16 shows the conceptual map with the number of measures for each area, topic and sub-topic. Starting from the most populated area of *Process* and its topic *Specialist/hospital health care*, the distribution of sub-topic shows that a consistent number of measures are used to evaluate Hospital admissions and visits (respectively 21 out of 85 measures), followed by measures pertaining to *Treatment* (11 measures). The sub-topic *Visit* is also evaluated by a consistent number of measures within *Primary health care management* (14 out of 41 of the topic) and is the one that is analysed with the largest number of measures of all areas (*Well-child visit*: 26 measures out of 50 in *Prevention*). The other most populated sub-topics in all areas are *Morbidity* and *Mortality* in the *Outcome* area related to *Health status* (respectively 26 and 22 measures out of 89) that represents the topic with the highest number of measures. Within this topic a part from the measures related to *Birth delivery* (10 measures out of 89) the other 31 measures are homogeneously distributed among a wider spectrum of sub-topics.

Within the topic of Primary care management (Process area) a limited number of sub-topics are generally analysed by a similar number of measures, covering prescription (nine measures),

drug consumption (eight measures) and treatment (six measures). Within the Structure area a limited number of measures cover almost all the sub-topics are identified in the map.

Shown on the upper part of the map, no measures have been reported by Country Agents in the sub-topics of Environment, Welfare Policy (non-health) and Self-reported topics. In the Social, political, economic and environmental context few measures were reported in a limited number of sub-topics. As slightly different result can be found within the measures related to the analysis of Addiction and Nutrition (7 and 3 measures respectively).

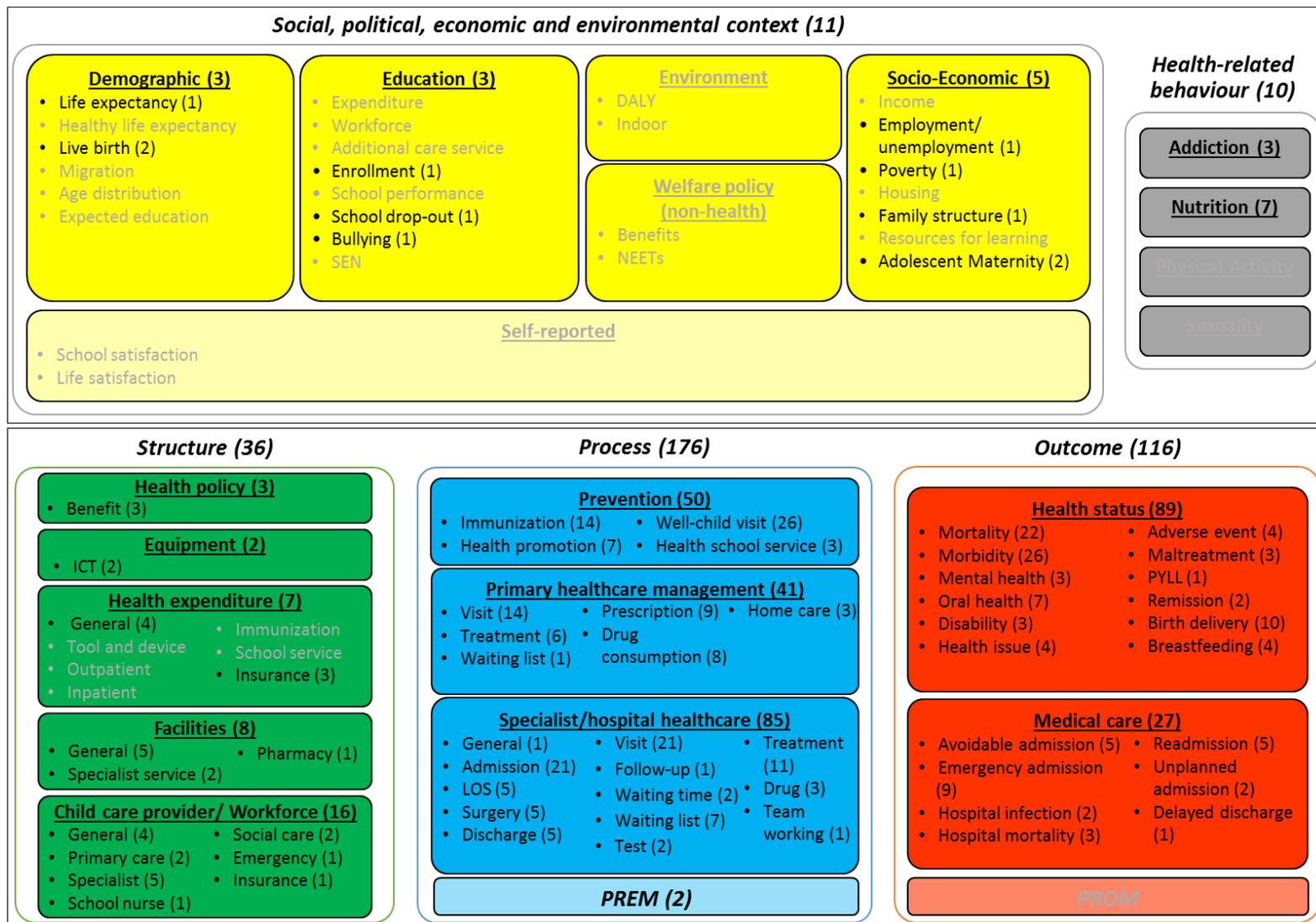


Figure 16. Distribution of the measures within the map

#### 4.3.2.4. Age ranges

Table 9 describes the results of the classification of the measures in terms of age groups. As reported in the methodology we classify each measure is classified on the basis of the following intervals: [0-11 m.], [1-4], [5-9], [10-17], [> 17].

The majority of the measures (N = 229; 65.2%) do not specify age ranges, and so have not been analysed in this category. Therefore, our analysis will consider the remaining 122 measures, 34.8% of the total number of measures reported by Country Agents. Among them 34 (28%) are contained within a specific age band, the majority (29 measures, 24%) fall within the [0-11months] age group; while 88 (72%) cover more than one age band. This indicates that, apart from the first year of life, the measures do not take into account the life course of child development. This is highlighted by the high number of measures (N = 51; 42%) that cover the 10-17 period of life and 7 measures (6%) that cover the entire age spectrum .

Table 9 shows that the majority of the measures (N = 115; 94%) are focused on the first years of a child's life, from 0 to 9 years old. In particular in the following intervals: < 1, [1-4] and [5-9] the percentage of measures collected are respectively the 80%, 63% and 66%. The remaining measures are split between the [10-17] and the > 17 intervals covering in particular the 18% and the 11% of the total measures classified. Of course, these results take into account that the majority of the measures are classified within multiple age ranges.

**Table 9. Distribution of measures analysed per age ranges**

< 1	[1-4]	[5-9]	[10-17]	> 17
29 (24%)	2 (2%)	0	2 (2%)	1 (1%)
4 (3%)				
6 (5%)				
51 (42%)				
7 (6%)				
			4 (3%)	
	7 (6%)			
		8 (7%)		
		1 (1%)		
97 (80%)	77 (63%)	80 (66%)	22 (18%)	13 (11%)

Considering the coverage of each age range among countries, as shown in

Table 10, all the measures reported by Croatia are not classified within age ranges. The majority of the countries consider the first years of life an important part of child development, and produce measures to assess the quality of care: 20 countries (80%) have measures for the range < 1 and 12 countries (48%) for the range [1-4]. The analysis of measures that cover multiple age ranges, shows that almost all the countries cover the [0-17] range, while only 2 countries focus the analysis for the age > 17.

**Table 10. Number (%) of countries that focus the quality assessment on the basis of each age range**

< 1	[1-4]	[5-9]	[10-17]	> 17
20 (80%)	12 (48%)	0	7 (28%)	2 (8%)
9 (36%)				
9 (36%)				
20 (80%)				
12 (48%)				
			10 (40%)	
	4 (16%)			
		5 (20%)		
		1 (4%)		
23 (92%)	22 (88%)	22 (88%)	23 (92%)	2 (8%)

#### 4.3.2.5. Diseases.

Figure 17 shows the categorization of the identified measures within a specific disease. Most of the measures (N = 179; 51.0%) are not disease-specific while the other 172 are classified within 49 different diseases on the basis of the ICD-10 classification. Figure 18 provides an analysis of the disease coverage among countries.

From a disease perspective asthma is the illness most analysed in Europe, in terms of both the number of measures reported by the Country Agents (N = 22; 13%) and the number of countries that focus part of the quality assessment on the basis of such measures (N = 16, 64.0%). Similar results are provided for mental health (16 measures and 13 countries respectively 9% and 52%) and for diabetes (16 measures and 9 countries respectively 9% and 36%). Considering the classification of disease-related measures both asthma and mental health are analysed within the process and outcome categories.

Other diseases analysed across Europe are MMR (N = 12; 48%), Dental disorders and Cancer both analysed by 11 countries (44%). While dental disorders and cancer are assessed using respectively 12 (10%) and 8 (7%) measures, the analysis of the MMR is performed within the 12 countries using the same process measure (“Immunisation coverage MMR (Measles/Mumps/Rubella)”). As reported in the methodology when a measure covers more than one disease (“Number of people from 0 to 14 who have performed the early detection of visual disturbances, hypoacusia arterial hypertension / number of people from 0 to 14 years”) it has been classified as a multiple diseases measure. This set of measures covers more than the 60% of EU/EE countries (N = 15) with more than 11% of measures (N = 13).

Figure 17 and Figure 18, show that a limited number of common measures are frequently used by a consistent number of countries. This is the case for instance for MMR, Meningitis and DPT3 where the same measure is used by a large number of countries. Conversely, there are diseases that are studied in a few number of countries that, however used, produce a consistent number

of measures. This is the case for the emerging ADHD disease and also for oral health and impairment.

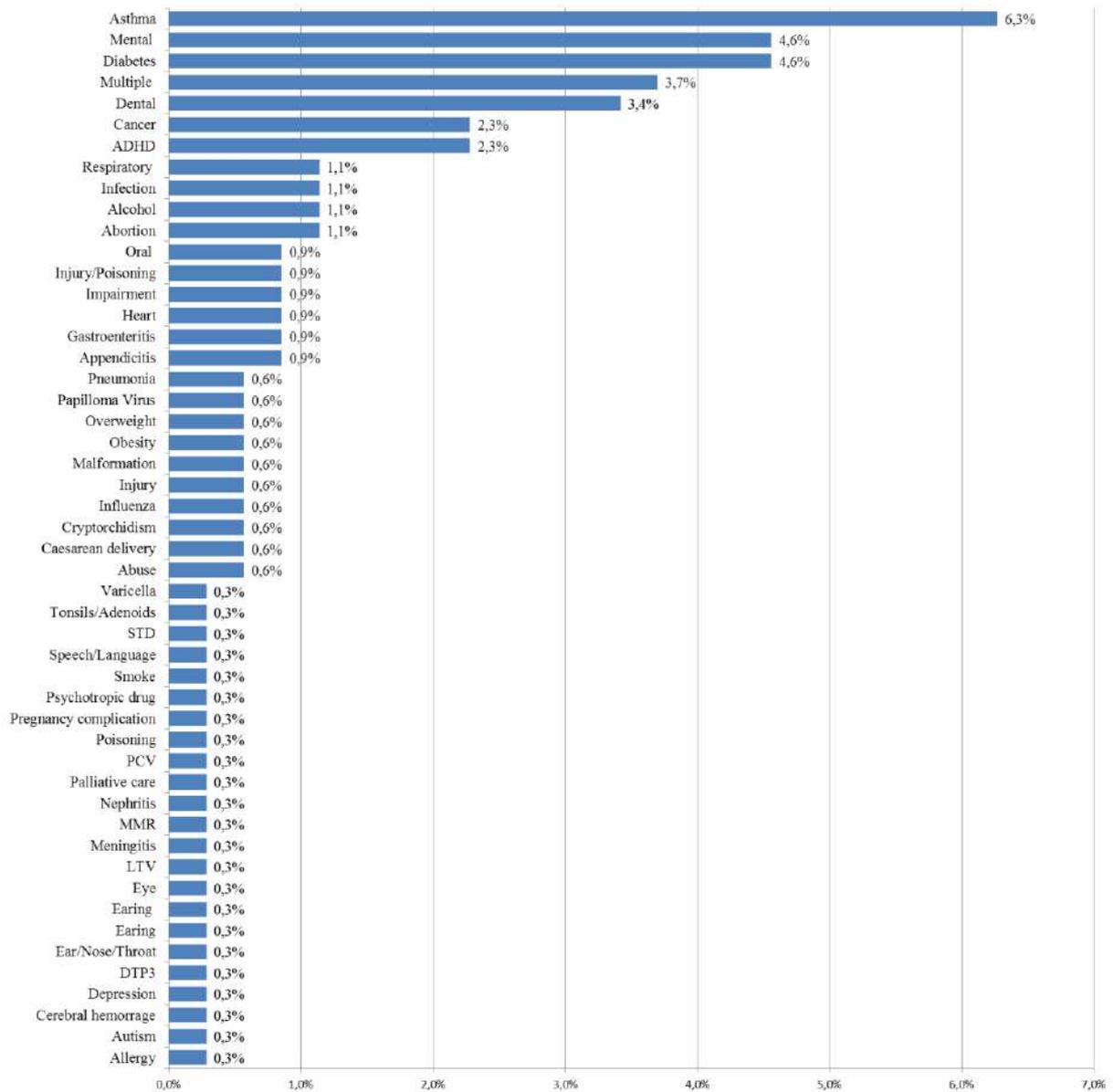
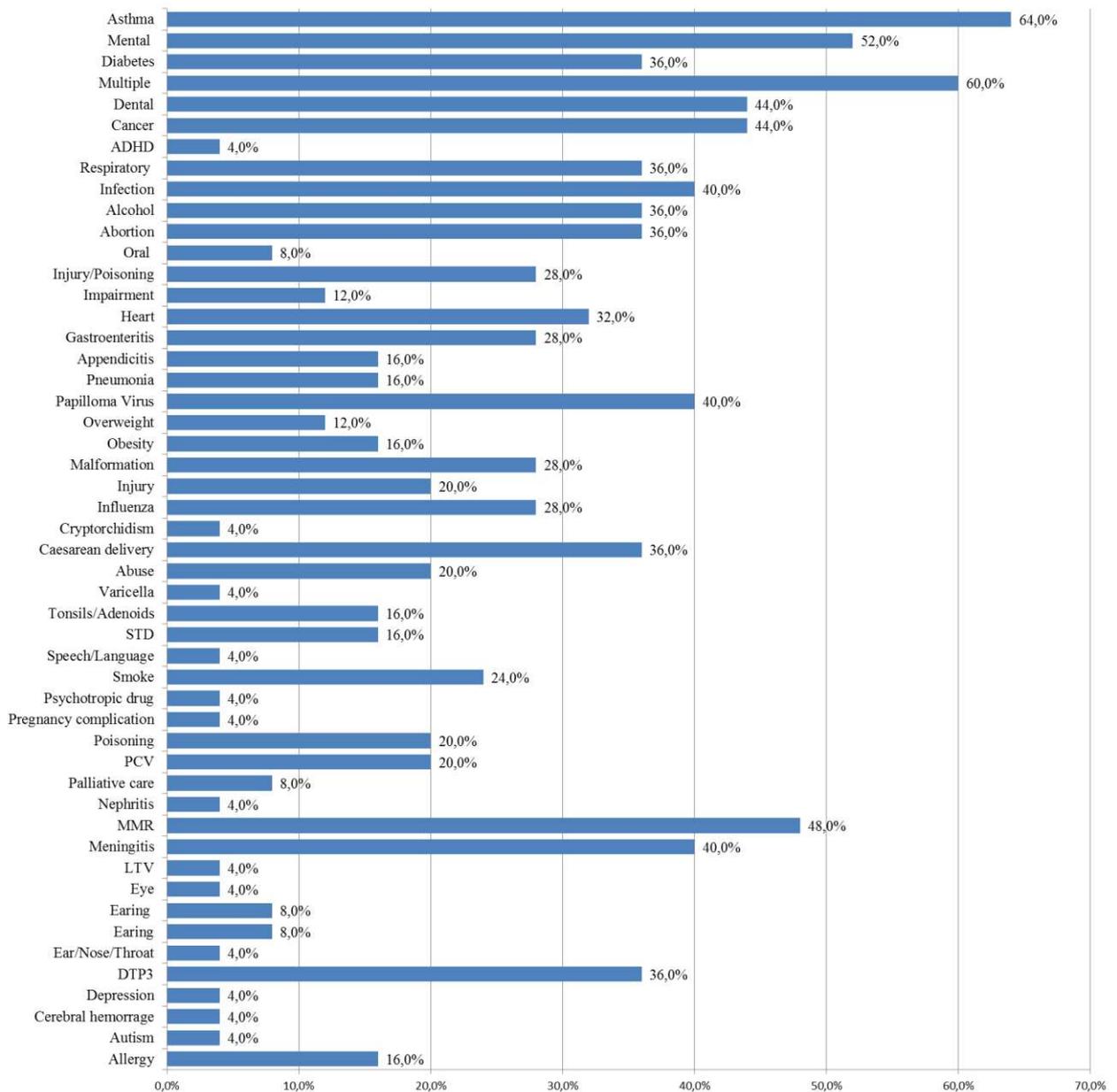


Figure 17. Percentage of measures classified per type of diseases



**Figure 18. Percentage of countries covered by each disease on the basis of the measure classification**

#### **4.3.2.7. Conclusion**

Only six countries (Austria, Germany, Finland, Northern Ireland, Ireland, and Latvia) cover all the areas.

Topics with the higher number of measures are also the ones that are used by larger number of countries: Health Status (23 countries using 89 measures), Specialist/hospital health care (22 countries, 85 measures), Prevention (23 countries, 50 measures), Primary health care management (20 countries, 41 measures), Medical Care (16 countries, 27 measures) and Child Health Care Provider/Workforce (15 countries, 16 measures). Conversely, topics with a limited number of measures are used by only a few countries, such as Health policy (3 countries using 3 measures), Education (7 countries, 3 measures), Addiction (8 countries, 3 measures) and

Equipment (3 countries, 2 measures). The only exception is the Demographic topic with 3 measures used by 14 countries.

In terms of the sub-topics:

- The sub-topics with a higher number of measures are covered by the majority of the countries. In particular, Well-child visit (26 measures, 17 countries), Morbidity (26, 15), Mortality (22, 18), Admission (21, 20), Visit within both primary care (14, 11) and hospital topics (21, 23) and Immunisation (14, 10).
- Health issue (health status, outcome), Breastfeeding (health status, outcome), General (workforce, structure) and Length of stay (hospital, process) sub-topics are assessed by a consistent number of countries (respectively, 13 for the health issue and 12 for the other sub-topics) with a limited number of measures (5 for length of stay and 4 for the other sub-topics).
- In terms of the rest of the sub-topics, each country tends to select a limited number of measures to evaluate the quality of care on specific sub-topics. For instance, Readmission is studied only by Denmark using two measures; and School nurse and Team working are studied by Norway and Denmark respectively on the basis of one measure.

The variability and needs of children's psychophysical development is not taken into account in the measurement of quality of care. This is evident in the consideration of age distribution of the indicators from both international databases and Country Agents questionnaires. The major focus is on the maternal, perinatal health and on the first years of the child, little attention is paid to later stage of child development and in particular adolescents.

#### **4.3.3. PREMs & PROMs**

Table 11 reports for 14 out of 26 countries the presence of Patient-Reported Measures for the evaluation of quality in child primary health care service. On the basis of the documentation gathered, the table also indicates when PREMs and PROMs are administrated at national level using the notation N.S. (National Survey). All other cases, comprising international projects (e.g. ISAAC), are considered as local surveys, because it was impossible to establish the dimension of the population covered. Moreover, we also included surveys that are not directly health-related such as the questionnaire on life satisfaction developed in Poland.

Table 11 shows that five countries (Estonia, Germany, Italy, Poland, and England) have implemented surveys for both PROMs and PREMs. Austria reported only outcome measures, whilst the Czech Republic, Lithuania, Norway, Ireland, and Spain use only PREMs for their quality evaluation. In Denmark the same national survey described presents both PROMs- and PREMs-related aspects.

Other national surveys, specifically focused on the evaluation of patients' experiences, have been implemented in Croatia, Norway, R. of Ireland, and England.

Table 12,

Table 13, and Table 14 describe the results presented in Table 11 in more detail

Table 12 describes the PROMs-related surveys for each survey, along with the title and the name of the country/countries in which it was implemented, a brief description, the eventual disease-specific character, the age range (when available), and the retrieved web source reported by the Country Agents and/or retrieved in subsequent desk analysis.

Some surveys relate to international projects or studies. Examples of this are the WHO “Health behaviour in school-aged children (HBSC)” study in Austria; the International Study of Asthma and Allergies in Childhood (ISAAC) in Austria, Germany, and Estonia; and the DISABKIDS European project in Germany. Austria also reported about the implementation of the “Lebensqualität von Kindern und Jugendlichen” (Quality of life of children and adolescents) national project.

Poland reported abstracts from scientific papers that describe the use of specific questionnaires (such as SDQ or OLS) to measure outcomes in both disease-specific and indirect health-related situations, while England referred to academic research carried out in the PROM&PREM Network based in University College London. Germany also reported the use of specific instruments (such as CHAQ or PAQLQ) in disease-specific contexts.

Surveys focused on asthma are present in four cases out of 13, chronic, rheumatic and mental diseases were also considered. Cancer was reported in the Danish national survey, while England described measures covering multiple diseases.

Different age ranges have also been reported. In particular, asthma-focused projects cover age intervals from approximately 6 to 17 years, while the Quality of life national project in Austria goes from 0 to 18 years, and the cancer-related survey in Denmark concerns adolescents and young adults (15 to 29 years).

Table 13 describes the tools developed within international research projects and used to generate questionnaires to be included in PROMs. The Table reports the name of the tool, the country/countries in which it was implemented, along with a brief description and a retrieved web source reported by the Country Agents and/or retrieved in subsequent desk search analysis

All the tools described have been developed for surveying health-related quality of life (HRQoL) in children and adolescents. Among these, Austria reported the use of HACHQ, KIDSCREEN (also used in Poland) and PedsQL (also used in Estonia). Germany reported the use of Kids-CAT (Computer-Assisted Tool), KINDL & CAT-SCREEN, and PROMIS (an Information System capable of building up tailored questionnaires concerning both the mental, physical and relational sphere starting from a continuous analysis of the literature). Along with these, Germany also implemented the Cantril's Ladder, as a scale to measure wellbeing.

Table 14 describes the PREMs performed in the countries indicated in Table 5 (see page 47). For each initiative, along with the title and the name of the country/countries in which it was implemented, a brief description, the eventual disease-specific character, the context (Primary Care (PC) or Hospital Care (HC)), and a retrieved web source reported by the Country Agents and/or retrieved in subsequent desk search analysis.

Seven initiatives were related to general practice, and seventeen focused on hospital care. In three cases (Italy, Lithuania, and England), both Primary and Hospital Care were covered. In some cases (Belgium, the Czech Republic and Estonia), no description and web sources were provided, or were retrievable, so that the context in which these surveys were used was unable to be established.

The majority of the initiatives described are not disease-specific, but focus on a more general evaluation of quality of care as perceived during patients' experiences. Disease-specific PREMs were instead reported for Denmark (Cancer), Italy (children with Special Health Needs), Norway (Mental Health), Poland (Palliative Care), England (Diabetes, allergies, breathlessness, constipation, diarrhoea, vomiting, fever). Germany reported a questionnaire (administered to both patients and doctors) that evaluates the entire course of a child-surgery outpatient operation.

Croatia, Czech Republic, Italy, Norway, Poland, and England reported abstracts from scientific papers that described PREMs-/Satisfaction measures-based studies. In Croatia and Norway in particular, those studies referred to the National Surveys reported in Table 11(see page 65).

In Summary, Croatia, Denmark and Germany, can be identified as early adopters of the PREMs and PROMs tools. Along with these, England and Ireland have showed a more mature propensity towards their use, as specific health policies at national level are already being constructed to become operative in the very next future.

However, given that these evaluation tools are frequently used in clinical trials and in research projects, a more detailed investigation is needed to capture not only the frequency of use, but also the specific component of quality they cover. This type of analysis could help us to identify the link between PREMs and PROMs and quality measures (especially for child health care) gathered in each country and/or international databases.

**Table 11. Presence of Patient-Reported Measures in the MOCHA Countries (Q4, Q5)**

Country	AUT	BEL	BUL	CRO	CYP	CZE	DEN	EST	FIN	GER	GRE	HUN	ICEL	ITA	LAT	LIT	MAL	NL	NOR	POL	POR	R. IRE	ROM	SPA	SWE	UK
	Answer																									
PREMs		✓		N.S.		✓	N.S.	✓		✓				✓		✓			N.S.	✓		N.S.		✓		N.S.
PROMs	✓						N.S.	✓		✓				✓						✓						✓

**Table 12. PROM-related surveys performed in MOCHA Countries**

Title	Country	Description	Disease-specific	Age Range	Link/Source
Social determinants of health and well-being among young people [HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) STUDY: INTERNATIONAL REPORT FROM THE 2009/2010 SURVEY]	Austria	The HBSC study provides key insights into the health-related behaviours of young people. It focuses on a wide range of health, education, social and family measures that affect young people's health and well-being.	No	[11-15]	<a href="http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf">http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf</a>
ISAAC, The International Study of Asthma and Allergies in Childhood	Austria; Germany; Estonia	ISAAC is a unique worldwide epidemiological research programme established in 1991 to investigate asthma, rhinitis and eczema in children due to considerable concern that these conditions were increasing in western and developing countries	Asthma	[6-7][13-14]	<a href="http://isaac.auckland.ac.nz">http://isaac.auckland.ac.nz</a>
Lebensqualität von Kindern und Jugendlichen: Studien – Instrumente – Projekte [Quality of life of children and adolescents: Studies - instruments – projects]	Austria	Overview of: <ul style="list-style-type: none"> <li>the state (state of the art) of the quality of life measurement in children and adolescents. Both health-related (subjective state of health) and social-related quality of life.</li> <li>instruments for measuring the number of children and youthful quantity and quality of procedures (degree of spread of fielding)</li> <li>(EU) projects which are to be implemented in this area</li> </ul>	No	[0-18]	<a href="http://www.pico.at/CAE/Qol/Kind2004.pdf">http://www.pico.at/CAE/Qol/Kind2004.pdf</a>
AT VÆRE UNG OG FÅ KRÆFT	Denmark	National study focused on young cancer-affected.	Cancer	[15-29]	<a href="https://www.cancer.dk/dyn/resou">https://www.cancer.dk/dyn/resou</a>

[To be young and get up]		Cancer also affects youngsters, and every year approximately 500 people in the age group 15 to 29 years.			<a href="https://www.niehs.nih.gov/research/resources/assets/docs/chaq_instructions_508.pdf">rces/File/file/6/5166/1450034259/at-vaere-ung-og-faa-kraeft-2015.pdf</a>
Capture of functional limitations in daily routine from children with rheumatic diseases	Germany	Use of CHAQ (Childhood Health Assessment Questionnaire) to capture of functional limitations in daily routine from children with rheumatic diseases	Rheumatic disease	N/A	<a href="https://www.niehs.nih.gov/research/resources/assets/docs/chaq_instructions_508.pdf">https://www.niehs.nih.gov/research/resources/assets/docs/chaq_instructions_508.pdf</a>
Measuring care satisfaction of chronically ill children and adolescents	Germany	Use of CHC-SUN-SF (Child Health Care – Satisfaction, Utilization & Needs) to measuring care satisfaction of chronically ill children and adolescents	Chronic disease	N/A	<a href="https://www.wvdhhr.org/cshcn/">https://www.wvdhhr.org/cshcn/</a>
Parent questionnaire measuring special needs of their children in health care	Germany	Use of CSHCN-Screener (Children with Special Health Care Needs – Screener) with parents to measuring special needs of their children in health care	Special Health care Needs	N/A	<a href="http://www.cahmi.org/projects/children-with-special-health-care-needs-screener/">http://www.cahmi.org/projects/children-with-special-health-care-needs-screener/</a>
PACQLQ	Germany	Use of paediatric asthma caregiver's quality of life questionnaire (PACQLQ) for the Parents/Primary Caregivers of Children	Asthma	[7-17]	<a href="https://www.qoltech.co.uk/pacqlq.html">https://www.qoltech.co.uk/pacqlq.html</a>
DISABKIDS	Germany	European project that aims at enhancing the quality of life and the independence of children with chronic health conditions and their families. It provides a list of the health related quality of life (HRQoL) instruments that are currently being developed also for condition-specific modules e.g. asthma, arthritis, cerebral palsy, cystic fibrosis, dermatitis, diabetes, and epilepsy	Asthma; Chronic Disease; Rheumatic Disease	N/A	<a href="https://www.disabkids.org">https://www.disabkids.org</a>
Towards a better assessment of child and adolescent mental health	Poland	Use of a Polish adaptation of the SDQ (Goodman's Strengths and Difficulties Questionnaire) as a promising instrument for monitoring mental health	Mental Health	[10-15]	<a href="http://europepmc.org/abstract/med/17965460">http://europepmc.org/abstract/med/17965460</a>

status. Polish version of strengths and difficulties questionnaire. Experiences from two population studies (Mazur & Kololo, 2007)		problems in children and adolescents			
Where do the happiest children live? The swb of school children in Europe (Szwarc, 2016)	Poland	Psychometric scales were used to evaluate the quality of life: OLS (Overall Life Satisfaction), SLSS (Student Life Satisfaction Scale), BMSLSS (Brief Multidimensional Student Life Satisfaction Scale)	Quality of Life	[8-12]	<a href="http://yadda.icm.edu.pl/yadda/element/bwmeta1.element.ekon-000171441110">http://yadda.icm.edu.pl/yadda/element/bwmeta1.element.ekon-000171441110</a>
PAQLQ	Poland	Use of the Paediatric Asthma Quality of Life Questionnaire (PAQLQ) was developed to measure the functional problems (physical, emotional and social) that are most troublesome to children with asthma	Asthma	[7-17]	<a href="https://www.goltech.co.uk/paqlq.html">https://www.goltech.co.uk/paqlq.html</a>
Experiences from the UCL (University College of London) Institute of Child Health (ICH), the Great Ormond Street Hospital (GOSH), and Moorfields Eye Hospital (MEH)	UK (England)	The PROM&PREM Network includes clinical and academic researchers from the UCL Institute of Child Health (ICH) the Great Ormond Street Hospital (GOSH) and Moorfields Eye Hospital (MEH). It also includes service users from these hospitals.	Multiple	N/A	<a href="https://www.ucl.ac.uk/childproms/local-research/">https://www.ucl.ac.uk/childproms/local-research/</a>

**Table 13. PROM-related tools used in MOCHA Countries**

Title	Country	Description	Link/Source
HACHQ	Austria	Outcomes surveys from HealthActCHQ (HACHQ) include the Child Health Questionnaire (CHQ) and Infant Toddler Quality of Life Questionnaire (ITQOL) - paediatric overall quality of life measures. HACHQ has developed condition-specific outcomes surveys for use in clinical trials, physician benchmarking programs, and patient-specific reporting	<a href="https://www.healthact.com">https://www.healthact.com</a>
KIDSCREEN	Austria; Poland	The KIDSCREEN questionnaires are a family of instruments developed and normalized for surveying health-related quality of life (HRQoL), in children and adolescents ages 8 to 18. The questionnaires were developed simultaneously in 13 European countries with special regard to childhood concepts of health and well-being. The instruments can be used for screening, monitoring and evaluation in national and international European health surveys. Three versions of the KIDSCREEN questionnaire are targeted at children, adolescents and parents	<a href="https://www.kidscreen.de">https://www.kidscreen.de</a>
PedsQL	Austria; Estonia	The PedsQL Measurement Model is a modular approach to measuring health-related quality of life (HRQOL) in healthy children and adolescents and those with acute and chronic health conditions. The PedsQL Measurement Model integrates seamlessly both generic core scales and disease-specific modules into one measurement system	<a href="http://www.pedsq.org/index.html">http://www.pedsq.org/index.html</a>
PROMIS	Germany	PROMIS® (Patient-Reported Outcomes Measurement Information System) is a set of person-centred measures that evaluates and monitors physical, mental, and social health in adults and children. It can be used with the general population and with individuals living with chronic conditions	<a href="http://www.healthmeasures.net/explore-measurement-systems/promis">http://www.healthmeasures.net/explore-measurement-systems/promis</a>
Kids-CAT	Germany	Kids-CAT (computer-assisted tool) provides a methodologically appropriate screening of HRQoL in children to be implemented in routine paediatric care. It is developed based on Item Response Theory (IRT) facilitating an efficient, precise, reliable, and valid assessment of HRQoL	<a href="https://www.kids-cat.org/english/">https://www.kids-cat.org/english/</a>
KINDL & CAT-SCREEN	Germany	The KINDL is a generic instrument for assessing Health-Related Quality of Life in children and adolescents aged 3 years and older. Three different versions of the instrument suitable for different age groups and developmental stages are provided. The KINDL can be used for children and adolescents between 3 and 17 years of age. Additionally, each version of the questionnaire can be completed both	<a href="https://www.kindl.org/english/">https://www.kindl.org/english/</a>

Title	Country	Description	Link/Source
		by children and adolescents, and also by their parents. Besides the paper-pencil version of the KINDL, a computer-assisted version (CAT-SCREEN) has been developed	
Cantril's Ladder	Germany	The Cantril Scale measures wellbeing closer to the end of the continuum representing judgments of life or life evaluation, and shows substantial correlations with family income (in contrast e.g. with measures of feelings or affect which appear to be more closely correlated with variables such as social time)	<a href="http://www.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx">http://www.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx</a>

**Table 14. PREM-related surveys performed in MOCHA Countries**

Title	Country	Description	Disease-specific	PC	HC	Link/Source
Satisfaction with services of the Agency 'Child and Family'	Belgium	N/A	No	N/A	N/A	N/A
The Croatian Health Survey – Patient's Satisfaction with Medical Service in Primary Health Care in Croatia (Babic-Banaszak et al., 2001)	Croatia	The aim of the study was to investigate patient satisfaction with nurses and general practice organisation in Croatia. A total of 2,252 patients 18 years and over from 47 randomly selected general practices were included in the study	No	✓		<a href="http://hrcak.srce.hr/file/44618">http://hrcak.srce.hr/file/44618</a>
Research on Quality of Health Services and Patients Satisfaction in the Croatian General/Family Medicine Service (Stevanovic & Pristas, 2006)	Croatia	The results and the analysis of the Quality and Satisfaction of Patients on Health Services in the General / Family Medicine of the Republic of Croatia carried out since 1 April 2007 till 31.05.2007 have been specified	No	✓		<a href="http://bib.irb.hr/prikazi-rad?rad=295759">http://bib.irb.hr/prikazi-rad?rad=295759</a>
Monitoring patients' satisfaction and	Czech R.	From 2015 the Ministry of Health has started a pilot project	No	N/A	N/A	N/A

Title	Country	Description	Disease-specific	PC	HC	Link/Source
their experience with health care		of the online application for monitoring the satisfaction of patients and their experience with health care . The Ministry of Health states, that it will be collaborating on this application with the Coordination Centre for Resort Specific Medical Information Systems (KSRZIS) and the Czech Institute of Health Information and Statistics (ÚZIS).				
The care quality evaluated by parents of child-patients (Valušová & Jarošová, 2013)	Czech R.	Survey aimed to determine how the quality of nursing care is evaluated by parents of child patients hospitalized in Ostrava hospitals	No		✓	<a href="https://www.pediatricpropraxi.cz/artkey/ped-201304-0018_Hodnoceni_kvality_pece_rodici_detskych_pacientu.php">https://www.pediatricpropraxi.cz/artkey/ped-201304-0018_Hodnoceni_kvality_pece_rodici_detskych_pacientu.php</a>
National project "Quality of care through the eyes of a patient" (inpatients care)	Czech Republic	Project evaluating several dimensions: <ul style="list-style-type: none"> <li>• The patient's admission to hospital (medical facility).</li> <li>• Respect for the patient.</li> <li>• Coordination and integration of patient care.</li> <li>• Information, communication with the patient.</li> <li>• Physical comfort of the patient.</li> <li>• Emotional support and alleviation of fear and anxiety of the patient.</li> <li>• Involvement of families and loved ones of the patient.</li> </ul>	No		✓	<a href="http://www.hodnoceni-nemocnic.cz/">http://www.hodnoceni-nemocnic.cz/</a>
AT VÆRE UNG OG FÅ KRÆFT	Denmark	National study focused on young cancer-affected. Cancer also affects youngsters, and	Cancer		✓	<a href="https://www.cancer.dk/dyn/resources/File/file/6/5166/1450034259/at-">https://www.cancer.dk/dyn/resources/File/file/6/5166/1450034259/at-</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
[To be young and get up]		every year approximately 500 people in the age group 15 to 29 years.				<a href="http://vaere-ung-og-faa-kraeft-2015.pdf">vaere-ung-og-faa-kraeft-2015.pdf</a>
National Survey of Patient Experiences (LUP)	Denmark	Patients' feedback is conducted yearly in the National Survey of Patient Experiences (LUP) as a tool for developing quality. The survey covers Denmark's hospitals and does not focus on primary care. The questions cover issues such as if the staff is friendly and accommodating if the patient is satisfied with the treatment and care, if the patient altogether is satisfied with the process from admission to discharge, etc.	No		✓	<a href="http://patientoplevelser.dk/files/dokumenter/filer/LUP/LUP2016/lup_2016_rapport.pdf">http://patientoplevelser.dk/files/dokumenter/filer/LUP/LUP2016/lup_2016_rapport.pdf</a>
Monitoring patients' satisfaction and their experience with health care	Estonia	Satisfactions of parents with inpatient care in Tallinn CH and Tartu University Clinic's Children's Clinic (beginning from 2006). Benchmarking of data every year	No		✓	N/A
Patient (children and adolescents) reported experiences in Tallinn Children's Hospital	Estonia	Experiences from Tallinn Children's Hospital (Suurorg 2010, 2013, 2015, 2016). Adolescents' perception of health care (study in 2014-2016)	No		✓	<a href="http://www.lastearstid.ee">www.lastearstid.ee</a> <a href="http://www.ucc.ie/en/media/academic/law/documents/11009_oco_childrensreport_interior_lowres.pdf">http://www.ucc.ie/en/media/academic/law/documents/11009_oco_childrensreport_interior_lowres.pdf</a>
EUROPEP	Germany	The EUROPEP instrument is a 23-item validated and internationally standardized measure of patient evaluations	No	✓		<a href="http://equip.dudal.com/flx/tools/europep/">http://equip.dudal.com/flx/tools/europep/</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
		of general practice care				
AQS1 Kids (QUALITÄTSSICHERUNG FÜR KINDERCHIRURGISCHE OPERATIONEN; eng. Quality assurance for paediatric operations):	Germany	The AQS1 children's questionnaire consists of a doctor's questionnaire and a patient questionnaire. The entire course of a child-surgery outpatient operation is illustrated by specific questions. The medical documentation can be provided online or in paper form.	Surgery		✓	<a href="https://www.medicaltexas.de/Produkte/Patientenbefragung-AQS1-Kinder">https://www.medicaltexas.de/Produkte/Patientenbefragung-AQS1-Kinder</a>
Perceived quality in paediatric group practice: a focus group approach (Ancona & Duccoli, 1999)	Italy	The Authors briefly discuss the issue of quality of care evaluation and more specifically the possible approaches to the evaluation of quality as perceived by patients. The results of a pilot study based on a focus group approach involving 10 mothers who experienced the evolution from single to group paediatric practice are presented	No	✓		<a href="https://www.medicoebambino.com/?id=9907_427.pdf_c">https://www.medicoebambino.com/?id=9907_427.pdf_c</a>
Analysis on quality perception related to hospital admission in Imola Local Health care Trust (Emilia-Romagna Region, 2003)	Italy	A questionnaire was realized to gather information as to the judgment of the citizen that were (or whose relatives were) hospitalized in the Health care facilities of the Trust. The questionnaire investigates five critical areas: <ul style="list-style-type: none"> <li>• Quality of relations with doctors and nurses;</li> </ul>	No		✓	<a href="http://www.auslimola.bo.it/flex/files/D.bc1e75b8585f86882be2/04_Documento_unitario.pdf">http://www.auslimola.bo.it/flex/files/D.bc1e75b8585f86882be2/04_Documento_unitario.pdf</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
		<ul style="list-style-type: none"> <li>• Delivery of information to the patient;</li> <li>• Involvement of patients and carers/relatives;</li> <li>• Organisational aspects of the care process;</li> <li>• Outcomes and pain treatment;</li> <li>• Suggestions for future improvements.</li> </ul>				
Quality perceived by patients in relation to the wellbeing of health care operators (Argentero et al., 2015)	Italy	The study analyses the wellbeing of health care operators as related to the perception of quality of care of the patients.	No		✓	<a href="http://www.ao.lodi.it/infogluce/DeliverLive/digitalAssets/105/105276_Intervento_UNIVERSITA_2015.pptx">http://www.ao.lodi.it/infogluce/DeliverLive/digitalAssets/105/105276_Intervento_UNIVERSITA_2015.pptx</a>
Measuring parents' perspective on continuity of care in children with special health care needs (Rucci et al., 2015)	Italy	Children with special health care needs are an exponentially growing population needing integrated health care programmes that involve primary, community, hospital and tertiary care services. The aims of the study are (1) to develop and validate the Special Needs Kids Questionnaire (SpeNK-Q) designed to measure parents' perspective on continuity of care for children with special health care needs and (2) to evaluate the continuity of care based on parental experiences in this population.	Special Health Needs	✓	✓	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843181/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843181/</a>
Measuring patients'	Lithuania	Website that allows patients to express	No	✓	✓	<a href="https://www.pincetas.lt/">https://www.pincetas.lt/</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
satisfaction about the health care centre or specialist		their opinion about the health care centre or specialist				
Parent experiences of paediatric care (PEPC) questionnaire: reliability and validity following a national survey (Garratt et al., 2006)	Norway	The study aims at describing the development and evaluation of a parent completed questionnaire to measure parent experiences of inpatient paediatric care, the parent experiences of paediatric care (PEPC).	No		✓	<a href="http://www.kunns.kapsenteret.no/publikasjoner/parent-experiences-of-paediatric-care-pepc-questionnaire-reliability-and-validity-following-a-national-study">http://www.kunns.kapsenteret.no/publikasjoner/parent-experiences-of-paediatric-care-pepc-questionnaire-reliability-and-validity-following-a-national-study</a>
Parent Experiences Questionnaire for Outpatient Child and Adolescent Mental Health Services (PEQ-CAMHS Outpatients) (Garratt et al., 2011)	Norway	Development and evaluation of the PEQ-CAMHS Outpatients, a parent completed questionnaire to measure experiences of outpatient child and adolescent mental health services (CAMHS) in Norway	Mental Health		✓	<a href="http://www.kunns.kapsenteret.no/ve rktoy/sporreskjem abanken/barns-foresatte-erfaringer-med-psykisk-helsevern-poliklinikk-bup">http://www.kunns.kapsenteret.no/ve rktoy/sporreskjem abanken/barns-foresatte-erfaringer-med-psykisk-helsevern-poliklinikk-bup</a>
PASAT (PAKIET SATYSFAKCJA)	Poland	Mechanism which helps to assess patient satisfaction called PASAT (PAKIET SATYSFAKCJA) with the following tools: <ul style="list-style-type: none"> <li>• PASAT HOSPIT1 test – analyses the satisfaction of the hospitalized patients</li> <li>• PASAT PEDIATRIA test – analyses the satisfaction of patients of children’s hospitals, it is directed at parents of treated children;</li> <li>• PASAT POZ test - analyses the</li> </ul>	No		✓	<a href="http://www.cmj.org.pl/pasat/">http://www.cmj.org.pl/pasat/</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
		satisfaction of patients of primary and specialized health clinics, as well as patients of doctor's practices				
Measuring patients' satisfaction as to PC services	Poland	The National Health Fund has conducted in 2016 the trial questionnaire where the patients could share the opinion about patients' satisfaction. The research was conducted in the group of the patients using the primary health care services	No	✓		<a href="http://www.nfz.gov.pl/aktualnosci/aktualnosci-centrali/wyniki-ankiety-badajacej-poziom-satysfakcji-pacjenta-w-poz.6828.html">http://www.nfz.gov.pl/aktualnosci/aktualnosci-centrali/wyniki-ankiety-badajacej-poziom-satysfakcji-pacjenta-w-poz.6828.html</a>
An evaluation of a home palliative care programme for children (Dangel et al., 2000)	Poland	Objective of the study: to measure the quality of a paediatric hospice home care programme and to assess the needs and concerns, both met and unmet, of parents who received hospice services.	Palliative care		✓	<a href="http://onlinelibrary.wiley.com/doi/10.1046/j.1467-0658.2000.00064.x/full">http://onlinelibrary.wiley.com/doi/10.1046/j.1467-0658.2000.00064.x/full</a>
What Do Children with Chronic Diseases and Their Parents Think About Paediatricians? A Qualitative Interview Study (Konstantynowicz et al., 2016)	Poland	The aim of this study was to determine how paediatric patients and their parents perceive health care during hospital stays, what are their expectations of doctor behaviours, and which components of care do they consider to be the most important.	No		✓	<a href="http://link.springer.com/article/10.1007/s10995-016-1978-0">http://link.springer.com/article/10.1007/s10995-016-1978-0</a>
National Patient Experience in hospital to improve patient care	Ireland	A partnership model between the Department of Health, HIQA, and the HSE was established to develop the National Patient Experience component of the NHQRS to improve	No		✓	<a href="https://www.hiqa.ie/hiqa-news-updates/irelands-first-ever-national-survey-patients-experience-hospital-launched">https://www.hiqa.ie/hiqa-news-updates/irelands-first-ever-national-survey-patients-experience-hospital-launched</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
		patient care. By the end of 2016, the survey development and initial pilot has commenced. The national survey is supposed to be implemented in 2017 with analysis of results planned for 2017				
Evaluation of quality in PHC service	Spain	Responsibilities on evaluation of the quality in PHC service as to: <ul style="list-style-type: none"> <li>• health care received at the health centre</li> <li>• recommendation of health centre attended</li> <li>• facility to get an appointment with paediatrician</li> <li>• kindness of the paediatrician of their health centre</li> <li>• kindness of the nurse of their health centre</li> <li>• of the health centre waiting area</li> <li>• fulfilment of plan of care and treatment.</li> </ul>	No	✓		<a href="http://observatorioresultados.sanidadmadrid.org/AtencionPrimariaLista.aspx">http://observatorioresultados.sanidadmadrid.org/AtencionPrimariaLista.aspx</a>
PREM for Urgent and Emergency Care	UK (England)	The Patient Reported Experience Measure (PREM) for urgent and emergency care measures the experience of paediatric patients 0-16 years in all urgent and emergency care (U&EC) settings. The tool was developed by the College, with Picker Institute Europe.	No		✓	<a href="http://www.rcpch.ac.uk/final-urgent-and-emergency-care-prem-tools">http://www.rcpch.ac.uk/final-urgent-and-emergency-care-prem-tools</a>
National Paediatric Diabetes Audit	UK (England)	In 2015-16, the RCPCH surveyed young patients and their parents and carers to	Diabetes	✓		<a href="http://www.rcpch.ac.uk/improving-child-health/quality-">http://www.rcpch.ac.uk/improving-child-health/quality-</a>

Title	Country	Description	Disease-specific	PC	HC	Link/Source
		measure their experience of care they received in a children's diabetes unit in the UK				<a href="https://www.improvement-and-clinical-audit/national-paediatric-diabetes-audit-n-5?utm_source=Royal%20College%20Of%20Paediatrics%20and%20Child%20Health&amp;utm_medium=email&amp;utm_campaign=7487779_NPDA%20PREM%202015-16&amp;dm_i=12S1.4G.HLV.L7QENG.GFW.56.1">improvement-and-clinical-audit/national-paediatric-diabetes-audit-n-5?utm_source=Royal%20College%20Of%20Paediatrics%20and%20Child%20Health&amp;utm_medium=email&amp;utm_campaign=7487779_NPDA%20PREM%202015-16&amp;dm_i=12S1.4G.HLV.L7QENG.GFW.56.1</a>
New patient-reported experience measure for children with allergic disease: development, validation and results from integrated care (Gore et al., 2016)	UK (England)	Objective of the study was to develop and validate a new allergy-specific patient-reported experience measure (PREM) for children and their parents, and to collect feedback in an integrated care setting (primary/emergency care)	Allergy	✓	✓	<a href="https://www.ncbi.nlm.nih.gov/pubmed/27484970">https://www.ncbi.nlm.nih.gov/pubmed/27484970</a>
Parent experience of CYP (children and young people) urgent care – NHS111	UK (England)	The NHS 111 project aims to evaluate urgent and emergency care services to provide system wide learning for commissioners and providers to deliver better care for children and young people.	Breathlessness; constipation; diarrhoea; vomiting; fever		✓	<a href="http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-evaluation/service-evaluation">http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-evaluation/service-evaluation</a>

## 5. Comparison between Country Agent and database coverage

The comparison between the results obtained by the analysis of the Country Agent questionnaires as well as by the review of the international databases is reported on the basis of the areas, topics and sub-topics of the map (see Page 28).

In terms of the areas identified (Table 15), countries focus the attention on Process and Outcome measures. This is probably connected with the traditional flow of administrative information that in many countries is related with the increasing necessity of monitoring health expenditure and containing costs. In contrast, international databases mainly collect information on Social, political, economic and environmental context and outcome. This may depend on the different purposes of data collection: national quality assessment tends to evaluate the performance of the health system while international organisations (e.g. WHO, Unicef, OECD, and Eurostat) aim to monitor and compare the population health status considering the different socio-economic characteristics of each country. Both have a limited number of Structure measures (around 10%).

**Table 15. Distribution of measures per each area of the map considering both CA questionnaires and databases**

	CA questionnaires		Databases	
	Number	%	Number	%
Structure	36	10%	20	10%
Process	176	50%	22	11%
Outcome	116	33%	37	18%
Health-Related Behaviour	10	3%	23	11%
Social, political, economic and environmental context	11	3%	102	49%
PREM	2	1%	1	0%
PROM	0	0%	3	1%
Total	351		208	

The analysis of the topics for each area found that:

- **Table 16)** both databases and countries mainly collect measures to assess health expenditure and child health care provider/workforce. Facilities are only considered for the evaluation of national health quality.
- **Process** (Table 17): considering the total number of process measures, countries cover the whole range of functions of care from prevention to primary and hospital care. Differently, databases focus the attention on prevention process with a limited number of hospital measures and no measures for primary care.
- **Outcome** (Table 18): for this area we define only two topics: medical care and health status. Nationally, these two topics assess quality of care, while the international databases report measures only for the health status with no measures for medical care. This is in line with the process area where specialist and hospital care topic are not so studied and few measures are collected.

- **Social, political, economic and environmental** context (Table 19): very few measures are used by countries within the health care quality assessment process (11 measures) equally distributed among demographic, education and socio-economic topics. In contrast, many measures are collected in the databases. Demographic, education and socio-economic topics are covered with a particular focus on education. Welfare policy (non-health) are covered only by the international databases.
- **Health-Related Behaviour** (

- Table 20): Similarly to area analysis, country agents reported that there are only a limited number of measures in this area (10 measures), focused on nutrition and addiction. International databases also consider these topics with other measures collected to assess the physical activity and the sexuality of the child/adolescent.

**Table 16. Distribution of measures per each topic of the structure area of the map considering both Country Agent questionnaires and databases**

	CA questionnaires			Databases		
	n	% over the total number of measures	% over the number of structure measures	n	% over the total number of measures	% over the number of structure measures
Child Health Care Provider/Workforce	16	5%	44%	5	1%	25%
Equipment	2	1%	6%	0	0%	0%
Expenditure	7	2%	19%	15	4%	75%
Facilities	8	2%	22%	0	0%	0%
Health policy	3	1%	8%	0	0%	0%
Total (within the area)	36	10%		20	10%	

**Table 17. Distribution of measures per each topic of the process area of the map considering both Country Agent questionnaires and databases**

	CA questionnaires			Databases		
	n	% over the total number of measures	% over the number of process measures	n	% over the total number of measures	% over the number of process measures
Prevention	50	14%	28%	17	5%	77%
Primary health care management	41	12%	23%	0	0%	0%
Specialist/hospital health care	85	24%	48%	5	1%	23%
Total (within the area)	176	50%		22	11%	

**Table 18. Distribution of measures per each topic of the outcome area of the map considering both Country Agent questionnaires and databases**

	CA questionnaires	Databases
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	n	% over the total number of measures	% over the number of outcome measures	n	% over the total number of measures	% over the number of outcome measures
Health Status	89	25%	77%	37	11%	100%
Medical Care	27	8%	23%	0	0%	0%
Total (within the area)	116	33%		37	18%	

**Table 19. Distribution of measures per each topic of the Social, political, economic and environmental context area of the map considering both Country Agent questionnaires and databases**

	CA questionnaires			Databases		
	n	% over the total number of measures	% over the number of Social, political, economic and environmental context measures	n	% over the total number of measures	% over the number of Social, political, economic and environmental context measures
Demographic	3	1%	27%	10	3%	10%
Education	3	1%	27%	38	11%	37%
Environment	0	0%	0%	4	1%	4%
Self-reported	0	0%	0%	2	1%	2%
Socio-Economic	5	1%	45%	19	5%	19%
Welfare policy (non-health)	0	0%	0%	29	8%	28%
Total (within the area)	11	3%		102	49%	

**Table 20. Distribution of measures per each topic of the Health-Related Behaviour area of the map considering both Country Agent questionnaires and databases**

	CA questionnaires			Databases		
	n	% over the total number of measures	% over the number of Health-related Behaviour measures	n	% over the total number of measures	% over the number of Health-Related Behaviour measures
Addiction	3	1%	30%	6	3%	26%
Nutrition	7	2%	70%	8	4%	35%
Physical activity	0	0%	0%	5	2%	22%
Sexuality	0	0%	0%	4	2%	17%
Total (within the area)	10	3%		23	11%	

In terms of the identified Sub-topics the following key results are highlighted:

- Certain measures, which are common to those reported by the Country Agents and the International Databases were found for the following sub-topics: Immunisation (within the prevention process measures); Morbidity and Mortality (within the health status outcome measures).
- Within the databases, the highest number of measures can be found for the following sub-topics: School performance (within the education Social, political, economic and environmental context measures) and Benefits (within the welfare-policy Social, political, economic and environmental context measures).
- Within the measures reported by Country Agents, most are classified in the following sub-topics: visit (within the three topics of the structure area measures); and admission (within specialist structure measures); birth delivery and emergency admission (respectively within the health status and medical care outcome measures).

## **5.1 Comparison of International databases child health status measures and Country Agent measures evaluating quality of health care for children**

Figure 19 shows the sub-topics that are found in the International Databases and the Country Agents highlighted in black; and the sub-topics where there is at least one measure in common highlighted in black and bold.

This comparison pertains to the potential use of feasible and already available measures collected through open-access databases by acknowledging that the considered measure is being used by some European countries, as reported by the Country Agents, to evaluate quality of health care for children.

The criteria to define a measure in common was based on the description of each measure and the extent to which both descriptions would have provided an equal or equivalent information.

Among the 19 sub-topics of the Structure area, 2 sub-topics yield common measures. Among the four measures (shown in Table 21) used by countries to assess the quality of care within the general health expenditure sub-topics, two are also collected by international databases. These measures are adopted by 10 of the 11 countries that include this sub-topic in as part of their quality assessment (with the exception of Spain, which focuses the attention on a specific context of health expenditure: prescriptions). The measure “Number of medical doctors by specialty” identified by the Country Agent was previously classified in the General topic; however in this table it is reported in the Primary Care topic as it is intended that, when calculated by the specialty “General paediatricians” it would fit properly this topic.

Among the 24 sub-topics of the Process area, three sub-topics present common measures, which are listed in Table 22. Within the Specialist/hospital health care topic, two measures are gathered by international databases and used by countries for the assessment of quality of care with a particular attention on length of stay and discharges. One, which measures the total hospital bed days for common diagnosis, has been adopted by 10 out of 12 countries with the exception of Austria, Northern Ireland and Wales. These three countries (or regions) focus attention on mental health within this sub-topic. The other measure is has been adopted by eight out of nine countries. Denmark does not include general discharge measures within the evaluation of quality of care).

In terms of the prevention topic, the evaluation of immunisation coverage is used as a measure by many countries. This sub-topic uses four common measures that quantify the percentage of children who have been vaccinated against: DTP3, MCV2, HiB3 and PCV3<sup>7</sup>. These measures are used the countries where immunisations have a key role for the assessment of quality of child health care.

Among the twenty sub-topics in the Outcome area, 4 sub-topics present common measures, which are listed in Table 23. The common measures relate to health status, given that the other topic (medical care) is not covered by databases.

Eleven of the 12 countries that consider breastfeeding as an import sub-topic in the evaluation of the quality of health care use two similar measures, both of which identify the proportion of children who were exclusively breastfed at 3 and 6 months. In particular, Wales, Germany and Latvia measure breastfeeding in the first three months of life; England, Estonia, Finland, Hungary Lithuania and the Netherlands focus attention on breastfeeding in the the first 6 months of life. Ireland collects information on both indicators. The only country that covers this sub-topic without using these measures is Czech Republic, where the “Development of the structure of children by breastfeeding duration” is studied.

Similar results can be found for the Health Issue sub-topic with one measure used by 12 out of 13 countries, with the exception of Latvia, who do not consider low birth weight within their assessment of quality of health care for children.

Among the 26 indicators used by countries to assess the quality of health care for children on the basis of the Morbidity sub-topic, only two are also included in the international databases. These have been adopted by a limited number of countries and are specifically related to asthma and diabetes (the diabetes measures are not strictly comparable, because one refers to prevalence and the other to incidence). The analysis of this sub-topic reveals that each country

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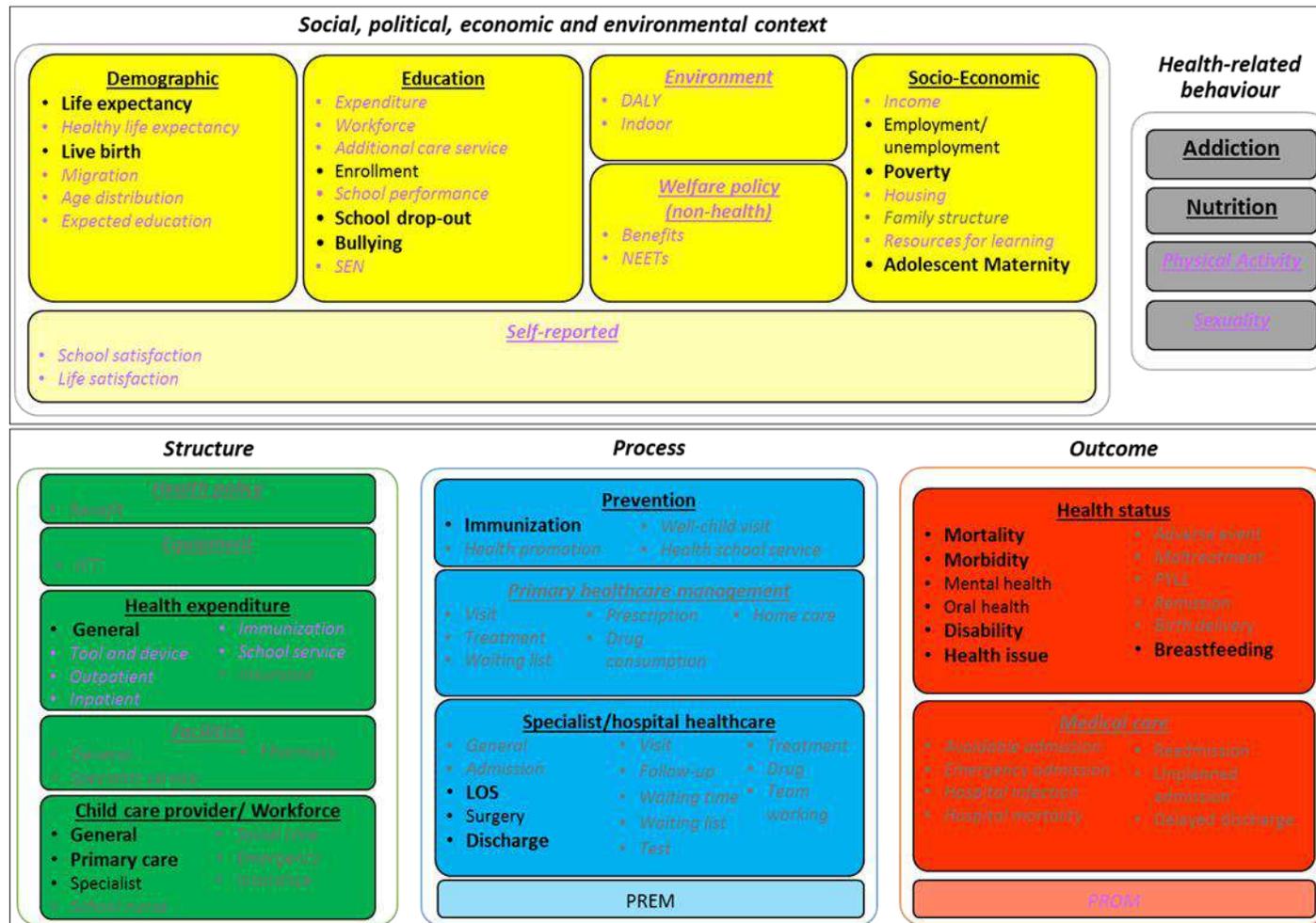
<sup>7</sup> DTP3 - diphtheria-tetanus-pertussis vaccine; MCV2 - second routine dose of measles-containing vaccine (MCV2); HiB3 - 3 doses of Haemophilus influenzae type b; PCV3 - third dose of polio vaccine (polio3).

tends to focus on one specific health issue, and thus adopts a specific measure for assessment of quality of care. Among the 26 measures, sixteen have been adopted by one country and three by two countries.

Among the seven measures that are shared between databases and countries, the most frequently adopted is that of infant mortality - 14 out of 18 countries use this as a measure . The exceptions are Belgium, Italy, Norway and Scotland, these countries focus attention on specific aspects of infant mortality such as: the 10 most important causes of death; the first days of life; mortality by gestational age; stillbirths.

Among the 26 subtopics of the “Social, political, economic, environmental context” area, six subtopics present common measures and are listed in Table 24. Seventeen countries (68%) use a limited number of measures within the Socio, political, economic and environmental context area (11 measures, 3.1%). Within them seven measures are in common with those collected by international databases. In particular, the life expectancy, live birth, school drop-out, bullying and poverty sub-topics are described by one shared measure, which covers all countries who focus attention on the social, political, economic and environmental context. In terms of the adolescent maternity sub-topic, there are two strictly related common measures (i.e. related to the number of pregnancies and number of deliveries). The delivery related measure is adopted only by four countries, while the number of pregnancies is covered more frequently among countries.

Analysing the two topics of the Health-Related Behaviour area covered by countries (Table 25), Addiction has two measures (related to tobacco smoking and alcohol) that are shared with international databases. These cover the all countries that include this topic within their assessment of quality health care for children. For the nutrition topic, three indicators are shared among countries and databases. Two of them refer to the use of fruits and vegetables and are used by Austria and Germany, while the third is related to the child’s body mass index (BMI) and is used Austria, Germany and the Netherlands. Other countries that consider nutrition as an important behaviour to be studied for the assessment of the quality of child health care focus the attention on the consumption of fruits and vegetables, as well as on obesity issues, adopting measures that are not collected by international databases.



**Figure 19. Map highlighting the sub-topics in common between databases and Country**  
**Sub-topics in bold contain at least one common measures.**

**Table 21. Common measures within the Structure area**

Topic	Sub-topic	Databases	CA	CA reporting the measure
Health expenditure	General	Total current expenditure HC.1-HC.9 (individual and collective health care) (% current expenditure on health, Million of national currency units) for Pregnancy, childbirth and the puerperium	Payment for assistance in child-birth	LAT
Health expenditure	General	Total current expenditure HC.1-HC.9 (individual and collective health care) (% current expenditure on health, Million of national currency units) by disease (ICD)	Health expenditure per capita	AUT CZE DAN EST FIN UK (N.I.) UK (Sco.) UK (Wal.) R. IRL
Child Health Care provider/Work force	Primary Care	Physicians by medical speciality: General paediatricians (Number; Per hundred thousand inhabitants)	Number of medical doctors by specialty	BUL GER LAT

**Table 22. Common measures within the Process area**

Topic	Sub-topic	Databases	CA	CA reporting the measure
Specialist/hospital health care	Length of stay	Hospital days of in-patient (bed-days), total and by ICD10 and NUTS 2 region	Inpatient hospital days (length of stay) for common diagnoses	CYP DAN EST FIN UK (Eng.) UK (N.I.) UK (Sco.) LAT LIT IRL
Specialist/hospital health care	Discharges	Hospital discharges (total number, per 100000 inhabitants), in-patient, total and by diagnosis and NUTS 2 region	Number of hospital discharges	AUT EST FIN UK (N.I.) UK (Sco.) UK (Wal.) LIT IRL

Prevention	Immunisation	<p>% of infants vaccinated against DTP3</p> <p>% of infants vaccinated against Hib3</p> <p>Percentage of infants who received the third dose of polio vaccine Polio3 (Pol3)</p> <p>% of infants vaccinated against HepB3 in the first year of live (referring to the first and the second year of life)</p>	Percentage of children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	AUT EST FIN UK (Eng.) UK (N.I.) UK (Sco.) UK (Wal.) GER ITA LAT IRL
Prevention	Immunisation	<p>% of infants vaccinated against MCV2</p> <p>% of infants vaccinated against MCV1 in the first year of life (referring to the first year of life or children ages 12-23 months)</p> <p>Percentage of infants vaccinated against mumps</p> <p>Percentage of surviving infants who received the first dose of rubella containing vaccine RCV1</p>	Immunisation coverage MMR (Measles/Mumps/Rubella)	AUT EST FIN UK (Eng.) UK (N.I.) UK (Sco.) UK (Wal.) GER ITA LAT LIT IRL SWE
Prevention	Immunisation	% of infants vaccinated against DTP3	Immunisation coverage DTP3 (diphtheria, tetanus, pertussis vaccine, 3 doses)	AUT EST FIN UK (N.I.) UK (Sco.) GER LAT LIT POL IRL
Prevention	Immunisation	Percentage of surviving infants who received the third dose of pneumococcal conjugate vaccine PcV3	Immunisation coverage Pneumococcal  Immunisation rates/coverage PCV booster (pneumonia, septicaemia, meningitis) for children <2 years	GER ITA  FIN UK (Eng.) UK (N.I.) UK (Sco.) IRL

**Table 23. Common measures within the Outcome area**

Topic	Sub-topic	Databases	CA	CA reporting the measure
Health Status	Breastfeeding	Proportion of children who were exclusively breastfed at 3 months	Percentage of babies breastfed (exclusively and not exclusively) at first (or 3 month) visit	UK (Wal.) GER LAT IRL
Health Status	Breastfeeding	Proportion of children who were exclusively breastfed at 6 months	% of babies exclusively breastfed (up to 6 months age)	EST FIN HUN LIT NL IRL UK
Health Status	Health issue	Low birth weight infants as a proportion of total live births (Number of live births weighing less than 2500 grams as a proportion (%) of total live births)	% of low birth weight newborns	AUT BEL EST FIN UK (Eng.) UK (N.I.) UK (Sco.) UK (Wal.) GER ITA POR IRL
Health Status	Disability	<i>Percentage of children aged 0 to 15 with a disability, by severity, age and sex</i>	<i>Newly recognized disabilities of children, per 100.000 population</i>	BUL LAT
Health Status	Morbidity	Prevalence of asthma in children age 6-7 or 13-14 (Proportion (%) of children age 13-14 self-report that they have ever had asthma; Proportion (%) of children age 6-7 whose parents that the child has ever had asthma)	Proportion of children suffering from asthma by age group (0-4, 5-9, 10-14, 15-18 years)	AUT EST FIN GER
Health Status	Morbidity	<i>Estimated prevalence of type 1 diabetes in children (Estimated number of children (0-14) per 100,000 with type 1 diabetes)</i>	<i>Incidence rate of Diabetes TYP 1/TYP 2 among 0-14 years children per 100.000</i>	AUT EST FIN LAT LIT
Health Status	Mortality	Crude death rate per 100,000 inhabitants, all childhood cancers, total population	Cancer Mortality (among children and adolescents) per 100.000	AUT FIN UK (Eng.) UK (N.I.) UK (Sco.) UK (Wal.)

Health Status	Mortality	Teenage suicides (Suicides by people aged 15-19 per 100,000 people or percentage)	Suicide rate among adolescents per 100.000	AUT FIN UK (Eng.) UK (N.I.) UK (Sco.) LIT IRL
Health Status	Mortality	Infant mortality (number of deaths, deaths per 1000 live births, percentage) total and by age, cause of death, country of occurrence, country of residence, NUTS 2 region of residence, NUTS 2 region of occurrence	Infant Mortality per 1.000 livebirths	AUT BUL CYP EST FIN UK (Eng.) UK (N.I.) UK (Wal.) GER HUN LAT LIT IRL
Health Status	Mortality	Under 20s deaths (deaths per 100000 under 20s, number of deaths or crude rate) total, by age, cause of death, NUTS 2 region of residence, country of residence and occurrence	Mortality rate related to the 10 most important causes of death (ICD-10) (0-4, 5-9, 10-14, 15-18 years) per 100.000.	AUT FIN UK (Sco.) UK (Wal.) LIT IRL
Health Status	Mortality	Perinatal mortality (Deaths per 1 000 total births) total and by NUTS 2 region of occurrence and country of occurrence	Perinatal Mortality per 1000 live and stillbirths	BUL LAT
Health Status	Mortality	Perinatal death 1000+g per 1000 birth	Mortality rate by birth weight (1000 g and over), per 1000 live or per 1000 live and stillbirths	LAT
Health Status	Mortality	Neonatal mortality rate (per 1000 live births or thousands of deaths) total, by type, NUTS 2 region of occurrence and country of occurrence	Number of children who die 0-14/0-27 days (neonatal death) after birth per 1.000 live births	BUL EST FIN UK (Eng.) UK (N.I.) NOR IRL

**Table 24. Common measures within the Socio, Political, Economic and Environmental context area**

Topic	Sub-topic	Databases	CA	CA reporting the measure
Demographic	Life expectancy	Life expectancy (at birth and per year of age) total and by gender	Life expectancy	BUL DAN
Demographic	Live birth	Live births per 1000 population	Number of live births	AUT BEL BUL CYP EST FIN UK (N.I.) UK (Sco.) UK (Wal.) LAT LIT IRL
Education	School drop-out	Children out of school (% of primary school age). Children out of school are the percentage/absolute number of primary-school-age children who are not enrolled in primary or secondary school. Children in the official primary age group that are in pre-primary education should be considered out of school.	Early school-leavers	AUT
Education	Bullying	Being bullied at ages 11-to-15 (Proportion (%) of 11-to-15-year-olds who report having been bullied at least two or three times at school in the previous couple of months) by gender	The percentage of children aged 10–17 who report having been bullied at school	AUT FIN UK (N.I.) UK (Wal.) NL IRL
Socio-Economic	Adolescent maternity	Teenage births Adolescent fertility rate (births per 1,000 women ages 15-19), 2005.	Teenage deliveries (age 15-17 years)	UK (N.I.) UK (Sco.) ICE LIT
Socio-Economic	Poverty	At risk of poverty rate (cut-off point: 60% of mean equivalised income), age 0-17	Poverty of children and adolescents; Lasting risk of poverty	AUT UK (N.I.) UK (Sco.) UK (Wal.)

**Table 25. Common measures within the Health-Related Behaviour area**

Topic	Sub-topic	Databases	CA	CA reporting the measure
Addiction		Regular smokers at ages 11-to-15 (Proportion (%) of 11-to-15-year-olds who smoke at least once a week) by gender	Smoking prevalence at 12-19 years	AUT FIN UK (Eng.) UK (N.I.) GER NL
Addiction		<i>Experience of being drunk (Proportion (%) of 11-, 13- and 15-year-olds who have been drunk at least twice) by gender or age (11, 13, 15)</i>	<i>Incidence of alcohol addiction by gender and age groups (0-19) per 100.000 population</i>	FIN LAT LIT
Nutrition		Daily fruit eating among 15-year-olds	Frequency of fruit consumption by children and adolescents by age group	AUT GER
Nutrition		Daily vegetable eating among 15-year-olds	Frequency of vegetable consumption by children and adolescents by age group	AUT GER
Nutrition		Body mass index (BMI) by sex, educational attainment level and income quintile [15-19 years] (% of: Underweight, Normal, Overweight, Pre-obese; Obese)	Overweight per age groups  Obesity (BMI $\geq$ 30 kg/m <sup>2</sup> ) per age group, as % of total population of same age	AUT GER NL

## 6. Conclusion

The overall object of this Report is to identify the common measures used to measure quality of health care for children in the European Union and the European Economic Area, in addition we identified gaps in the evaluation of health care for children. Monitoring child health status and the quality of child health care is likely to produce different findings. Consequently, our the initial approach aimed to distinguish between measures used to evaluate child health status, as collected by identified international databases; and the measures used to evaluate quality of health care for children, as reported by MOCHA Country Agents. This distinction is based on the assumption that national quality assessment is generally performed by national and/or regional agencies, in order to evaluate their health systems on the basis of the widely accepted Donabedian framework. This provides indications on how the system is performing, given the resources available in the Structure, the Process undertaken and the effects in terms of Outcomes. Cost constraints are highly likely to influence the choice of measures used in an evaluation, particularly in the current economic climate of Europe; meaning that evaluation may be focused on the need to improve the efficiency of a health system rather than the needs of its users. In contrast, international organisations who collect data on a continental-wide scale, base their evaluation focus on a broader concept of well-being (WHO 2000), and are therefore more specifically focused on monitoring and comparing health status. Such international organisations also tend to consider the different socio-economic characteristics of each country, thus providing a benchmark of evaluation that can identify areas that adopt interventions that are not strictly in the realm of the health system. Based on this hypothesis, our analysis of the different sources of information (International databases and Country Agent questionnaires) specifically focused on health care for children draws two main conclusions. We have identified populated measures, which satisfy certain feasibility criteria, and which can potentially be used in further MOCHA analysis. The dual perspective taken of the analysed sources has also allowed the identification of common features, and, most importantly, gaps that may hinder a multidimensional approach of the evaluation of health care for children.

The adoption of the map in the classification of measures has helped us to capture this multidimensional approach. This perspective provides us with useful information on the different aspects considered in the evaluation of health care for children in each country, while the coverage of the areas and topics helps to identify to what extent a more holistic vision of health care for children is adopted in each country. Six countries (Austria, Germany, Finland, Northern Ireland, Ireland, and Latvia) cover all the areas of the map, suggesting there is considerable room for improvement; as well as examples of best practices to guide an innovative approach to the evaluation of health care for children.

There are four countries (Greece, Malta, Poland, and Romania) that have no systems in place to evaluate the quality of health care for children. Four countries (Czech Republic, Croatia, Italy and Sweden) have quality measures in only two of the five areas, Spain has the highest coverage (82%) of the “Process” area, and The Netherlands has the highest coverage (33%) of the “Health-related behaviour” area.

Focusing on the EU member states coming from the former Eastern Bloc, the Czech Republic is the country with the highest coverage (67%) of the Structure area, followed by Croatia (33%), while Lithuania has the highest coverage (59%) of the Outcome area.

The picture provided by these findings shows the multi-dimensional view of the health quality in each country, a consequence of diverse elapsed political timeframes and cultural aspects.

Considering both international databases and measures reported by Country Agents, a total of 208 and 351 measures have been identified respectively. The investigation on the availability of the measures from the two sources led to substantial differences in terms of area coverage; the international databases cover mainly measures on the “Social, political, economic and environmental context” area, whilst the Country Agent responses cover mainly measures on the “Process” area. This is probably due to the different aims of the data collection, however it is worthwhile noticing how the International databases priorities the determinants of the health status with respect to the health outcome, which is the second most frequent area. Similarly, it is interesting to acknowledge that the countries, where there are systems in place for quality assessment, address their main efforts in the Process area, followed by the Outcome area.

Comparing the coverage of the sub-topics analysed by the international databases and those studied by countries in the evaluation of health care for children quality, the following key features are reported:

- Within the Donabedian framework all the sub-topics of the process and outcome areas are covered by countries, compared to international databases that cover only the immunisation and specific parts of the hospitalization (i.e. length of stay, surgery and discharge) paying no attention to the other aspects of health care for children such as, health promotion, the visits performed within the prevention, primary care and specialist care contexts, the drugs provided and prescribed and the waiting time and list to access to a care service. The same results can be found within the structure area with the exception of the health expenditure topic where countries do place attention on the budget devoted to immunisation programs. Other sub-topics within the health expenditure topic that are not covered by countries but analysed in the international databases are: tool and device, outpatient, inpatient and school service. However, only four countries (Czech Republic, the Netherlands, Germany, and Hungary) provide data on the measures used to assess these sub-topics.
- The Social, political, economic and environmental context area shows that only 11 measures are used by countries to assess the quality of health care for children, in nine sub-topics. However, they are covered by a limited number of countries, with the exception of live births (52% of countries) and adolescent maternity (48% of countries). Moreover, there is a high number of sub-topics that are not considered across countries that are mainly focus on: life expectancy, services provided at school, level of expected education, performance of students at school and inequalities in gender and children of immigrants. Important aspects considered in international databases and not covered by countries are environmental issues and non-health policies that can assist parents during the first day/years of their child’s life (i.e. maternity and paternity benefits). Finally, within the socio-economic topic, countries do not analyse measures related to resources available by the family, but focus attention on the poverty status of the family. No measures are used within the self-reported topic to analyse child satisfaction about school and his/her life.
- Countries do not consider both sexuality and physical activity as important factors to assess the quality of health care for children, posing the attention on addiction and nutrition topics of the Health-related behaviour area.

The analysis also resulted in the identification of gaps in the quality of health care for children pertaining to both international databases and Country Agent questionnaires. One of the most evident concerns the evaluation of health care for children in the context of the child’s life

course. If we consider the distribution by age, the major focus is on the maternal, perinatal health and on the first years of the child, while a few measures are adopted to monitor children's psychophysical development in the later stages of childhood, and in particular the needs of adolescents. Another crucial gap concerns disease specific measures. They are currently largely focused on asthma and diabetes, in the majority of countries as well as within international databases. However the scattered presence of other disease-specific measures leads us to presume that other morbidities may be included in the evaluation of health care. This is closely connected to the issue of disability and non-communicable diseases; the increase of which poses challenges for services provision (not only in terms of health systems ) in a perspective of mitigating and enhancing quality of life of both children and their families. The emerging calls for patient reported experiences and outcomes (PREMs and PROMs) should be encouraged and validated methods to link traditional metrics with the specific components of quality as directly expressed by children and their family should be further explored. This would provide a deeper insight in the quality of child health care in terms of innovative measures as well as prompt appropriate changes in service delivery.

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## Appendix 1: Country Agent Questions – Round 9



# Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

## Work Package 4: Identification and application of innovation of quality and outcome of models

Dear Colleague,

The WP4 MOCHA research team is interested in gathering information on the measures/indicators used to evaluate the quality of child primary health care system in your country. This is to make a comparison among the EU countries on the existing measures/indicators used by national or regional agencies/organizations and by GPs/Paediatricians in the ordinary clinical practice.

To answer these questions, the WP team suggests that you should seek to find someone who is directly involved in the evaluation of child primary health care system and someone who has a strong bird's eye view of the everyday clinical practice.

Please answer to all questions as better as you can, giving examples and exhaustive explanations. **Please send your answers to Denise Alexander by 20<sup>th</sup> January 2017.**

Included with these questions is a glossary and definition of terms.

If you need any clarification, please contact us: [nadia.minicuci@unipd.it](mailto:nadia.minicuci@unipd.it)

## ***Glossary and definitions***

### ***PROMs and PREMs***

*Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) allow patients to assess their own health and the healthcare they receive.*

***PROMs are concerned with the outcomes of a health condition or disability.***

*PROMs are self-report questionnaires designed to measure the impact of an illness or health condition (e.g. quality of life, symptom severity, functional status, health status) from the patient's perspective. By comparing questionnaire scores over time, PROMs can be helpful in monitoring the progress of a health condition or whether a treatment has been effective.*

***PREMs are concerned with the process of healthcare.***

*PREMs capture the patient's view of what happened during their healthcare (e.g. waiting time at the hospital, duration of appointment) and can be used to evaluate quality of healthcare and monitor improvement in services.*

### ***Measure and Indicator***

*A **measure** is the numeric analysis of a clinical or service delivery subject, normally numerical, based on unambiguous data definitions relating to health care practice.*

*An **indicator** is the result of relating a measure to policy target, a standard, or to its position within a distribution; i.e. it is a measure set against a benchmark scientifically grounded*

***Example of Measure:*** *number of 24 months old children immunised against measles during year 2016, per 1000 eligible population (i.e. 24 months old children).*

***Example of Indicator:*** *is the percentage of 24 months old children immunised against measles greater than 95%? (scientifically grounded benchmark)*

**1) Does your country have one or more agency/organization (we are only interested in public bodies) at national level for the evaluation of the quality in primary health care service?**

Yes  (How many? Click here to enter text. )

No  go to (2)

For each agency/organization, please duplicate and fill the following table as many times as the number of agency/organization indicated above.

<b>1a) Name of the agency/organization:</b>		
Click here to enter text.		
<b>1b) Website of the agency/organization:</b>		
Click here to enter text.		
<b>1c) Is this agency/organization devoting a specific part of the quality assessment to <b>child care</b>? (Please highlight the appropriate answer in yellow)</b>		
Yes	No specific part, but some child specific items are present	No, there is no distinction between children and adult  → go to (2)
<b>1d) Which topics are covered in the evaluation the quality in <b>child primary health care service</b>? (Please highlight your answer in yellow)</b>		
<ul style="list-style-type: none"> <li>• Immunization (Yes/No);</li> <li>• Mortality (Yes/No);</li> <li>• Hospitalization (Yes/No);</li> <li>• Medicines/pharmaceuticals (Yes/No);</li> <li>• Service delivery (Yes/No);</li> <li>• Expenses (Yes/No);</li> <li>• Child care provider (e.g. General practitioner or primary care paediatrician)</li> <li>• Others, please list all of them:</li> </ul> <p>Click here to enter text.</p>		
<b>1e) Which measures/indicators are used by this agency/organization to evaluate the quality in <b>child primary health care services</b>? Please, list <b>all available</b> measures/indicators. e.g. Paediatric asthma hospitalization rate [ordinary hospitalization between 1st January 2014 and 30th November 2014, among the Italian residents (at 1st January 2014) between 0-17 years] = 0.50 per 1000</b>		
Click here to enter text.		

<b>1f) Please provide link/pdf with the report where these measures/indicators have been identified</b>
Click here to enter text.

**2) Does your country have one or more agency/organization (we are only interested in public bodies) at regional/local level for the evaluation of the quality in primary health care service?**

- Yes  (How many? Click here to enter text. )
- No  go to (3)

Click here to enter text.

For each agency/organization, please duplicate and fill the following table as many times as the number of agency/organization indicated above.

<b>2a) Name of the agency/organization:</b>		
Click here to enter text.		
<b>2b) Website of the agency/organization:</b>		
Click here to enter text.		
<b>2c) Is this agency/organization devoting a specific part of the quality assessment to <b>child care</b>? (Please highlight the appropriate answer in yellow)</b>		
Yes	No specific part, but some child specific items are present	No, there is no distinction between children and adult  → go to (3)
<b>2d) Which topics are covered in the evaluation of the quality in <b>child primary health care service</b>? (Please highlight your answer in yellow)</b>		
<ul style="list-style-type: none"> <li>• Immunization (Yes/No);</li> <li>• Mortality (Yes/No);</li> <li>• Hospitalization (Yes/No);</li> <li>• Medicines/pharmaceuticals (Yes/No);</li> <li>• Service delivery (Yes/No);</li> <li>• Expenses (Yes/No);</li> <li>• Child care provider (e.g. General practitioner or primary care paediatrician)</li> <li>• Others, please list all of them:</li> </ul>		

Click here to enter text.

**2e) Which measures/indicators are used by this agency/organization to evaluate the quality in **child primary health care services**? Please, list **all available** measures/indicators.**

*e.g. Paediatric asthma hospitalization rate [ordinary hospitalization between 1st January 2014 and 30th November 2014, among the Italian residents (at 1st January 2014) between 0-17 years] = 0.50 per 1000*

Click here to enter text.

**2f) Please provide link/pdf with the report where these measures/indicators have been identified**

Click here to enter text.

**3) Besides the measures/indicators above mentioned, are there any other measures/indicators that are commonly used in everyday clinical practice (including primary care and secondary care) to assess the child health care system in your country?**

Yes

No

If yes, please list here all measures/indicators and their source

Click here to enter text.

**4) In your country, are PROMs used in the evaluation process of quality in child primary health care service?**

Yes, at national level

No, but are considered in some surveys

No  go to (5)

**4a) Could you please list **all PROMs** used in your country providing the title, reference or pdf file? (e.g. Paediatric Asthma Quality of Life Questionnaire (PAQLQ))**

Click here to enter text.

**5) In your country, are PREMs used in the evaluation process of quality in child primary health care service?**

Yes, at national level

No, but are considered in some surveys

No

**5a)** Could you please list **all PREMs** used in your country providing the title, reference or pdf file? (e.g. time spent waiting, quality of communication)

[Click here to enter text.](#)

**Thank you for completing our questionnaire**

## Appendix 2. International sources of measures

### 1. International databases

#### 1.1. World Health Organization

<http://www.who.int/en/>

The World Health Organization (WHO) is a specialised agency of the United Nations that has as main objective "the attainment by all people of the highest possible level of health".

The WHO works to provide health and well-being evidence through a variety of data collection platforms. Among these, the *Global Health Observatory (GHO)* data repository is the WHO's gateway to health-related statistics for more than 1000 indicators for its 194 Member States.

Data are organized to monitor progress towards the Sustainable Development Goals (SDGs). Health status indicators monitor progress towards for the overall health goal, as well as equity in health indicators, and indicators for the specific health and health-related targets of the SDGs. Within the GHO data repository, the *Health equity monitor database* includes over 30 reproductive, maternal, newborn and child health indicators, disaggregated by education, economic status, place of residence (rural vs. urban), subnational region and child's sex.

The *European Health for All Database (HFA-DB)* is a database of comparable and up-to-date basic health statistics. It began in the mid-1980s, and contains information from 1970 onwards. The dataset is updated twice a year, with a request for data to national sources in September. This dataset contains 600 indicators for 53 countries. It contains demographic information, data on the health status (mortality, morbidity, maternal and child health), information about non-medical determinants of health (lifestyle and environment), and healthcare information (resources and utilisation). The data come from country experts, WHO/Europe's technical programs and partner organisations such as OECD.

Another database related to health monitoring is the *Global Health Expenditure Database*, which provides internationally comparable numbers on national health expenditures. WHO updates the data annually, taking, adjusting and estimating the numbers based on publicly available reports (national health account reports, reports from the Ministry of Finance, Central Bank, National Statistics Offices, public expenditure information and reports from the World Bank, the International Monetary Fund, etc).

The *Centralized Information System for Infectious Diseases (CISID)* uses advanced technology to collect, analyze and present data on infectious diseases in the WHO European Region. The objectives of the system are to:

- provide a standardized, timely and complete picture of the epidemiology of important infectious diseases;
- indicate the burden they place on public health;
- identify more precisely the geographical areas where particular problems occur and action is particularly needed;
- allow sharing of data at the subnational level to identify specific geographic areas of risk and risk groups by age and gender; and
- rapidly to disseminate critical, timely information about infectious diseases to public health professionals through the CISID early warning system (EWS).

## 1.2. United Nations Children's Fund

<https://www.unicef.org/>

The United Nations Children's Fund (UNICEF) is a United Nations programme that provides humanitarian and developmental assistance to children and mothers in developing countries. It is a member of the United Nations Development Group. UNICEF works in 190 countries and territories to protect the rights of every child. UNICEF has spent 70 years working to improve the lives of children and their families. Defending children's rights throughout their lives requires a global presence, aiming to produce results and understand their effects.

## 1.3. World Bank Data

<http://data.worldbank.org/>

The World Bank Group (WBG) is a family of five international organizations: the International Bank for Reconstruction and Development (IBRD), the International Development Association (IDA), the International Finance Corporation (IFC), the Multilateral Investment Guarantee Agency (MIGA) and the International Centre for Settlement of Investment Disputes (ICSID). The bank's stated mission is to achieve the twin goals of ending extreme poverty and building shared prosperity.

The World Bank's (the IBRD and IDA's) activities are focused on developing countries, in fields such as human development (e.g. education, health), agriculture and rural development (e.g. irrigation and rural services), environmental protection (e.g. pollution reduction, establishing and enforcing regulations), infrastructure (e.g. roads, urban regeneration, and electricity), large industrial construction projects, and governance (e.g. anti-corruption, legal institutions development).

The DataBank is an analysis and visualisation tool that contains collections of time series data on a variety of topics, such as aid effectiveness, climate change, education, gender, health and social development.

## 1.4. Organization for Economic Co-operation and Development

<http://www.oecd.org/>

The Organisation for Economic Co-operation and Development (OECD) is an intergovernmental economic organisation with 35 member countries. It was founded in 1960 to stimulate economic progress and world trade. It is a forum of countries describing themselves as committed to democracy and the market economy, providing a platform to compare policy experiences, seeking answers to common problems, identifying good practices and coordinating the domestic and international policies of its members.

Within the OECD data catalogues, the OECD *Health Statistics* 2016 is a comprehensive database that includes indicators on the healthcare systems of the OECD member countries. It offers the most comprehensive source of comparable statistics on health and health systems across OECD countries. It is an electronic database, for which the request for data to national sources takes place in February, and which is released annually in June. The dataset contains information about health status (mortality and morbidity), healthcare information (resources and utilization), economic data (expenditure, financing, economic references, social protection), data about the pharmaceutical market (sales and consumption), non-medical determinants of health (lifestyle and environment), and demographic data.

In view of the strong demand for cross-national indicators on the situation of families and children, the OECD *Family Database* was developed to provide cross-national indicators on family outcomes and family policies across the OECD countries, its enhanced engagement partners and EU member states. The database brings together information from various national and international databases, both within the OECD and external organisations. The database currently includes 70 indicators under four main dimensions: (i) structure of families, (ii) labour market position of families, (iii) public policies for families and children and (iv) child outcomes.

This database is collocated into the Social Protection and Well-being theme. This is also hoststhe *Child Well-being* database. Child Well-being indicators compare 21 policy-focussed measures of child well-being in six areas, chosen to cover the major aspects of children's lives: material well-being, housing and environment, education, health and safety, risk behaviours, and quality of school life. Each dimension is a composite of several indicators, which in turn have been selected in part because they are relatively amenable to policy choices.

### 1.5. Eurostat

<http://ec.europa.eu/eurostat>

Eurostat is the statistical office of the European Union. It provides statistics at European level to the European Union, which makes it possible to compare countries and regions. It offers data about several themes such as economy, industry and transport. As regards health, Eurostat divides data in the following sections:

- *Health status and determinants*: presents data on various aspects of health status of population and its non-medical determinants, life styles and health behaviour;
- *Health care*: presents data on various aspects of health care systems such as health care expenditure, human and technical health care resources, health care activities in hospitals and outside hospitals (covering treatment and prevention), use of medicines and unmet needs for health care;
- *Health and Safety at Work statistics*: provide data on accidents at work, work-related health problems and exposure to risk factors;
- *Disability*: provides data on the number of disabled persons as well as on their involvement in the society, through data related to living conditions, social inclusion, labour market, health, or education;
- *Causes of death*: provide information on mortality patterns and form a major element of public health information.

### 1.6. Eurobarometer

[http://ec.europa.eu/public\\_opinion/index\\_en.htm](http://ec.europa.eu/public_opinion/index_en.htm)

Eurobarometer is a series of public opinion surveys conducted regularly on behalf of the European Commission since 1973. These surveys address a wide variety of topical issues relating to the European Union throughout the EU Member States.

The surveys address the main subjects of European citizenship that is, enlargement, social situation, health, culture, information technology, environment, the Euro, defence and many others.

## **1.7. European Observatory on Health Systems and Policies**

<http://www.euro.who.int/en/about-us/partners/observatory>

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe. Its platform provides a detailed description of health systems and provides up to date information on reforms and changes that are particularly policy relevant.

## **1.8. European Quality of Life Survey**

<https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys>

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency, whose role is to provide knowledge to assist in the development of better social, employment and work-related policies.

Eurofound's role is to provide information, advice and expertise – on living and working conditions, industrial relations and managing change in Europe – for key actors in the field of EU social policy on the basis of comparative information, research and analysis.

Eurofound started carrying out the fieldwork for the 4th European Quality of Life Survey (EQLS) in September 2016 in the 28 European Union Member States and the five candidate countries (Albania, FYR Macedonia, Montenegro, Serbia and Turkey). This survey examines both the objective circumstances of European citizens' lives and how they feel about those circumstances and their lives in general. It looks at a range of issues, such as employment, income, education, housing, family, health and work-life balance. It also looks at subjective topics, such as people's levels of happiness, how satisfied they are with their lives, and how they perceive the quality of their societies.

## **1.9. Health Behaviour in School-aged Children**

<http://www.hbsc.org/>

The Health Behaviour in School-aged Children (HBSC) research network is an international alliance of researchers that collaborate on the cross-national survey of school students. The HBSC collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours. These years mark a period of increased autonomy that can influence how their health and health-related behaviours develop.

The research venture dates back to 1982, when researchers from England, Finland and Norway agreed to develop and implement a shared research protocol to survey school children. By 1983 the HBSC study was adopted by the WHO Regional Office for Europe as a collaborative study. HBSC now includes 45 countries and regions across Europe and North America.

## **1.10. Institute for Health Metrics and Evaluation**

<http://www.healthdata.org>

The Institute for Health Metrics and Evaluation (IHME) is an independent population health research centre, part of the University of Washington that provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. IHME makes this information freely available so that policymakers have the evidence they need to make informed decisions about how to allocate resources to best improve population health. One of the topics addressed by the IHME in its Data Visualization section is

the child health (*Child Health Data Visualization*). In this section, several aspects are analysed and presented using treemaps, maps, arrow diagrams, and other charts to compare causes and risks within a country, compare countries with regions or the world, and explore patterns and trends by country, age, and gender. Aspects considered are: tobacco consumption, global burden of disease, mortality, cause of death, life expectancy and probability of death, overweight and obesity.

## **2. Research projects**

### **2.1. European Core Health Indicators**

[https://ec.europa.eu/health/indicators/echi\\_en](https://ec.europa.eu/health/indicators/echi_en)

The European Core Health Indicators (ECHI), formerly known as European Community Health Indicators are the result of a long-term cooperation between the EU Member States and the European Commission. Three ECHI projects (1998-2001, 2001-2004, 2005-2008) funded under the EU Health Programmes established the first lists of ECHI indicators, aiming to create a comparable health information and knowledge system to monitor health at EU level. The identified indicators concern the following categories: demography and socio-economic situation; health status; determinants of health; health interventions (health services and health promotion).

### **2.2. European Community Health Indicators Monitoring**

[http://www.healthindicators.eu/object\\_document/o5873n28314.html](http://www.healthindicators.eu/object_document/o5873n28314.html)

Under the Second Programme of Community Action in the Field of Health 2008-2013, the EU funded the Joint Action (JA) on European Community Health Indicators Monitoring (ECHIM). The JA ECHIM, built on previous achievements, developed more precise definitions of the indicators and continued the implementation of the indicators in the Member States. One of the aims of the ECHIM was to consolidate and expand the ECHI indicator system towards a sustainable health monitoring system in Europe supporting the EU Health Strategy.

### **2.3. Health Indicators in the European Regions**

<http://www.isare.org/projet.asp>

The ISARE project was carried out on the initiative of the Fédération Nationale des Observatoires Régionaux de Santé (FNORS) within the framework of the Health Monitoring Programme from European Commission.

Its aims are to identify for each country the most appropriate sub-national level for exchange of health indicators within the EU (thereafter referred to as “health regions”), and to assess the extent of data availability at these levels.

### **2.4. Euro-Peristat**

<http://www.europeristat.com/>

The objective of the Euro-Peristat Network is to establish a high quality, innovative, internationally recognized and sustainable European perinatal information system. This system's goal is to produce data and analysis on a regular basis for use by national, European and international stakeholders who make decisions about the health and health care of pregnant women and new-borns. Euro-Peristat began in 1999 as part of the EU's Health Monitoring Programme and now has official representation from 29 countries across Europe and a large network of contributing experts. They developed a list of recommended indicators

grouped into four themes: foetal, neonatal, and child health, maternal health, population characteristics and risk factors, and health services. They defined core indicators – those that are essential to monitoring perinatal health – and recommended indicators – those considered desirable for a more complete picture of perinatal health across the member states.

The project is coordinated by Inserm, the French National Institute of Health and Medical Research, in Paris and receives funding from the European Commission Directorate for Health and Food Safety. They are part of the BRIDGE Health Project to promote sustainable health reporting in Europe.

## **2.5. Child Health Indicators of Life and Development**

The Child Health Indicators of Life and Development (CHILD) project, developed from 1998 to 2003 and run as well under the Health Monitoring Programme (HMP), sought to determine a holistic set of measures, by addressing all aspects of child health and its determinants, and balancing positive and negative aspects. Within the project, the well-known ECHI taxonomy of indicators was modified into the following categories to be applied to child health:

- Demographic and Socio-Economic (Upstream Health Determinants);
- Health Status and Well-being;
- Determinants of Health, Risk and Protective Factors;
- Health Systems and Policy.

Such categories were in turn sub-divided in smaller groups of indicators (Rigby & Köhler, 2002). For 16 of the 37 indicators recommended by the CHILD project, some sub-national data are available at the EU level; for most of the rest, some national level data are instead available at the EU level. Unfortunately, not all the data is available from Eurostat or ECHIM. Many of the CHILD health indicators can be eventually found (wholly or in part) through other websites including OECD, UNESCO, WHO as well as other EU and non-EU websites.

## **2.6. EuroREACH**

<http://www.euroreach.net/>

EuroREACH is an international collaboration to improve access to and use of healthcare data and to enhance cross-country comparisons of health system performance.

EuroREACH aims to meet this comparability and harmonization of health data across cross-country comparison through coordination with and evaluation of international and national health information systems and health data projects. The project will also provide a toolbox of guidance to researchers, policy makers and other stakeholders interested in cross-country research by:

- identifying information sources of patient-level, disease-based data;
- offering guidance on key data challenges such as data access, linkage and comparability;
- highlighting gaps in existing data to encourage data collection in under-represented areas.

The EuroREACH framework is the OECD Health Care Quality Indicators (HCQI) framework - which has been modified by partners in the Berlin meeting and by selected invited external experts in the Luxembourg meeting.

## **2.7. Research into Child Health in Europe project**

<http://www.childhealthresearch.eu/>

In 2010 the Research into Child Health in Europe (RICHE) project was launched under the Seventh Framework Programme (FP7) of the European Commission, to bring child health research together in Europe on one platform in order to expand knowledge, facilitate resource sharing and inform research. The RICHE project aimed at evaluating the status of child health indicators collection and their use in Europe to identify gaps and inform future research.

As a part of the main objectives, the RICHE project produced an inventory of over 450 international indicators, collated to form the basis of a useful resource that are directly or indirectly related to children.

## **2.8. European Health Care Outcomes, Performance and Efficiency (EuroHOPE)**

<http://www.eurohope.info/>

EuroHOPE is a project coordinated by Centre for Health and Social Economics (CHESS) at the National Institute for Health and Welfare (THL), aimed to evaluate the performance of European health care systems in terms of outcomes, quality, use of resources and costs.

During the years 2010-2014 the project was financed by the European Union and was part of the seventh Framework Program (FP7) of the European Commission. At present, the project is funded as part of the BRIDGE Health project.

## **2.9. BRIdging Information and Data Generation for Evidence-based Health policy and research (BRIDGE)**

<http://www.bridge-health.eu/>

The BRIDGE Health project aims to prepare the transition towards a sustainable and integrated EU health information system for both public health and research purposes. This ongoing project bridges the best of EU projects in domains of population and health system monitoring, indicator development, health examination surveys, environment and health, population injury and disease registries, clinical and administrative health data collection systems and methods of health systems monitoring and evaluation. BRIDGE Health is supported under the EU action of the Public Health Programme implemented by the Consumers, Health and Food Executive Agency of the European Commission.

One of its work packages is updating, evaluating and improving the existing ECHI-indicators, aiming to generate a more concise and policy-focused health indicator set. Building upon expertise from previous projects, it will strengthen the scientific base that supports the effective development as well as the use of health indicators for health policy evaluation and prioritization.

### Appendix 3. List of measures collected from international databases and European research projects

The following table reports the list of the measures collected from international databases and research projects (the list and description of the sources is reported in Appendix 2). The first column specifies the measure description; here, each cell is coloured conforming to its classification across areas (Structure: green; Process: blue; Outcome: red; Social, Political, Economic, Environmental Context (SPEEC): yellow; Health-Related Behaviour (H-RB): grey).

The second, third and fourth columns report the measure's classification within the Area, Topic and Sub-topic of the map. The country-specific columns denote that the measure is collected by highlighting the cell in yellow; if the estimate is not available "NA" is reported. If the description of a measure included information different from those indicated in the last year available, age and/or gender, these expectations are reported in the country-specific cell.

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source	
Health graduates: Midwives (Number; Inhabitants per midwife; Per hundred thousand inhabitants)	Structure	Child care provider/ Workforce	General	2015	NA	Not Applicable	NA	2013		2014	2014	2014	2014	2014	NA	2014	2014	2014		2013	2012	2014	2014	2013	2014	2014			2013	2014	2014	NA	2014	2014	2014	2014	NA	Eurostat		
Health personnel by NUTS 2 regions: Nurses and midwives (Number; Inhabitants per nurses and midwife; Per hundred thousand inhabitants)	Structure	Child care provider/ Workforce	General	2015	NA	Not Applicable	NA	2014	NA	2014	2014	2014	2014	2013	2014	2014	2011	2014		2014	2014	2014			2014	2014			2014	2014	2014	2014	2014	2014	2014	2014	2012	NA	Eurostat	
Physicians by medical speciality: General paediatricians (Number; Per hundred thousand inhabitants)	Structure	Child care provider/ Workforce	Primary Care	2015	NA	Not Applicable	NA	2014	2014	2014	2014	2013	2014	2013	2014	2014	2014			2014	2014	2010		2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	NA	2014	2013	NA	Eurostat	
Birth attended by skilled health personnel (%)	Structure	Child care provider/ Workforce	Specialist	2013	NA	Not Applicable	NA	2012	NA	NA	2012	2012	2012	2012	NA		2012	2012	NA	NA	2012	NA	2012	NA	NA	NA	NA	2012	2012	NA	NA		NA	NA	NA	2012	NA	2012	WHO	
Physicians by medical speciality: Gynaecologists and obstetricians (Number; Per hundred thousand inhabitants)	Structure	Child care provider/ Workforce	Specialist	2015	NA	Not Applicable	NA	2014	2014	2014	2014	2013	2014	2013	2014	2014	2014			2014	2014	2010			2014	2014			2014	2014	2014	2014	2014	2014	NA	2014	2013	NA	Eurostat	
Total current expenditure HC.1-HC.9 (individual and collective health care) (% current expenditure on health, Million of national currency units) by disease (ICD)	Structure	Health expenditure	General	2011	0-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	NA	NA	NA	0-4, 5-9, 10-14, 15-19 (2009 by gender; 2011 (total)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	OECD
Total current expenditure HC.1-HC.9 (individual and collective health care) (% current expenditure on health, Million of national currency units) for Certain conditions originating in the perinatal period	Structure	Health expenditure	General	2011	NA	Not Applicable	NA	NA	NA	NA	NA	2009 (by gender; 2011 (total)	2008	NA	NA	NA	NA	NA	NA	NA	NA	2006	NA	2006	NA	NA	NA	OECD												
Total current expenditure HC.1-HC.9 (individual and collective health care) (% current expenditure on health, Million of national currency units) for Pregnancy, childbirth and the puerperium	Structure	Health expenditure	General	2011	NA	Not Applicable	NA	NA	NA	NA	NA	2009 (by gender; 2011 (total)	2008	NA	NA	NA	NA	NA	NA	NA	NA	2006	NA	2006	NA	NA	NA	OECD												

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source			
Expenditure for maternal and child health, family planning and counselling, total and by financing agents in health care and provider of health care. (Million Euro; Euro per inhabitant; Million units of national currency; National currency per inhabitant; Million purchasing power standard (PPS); Purchasing power standard (PPS) per inhabitant; Percentage of gross domestic product (GDP); Percentual share of total current health expenditure (CHE))	Structure	Health expenditure	General	2012	NA	Not Applicable	2011	NA		2008									NA				NA	NA				2010	NA	NA			NA		2011	2011			Eurostat			
Health care expenditure by function: Immunisation programmes (Million Euro; Euro per inhabitant; Million units of national currency; National currency per inhabitant; Million purchasing power standard (PPS); Purchasing power standard (PPS) per inhabitant; Percentage of gross domestic product (GDP); Percentual share of total current health expenditure (CHE)) (NOTE: Not referred only to children)	Structure	Health expenditure	Immunization	2014	NA	Not Applicable	NA	NA							NA				NA				NA	NA							2013 <sup>o</sup>			NA			NA		Eurostat			
Inpatient/Hospital spending (% of function, Million of national currency units) by disease (ICD)	Structure	Health expenditure	Inpatient	2011	[0-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	NA	NA	NA	0-4, 5-9, 10-14, 15-19 (2009 by gender) 2011 (total)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0-4, 5-9, 10-14, 15-19 (2006 by gender)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0, 1-4, 5-9, 10-14, 15-19 (2011 by gender)	NA	NA	NA	NA	NA	OECD
Inpatient/Hospital spending (% of function, Million of national currency units) for Certain conditions originating in the perinatal period	Structure	Health expenditure	Inpatient	2011	NA	Not Applicable	NA	NA	NA	NA	NA	2009 (by gender) 2011 (total)	2008	NA	NA	NA	2010	NA	NA	NA	NA	NA	2006	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2011 (by gender)	NA	NA	NA	NA	NA	NA	OECD
Inpatient/Hospital spending (% of function, Million of national currency units) for Pregnancy, childbirth and the puerperium	Structure	Health expenditure	Inpatient	2011	[Pregnancy, childbirth, puerperium]	Not Applicable	NA	NA	NA	NA	NA	2009 (by gender) 2011 (total)	2008	NA	NA	NA	2010	NA	NA	NA	NA	NA	2006	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2011 (by gender)	NA	NA	NA	NA	NA	NA	OECD
Outpatient/ambulatory spending (% of function, Million of national currency units) by disease (ICD)	Structure	Health expenditure	Outpatient	2009	[0-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	NA	NA	NA	0-4, 5-9, 10-14, 15-19 (2009 by gender) 2011 (total)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0-4, 5-9, 10-14, 15-19 (2006 by gender)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	OECD
Outpatient/ambulatory spending (% of function, Million of national currency units) for Certain conditions originating in the perinatal period	Structure	Health expenditure	Outpatient	2011	NA	Not Applicable	NA	NA	NA	NA	NA	2009 (by gender) 2011 (total)	2008	NA	NA	NA	NA	NA	NA	NA	NA	NA	2006	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2011 (by gender)	NA	NA	NA	NA	NA	NA	NA	OECD
Outpatient/ambulatory spending (% of function, Million of national currency units) for Pregnancy, childbirth and the puerperium	Structure	Health expenditure	Outpatient	2011	[Pregnancy, childbirth, puerperium]	Not Applicable	NA	NA	NA	NA	NA	2009 (by gender) 2011 (total)	2008	NA	NA	NA	NA	NA	NA	NA	NA	NA	2006	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2011 (by gender)	NA	NA	NA	NA	NA	NA	NA	OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source					
Expenditure for school health services, total and by providers of health care and financing agents in health care. (Million Euro; Euro per inhabitant; Million units of national currency; National currency per inhabitant; Million purchasing power standard (PPS); Purchasing power standard (PPS) per inhabitant; Percentage of gross domestic product (GDP); Percentual share of total current health expenditure (CHE))	Structure	Health expenditure	School service	2012	[School age]	Not Applicable	2011	NA		2008		2010-12							NA				NA	2009-12	NA			2009/10	NA	NA			NA	2011	2011				Eurostat					
Medical goods spending (% of function, Million of national currency units) by disease (ICD)	Structure	Health expenditure	Tool and device	2011	[0-4, 5-9, 10-14, 15-19]	Not Applicable	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	OECD				
Medical goods spending (% of function, Million of national currency units) for Certain conditions originating in the perinatal period	Structure	Health expenditure	Tool and device	2011	NA	Not Applicable	NA	NA	NA	NA	NA	2008	NA	2006	NA	NA	NA	NA	NA	NA	NA	2011 (by gender)	NA	NA	NA	NA	NA	NA	NA	NA	NA	OECD												
Medical goods spending (% of function, Million of national currency units) for Pregnancy, childbirth and the puerperium	Structure	Health expenditure	Tool and device	2011	[Pregnancy, childbirth, puerperium]	Not Applicable	NA	NA	NA	NA	NA	2008	NA	2006	NA	NA	NA	NA	NA	NA	NA	2011 (by gender)	NA	NA	NA	NA	NA	NA	NA	NA	NA	OECD												
Self-reported unmet needs for medical examination by sex, age, detailed reason and income quintile [16-19 years] Note: Detailed reasons: Too expensive; Too far to travel; Too expensive or too far to travel or waiting list; No time; No unmet needs to declare; Didn't know any good doctor or specialist; Waiting list; Fear of doctor, hospital, examination or treatment; Wanted to wait and see if problem got better on its own; Other	Process	PREM		2015	[16-19]	M, F, Total	NA	2010				2008	2011	2014	2014	2012	2006	2014	2009		2013																2014			2008	2014	NA	Eurostat	
% of infants vaccinated against BCG	Process	Prevention	Immunization	2015	[infants]	Total	NA	2007	NA		NA	2013	NA	NA	NA		2009	2010	NA	2011				NA	NA		2007		2012	2007	2010					2013	2004		NA	CISID; UNICEF				
Percentage of infants vaccinated against mumps	Process	Prevention	Immunization	2015	[infants]	Total	NA	2014	2014			2014					2013	2014		2014					2014				2014		2013					2014		NA	WHO					
Percentage of infants (2015) or children aged 2 (2003/05) vaccinated against pertussis	Process	Prevention	Immunization	2015	[infants <2]	Total	2003/05	2014	2014			2011	2013				2013	2014		2014					2014				2014		2013						2014		2003/05	OECD				
Percentage of infants vaccinated against diphtheria	Process	Prevention	Immunization	2015	[infants]	Total	NA	2014	2014			2011	2013				2013	2014		2014					2014				2014		2013						2014		NA	WHO				
Percentage of infants vaccinated against tetanus	Process	Prevention	Immunization	2015	[infants]	Total	NA	2014	2014			2011	2013				2013	2014		2014					2014				2014		2013						2014		NA	WHO				
Percentage of surviving infants who received the last dose of rotavirus vaccine (2nd or 3rd dose depending on vaccine used) RotaC	Process	Prevention	Immunization	2015	[infants]	Total				NA	NA	NA	NA	NA	NA			NA			NA	NA	NA	NA	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			UNICEF			
% of infants vaccinated against HepB1 (within 24 hours of birth or within the first year of life)	Process	Prevention	Immunization	2015	[within 24 hours of birth infant]	Total	NA	2009	NA		NA	NA	NA	NA	NA		NA	NA	NA	NA	2014	2009	NA	NA	NA		NA	2012	2012	NA	NA							NA	NA	NA			CISID; UNICEF	
% of infants vaccinated against DTP4	Process	Prevention	Immunization	2012	[infants]	Total	NA	2009	NA		NA						NA			NA		2007	NA		NA		NA											2009	NA	2009	NA	NA	NA	CISID

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source		
Percentage of surviving infants who received the third dose of pneumococcal conjugate vaccine Pcv3	Process	Prevention	Immunization	2015	[infants]	Total		NA			NA				NA	NA	NA				NA					NA													UNICEF		
Percentage of surviving infants who received the first dose of rubella containing vaccine RCV1	Process	Prevention	Immunization	2015	[infants]	Total																																		UNICEF	
% of infants vaccinated against DTP3	Process	Prevention	Immunization	2015	[0-12 months] [12-23 months]	Total																																		The World Bank Data; CISID; OECD	
% of infants vaccinated against DTP1	Process	Prevention	Immunization	2015	[infants]	Total																																	CISID; UNICEF		
% of infants vaccinated against HepB3 in the first year of life (referring to the first and the second year of life)	Process	Prevention	Immunization	2015	[0-12 months] [12-23 months]	Total								NA			NA		NA																					The World Bank Data; CISID; OECD; UNICEF	
% of infants vaccinated against Hib3	Process	Prevention	Immunization	2015	[infants]	Total																																		CISID; UNICEF	
% of infants vaccinated against MCV2	Process	Prevention	Immunization	2015	[infants]	Total											NA																							CISID; UNICEF	
% of infants vaccinated against MCV1 in the first year of life (referring to the first year of life or children ages 12-23 months)	Process	Prevention	Immunization	2015	[0-12 months] [12-23 months]	Total																																		The World Bank Data; UNICEF	
Percentage of infants who received the third dose of polio vaccine Polio3 (Pol3)	Process	Prevention	Immunization	2015	[infants]	Total																																		UNICEF	
Hospital discharges (total number, per 100000 inhabitants), in-patient, total and by diagnosis and NUTS 2 region	Process	Specialist/hospital healthcare	Discharges	2015	<1, 1-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	2013	Only per 100000 inhabitants	No total number by NUTS 2 region	2014	2014		NA	NA	No by NUTS 2 region	2014	2011-14	NA		2011-14	NA	2009-14	2014	2011-14	NA	NA	2011-14	2012	2010-14	2011-14	2010-14	2014		2011-14	2010-14	NA	Eurostat		
Hospital discharges (total number, per 100000 inhabitants), day cases, total and by diagnosis and NUTS 2 region	Process	Specialist/hospital healthcare	Discharges	2015	<1, 1-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	2013	NA	Only per 100000 inhabitants	2014	2014		NA	NA	No by NUTS 2 region	2014	2011-14	NA		2012-14	2011-14	NA	NA	2014	2011-14	NA	NA	2011-14	2012	2010-14	2011-14	2010-14	2014	No by NUTS 2 region	2011-14	2010-14	NA	Eurostat	
Hospital days of in-patient (bed-days), total and by ICD10 and NUTS 2 region	Process	Specialist/hospital healthcare	Length of stay	2015	<1, 1-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	2013	NA	No by NUTS 2 region	2014	2014		NA	NA	No by NUTS 2 region	2014	2014	NA		2014	2014	NA	2014	2014	2014	NA	NA	2014	2012	2014	2014	2014	2014	2014	2014	2014	NA	Eurostat	
In-patient average length of stay (days), total and by ICD10 and NUTS 2 region	Process	Specialist/hospital healthcare	Length of stay	2015	<1, 1-4, 5-9, 10-14, 15-19]	M, F, Total	NA	NA	2013	NA	No by NUTS 2 region	2014	2014		NA	NA	No by NUTS 2 region	2014	2014	NA		2014	2014	NA	No by NUTS 2 region	2014	2014	NA	NA	2014	2012	2014	2014	2014	2014	2014	2014	2014	2014	NA	Eurostat
Surgical operations and procedures performed in hospitals by ICD-9-CM (Number; Per hundred thousand inhabitants): Caesarean section (74.0 to 74.2, 74.4 and 74.99) (Can be break-down by: Total patient, In-patient, Out-patient, Day patient)	Process	Specialist/hospital healthcare	Surgery	2014	[At birth]	Total	NA		2013											NA																				Eurostat	
Proportion of children who were exclusively breastfed at 3 months	Outcome	Health Status	Breastfeeding	2007	[3 months]	Total	2004	NA		NA	2006		NA	1999/2001	2006	NA	2005	NA	2005	NA	NA		NA	2000	2005	NA	NA	NA	NA	2005	2006	NA	2003	NA		NA		2005		OECD	
Proportion of children who were exclusively breastfed at 4 months	Outcome	Health Status	Breastfeeding	2007	[4 months]	Total	2004	NA	NA	NA	2006		NA	1999/2001	NA	NA	2005	NA	2005	NA	NA		NA	2000	2005	NA	NA	NA	NA	2005	2006	NA	NA	NA		NA		2006	NA	OECD	
Proportion of children who were exclusively breastfed at 6 months	Outcome	Health Status	Breastfeeding	2013	[6 months]	Total	2004	2005-06	2012	2010	2006	2011	2003-06	2012	2011-12	NA	2011	NA	2010	2009	2011	2007	2006	2011	2005	NA	2008	2011	2004-05	2010	2006	2013	2003	2005	2010	NA	2011	2011		OECD; WHO	

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source											
Proportion of children who were "ever breastfed"	Outcome	Health Status	Breastfeeding	2008	[infant]	Total	2006			NA	2004				NA						NA				NA		NA	2000			NA				1999/2001			OECD												
Percentage of children aged 0 to 15 with a disability, by severity, age and sex	Outcome	Health Status	Disability	2010	[0-15]	M, F, Total	0-4, 5-14, 0-14 (2009)	NA	NA	NA	NA	NA	NA	NA	0-5;6-9;10-15 (1999, no severity)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0-5;6-14 (2010)			OECD									
Changes in low birth weight infants as a proportion of total live births, 1990 to 2014 or latest available year (Percentage point change in the number of live births weighing less than 2500 grams as a proportion (%) of total live births between 1990 and 2014 (or latest available year))	Outcome	Health Status	Health issue	2014	[at birth]	Total	2013		2012	2013	NA		2013					2013								2013		2013	2013	2012				2013		2013				OECD										
Low birth weight infants as a proportion of total live births (Number of live births weighing less than 2500 grams as a proportion (%) of total live births)	Outcome	Health Status	Health issue	2014	[at birth]	Total	2013		2012	2013	NA		2013					2013								2013		2013	2013	2012				2013		2013				OECD										
Preterm (<37 weeks of gestation) birth rate (per 100 live births)	Outcome	Health Status	Health issue	2010	[at birth, >37 gestational weeks]	Total																																			WHO									
Current depressive symptoms by sex, age, educational attainment level and income quintile [15-19 years]: Depressive symptoms; Major Depressive symptoms; Other Depressive symptoms	Outcome	Health Status	Mental health	2014	[15-19]	M, F, Total	NA		NA														No data by income quintile	No data by income quintile						NA									NA		Eurostat									
Children (0-14) living with HIV. Children living with HIV refers to the number of children ages 0-14 who are infected with HIV.	Outcome	Health Status	Morbidity	2015	[0-14]	Total		NA	NA	NA	NA	NA	NA	NA		NA	NA	NA	NA							NA	NA														NA		The World Bank Data							
Children (ages 0-14) newly infected with HIV. Number of children (ages 0-14) newly infected with HIV.	Outcome	Health Status	Morbidity	2015	[0-14]	Total		NA	NA	NA	NA	NA	NA	NA		NA	NA	NA	NA							NA	NA															NA		The World Bank Data						
Severe Wasting: Percentage of children aged 0-59 months who are below minus three standard deviations from median weight-for-height of the WHO Child Growth Standards.	Outcome	Health Status	Morbidity	2014	[<5]	Total	2007	NA	NA	2004	NA	2001-02	2003-06	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2011-12			UNICEF							
Wasting - Moderate and severe: Percentage of children aged 0-59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards.	Outcome	Health Status	Morbidity	2014	[<5]	Total	2007	NA	NA	2004	NA	2001-02	2003-06	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2011-12			UNICEF						
Annualized non polio Acute Flaccid Paralysis (AFP) under 15 years rate and number of cases	Outcome	Health Status	Morbidity	2016	[<15]	Total	NA		2014		NA		2010	NA			NA	NA	NA			2014		2011	NA		2015	NA		NA	NA									NA	NA			CISID						
Prevalence of asthma in children age 6-7 or 13-14 (Proportion (%) of children age 13-14 self-report that they have ever had asthma; Proportion (%) of children age 6-7 whose parents that the child has ever had asthma)	Outcome	Health Status	Morbidity	2002	[6-7] [13-14]	Total	(Melbourne)	(Kunten and Urfahr-Umgebung)	(Antwerpen)	NA	NA	NA	(Munster)	NA	(Barcelona, Bilbao, Cartagena, Castilla, Madrid, Pamplona, Valencia and Valladolid)	(Tallinn)	NA	NA	(North, Scotland, South, Sunderland, Surrey/Sussex, and Wales)						(Cosenza, Emilia-Romagna, Empoli, Firenze, Milano, Roma and Torino)	(Kaunas)	NA	(Riga)		NA	NA										(Krakow and Poznan)	(Funchal, Lisbon, Portimao and Porto)	(Cluj)	NA	NA		(Seattle)			OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source			
Prevalence of stunting in children under 5 (Percentage of children under age 5 whose height for age is more than two standard deviations below the median for the international reference population ages 0-59 months) by gender, area of residence or wealth quintile. Note: For children up to two years old height is measured by recumbent length. For older children height is measured by stature while standing. The data are based on the WHO's new child growth standards released in 2006.	Outcome	Health Status	Morbidity	2014	<5]	M, F, Total	NA	NA	NA	2004	NA	2001-02	2003-06	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2002	NA	NA	NA	2012	The World Bank Data
Prevalence of anemia among children (% of children under 5). Prevalence of anemia, children under age 5, is the percentage of children under age 5 whose hemoglobin level is less than 110 grams per liter at sea level.	Outcome	Health Status	Morbidity	2011	<5]	Total																																				The World Bank Data
Estimated prevalence of type 1 diabetes in children (Estimated number of children (0-14) per 100,000 with type 1 diabetes)	Outcome	Health Status	Morbidity	2015	[0-14]	Total				NA											NA																				OECD	
People (15-19 years) having a long-standing illness or health problem, by sex, age and income quintile	Outcome	Health Status	Morbidity	2015	[15-19]	M, F, Total	NA																																			Eurostat
Infant mortality, Minimum threshold of 22 weeks (or 500 grams birthweight) (Deaths per 1 000 live births)	Outcome	Health Status	Mortality	2014	[infants]	Total			2010	NA	NA		2012	2013				2010	2013	NA	NA		NA	NA	NA	NA	NA	NA	NA	2013				NA	NA		2013		2013		OECD	
Neonatal mortality, Minimum threshold of 22 weeks (or 500 grams birthweight) (Deaths per 1 000 live births)	Outcome	Health Status	Mortality	2014	<28 days]	Total			2010	NA	NA		2012	2013	2013			2010	2013	NA	NA		NA	NA	NA	NA	NA	NA	NA	2013				NA			2013		2013		OECD	
Child death rates due to negligence, maltreatment or physical assault, children 0-19 years old [Rate (per 100 000); No of cases; % of at home cases]	Outcome	Health Status	Mortality	2008	[0-19]	Total	2003-05	2006-08	2004	2005-06	2005-07	2006-08	2004-06	2004-06	2003-05	2006-08	2006-08	2005-07	2005-07	NA	NA	2003-05	NA	2006-08	2003, 2006, 2007	2006-08	2004-06	2005-07	2005-07	2006-08	2005-07	2005-07	2004-06	2006-08	2003-05	2006-08	2005-07	2003-05				OECD
Teenage suicides (Suicides by people aged 15-19 per 100,000 people or percentage)	Outcome	Health Status	Mortality	2013	[15-19]	Total	2011		2012					2012		2012		2011		2012		2004	2010		2012	2012		2012	2011					2008	2010	2012		2010		OECD; Eurostat		
Water, sanitation and hygiene attributable under 5 deaths (per 100'000 children under 5 years or thousands)	Outcome	Health Status	Mortality	2004	<5]	Total												NA	NA	NA			NA		NA	NA							NA							WHO		
Perinatal death 1000+g per 1000 birth	Outcome	Health Status	Mortality	2015	[Perinatal period]	Total	NA	2014	2013	NA	2014	2014	1999		NA	2014	2014	NA	NA	NA	2014	2014	2013	2014	1997	2014	2014	2014	2014	2013	2014	2014	2012	2014	2014	2014	2012	NA			WHO	



Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source				
Infant mortality (number of deaths, deaths per 1000 live births, percentage) total and by age, cause of death, country of occurrence, country of residence, NUTS 2 region of residence, NUTS 2 region of occurrence	Outcome	Health Status	Mortality	2015	<1 day, 1-6 days, 7-27 days, 28 days-<1 year, and [Total < 1 year]	M, F, Total									Only Total and M for Deaths of non-residents in the reporting country for all age class	Incomplete for some age classes by country of occurrence/residence	Incomplete for some age classes by country of occurrence/residence								Only total and by age, cause of death			Incomplete for some age classes by country of occurrence/residence	Incomplete for some age classes by country of occurrence/residence									Only total and by age, cause of death	WHO; Eurostat; UNICEF				
Under 20s deaths (deaths per 100000 under 20s, number of deaths or crude rate) total, by age, cause of death, NUTS 2 region of residence, country of residence and occurrence	Outcome	Health Status	Mortality	2013	<1 year, 1-4, 5-9, 10-14, 15-19, 1-19, <20]	M, F, Total																																			No age class 1-19 and only age class 15-19 by NUTS 2 region of residence	Only total 1-19	OECD; Eurostat
Under-five mortality (probability of dying by age 5 per 1000 live births or number of deaths in thousands or percentage distribution) by gender, age and cause of death.	Outcome	Health Status	Mortality	2015	[0-27 days, 1-59 months, <5 years]	M, F, Total																																			WHO; UNICEF		
Decayed-missing-filled teeth (DMFT) (Average number of DMFT at age 12)	Outcome	Health Status	Oral health	2015	[12]	Total	2010	2012	2013	NA	NA	2006	2009	2014	2005	NA	2009	2006	2008	2010	NA	2013	2002	2005	2004	NA	2014	NA	NA	2012	2014	2003	2015	NA	2014	2000	2008	2004		OECD			
Self-perceived long-standing limitations in usual activities due to health problem (16-19 years) by sex, age and income quintile	Outcome	PROM		2015	NA	M, F, Total	NA																																NA	Eurostat			
Children reporting fair or poor health (Proportion (%) of children aged 11-15 with self-perceived fair or poor health) total, by age (11, 13 and 15 years), by gender, by family type (two parents, other), by Family Affluence Scale (FAS) (Low, moderate, high) [Proportion who respond 'fair' or 'poor' when asked "would you say your health is ... ?" with response options of: i) 'excellent', ii) 'good', iii) 'fair' and iv) 'poor']	Outcome	PROM		2010	[11, 13, 15, and Total for these ages]	M, F, Total	NA				NA	NA																													OECD		
Self-perceived health (16-19 years) by sex, age and income quintile	Outcome	PROM		2015	[16-19]	M, F, Total	NA																																NA	Eurostat			
Estimated population aged 0-24, by age group (0-4; 5-9; 10-14; 0-14 yrs; 15-19; 20-24; 15-24 yrs; 0-24 yrs), thousands	SPEEC	Demographic	Age group	2015	[0-14, 0-4, 5-9, 10-14, 15-19, 20-24, and 0-24]	Total					NA																														OECD		
Estimated number of children and young people (aged 0-20) per one hundred people of working age (aged 20-64) (Youth dependency ratio)	SPEEC	Demographic	Age group	2015	[0-20]	Total					NA																														OECD		





Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source	
Bullying others at ages 11, 13 and 15 by gender (Proportion (%) of 11-, 13- and 15-year-olds who report having bullied others at school at least two or three times in the previous couple of months) by gender	SPEEC	Education	Bullying	2013/14	[11, 13, 15]	M, F	NA		(French and Flemish)		NA								(England, Scotland and Wales)																			NA	OECD	
Bullying others at ages 11-to-15 by gender and family affluence (Percentage point difference between high and low family affluence groups in the proportion (%) of 11-to-15-year-olds who report having bullied others at school at least two or three times in the previous couple of months, by gender)	SPEEC	Education	Bullying	2013/14	[11, 13, 15]	M, F	NA		(French and Flemish)		NA								(England, Scotland and Wales)																				NA	OECD
Being bullied at ages 11-to-15 (Proportion (%) of 11-to-15-year-olds who report having been bullied at least two or three times at school in the previous couple of months) by gender	SPEEC	Education	Bullying	2013/14	[11, 13, 15]	M, F, Total	NA		(French and Flemish)	Only by gender	NA								(England, Scotland and Wales)		Only by gender					Only by gender		Only by gender										Only by gender	2005/06	OECD
Adjusted net enrollment rate, primary, male or female (% of primary school age children). Adjusted net enrollment is the number of pupils of the school-age group for primary education, enrolled either in primary or secondary education, expressed as a percentage of the total population in that age group.	SPEEC	Education	Enrollment	2015	[School age]	M, F, Total	2013	NA	2014	2014	2014	NA	2014 (Total)	2014	2014	2013	2014	2014	2012	2013	2014	2014	2013	2012	2013	2014	2013	2014	2014	2014	2012 (Total)	2014	2013	2014	2012	NA	2014	2014	2014	The World Bank Data
Enrolment rates for 3-,4- and 5-year-olds in pre-primary education or primary school (3; 4; 5; 3-5)	SPEEC	Education	Enrollment	2014	[3, 4, 5, and Total 3-5]	Total																																	OECD	
Participation rates in childcare and pre-school services for 0-to-2-year-olds	SPEEC	Education	Enrollment	2014	[0-2]	Total																																2011	OECD	
Public expenditure (in USD PPP or in per cent of GDP) on: childcare per child aged 0-2; pre-primary education per child aged 3-5; and total on early childhood education and care per child aged 0-5	SPEEC	Education	Expenditure	2013	[0-2, 3-5, and Total 0-5]	Not Applicable		Only total, per child aged 0-5		NA	Only total, per child aged 0-5	Only total, per child aged 0-5	Only total, per child aged 0-6	Only total, per child aged 0-7						NA	NA		Only total, per child aged 0-7			Only total per child aged 0-5	Only total, per child aged 0-7	Only Childcare, per child aged 0-2	Only total per child aged 0-5					Only total, per child aged 0-7 (2012)	Only total, per child aged 0-7	Only total per child aged 0-5	Only total, per child aged 0-7			OECD
Gross childcare fees for two children (aged 2 and 3) attending typical accredited early-years care and education services (Gross childcare fees as a percentage of average wage)	SPEEC	Education	Expenditure	2012	[2-3]	Not Applicable					NA										NA																		OECD	
Inequality in access to educational resources (Modified McLoone index of educational resources)	SPEEC	Education	Expenditure	2012	NA	Total					NA															NA		NA	NA											OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source	
Net childcare costs for a dual-earner family with two children (aged 2 and 3) and with full-time earnings at 150% of the average wage (Out-of-pocket childcare costs for a dual-earner family: full-time care at a typical childcare centre (Childcare fee; Childcare benefits/rebates; Tax reduction; Other benefits; Net cost; % of family net income))	SPEEC	Education	Expenditure	2012	[2-3]	Not Applicable			(Vienna)	(Wallonia)	(Sofia)	NA	(Hamburg)				(Helsinki)	(England)			NA				(Reykjavik)	NA											(Michigan)	OECD		
Net childcare costs for a sole-parent family with two children (aged 2 and 3) and with full-time earnings at 50% of the average wage (Out-of-pocket childcare costs for a sole parent: full-time care at a typical childcare centre)	SPEEC	Education	Expenditure	2012	[2-3]	Not Applicable			(Vienna)	(Wallonia)	(Sofia)	NA	(Hamburg)				(Helsinki)	(England)			NA				(Reykjavik)	NA											(Michigan)	OECD		
Children out of school (% of primary school age). Children out of school are the percentage/absolute number of primary-school-age children who are not enrolled in primary or secondary school. Children in the official primary age group that are in preprimary education should be considered out of school.	SPEEC	Education	School drop-out	2015	[School age]	M, F, Total	2013	NA	2014	2014	2014	NA	2014 (only Total)	2014	2014	2013	2014	2014	2012 (M, F) 2014 (Total)	2013	2014	2014	2013	2012	2013	2014	2013	2014	2014	2014	2012 (only Total)	2014	2013	2014	2012	NA	2014	2014	2014	The World Bank Data
Student performance in reading (PIRLS 2011) (Country mean average score, children age 10 or around) total, by gender and HRL (Home Resources for Learning) index score (Low; Medium; High)	SPEEC	Education	School Performance	2011	[10]	M, F, Total	No data for Low HRL index score	No data for Low HRL index score	(French)		NA	No data for Low HRL index score	No data for Low HRL index score	No data for Low HRL index score		NA	No data for Low HRL index score	No data for Low HRL index score	No data by HRL score	NA	NA	No data by HRL score	No data for Low HRL index score	NA			NA	NA	NA	No data by HRL score	No data for Low HRL index score	No data for Low HRL index score		No data by HRL score	No data for Low HRL index score	No data for Low HRL index score	No data by HRL score	OECD		
Student performance in mathematics (TIMSS 2011) (Country mean average score, children age 10 or around) total, by gender and difference between genders)	SPEEC	Education	School Performance	2011	[10]	M, F, Total			(French and Flemish)	NA	NA					NA		NA	(England)	NA				NA			NA	NA											OECD	
Student performance in science (TIMSS 2011) (Country mean average score, children age 10 or around) total, by gender and difference between genders)	SPEEC	Education	School Performance	2011	[10]	M, F, Total			(French and Flemish)	NA	NA					NA		NA	(England)	NA				NA			NA	NA											OECD	
Changes in gender differences in student performance in mathematics (Male-less-female country mean average PISA scores and change in male-less-female mean average PISA scores over time, with associated standard errors) between 2003 and 2015	SPEEC	Education	School Performance	2015	[15]	Not Applicable					NA	NA							NA		NA														NA	NA			OECD	
Changes in gender differences in student performance in reading (Male-less-female country mean average PISA scores and change in male-less-female mean average PISA scores over time, with associated standard errors) between 2009 and 2015	SPEEC	Education	School Performance	2015	[15]	Not Applicable																																	OECD	





Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source
Daily exposure to tobacco smoke indoors (15-19 years), by sex, age and educational attainment level (% of: Less than 1 hour; 1 hour or over; Never) Note: not all countries have data on tertiary education (levels 5-8), especially by sex (i.e. for total only Austria, Belgium and France, for females only Belgium and France, for males only France)	SPEEC	Environment	Indoor	2014	[15-19]	M, F, Total	NA																NA	NA													NA	Eurostat	
Life satisfaction among children aged 11 to 15 (Mean life satisfaction score of 11, 13 and 15 year-old children, on a scale of 0 to 10) total, by Family Affluence Scale (FAS) (low, middle, high) and family structure (single parent, two parents) Note: 0 = worst possible life; 10 = best possible life	SPEEC	Self-reported	Life satisfaction	2009/10	[11, 13, 15]	Total	NA			NA	NA										NA																		OECD
Liking school (Students who report liking school (11, 13 and 15)) total, by gender, Family Affluence Scale (FAS) (low, middle, high) and family structure (single parent, two parents) Note: 0 = worst possible life; 10 = best possible life Note: Liking school estimates use reported rates for "liking school a lot" and sample numbers for 11-, 13- and 15-year-old boys and girls to calculate country percentages. Data are for the years 2005/06 from the Health Behaviour in School-aged Children report. Data are drawn from school-based samples.	SPEEC	Self-reported	School satisfaction	2009/10	[11, 13, 15]	M, F, Total	NA			NA	NA										NA																		OECD
Teenage births Adolescent fertility rate (births per 1,000 women ages 15-19), 2005. Teenage birth rates are measured as births per 1 000 15 to 19-year-old females for the year 2005. It should be noted that teenage fertility is not the same as teenage pregnancy. Countries where abortions are more common will have lower teenage fertility rates. Furthermore, in some OECD countries, such as Turkey, women marry earlier, which probably leads to an over-estimation of the social risks and negative outcomes experienced by girls becoming mothers. Physical risks are still age specific	SPEEC	Socio-Cultural-Economic	Adolescent maternity	2005	[15-19]	F				NA	NA					NA					NA																		OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source		
Proportion (%) of children (aged 0-14) in households with no adult in paid employment total, by age group (0-4; 5-9; 10-14), parents' highest level of education (Low; Moderate; High), migratory background (Native; Migrant) and household type (Couple household; Sole-parent household; Complex household)	SPEEC	Socio-Cultural-Economic	Employment/unemployment	2013	[0-4, 5-9, 10-14, and Total 0-14]	Total	2011 Only total							2012			2012												2011								2012	(0-17yrs) Only total	OECD		
Proportion (%) of children (aged 0-14) who live in a household with at least one long-term unemployed parent (12 months or more), total, by age group (0-4; 5-9; 10-14), parents' highest level of education (Low; Moderate; High), migratory background (Native; Migrant) and household type (Couple household; Sole-parent household; Complex household)	SPEEC	Socio-Cultural-Economic	Employment/unemployment	2013	[0-14, 0-4, 5-9, 10-14, 15-19, 20-24, and Total 0-24]	Total	NA							2012			2012																				2012	NA	OECD		
Average equivalised household disposable income in households with children (0-17-year-olds or 15-year-old), USD PPP thousands	SPEEC	Socio-Cultural-Economic	Income	2008/2009	[0-17: 2008 15: 2009]	Not Applicable					NA	NA				NA			2008 (Only 0-17)		NA				NA		NA	NA							2008 (Only 0-17)	NA		2009 (Only 15)	OECD		
Mean equivalised disposable (after tax and transfer) income by household type as a proportion (%) of the mean equivalised disposable income for individuals in households with two or more adults, a working age head, no children and one worker	SPEEC	Socio-Cultural-Economic	Income	2013	NA	Not Applicable	2014				NA	NA									NA	2014																		OECD	
Gini coefficient on disposable income (Gini coefficient on disposable, after tax and transfer, equivalised household income)	SPEEC	Socio-Cultural-Economic	Income	2013	NA	Not Applicable	2014				NA	NA									NA	2014																		OECD	
P90/P10 income decile ratio on disposable (after tax and transfer) equivalised household income	SPEEC	Socio-Cultural-Economic	Income	2013	NA	Not Applicable	2014				NA	NA									NA	2014																			OECD
Material deprivation based on access to household goods and amenities (Proportion (%) of children that do not have access to household goods and amenities by number of items) [Material deprivation is based on children having access to (1) a washing machine, (2) a colour TV, (3) a telephone, and (4) a personal car, and on the household having the ability to (5) keep the household adequately warm, (6) pay utility bills, (7) meet mortgage or rent payments, (8) eat meat, chicken or fish at least every second day, and (9) pay its necessary expenses generally]	SPEEC	Socio-Cultural-Economic	Living arrangement	2013	NA	Not Applicable	NA																																NA	OECD	

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source
Inequality in access to household goods and amenities (Modified McLoone index of household goods and amenities)	SPEEC	Socio-Cultural-Economic	Living arrangement	2013	NA	Not Applicable	NA						NA																								NA	OECD	
Overcrowding (Percentage of children living in overcrowding homes as a proportion of all children (2006). Overcrowding is assessed through questions on "number of rooms available to the household" for European countries from the Survey on Income and Living Conditions (EU-SILC) conducted in 2006; on the "number of bedrooms" in Australia; and on the "number of rooms with kitchen and without bath" in the United States. Overcrowding is deemed to prevail when the number of household members exceeds the number of rooms (i.e. a family of four is considered as living in an overcrowded accommodation when there are only three rooms – excluding kitchen and bath but including a living room))	SPEEC	Socio-Cultural-Economic	Living arrangement	2006	NA	Not Applicable	2005									NA					NA					NA										NA	2003	OECD	
Children in poor homes (Children in poor households (50% of median income), 2005. The child poverty measure used is the proportion of households with children living on an equivalised income below 50% of the national median income for the year 2005. Children are defined as those aged 0-17 years)	SPEEC	Socio-Cultural-Economic	Living arrangement	2008	[0-17]	Not Applicable										NA					NA					NA									NA	NA	OECD		
Poor environmental conditions (Percentage of children living in homes with poor environmental conditions as a proportion of all children (2006). Local environmental conditions are assessed through questions on whether the household's accommodation "has noise from neighbours or outside" or has "any pollution, grime or other environmental problem caused by traffic or industry" for European countries; whether there is "vandalism in the area", "grime in the area" or "traffic noise from outside" for Australia; and whether there is "street noise or heavy street traffic", "trash, litter, or garbage in the street", "rundown or abandoned houses or buildings" or "odors, smoke, or gas fumes" for the United States. Data is for various years from 2003 to 2006.	SPEEC	Socio-Cultural-Economic	Living arrangement	2006	NA	Not Applicable	2005									NA					NA					NA										NA	2003	OECD	

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source		
Child income poverty rates (Share (%) of children (0-to-17) with an equivalised post-tax-and-transfer income of less than 50% of the national annual median equivalised post-tax and transfer income)	SPEEC	Socio-Cultural-Economic	Poverty	2014	[0-17]	Total		2013	2013	NA	NA	2013	2013	2013	2013	2013	2013	2013	2013	2013	NA		2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	OECD	
At risk of poverty rate (cut-off point: 60% of mean equivalised income), age 0-17	SPEEC	Socio-Cultural-Economic	Poverty	2014	[0-17]	Total	NA																															NA	Eurostat		
Poverty rates for households with children by disability status	SPEEC	Socio-Cultural-Economic	Poverty	2009	NA	Total	NA			NA	NA									NA	NA					NA												2010	OECD		
Poverty rates in households with children and a working-age head, by household type (All households with a working-age head; Single adult with at least one child; Two or more adults with at least one child) and household employment status (Jobless; One worker; Two or more workers)(Proportion (%) of individuals in households with children and a working-age head with an equivalised post-tax-and-transfer income of less than 50% of the national annual median equivalised post-tax-and-transfer income	SPEEC	Socio-Cultural-Economic	Poverty	2013	[0-17]	Not Applicable				NA	NA		NA								NA																		NA	OECD	
Educational deprivation (15-year-old children reporting less than four educational possessions per 1000 15-year-olds in the school population) total and by immigrant background (native, non-native)	SPEEC	Socio-Cultural-Economic	Resources for learning	2009	[15]	Total				NA	NA									2006		NA				NA		NA										2006		OECD	
Proportion of children age 10 or around with high scores on HRL (Home Resources for Learning) index	SPEEC	Socio-Cultural-Economic	Resources for learning	2011	[10]	Total					NA					NA			NA	NA	NA			NA		NA	NA	NA										NA	OECD		
Material deprivation based on access to educational resources (Proportion of children that do not have access to educational resources by number of items) (Material deprivation is based on children having access to the following educational resources: a desk to study, a quiet place to study, a computer for school work, educational software, an internet connection, a dictionary, and school textbooks)	SPEEC	Socio-Cultural-Economic	Resources for learning	2012	NA	Total				NA	NA										NA					NA		NA											NA	OECD	
Users of paid paternity leave (Recipients/users of publicly-administered paternity leave benefits or publicly-administered paid paternity leave) per 100 live births	SPEEC	Welfare policy (non-health)	Benefits	2013	NA	Not Applicable	2013-14	NA	2008	NA	NA	NA	NA		2008				NA	NA	NA			NA	NA	OECD															
Age-limit on extension for over-age children in study or training	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA			NApp	NApp		NApp	NApp		NA	NA			NApp	NApp	NA	NApp	NA	NA	NA	NApp	NApp			NA		NApp	NA	OECD		

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source				
Statutory and collectively agreed annual leave (Days of paid annual leave (working days); Statutory minimum; Collectively agreed (Avg.); Public holidays)	SPEEC	Welfare policy (non-health)	Benefits	2014	NA	Not Applicable	No Collectively agreed	No Collectively agreed	No Collectively agreed	Only statutory minimum	Only statutory minimum				No Collectively agreed	No Collectively agreed		No Collectively agreed	No Collectively agreed	No Collectively agreed	Only statutory minimum	No Collectively agreed		No Collectively agreed		Only statutory minimum	No Collectively agreed	No Collectively agreed	Only statutory minimum			No Collectively agreed	No Collectively agreed			No Collectively agreed	No Collectively agreed			OECD			
Paid leave reserved to fathers: Duration of paid paternity leave and paid father-specific parental and home care leave in weeks	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable																																				OECD	
Paid leave reserved to fathers: The average payment rate (%) across paid paternity and father-specific leave for an individual on national average earnings	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable																																				OECD	
Paid maternity leave: Duration of paid maternity leave in weeks	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable																																				OECD	
Paid maternity leave: The average payment rate (%) across paid maternity leave for an individual on national average earnings	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable																																				OECD	
Paid parental and home care leave available to mothers: Duration of paid parental and home care leave available to mothers in weeks	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable																																					OECD
Paid parental and home care leave available to mothers: The average payment rate (%) across paid parental and home care leave available to mothers for an individual on national average earnings	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable																																					OECD
Presence of birth-related parental benefits by type (maternal, paternal, father-specific, and parental benefit)	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA															OECD
Spending in USD PPP (Cash benefits and tax breaks; Childcare; Other benefits in kind; Education; Total) by age	SPEEC	Welfare policy (non-health)	Benefits	2011	[0-5, 6-11, 12-17, and Total 0-17]	Not Applicable				NA	NA										NA					NA		NA															OECD
A child benefit or family allowance exists	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA															OECD
Additional birth-related benefits: Birth grant	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA															OECD
Additional birth-related benefits: Maternity benefits paid to inactive or uninsured	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA															OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source		
Attitudes towards the gender distribution of leave-taking (Distribution of responses to the question "Consider a couple who both work full-time and now have a new born child. Both are in a similar work situation and are eligible for paid leave. How should this paid leave period be divided between the mother and the father?") (The leave should be used entirely by the mother; The leave should be used mostly by the mother; The leave should be split evenly between the mother and father; The leave should be used mostly by the father; The leave should be used entirely by the father; Undecided; No answer)	SPEEC	Welfare policy (non-health)	Benefits	2012	NA	Not Applicable				NA	NA		(East Germany)		NA				NA		NA			NA		NA		NA											OECD		
Duration of paternity benefits (Length in weeks)	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA							NA												OECD	
Father-specific leave payment rates (Proportion of gross earnings replaced by leave benefit(s) across weeks of paid leave reserved for fathers) by level of earnings (50% of average earnings; 100% of average earnings; 150% of average earnings)	SPEEC	Welfare policy (non-health)	Benefits	2014	NA	Not Applicable					NA	NA											NA																	NA	OECD
General age-limit on main child benefit	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA											NA	OECD	
Main child benefit is means-tested	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA												NA	OECD
Main child benefits that vary with child age and family size (No; Increases; Decreases)	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA												NA	OECD
Maternity leave payment rates (Proportion of gross earnings replaced by maternity benefits across paid maternity leave) by level of earnings (50% of average earnings; 100% of average earnings; 150% of average earnings)	SPEEC	Welfare policy (non-health)	Benefits	2014	NA	Not Applicable																																		NA	OECD
Net equivalised income over the period of parental and home care leave (Net equivalised household income in the first month after the birth, six months after the birth, one year after the birth and two years after the birth, as a percentage of net equivalised household income one year before the birth)	SPEEC	Welfare policy (non-health)	Benefits	2014	NA	Not Applicable	No data for two years after the birth		No data for one nor two years after the birth		NA			No data for one nor two years after the birth						No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	No data for one nor two years after the birth	OECD	
Paternal leave payment rates (Proportion of gross earnings replaced by parental leave benefits across weeks of paid parental and home care leave available to mothers) by level of earnings (50% of average earnings; 100% of average earnings; 150% of average earnings)	SPEEC	Welfare policy (non-health)	Benefits	2014	NA	Not Applicable					NA				NA				NA																					NA	OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source
Public expenditure on maternity and parental leaves (Public expenditure on maternity and parental leaves per child born, at current prices and current PPPs, in US dollars)	SPEEC	Welfare policy (non-health)	Benefits	2011	NA	Not Applicable				NA	NA										NA					NA		NA									NA	OECD	
Public spending on family benefits and education (primary and secondary) by age, as a percentage of total public spending on family benefits and education for children aged 0-17 years (0-5yrs; 6-11yrs; 12-17yrs)	SPEEC	Welfare policy (non-health)	Benefits	2011	[0-5, 6-11, 12-17, and Total 0-17]	Not Applicable				NA	NA										NA					NA		NA										NA	OECD
Tax breaks to families with children exist	SPEEC	Welfare policy (non-health)	Benefits	2015	NA	Not Applicable				NA	NA										NA					NA		NA										NA	OECD
Use of leave by employed mothers (Proportion (%) of employed mothers with a child under age 1 on maternity or parental leave) by number of children (all; one child; two or more children)	SPEEC	Welfare policy (non-health)	Benefits	2013	NA	Not Applicable	NA			Only total (2012)				NA		Only total (2012)	NA				NA	Only total (2012)				Only total (2012)	Only total (2012)	Only total (2012)	NA		NA						NA	NA	OECD
Users of paid parental leave (Recipients/users of publicly-administered parental leave benefits or publicly-administered paid parental leave) (Male share of recipients (%); Number of users/recipients per 100 live births)	SPEEC	Welfare policy (non-health)	Benefits	2013	NA	Not Applicable				NA	NA				NA				NA	NA	NA	NA	NA			NA		NA							NA	NA	NA	OECD	
Distribution of NEETs across age groups (Share of 15-19 year olds that are not in employment, education or training (NEET)) total and by gender	SPEEC	Welfare policy (non-health)	NEETs	2013/14	[15-19]	M, F, Total																				NA												OECD	
Experience of being drunk at ages 11-to-15 by gender and family affluence (Percentage point difference between high and low family affluence groups in the proportion (%) of 11-to-15-year-olds who have been drunk at least twice, by gender)	H-RB	Addiction		2013/14	[11, 13, 15]	M, F	NA		(French and Flemish)		NA						NA		(England, Scotland and Wales)																		NA	OECD	
Cannabis use at age 15 (Proportion (%) of 15-year-olds who have used cannabis in the last 30 days) by gender	H-RB	Addiction		2013/14	[15]	M, F	NA		(French and Flemish)		NA								(England, Scotland and Wales)	NA									NA								NA	OECD	
Cannabis use at age 15 (Percentage point difference between high and low family affluence groups in the proportion (%) of 15-year-olds who have used cannabis in the last 30 days) by gender	H-RB	Addiction		2013/14	[11, 13, 15]	M, F	NA		(French and Flemish)		NA								(England, Scotland and Wales)										NA								NA	OECD	
Regular smokers at ages 11-to-15 (Percentage point difference in the proportion (%) of 11-to-15-year-olds who smoke at least once a week between high and low family affluence groups) by gender	H-RB	Addiction		2013/14	[11, 13, 14]	M, F	NA		(French and Flemish)		NA								(England, Scotland and Wales)																		NA	OECD	
Experience of being drunk (Proportion (%) of 11-, 13- and 15-year-olds who have been drunk at least twice) by gender or age (11, 13, 15)	H-RB	Addiction		2013/14	[11, 13, 15]	M, F, Total	NA				NA																										2005/06	OECD	

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source	
Regular smokers at ages 11-to-15 (Proportion (%) of 11-to-15-year-olds who smoke at least once a week) by gender	H-RB	Addiction		2013/14	[11, 13, 15]	M, F, Total	NA		(French and Flemish)		NA					NA											NA												OECD	
Measured overweight (including obesity) among children at various ages	H-RB	Nutrition		2013/14	[different countries ages]	M, F	NA	9-12 (2009-11); 11, 13, 15 (2013/14)	10-12 (2010); Flemish 11, 13, 15 yrs (2013/14)	11, 13, 15 (2013/14)	NA	7 (2007-08)	12-16 (2008)	14-16 (2007-09)	8-17 (2012)	7 (2007-08)	12 (2006)	6-15 (2006)	Note 2013/14 : Information on BMI is missing for more than 30% of the age-group sample.	10-12 (2010)	11, 13, 15 (2013/14)	10-12 (2010)	7 (2012); 11, 13, 15 (2013/14)	Note 2013/14 : Information on BMI is missing for more than 30% of the age-group sample.	14-15 (2006); 11, 13, 15 (2013/14)	8-9 (2007-08)	6-9 (2013)	11, 13, 15 (2013/14)	Note 2013/14 : Information on BMI is missing for more than 30% of the age-group sample.	10-12 (2010)	10-12 (2010)	13-18 (2010-11)	3-10 (2009-10)	15 (2013/14)	Note 2013/14 : For the other age group information on BMI is missing for more than 30% of the sample	6-16 (2006-08)	7-18 (2011)	7-9 (2013)	NA	OECD
Prevalence of overweight, weight for height (% of children under 5). Prevalence of overweight children is the percentage of children under age 5 whose weight for height is more than two standard deviations above the median for the international reference population of the corresponding age as established by the WHO's new child growth standards released in 2006.	H-RB	Nutrition		2014	[<5]	M, F, Total	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2012	The World Bank Data	
Percentage point difference between high and low family affluence groups in the proportion (%) of 11-to-15-year-olds with a BMI classed as 'overweight' or 'obese' according to the WHO child growth curve standards, by gender	H-RB	Nutrition		2013/14	[11, 13, 15]	M, F	NA		(Flemish; For French information on BMI is missing for more than 30% of the age-group sample for any of the three age-groups)		NA								Information on BMI is missing for more than 30% of the age-group sample for any of the three age-groups																				NA	OECD
Daily fruit eating among 15-year-olds	H-RB	Nutrition		2013/14	[15]	M, F	NA				NA																											NA	OECD	
Daily vegetable eating among 15-year-olds	H-RB	Nutrition		2013/14	[15]	M, F	NA				NA																												NA	OECD
Ratio of boys' over girls' fruit consumption at 11, 13 and 15 years	H-RB	Nutrition		2005/06	[11, 13, 15]	Not Applicable	NA			NA	NA										NA						NA	NA	NA											OECD
Body mass index (BMI) by sex, educational attainment level and income quintile [15-19 years] (% of: Underweight, Normal, Overweight, Pre-obese; Obese)	H-RB	Nutrition		2014	[15-19]	M, F, Total	NA																NA	NA															NA	Eurostat
Self-reported overweight (including obesity) among 15-year-olds	H-RB	Nutrition		2013/14	[15]	M, F, Total	NA				NA								(England)																				NA	OECD
Standardised rates of physical activity (OECD average = 1) by sex	H-RB	Physical activity		2005/06	NA	M, F	NA			NA	NA										NA					NA	NA	NA												OECD

Measure	Area	Topic	Sub-topic	Last available year	Age	Gender	AUS	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	FRA	UK	GRC	HRV	HUN	IRL	ISL	ITA	LTU	LUX	LVA	MLT	NLD	NOR	POL	PRT	ROU	SVK	SVN	SWE	USA	Source			
Ratio of rates of physical activity of 11 to 15 year olds by sex	H-RB	Physical activity		2005/06	[11, 15]	M, F	NA			NA	NA					NA					NA																			OECD		
Daily moderate-to-vigorous physical activity	H-RB	Physical activity		2013/14	[11, 15]	M, F	NA				NA																													11, 13, 15 (2005/06)	OECD	
Effort involved in performing work-related physical activity by sex, age, educational attainment level and income [15-19 years] (% of: Heavy; Moderate; Moderate or heavy; None or light)	H-RB	Physical activity		2014	[15-19]	M, F, Total	NA																																	NA	Eurostat	
Time spent on health-enhancing (non-work-related) aerobic physical activity (% of: Zero minutes; From 1 to 149 minutes; From 150 to 299 minutes; 150 minutes or over; 300 minutes or over) by sex, age, educational attainment level and income quintile [15-19 years]	H-RB	Physical activity		2014	[15-19]	M, F, Total	NA		NA																															NA	Eurostat	
Contraceptive use at age 15 by gender (Percentage point difference between high and low family affluence groups in the proportion (%) of 15-year-olds who report using a condom the last time they had intercourse), by gender	H-RB	Sexuality		2013/14	[15]	M, F	NA		(Flemish)		NA									(England, Scotland and Wales)																					NA	OECD
Contraceptive use at age 15 (Proportion (%) of 15-year-olds who report using a condom the last time they had intercourse), by gender and family affluence	H-RB	Sexuality		2013/14	[15]	M, F	NA		(Flemish)		NA									(England, Scotland and Wales)																					NA	OECD
Experience of sexual intercourse at age 15 (Proportion (%) of 15-year-olds who report having ever had sexual intercourse) by gender	H-RB	Sexuality		2013/14	[15]	M, F	NA		(Flemish)		NA									(England, Scotland and Wales)																					NA	OECD
Experience of sexual intercourse at age 15 (Percentage point difference between high and low family affluence groups in the proportion (%) of 15-year-olds who report having ever had sexual intercourse) by gender	H-RB	Sexuality		2013/14	[15]	M, F	NA		(Flemish)		NA									(England, Scotland and Wales)																					NA	OECD

## Appendix 4. List of measures collected from the CA questionnaires

The following table reports the list of the measures provided by the CAs using the WP4 questionnaire (Appendix 1) providing their classification within the Area, Topic and Sub-topic of the map. Two additional columns of the table specify whether the measure is devoted to analyse a specific disease as well as the age ranges covered. Moreover, the coverage among countries of each measure is reported specifying whether the measure is: directly reported from the CA questionnaire; retrieved from documents reported by the CA; reported from the CA as "Other" topics.

Within the areas:

- SPEEC stands for Social, Political, Economic, Environmental Context area
- H-RB: stands for Health-Related Behaviour area

Measure/Indicator	Area	Topic	Sub-Topic	Disease Specific	Age ranges	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	UK (Eng.)	UK (N. I.)	UK (Sco.)	UK (Wal.)	GRC	HRV	HUN	IRL	ISL	ITA	LVA	LTU	MLT	NLD	NOR	POL	PRT	ROU	SWE		
Number of health workers/Human resources	Structure	Child Care Provider/Workforce	General					[✓]			☐			[✓]	[✓]		✓	✓			✓		☐											☐		
Number of medical doctors by specialty	Structure	Child Care Provider/Workforce	General					[✓]			☐															✓										
Number of employees in the healthcare system who directly or indirectly participate in the provision of healthcare services regardless of the type of employment contract (indefinite term, fixed term, temporary service)	Structure	Child Care Provider/Workforce	General											✓			✓				✓															
Number of children for which a nurse case manager is appointed	Structure	Child Care Provider/Workforce	General				✓																												[✓]	
Number of emergency care providers	Structure	Child Care Provider/Workforce	Emergency											[✓]	[✓]			✓	✓				✓													
Number of insurers in care	Structure	Child Care Provider/Workforce	Insurance											✓							✓															
Number and density of general practitioners with / without cash contract	Structure	Child Care Provider/Workforce	Primary Care											✓							✓															
The proportion of children under 6 years of age registered for general practitioners	Structure	Child Care Provider/Workforce	Primary Care		[0-6]																	[✓]														
Number of school nurses	Structure	Child Care Provider/Workforce	School nurse																																☐	
Number of social care workers	Structure	Child Care Provider/Workforce	Social Care				✓							✓				✓	✓																☐	
Number, percentage and rate (per 1,000) of child welfare and protection referrals to the Health Service Executive (HSE) and Tusla (the Child and Family Agency) who deal with the management of such referrals	Structure	Child Care Provider/Workforce	Social Care																			☐														
Number of specialists in child and adolescent psychiatry	Structure	Child Care Provider/Workforce	Specialist												[✓]			✓																		
Number of child counselors and qualified counselors share	Structure	Child Care Provider/Workforce	Specialist				-	✓																												
Number of children's Disability Network Teams established	Structure	Child Care Provider/Workforce	Specialist											✓								✓														
Number of dental care providers	Structure	Child Care Provider/Workforce	Specialist				✓		[✓]		☐			[✓]	[✓]			✓	✓			✓														
Number of physiotherapists	Structure	Child Care Provider/Workforce	Specialist				✓							✓				✓				✓														☐

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Number of multiprofile hospitals (for active treatment)	Structure	Facilities	General					[✓]		□																									
Number of specialized hospitals	Structure	Facilities	General					[✓]		□																									
Number of doctors' offices	Structure	Facilities	General			✓		[✓]		□								✓			✓														
Number of Health centres	Structure	Facilities	General			✓									[✓]																				
Development of the structure dispensarised diseases in children	Structure	Facilities	General							□																									
Number of inhabitants per one pharmacy	Structure	Facilities	Pharmacy			✓				[✓]			✓																						
Number of outpatient child and adolescent psychiatric units	Structure	Facilities	Specialist service												[✓]			✓																	
Number of primary health care specialties structures	Structure	Facilities	Specialist service										✓				✓				✓														
Electronic health records with special part on child care	Structure	Equipment	ICT					[✓]					✓																						
Software solutions (i.e. benchmarking tools, health system monitoring) [High-tech equipment]	Structure	Equipment	ICT							□				[✓]																					
Health expenditure per capita	Structure	Expenditure	General			✓				[✓]		✓		[✓]	[✓]		✓	✓	✓				✓												
Total expenditure on performed prescriptions (0-14) / the total population (0-14)	Structure	Expenditure	General		[0-14]								✓																						
Actual spend and percentage variance from Budget for Community Health Organisations	Structure	Expenditure	General																				✓												
Payment for assistance in child-birth	Structure	Expenditure	General																						[✓]										
Health care costs covered by health insurance companies	Structure	Expenditure	Insurance			✓				[✓]			✓										✓												
Average health care costs covered by health insurance companies per one insured according to age groups	Structure	Expenditure	Insurance							[✓]																									
Overall number of insured	Structure	Expenditure	Insurance			✓							✓									✓	✓												
Number of persons covered by Medical Cards	Structure	Health policy	Benefit														✓						✓												
Number of persons covered by GP Visit Cards	Structure	Health policy	Benefit																				✓												
Number of dispensarised diseases in children	Structure	Health policy	Benefit							□																									
Immunization rates/coverage	Process	Prevention	Immunization			✓	✓		✓					[✓]	✓	✓	✓	✓	✓	✓	✓	✓	✓			[✓]		✓	✓						
Number of persons that received information, advice or reinforcement on at least one feeding, accident prevention, smoking prevention and sun exposure counselling once in the last 3 years in relation to Total number of children between the ages of 0 and 14	Process	Prevention	Health Promotion	Multiple	[0-14]								✓																						
Percentage of adolescents (15-19 years old, both included) who have received information, advice or reinforcement at least once regarding the use of contraceptive methods (prevention of pregnancy), prevention of sexually transmitted infections (use of condoms ) and on toxic habits (smoking, alcohol and other drugs).	Process	Prevention	Health Promotion	Multiple	[15-19]								✓																						
People from 0 to 14 years old will have received in the last 3 years information, advice or reinforcement on Power supply, Accident prevention, Prevention of	Process	Prevention	Health Promotion	Multiple	[0-14]								✓																						

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smoking, Advice on sun exposure in relation to Total number of children between the ages of 0 and 14																																			
Health promotion capacity building (TEA) in primary health care	Process	Prevention	Health Promotion												[✓]																				
Health Promotion in Municipal Management	Process	Prevention	Health Promotion												[✓]																				
Proportion of puerperal women with home nursing consultation	Process	Prevention	Health Promotion																														[✓]		
Number of screening tests	Process	Prevention	Health Promotion			✓					□							✓	✓																
Number of school screenings	Process	Prevention	Health School Services			✓								✓	[✓]			✓	✓																
Number of visits to school counseling centers	Process	Prevention	Health School Services																																
Proportion of children and youngsters with Special Health Needs who were the target of nursing intervention in school health	Process	Prevention	Health School Services	Multiple										✓																				[✓]	
Percentage of children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	Process	Prevention	Immunization	Multiple	[2]	✓					✓			✓	[✓]	✓	✓	✓	✓				✓		✓	✓									
% children aged who have received 3 doses Meningococcal C (MenC3) vaccine	Process	Prevention	Immunization	Meningitis							□				[✓]	✓	✓	✓	✓			✓		[✓]		✓	✓								
% first year girls who have received third dose of HPV (Human Papillomavirus) vaccine	Process	Prevention	Immunization	Papilloma Virus	<1]						✓				[✓]	✓	✓	✓	✓					[✓]		✓	✓								
Number of people from 0 to 14 who received in the last year the corresponding vaccines according to their age, according to the current vaccination calendar / number of people from 0 to 14 years susceptible to be vaccinated	Process	Prevention	Immunization		[0-14]									✓	✓				✓																
The percentage of children who participated in the childhood vaccination program	Process	Prevention	Immunization									✓																							
Immunisation coverage MMR (Measles/Mumps/Rubella)	Process	Prevention	Immunization	MMR							□			✓	[✓]	✓	✓	✓	✓				✓		✓	✓	✓								✓
Immunization coverage Pneumococcal	Process	Prevention	Immunization	Pneumonia							□														✓										
Immunization coverage Varicella	Process	Prevention	Immunization	Varicella																					✓										
Immunisation coverage DTP3 (diphtheria, tetanus, pertussis vaccine, 3 doses)	Process	Prevention	Immunization	DTP3		✓					□			✓	[✓]		✓	✓				✓				✓	✓								
Proportion of children 2 years old, with National Vaccination Plan totally fulfilled	Process	Prevention	Immunization		[2]									✓	[✓]								✓											[✓]	
Immunization rates/coverage Flu	Process	Prevention	Immunization	Influenza		✓									[✓]	✓	✓	✓						✓											
Immunization rates/coverage PCV booster (pneumonia, septicaemia, meningitis) for children <2 yo	Process	Prevention	Immunization	PCV	[0-2]										[✓]	✓	✓	✓					✓												
Proportion of children vaccinated against diphtheria, tetanus, whooping cough, polio, Hib bacterium, measles, mumps and rubella (MMR vaccine) and the HPV vaccine	Process	Prevention	Immunization	Multiple								✓																							
Number of mothers offered (nurse) pre-natal support	Process	Prevention	Well-child visit				✓								[✓]			✓																[✓]	

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% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	Process	Prevention	Well-child visit		[10 months]																		✓														
Children below 6 years of age screened according to the legal framework	Process	Prevention	Well-child visit		[0-6]																	✓															
Adequate maternal health monitoring/follow-up index	Process	Prevention	Well-child visit																															[✓]			
Number of consultations in Centres called 'Houses of the Child'	Process	Prevention	Well-child visit				✓																														
Proportion of newborns with at least one medical surveillance visit performed up to 28 days old	Process	Prevention	Well-child visit		[28 days]	✓									[✓]	✓						✓													[✓]		
Proportion of children with at least 6 medical consultations for child health surveillance in the 1st year of life	Process	Prevention	Well-child visit			✓									[✓]																				[✓]		
Number of persons aged 0 to 14 years with at least once in the last 3 years weight determination, or height or percentiles / number of persons aged 0 to 14 years	Process	Prevention	Well-child visit		[0-14]	✓							✓			✓																					
Number of people from 0 to 14 who have performed the early detection of visual disturbances, hypoacusia arterial hypertension / number of people from 0 to 14 years	Process	Prevention	Well-child visit	Multiple	[0-14]						✓		✓																								
% of postpartum women who receive a visit in the first month after delivery	Process	Prevention	Well-child visit											[✓]																							
Annual health evaluations, periodic examinations, and health check-ups	Process	Prevention	Well-child visit									✓		[✓]								✓															
Number of preventive check-ups by general practitioner for children per age groups	Process	Prevention	Well-child visit																							[✓]											
% of specific examinations, for example, weight, height, vision, otoscopy, language, etc.	Process	Prevention	Well-child visit				□					✓																									
Preventive medical care provided to infants and young children	Process	Prevention	Well-child visit			✓								✓	[✓]							✓															
Preventive preschool health evaluations for children	Process	Prevention	Well-child visit											✓								✓														✓	
Preventive school and college health evaluations for children in different age groups	Process	Prevention	Well-child visit			✓								✓								✓															
Child development health screening	Process	Prevention	Well-child visit			✓								✓	[✓]				✓					[✓]													
Time spent on preventative issues (%)	Process	Prevention	Well-child visit									✓																									
% of The child examinations with new findings, by severity	Process	Prevention	Well-child visit									✓																									
% of The child examinations with new findings, by type	Process	Prevention	Well-child visit									✓																									
Number of people 6 to 16 years old with at least one oral review in the last year, in the Oral Health Unit / Number of people aged 6 to 16 years	Process	Prevention	Well-child visit	Oral	[6-16]								✓																								
Number of new patients attending for Scheduled Oral Health Assessment (Children and adult data reported separately)	Process	Prevention	Well-child visit	Oral																		✓															

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Number of new patients attending for Unscheduled Oral Health Assessment (Children and adult data reported separately)	Process	Prevention	Well-child visit	Oral																			✓													
Percentage of referrals for Orthodontics seen for assessment within 6 months	Process	Prevention	Well-child visit	Dental																			✓													
Number of children who carry out a listening test	Process	Prevention	Well-child visit	Earing						[✓]				[✓]																						
Assessment by specialist physician in child and youth psychiatry	Process	Prevention	Well-child visit	Mental								[✓]																								
Use of antibiotics (DDD/Defined Daily Dose per bed-days/patients)	Process	Primary healthcare management	Drug consumption			✓							✓	[✓]			✓					✓		✓												
Monthly average of children 5 to 14 years old treated with ALT / Monthly average of children aged 5 to 14 years with antiasthmatic background treatment	Process	Primary healthcare management	Drug consumption	Asthma	[5-14]								✓																							
The proportion of outpatients not using inhaled corticosteroids (ICS), despite a high consumption (number of prescription > 600 doses per year) of short-acting SABA	Process	Primary healthcare management	Drug consumption	Asthma								✓																								
The proportion of ambulatory patients using long-acting LABA or LAMA or LABA / LAMA, without simultaneously using ICS	Process	Primary healthcare management	Drug consumption	Asthma								✓																								
Consumption of asthma medication (number of children aged 0-17 year tha have redeemed a prescription for the different groups of medicaments for treating asthma)	Process	Primary healthcare management	Drug consumption	Asthma	[0-17]							✓																								
Drug treatment patients injection experience	Process	Primary healthcare management	Drug consumption											[✓]																						
Children between 0-18 years of age treated with antibiotics in the last 12 months calculated in 1 month average	Process	Primary healthcare management	Drug consumption		[0-18]																	✓														
Drug consumption rate in population <18 yo	Process	Primary healthcare management	Drug consumption		[0-18]					✓															✓											
Number and percentage of domiciliary births	Process	Primary healthcare management	Home care		[at birth]									✓	[✓]		✓	✓	✓				✓													
Nurse's and midwife's outpatient and home visits	Process	Primary healthcare management	Home care		[at birth]	✓								[✓]			✓																		[✓]	
Health visitors home care visits	Process	Primary healthcare management	Home care						✓					[✓]	[✓]		✓				✓										✓					
Number of recipes per inhabitant and age group	Process	Primary healthcare management	Prescription										[✓]																							
Referrals to specialist assessment	Process	Primary healthcare management	Prescription												[✓]						✓															
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by CAMHS Team [Child & Adolescent Mental Health]	Process	Primary healthcare management	Prescription	Mental													✓	✓	✓				✓													
Children referred by the primary care paediatrician in the last 6 months in 1 month average to institutions where referral is obligatory (excl. imaging and laboratory tests)	Process	Primary healthcare management	Prescription																			✓														

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Number of drug prescriptions (children and adolescents)	Process	Primary healthcare management	Prescription										✓		[✓]			✓				□														
Prescription of antibiotics for airway-infection with population	Process	Primary healthcare management	Prescription	Respiratory											[✓]			✓																	✓	
Prescription of antibiotics with children between 0-9 year	Process	Primary healthcare management	Prescription		[0-9]										[✓]			✓																	✓	
Percentage of prescriptions for phenoxymethylpenicillin (penicillin V) of all prescriptions with respiratory antibiotics prescribed to children aged 0-9 years	Process	Primary healthcare management	Prescription	Respiratory	[0-9]								✓						✓																[✓]	
Number of prescriptions in children with asthma with LABA and without corticoids inhalers in relation to the total of children from 5 to 14 years diagnosed with asthma with LABA.	Process	Primary healthcare management	Prescription	Asthma	[5-14]								✓																							
Proportion of patients where (cancer) treatment is initiated within 14 days of diagnosis	Process	Primary healthcare management	Treatment	Cancer								✓																								
The number of treatments and the number of patients registered by diagnosis group and gender	Process	Primary healthcare management	Treatment								□															✓										
Newly registered treated children (0-17) by diagnosis group and gender, per 100.000 population	Process	Primary healthcare management	Treatment		[0-17]																					✓										
Number of registered injury and poisoning cases by gender and age per 100.000 population	Process	Primary healthcare management	Treatment	Injury/Poisoning																						✓										
Children below 3 years of age given cholecalciferol containing product	Process	Primary healthcare management	Treatment		[0-3]																	✓														
Girls between 10-18 years of age given any sort of iron supplementation	Process	Primary healthcare management	Treatment		[10-18]																	✓														
Existing patients seen by Public Health Nursing in the month [recorded by category of patient: 65yrs+, 18-64yrs, 5-17yrs, patients with disability (physical/sensory/intellectual) 18-64yrs and 5-17yrs), clinical nursing activity for sick children 0-4yrs (not including child health screening and surveillance)]	Process	Primary healthcare management	Visit	Impairment	[5-17]																		✓													
New patients seen by Public Health Nursing in the month [recorded by category of patient: 65yrs+, 18-64yrs, 5-17yrs, patients with disability (physical/sensory/intellectual) 18-64yrs and 5-17yrs), clinical nursing activity for sick children 0-4yrs (not including child health screening and surveillance)]	Process	Primary healthcare management	Visit	Impairment	[5-17]																		✓													
Number of insured who used actual health care services within the current year (number of users), among which number of infants and young children	Process	Primary healthcare management	Visit																			✓														
Visits to medical practices	Process	Primary healthcare management	Visit				✓								[✓]							✓														
Outpatient contacts with primary health care physicians, age 0-17, per 100.000	Process	Primary healthcare management	Visit		[0-17]										[✓]	[✓]	✓									✓										
Outpatient contacts with family physicians, age 0-17, per 100.000	Process	Primary healthcare management	Visit		[0-17]										[✓]	[✓]										✓										
Contacts per patient per year with GPs	Process	Primary healthcare management	Visit									✓																								

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Number of contacts with GP Out of Hours	Process	Primary healthcare management	Visit												[✓]			✓					✓													
Primary care visits for gastroenteritis	Process	Primary healthcare management	Visit	Gastroenteritis																															✓	
Primary care visits for asthma	Process	Primary healthcare management	Visit	Asthma																															✓	
The proportion of all outpatient asthma patients who have measured and recorded the height at least once a year	Process	Primary healthcare management	Visit	Asthma								✓																								
The proportion of all outpatient asthma patients who have measured and recorded weight at least once a year	Process	Primary healthcare management	Visit	Asthma								✓																								
School-health-care visits (practitioners other than physicians) in primary health care per 1000 persons per age groups	Process	Primary healthcare management	Visit												[✓]																					
The proportion of patients with diabetes, which at least once a year have been measured blood pressure	Process	Primary healthcare management	Visit	Diabetes								✓																								
Diagnostics and treatment per 100 inpatient	Process	Specialist/hospital healthcare	General												[✓]		✓	✓																		
Number of inpatients (both discharged and died) by age and disease (infant; 1-14; 15-17), per 1000 population	Process	Specialist/hospital healthcare	Admission		[0-17]																					✓										
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Process	Specialist/hospital healthcare	Admission	Mental																			✓													
Number of full-term babies (gestation greater than 36 weeks) admitted within 14/28 days of birth to a neonatal unit, expressed as a percentage of all full-term birth	Process	Specialist/hospital healthcare	Admission		[14-18 days]							✓				✓	✓																			
Number of admissions at the public paediatric hospitals	Process	Specialist/hospital healthcare	Admission			✓			✓						[✓]		✓	✓					✓													
The proportion of hospitalized children who arrive at paediatric ward with normothermia (tp. 36.5 to 37.5)	Process	Specialist/hospital healthcare	Admission									✓																								
Children admitted with temperature under 36 degrees	Process	Specialist/hospital healthcare	Admission									□																								
Admission of children to CAMHs Inpatient Units	Process	Specialist/hospital healthcare	Admission	Mental											[✓]		✓	✓					[✓]													
Number of inpatient and day surgery patients per 100.000	Process	Specialist/hospital healthcare	Admission												[✓]	[✓]	✓	✓																		
Number of outpatient surgery patients per 1000[100.000]	Process	Specialist/hospital healthcare	Admission												[✓]	[✓]	✓	✓					✓													
Outpatient attendances at paediatric hospitals	Process	Specialist/hospital healthcare	Admission			✓									[✓]		✓	✓			✓		✓				✓									
Hospitalisation rate (among children and adolescents) per 1000[100.000]	Process	Specialist/hospital healthcare	Admission		children and adolescents	✓	✓	[✓]		✓					[✓]		✓	✓						✓	✓											
Hospitalisation rate due to poisoning (among children and adolescents) per 100.000	Process	Specialist/hospital healthcare	Admission	Poisoning	children and adolescents										[✓]		✓	✓	✓				[✓]													



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The proportion of hospitalized children being treated with antibiotics	Process	Specialist/hospital healthcare	Drug consumption									✓																							
Proportion of children and adolescents with type 1 diabetes that by annual checks have achieved treatment goals for HbA1c	Process	Specialist/hospital healthcare	Follow-up	Diabetes													✓																		[✓]
Inpatient hospital days (length of stay) for common diagnoses	Process	Specialist/hospital healthcare	Length of Stay						✓			✓		✓	[✓]	✓		✓					[✓]			✓	[✓]								
Proportion of inpatient stays in child-specific departments	Process	Specialist/hospital healthcare	Length of Stay																✓				✓												
% of bed days used (in HSE Child and Adolescent Acute Inpatient Units) as a total of bed days used by children in mental health acute inpatient units	Process	Specialist/hospital healthcare	Length of Stay	Mental		✓											✓	✓	✓				✓												
Average experienced layover to hospital surgery, days	Process	Specialist/hospital healthcare	Length of Stay									✓																							
Number of asthma emergency inpatient bed days used by children under 6 yo	Process	Specialist/hospital healthcare	Length of Stay	Asthma	[0-6]												✓						✓												
Hospitalization due to cardio-surgical interventions (among children and adolescents) per 100.000	Process	Specialist/hospital healthcare	Surgery	Heart	children and adolescents	✓											✓	✓	✓				✓		✓										
Hospitalization due to tonsillectomy and/or adenoidectomy (among children and adolescents) per 100.000	Process	Specialist/hospital healthcare	Surgery	Tonsils/Adenoids	children and adolescents	✓											✓						✓		✓										
Hospitalization due to appendectomy (among children and adolescents) per 100.000	Process	Specialist/hospital healthcare	Surgery	Appendicitis	children and adolescents	✓											✓						✓		✓										
Mean age at operation for cryptorchidism	Process	Specialist/hospital healthcare	Surgery	Cryptorchidism																															✓
% operated for cryptorchidism >3 year	Process	Specialist/hospital healthcare	Surgery	Cryptorchidism	[>3]																														✓
The proportion of patients where there has been coordinating network meeting within 90 days of the start of diagnosing ADHD	Process	Specialist/hospital healthcare	Team working	ADHD								✓																							
Number of diagnostic tests	Process	Specialist/hospital healthcare	Test									□																							
The proportion of hospitalized children the pain scores within the first day of hospitalization	Process	Specialist/hospital healthcare	Test									✓																							
Number of Patients receiving active Orthodontic Treatment at the end of the reporting period.	Process	Specialist/hospital healthcare	Treatment	Dental																															
Proportion of children and adolescents treated with psychotherapy	Process	Specialist/hospital healthcare	Treatment	Mental															✓																
Proportion of recipients of habilitation and rehabilitation at home for who has an individual plan	Process	Specialist/hospital healthcare	Treatment																																✓
Proportion of recipients of habilitation and rehabilitation in institution who has an individual plan	Process	Specialist/hospital healthcare	Treatment																																✓
Total Number of patients who received an Occupational Therapy service (direct and indirect) in primary and community services in the reporting month. This metric is	Process	Specialist/hospital healthcare	Treatment		[0-17]														✓																✓

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recorded by age band: 0-4yrs and 11mths; 5-17yrs & 11mths; 18-64yrs & 11mths; 65yrs+.																																				
Number of treatments within community ophthalmology service (Children and adult data reported separately)	Process	Specialist/hospital healthcare	Treatment	Eye																			✓													
Number of all medical interventions related to children	Process	Specialist/hospital healthcare	Treatment				✓																													
Number of non-drug interventions (e.g. surgical procedures)	Process	Specialist/hospital healthcare	Treatment							□																										
Medical/Therapeutic abortions	Process	Specialist/hospital healthcare	Treatment	Abortion				[✓]	[✓]						[✓]	✓	✓	✓	✓																	
Induced abortions	Process	Specialist/hospital healthcare	Treatment	Abortion				[✓]																			[✓]									
Care pathways completed within defined standard process times for cancer, %	Process	Specialist/hospital healthcare	Treatment	Cancer								✓																								
Percentage of new physiotherapy patients seen for assessment within 12 weeks	Process	Specialist/hospital healthcare	Visit																				✓													
Children participating in Dental service	Process	Specialist/hospital healthcare	Visit	Dental		✓									[✓]			✓	✓					✓												
Outpatient contacts with physician specialists, age 0-17, per 100.000	Process	Specialist/hospital healthcare	Visit		[0-17]										[✓]		✓										[✓]									
Outpatient contacts with secondary/tertiary paediatricians, age 0-17, per 100.000	Process	Specialist/hospital healthcare	Visit		[0-17]						✓				[✓]												[✓]									
Average experienced layover to psychiatry, children and youth days	Process	Specialist/hospital healthcare	Visit	Mental								✓																								
Total number of children in the care of the Children's Outreach Nurse / Specialist Paediatric Palliative Care Team	Process	Specialist/hospital healthcare	Visit	Palliative care														✓					✓													
The proportion of outpatients who come to the (asthma) annual ambulatory monitoring at the hospital.	Process	Specialist/hospital healthcare	Visit	Asthma								✓																								
The proportion of ambulatory patients having their FEV1 and FVC measured and recorded within a period of six months before and six months after the first redeemed prescription / initial diagnosis in the National Patient Registry of the current year	Process	Specialist/hospital healthcare	Visit	Asthma								✓																								
The proportion of all newly diagnosed asthma patients who have had measured and recorded the FEV1 and FVC in the period six months before and six months after the first diagnosis in the LPR (Silent Laryngopharyngeal Reflux)	Process	Specialist/hospital healthcare	Visit	Asthma								✓																								
The proportion of all newly diagnosed asthma patients undergoing reversibility, provocation, or exertion test during the period six months before and six months after or at initial diagnosis in the National Patient Registry	Process	Specialist/hospital healthcare	Visit	Asthma								✓																								
The proportion of all newly diagnosed asthma patients undergoing specific IgE measurement and skin prick test between six months before and six months after or at initial diagnosis in the National Patient Registry	Process	Specialist/hospital healthcare	Visit	Asthma								✓																								

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The proportion of patients where there have been somatic examinations within 90 days of the beginning of diagnosing ADHD	Process	Specialist/hospital healthcare	Visit	ADHD								✓																								
The proportion of patients as assessed by environmental observation in the school, home, or institution within 90 days of the beginning of diagnosing ADHD	Process	Specialist/hospital healthcare	Visit	ADHD								✓																								
The proportion of patients examined for ADHD, where a diagnostic conference is held with the participation of a specialist in Child and Adolescent Psychiatry within 90 days of the start of diagnosing ADHD	Process	Specialist/hospital healthcare	Visit	ADHD								✓																								
The proportion of patients with diabetes who have undergone eye examination by applicable guideline	Process	Specialist/hospital healthcare	Visit	Diabetes								✓																								
The proportion of patients with diabetes who have had a foot examination by applicable guideline	Process	Specialist/hospital healthcare	Visit	Diabetes								✓																								
The proportion of patients with diabetes, who have been examined for urine albuminuria according to the current guideline	Process	Specialist/hospital healthcare	Visit	Diabetes								✓																								
The proportion of patients of 6-18 years who undergo a manualized diagnostic interview regarding ADHD core symptoms, differential diagnosis and comorbidity by either Kiddie-SADS, PSE-SCAN or DAWBA examinations within 90 days of the beginning of diagnosing ADHD	Process	Specialist/hospital healthcare	Visit	ADHD	[0-18]							✓																								
The proportion of patients at 3-16 years in which the ADHD-RS schema for parents on ADHDs difficulties is returned within 90 days of the start of diagnosing ADHD	Process	Specialist/hospital healthcare	Visit	ADHD	[3-16]							✓																								
The proportion of patients at 3-16 years in which the ADHD-RS schema for school/institutions on ADHDs difficulties is returned within 90 days of the start of diagnosing ADHD	Process	Specialist/hospital healthcare	Visit	ADHD	[3-16]							✓																								
Age at first diagnosis of Autism spectrum disorder	Process	Specialist/hospital healthcare	Visit	Autism																															✓	
Total Number of patients on waiting list for first appointment at end of each Month by CAMHS Team (reduce no. waiting by >5% annually)	Process	Specialist/hospital healthcare	Waiting list	Mental														✓	✓			✓														
Percentage of patients on waiting list for Orthodontic assessment less than or equal to 12 months	Process	Specialist/hospital healthcare	Waiting list	Dental													✓	✓				✓														
Percentage of patients on the Orthodontic waiting lists for <2years and <4years	Process	Specialist/hospital healthcare	Waiting list	Dental													✓	✓				✓														
Percentage of audiology patients on the treatment waiting list less than or equal to 12 (or 52) weeks	Process	Specialist/hospital healthcare	Waiting list	Earing														✓				✓														
Percentage of psychology patients on the treatment waiting list less than or equal to 12 (or 52) weeks	Process	Specialist/hospital healthcare	Waiting list	Mental															✓			✓														
Waiting for rehabilitation, days	Process	Specialist/hospital healthcare	Waiting list									✓																								
Percentage of patients on speech and language waiting list for treatment less than or equal to 52 weeks	Process	Specialist/hospital healthcare	Waiting list	Speech/Language																			✓													

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Number & percentage on waiting list for first appointment at end of each month by wait time	Process	Primary healthcare management	Waiting list											✓				✓	✓				✓														
% of children waiting < 20 weeks for an elective procedure (inpatient)	Process	Specialist/hospital healthcare	Waiting time														✓						[✓]														
% of children waiting < 20 weeks for an elective procedure (day case)	Process	Specialist/hospital healthcare	Waiting time														✓						[✓]														
Percentage of complaints investigated within 30 working days of being acknowledged by the complaints officer		PREM																					✓														
Loyalty to the hospital (I'd recommend the hospital to others and I'd come to the hospital again with my child)		PREM												✓																							
Adverse events in the childhood vaccination program	Outcome	Health Status	Adverse event										✓																								
Adverse events in the primary sector	Outcome	Health Status	Adverse event										✓																								
Side effects of HPV vaccine (number of reports)	Outcome	Health Status	Adverse event	Papilloma Virus									✓																								
Side effects of vaccines in the childhood vaccination program (number of reports)	Outcome	Health Status	Adverse event										✓																								
Caesarean Section rate	Outcome	Health Status	Birth delivery	Caesarean delivery	[at birth]	✓	[✓]				□			✓	[✓]		✓	✓	✓						✓												
Survival of premature babies (total)	Outcome	Health Status	Birth delivery		[at birth]	✓					✓			✓	[✓]			✓																			
Survival of premature babies without serious illness	Outcome	Health Status	Birth delivery		[at birth]						✓			✓	[✓]																						
The proportion of all births that are living at 44 postmenstrual weeks) (both live births and stillbirths are included in the denominator)	Outcome	Health Status	Birth delivery		[at birth]							✓																									
The proportion of all births that are living one year after birth (both live births and stillbirths are included in the denominator)	Outcome	Health Status	Birth delivery		[0-1]							✓																									
The proportion of all extremely premature babies who survive without major neonatal morbidity (both live births and stillbirths are included in the denominator)	Outcome	Health Status	Birth delivery		[0-1]							✓																									
Number of riskbirth born live	Outcome	Health Status	Birth delivery		[at birth]						[✓]			✓	[✓]																						
Percentage of newborns with Apgar scores <7 at 5 minutes	Outcome	Health Status	Birth delivery		[at birth]		[✓]							✓	[✓]			✓	✓																	[✓]	
The proportion of hospitalized children that within the first 6 hours after birth have at least 60 minutes' skin-to-skin contact (Gestational Age ≥ 28 + 0)	Outcome	Health Status	Birth delivery		[at birth]										✓																						
Number of live and stillbirths children, whose mothers had unhealthy habits (e.g. smoking; alcohol; psychoactive substances)	Outcome	Health Status	Birth delivery																							✓											
Percentage of babies breastfed (exclusively and not exclusively) at first (or 3 month) visit	Outcome	Health Status	Breastfeeding		[3 months]						✓							✓					✓		✓												
% of babies exclusively breastfed (up to 6 months age)	Outcome	Health Status	Breastfeeding		[6 months]									[✓]	[✓]	✓						✓	[✓]			✓									□		
The proportion of hospitalized children, where there are established exclusive breastfeeding at discharge to home or discharge from/termination of early home stays with a nasogastric tube.	Outcome	Health Status	Breastfeeding									✓																									

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Development of the structure of children by breastfeeding duration	Outcome	Health Status	Breastfeeding							□																										
Patients under 19 years of age with need for inpatient rehabilitation	Outcome	Health Status	Disability		[0-19]	✓									[✓]																					
Recognizable malformations detected at birth	Outcome	Health Status	Disability	Malformation	[0]	[✓]			[✓]					✓																						
Newly recognized disabilities of children, per 100.000 population	Outcome	Health Status	Disability	Impairment				[✓]																		✓										
% of low birth weight newborns	Outcome	Health Status	Health issue		[at birth]	✓	[✓]				□			✓	[✓]	✓	✓	✓	✓				[✓]		✓								✓			
Proportion of children damaged by traffic accidents by age group (0-4, 5-9, 10-14, 15-18 yo)	Outcome	Health Status	Health issue	Injury	[0-18]	✓											✓	✓																		
% breakdown of inpatients (both discharged and died) by age and disease (infant; 1-14; 15-17)	Outcome	Health Status	Health issue		[0-18]																					✓										
Results of children's preventive examinations, per 1.000 examined children	Outcome	Health Status	Health issue																							✓										
Number of children for which neglect or abuse is reported	Outcome	Health Status	Maltreatment	Abuse			✓											✓	✓									□								
Victims of violence by gender and age group per 100.000 population	Outcome	Health Status	Maltreatment	Abuse																						✓										
Injuries of children (0-17) by type of injury, %	Outcome	Health Status	Maltreatment	Injury	[0-17]						✓															✓										
Number of children and adolescents under 18 affected by one or more obsessive-compulsive measures	Outcome	Health Status	Mental health	Mental	[0-17]										[✓]																					
Prevalence of children (0-17) with mental diseases by disease	Outcome	Health Status	Mental health	Mental	[0-17]	□					✓															✓										
Psychosocial problems (number of 10 year old that have elevated scores at the total problem score of the SDQ (Strengths and Difficulties Questionnaire) / total number of 10 year old the SDQ has been administered to by the SHS)	Outcome	Health Status	Mental health	Mental																														✓		
Newborns morbidity rate, per 1.000 live births	Outcome	Health Status	Morbidity		[at birth]																					✓										
Incidence of health problems in school environment (e.g. accidents, mental health problems, physical health problems, lifestyle problems, infectious diseases, ...)	Outcome	Health Status	Morbidity	Multiple																				✓												
Incidence of registered treated children (0-17) for alcohol use and intoxication by gender and age group per 100.000 children	Outcome	Health Status	Morbidity	Alcohol	[0-17]																					✓										
Incidence of registered treated children (0-17) for drug, psychotropic and toxic substance use or intoxication by gender and age group per 100.000 children	Outcome	Health Status	Morbidity	Psychotropic drug	[0-17]																					✓										
Incidence rate of Diabetes TYP 1/TYP 2 among 0-14 yo children per 100.000	Outcome	Health Status	Morbidity	Diabetes	[0-14]	✓									[✓]	[✓]									✓	[✓]										
The proportion of patients with diabetes, having a HbA1c of ≤ 59 mmol/mol 8	Outcome	Health Status	Morbidity	Diabetes								✓																								
The proportion of patients with diabetes, having a HbA1c of ≥ 75 mmol/mol	Outcome	Health Status	Morbidity	Diabetes								✓																								

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The proportion of patients with diabetes who have not had severe hypoglycemia	Outcome	Health Status	Morbidity	Diabetes								✓																							
Proportion of children who have one or more chronic diseases by age group (0-4, 5-9, 10-14, 15-18 yo)	Outcome	Health Status	Morbidity	Multiple	[0-18]	✓									[✓]																				
Rate of ketoacidosis among children with type 1 diabetes (x cases/100 previously diagnosed D1)	Outcome	Health Status	Morbidity	Diabetes										✓																					
The proportion of patients with diabetes who have not had severe ketoacidosis	Outcome	Health Status	Morbidity	Diabetes								✓																							
The proportion of screened patients with diabetes, with normal albumin excretion rate	Outcome	Health Status	Morbidity	Diabetes								✓																							
The proportion of screened patients with diabetes, where there is no change in retinopathy	Outcome	Health Status	Morbidity	Diabetes								✓																							
The proportion of screened patients with diabetes, where there is no change in neuropathy	Outcome	Health Status	Morbidity	Diabetes								✓																							
Number of children in schools with chronic illness	Outcome	Health Status	Morbidity	Multiple											[✓]								✓												
Proportion of children suffering from allergies by age group (0-4, 5-9, 10-14, 15-18 yo)	Outcome	Health Status	Morbidity	Allergy	[0-18]	✓				□	✓				[✓]																				
Proportion of children suffering from asthma by age group (0-4, 5-9, 10-14, 15-18 yo)	Outcome	Health Status	Morbidity	Asthma	[0-18]	✓					✓			✓	[✓]																		✓		
Cancer incidence (among children and adolescents) per 100.000	Outcome	Health Status	Morbidity	Cancer		[✓]								[✓]	[✓]			✓								✓									
Incidence of all diseases (among children and adolescents) per 1.000[100.000]	Outcome	Health Status	Morbidity	Multiple										[✓]	[✓]			✓									[✓]								
Prevalence of infectious and parasitic diseases per 100.000, age 0-17	Outcome	Health Status	Morbidity	Infection	[0-17]			[✓]						✓												✓	[✓]								
Prevalence of sexually transmitted diseases per 100.000, per age groups	Outcome	Health Status	Morbidity	STD	[0-17]										[✓]		✓		✓								[✓]								
Number of people 0 to 14 years with diagnosis of active asthma / 10% of people from 0 to 14 years	Outcome	Health Status	Morbidity	Asthma	[0-14]									✓	✓																				
Development of diagnosed illnesses and defects	Outcome	Health Status	Morbidity									□																							
Cerebral hemorrhage in very small premature infants	Outcome	Health Status	Morbidity	Cerebral hemorrhage	[< 1]						[✓]																								
Air accumulation between lung and chest wall (so-called pneumothorax) in ventilated children	Outcome	Health Status	Morbidity	LTV							[✓]																								
Mean HbA1C (glycohemoglobin) (all D1 patients in the hospital)	Outcome	Health Status	Morbidity	Diabetes										✓																					
Cancer Mortality (among children and adolescents) per 100.000	Outcome	Health Status	Mortality	Cancer	children and adolescents	✓									[✓]	✓	✓	✓	✓																
Mortality rate related to the 10 most important causes of death (ICD-10) (0-4, 5-9, 10-14, 15-18 yo) per 100.000.	Outcome	Health Status	Mortality	Multiple	[0-18]	✓												✓	✓																
Mortality rate due to accidents per age groups, per 1000[100.000]	Outcome	Health Status	Mortality		[0-17]	✓									[✓]	✓	✓	✓	✓								✓								
Infant Mortality per 1.000 livebirths	Outcome	Health Status	Mortality		[< 1]	✓		[✓]	✓		[✓]			[✓]	[✓]	✓	✓		✓				✓	[✓]		✓	✓								

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Perinatal Mortality per 1000 live and stillbirths	Outcome	Health Status	Mortality		[<28 days]			[✓]																		✓								
Mortality rate by gestational age (28+ gestational weeks) per 1000 live or per 1000 live and stillbirths	Outcome	Health Status	Mortality		[at birth]																			✓	✓									
Mortality rate by birth weight (1000 g and over), per 1000 live or per 1000 live and stillbirths	Outcome	Health Status	Mortality		[at birth]																				✓									
Mortality rate in life-threatening infants	Outcome	Health Status	Mortality		[<1]						□																							
Number of stillborn children per population	Outcome	Health Status	Mortality		[at birth]	✓	[✓]	[✓]			✓			[✓]	[✓]	✓	✓	✓	✓				[✓]							[✓]				
Number of children who die 0-14/0-27 days (neonatal death) after birth per 1.000 live births	Outcome	Health Status	Mortality		[0-27 days]			[✓]						✓	[✓]	✓	✓						✓							[✓]				
Suicide rate among adolescents per 100.000	Outcome	Health Status	Mortality		adolescent	✓									[✓]	✓	✓	✓					✓				[✓]							
Mortality due to injuries or poisoning	Outcome	Health Status	Mortality	Injury/Poisoning		[✓]									[✓]		✓										[✓]							
Mortality due to infectious diseases	Outcome	Health Status	Mortality	Infection		[✓]		[✓]									✓										[✓]							
Mortality due to malignant neoplasms	Outcome	Health Status	Mortality	Cancer		[✓]									[✓]		✓		✓				[✓]				[✓]							
Mortality due to congenital malformations	Outcome	Health Status	Mortality	Malformation		[✓]											✓		✓				[✓]				[✓]							
Total mortality per age groups	Outcome	Health Status	Mortality		[0-17]	[✓]		[✓]						[✓]	[✓]	✓	✓	✓	✓								✓							
Risk-adjusted number of cases (perinatal mortality)	Outcome	Health Status	Mortality								✓			✓			✓																	
Spontaneous abortions	Outcome	Health Status	Mortality	Abortion				[✓]	[✓]					[✓]	[✓]		✓										[✓]							
Other pregnancies with abortive outcome	Outcome	Health Status	Mortality	Abortion					[✓]					✓																				
Proportion of patients who die within one year after diagnosis of treatment-related reason (cancer)	Outcome	Health Status	Mortality	Cancer								✓																						
Cardiovascular mortality	Outcome	Health Status	Mortality	Heart								✓																						
Mother's mortality as part of the delivery	Outcome	Health Status	Mortality	Pregnancy complication							□																							
Children dental coverage, %	Outcome	Health Status	Oral Health	Dental																					[✓]									
Pupils' dental caries intensity index	Outcome	Health Status	Oral Health	Dental		□				□									✓								✓							
Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under	Outcome	Health Status	Oral Health	Dental	[0-10]											✓	✓	✓	✓															
Tooth status per age groups	Outcome	Health Status	Oral Health	Dental	[0-17]	✓									[✓]			✓												✓				
Percentage of new patients who commenced oral health treatment within 3 months of assessment	Outcome	Health Status	Oral health	Dental													✓						✓											
Proportion of patients with orthodontic abnormalities, %	Outcome	Health Status	Oral health	Dental																					✓									
Proportion of patients with periodontal abnormalities, %	Outcome	Health Status	Oral health	Dental																					✓									
Potential years of life lost (PYLL) from causes considered amenable to healthcare by age group per 100.000 population	Outcome	Health Status	PYLL												[✓]	✓	✓	✓							✓									
Patients still alive and without observed relapse five years after the date of diagnosis (cancer)	Outcome	Health Status	Remission	Cancer								✓																						

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Patients still alive five years after the date of diagnosis (cancer)	Outcome	Health Status	Remission	Cancer								✓																							
Avoidable admissions due to pneumonia, age 1-17, per 1.000	Outcome	Medical Care	Avoidable admission	Pneumonia	[1-17]										[✓]											✓									
Avoidable admissions due to asthma, age 1-17, per 1.000	Outcome	Medical Care	Avoidable admission	Asthma	[1-17]										[✓]											✓									
Avoidable admissions due to chronic lower respiratory diseases, age 1-17, per 1.000	Outcome	Medical Care	Avoidable admission	Respiratory	[1-17]																					✓									
Avoidable admissions due to pyelonephritis, age 1-17, per 1.000	Outcome	Medical Care	Avoidable admission	Nephritis	[1-17]																					✓									
Avoidable admissions due to ear, nose, throat infection, age 1-17, per 1.000	Outcome	Medical Care	Avoidable admission	Ear/Nose/Throat	[1-17]																					✓									
Number of delayed discharges per hospital (includes children's hospital data)	Outcome	Medical Care	Delayed Discharge															✓	✓			✓													
Children presented to duty services / emergency wards	Outcome	Medical Care	Emergency admission																			✓			✓										
Emergency admissions for children with lower respiratory tract infections per 100.000 registered patients	Outcome	Medical Care	Emergency admission	Respiratory												✓	✓	✓							✓										
Emergency readmissions to hospital within 30 days of discharge	Outcome	Medical Care	Emergency admission									✓			[✓]	✓																			
Number of patients that received emergency medical care from ambulance for children and adolescents	Outcome	Medical Care	Emergency admission															✓	✓																
Number of emergency surgery patients per 100.000	Outcome	Medical Care	Emergency admission																																
Hospitalisation rate due to acute complication of diabetes (among children and adolescents) per 100.000	Outcome	Medical Care	Emergency admission	Diabetes	children and adolescents											[✓]																	✓		
Emergency admission for gastroenteritis	Outcome	Medical Care	Emergency admission	Gastroenteritis																															✓
Emergency admission for asthma	Outcome	Medical Care	Emergency admission	Asthma																															✓
Proportion of children forced (to hospitalization) in proportion to number of persons admitted	Outcome	Medical Care	Emergency admission																																
Central venous catheter-related infection rate (adults and neonatal)	Outcome	Medical Care	Hospital infection	Infection	adults and neonatal																													✓	
Number of hospital infections (patients/100 bed-days)	Outcome	Medical Care	Hospital infection	Infection								[✓]	✓	✓			✓						✓												
Mortality during hospitalization in premature	Outcome	Medical Care	Hospital Mortality		[< 1]							[✓]		✓																					
Summary Hospital-level Mortality	Outcome	Medical Care	Hospital Mortality			✓								✓		✓	✓	✓	✓				✓												
Case Fatality Rate of inpatients in all hospitals by age group, %	Outcome	Medical Care	Hospital Mortality																						✓										
Rate of readmissions after laparatomic appendectomy, age <18 yo.	Outcome	Medical Care	Readmission	Appendicitis	[0-17]																				✓										
Rate of readmissions after laparoscopic appendectomy, age <18 yo.	Outcome	Medical Care	Readmission	Appendicitis	[0-17]																				✓										

<b>Measure/Indicator</b> ✓: answer from questionnaire [✓]: retrieved from documents reported from CAs □: reported from CAs as "Other" topics	<b>Area</b>	<b>Topic</b>	<b>Sub-Topic</b>	<b>Disease Specific</b>	<b>Age ranges</b>	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	UK (Eng.)	UK (N. I.)	UK (Sco.)	UK (Wal.)	GRC	HRV	HUN	IRL	ISL	ITA	LVA	LTU	MLT	NLD	NOR	POL	PRT	ROU	SWE		
Rate of readmission after caesarean section	Outcome	Medical Care	Readmission	Caesarean delivery														✓	✓					✓												
Asthma readmission rate	Outcome	Medical Care	Readmission	Asthma											[✓]			✓																	□	
Readmission within 90 days due to psychiatric issues	Outcome	Medical Care	Readmission	Mental																				✓												
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s per 100.000	Outcome	Medical Care	Unplanned admission	Multiple	[0-18]										[✓]	✓																				
Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 yo and over	Outcome	Medical Care	Unplanned admission	Mental	> 17]										[✓]	✓																				
Birth rate	SPEEC	Demographic	Live birth			[✓]	[✓]	[✓]			✓			[✓]	[✓]		✓	✓	✓																	
Number of live births	SPEEC	Demographic	Live birth		At birth	✓	[✓]	[✓]	[✓]					[✓]	[✓]		✓	✓	✓				[✓]			✓	[✓]									
Life expectancy	SPEEC	Demographic	Life expectancy					[✓]				✓																								
Early school-leavers	SPEEC	Education	School drop-out			[✓]																														
The percentage of children aged 10–17 who report having been bullied at school	SPEEC	Education	Bullying		[10-17]	□									[✓]		✓		✓				[✓]													
Number of toddlers going to school	SPEEC	Education	Enrollment		School-age		✓																													
Teenage deliveries (age 15-17 yo)	SPEEC	Socio-Economic	Adolescent Maternity		[15-17]												✓	✓					□			[✓]										
Teenage Pregnancies per 1.000 females	SPEEC	Socio-Economic	Adolescent Maternity			✓	[✓]	[✓]							[✓]	✓	✓	✓	✓				✓	□					□							
Employment status of 15 to 19-year-olds	SPEEC	Socio-Economic	Employment/une mployment		[15-19]	[✓]											✓	✓																		
Children in single parent households	SPEEC	Socio-Economic	Family Structure			[✓]											✓	✓					[✓]													
Poverty of children and adolescents; Lasting risk of poverty	SPEEC	Socio-Economic	Poverty			[✓]											✓	✓	✓																	
Incidence of alcohol addiction by gender and age groups (0-19) per 100.000 population	H-RB	Addiction		Alcohol	[0-19]						✓															✓			✓							
Incidence of (alcohol-related) mental and behavioural disorders per 100.000, age 0-17	H-RB	Addiction		Alcohol	[0-17]										[✓]											✓	[✓]									
Smoking prevalence at 12-19 yo	H-RB	Addiction		Smoke	[12-19]	✓					✓				[✓]	✓	✓												✓							
Nutrition: Food composition of 7- to 14-yo	H-RB	Nutrition			[7-14]	[✓]											✓																			
Frequency of fruit consumption by children and adolescents by age group	H-RB	Nutrition			[0-17]	□					✓																									
Frequency of vegetable consumption by children and adolescents by age group	H-RB	Nutrition			[0-17]	□					✓																									
Number of people 2 to 14 years old with a Body Mass Index above the 95th percentile / 15% of people aged 2 to 14 years	H-RB	Nutrition		Obesity	[2-14]																															
Obesity (BMI≥30 kg/m2) per age group, as % of total population of same age	H-RB	Nutrition		Obesity	[0-17]										[✓]	✓							[✓]													
Overweight per age groups	H-RB	Nutrition		Overweight	[0-17]	□					✓																									✓

<b>Measure/Indicator</b> ✓: answer from questionnaire [✓]: retrieved from documents reported from CAs □: reported from CAs as "Other" topics	<i>Area</i>	<i>Topic</i>	<i>Sub-Topic</i>	<i>Disease Specific</i>	<i>Age ranges</i>	AUT	BEL	BGR	CYP	CZE	DEU	DNK	ESP	EST	FIN	UK (Eng.)	UK (N. I.)	UK (Sco.)	UK (Wal.)	GRC	HRV	HUN	IRL	ISL	ITA	LVA	LTU	MLT	NLD	NOR	POL	PRT	ROU	SWE
Extra consult obesity per age groups (number of children with overweight – excluding obesity – according to BMI selection criteria at the 3,9 years contact moment at the well child clinic that received an extra consult within 4-8 weeks in the year of measuring / total number of children with overweight according to the BMI selection criteria, excluding children with obesity, at the 3,9 years contact moment in the year of measuring)	H-RB	Nutrition		Overweight		□																							✓					

## Appendix 5. Sources for measures for the assessment of childcare quality reported by CAs

The following table reports the sources of measures collected on the basis of the CA questionnaires (see Appendix 1 questions Q1e, Q1f, Q2e, Q2f, Q3). For each measure the table specifies countries that report the measure as well as the link to the resources where the measure is mentioned.

Measure	Country	Source
Immunization rates/coverage	AUT	N/A
	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	CYP	<a href="http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/index_en.html">http://pxweb.tai.ee/PXWeb2015/index_en.html</a> <a href="http://www.haigekassa.ee/uploads/userfiles/code_of_conduct_for_family_nurses">http://www.haigekassa.ee/uploads/userfiles/code_of_conduct_for_family_nurses</a> <a href="http://www.riigikontroll.ee/Avaleht/tabid/36/language/en-US/Default.aspx">http://www.riigikontroll.ee/Avaleht/tabid/36/language/en-US/Default.aspx</a>
	FIN	<a href="https://www.thl.fi/roko/rokotusrekisteri/atlas/atlas.html?show=infantbc">https://www.thl.fi/roko/rokotusrekisteri/atlas/atlas.html?show=infantbc</a> <a href="https://www.thl.fi/roko/rokotusrekisteri/hpvraportit2016/">https://www.thl.fi/roko/rokotusrekisteri/hpvraportit2016/</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	ICE	<a href="http://bit.ly/2ia8O6M">http://bit.ly/2ia8O6M</a>
	LIT	<a href="http://sic.hi.lt/php/dm8.php?dat_file=dem8en.txt">http://sic.hi.lt/php/dm8.php?dat_file=dem8en.txt</a>
	NL	<a href="https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx">https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx</a>
	NOR	<a href="https://www.fhi.no/en/id/vaccines/childhood-immunisation-programme/">https://www.fhi.no/en/id/vaccines/childhood-immunisation-programme/</a>
	POL	<a href="http://www.old.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf">http://www.old.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf</a>
	IRL	<a href="http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/">http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/</a>
SPA	<a href="http://observatorioresultados.sanidadmadrid.org/AtencionPrimariaLista.aspx">http://observatorioresultados.sanidadmadrid.org/AtencionPrimariaLista.aspx</a>	

Measure	Country	Source
Immunisation coverage MMR (Measles/Mumps/Rubella)	AUT	Child Health Report Upper Austria <a href="http://www.goeg.at/cxdata/media/download/berichte/OOE_Kinder_JugendGB_2007_.pdf">http://www.goeg.at/cxdata/media/download/berichte/OOE_Kinder_JugendGB_2007_.pdf</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E1200004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E1200004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	GER	<a href="https://www.aerzteblatt.de/int/archive/article/80869">https://www.aerzteblatt.de/int/archive/article/80869</a>
	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://www.hi.lt/lt/savivaldybiu-visualomones-sveikatos-stebesenos-ataskaitos.html">http://www.hi.lt/lt/savivaldybiu-visualomones-sveikatos-stebesenos-ataskaitos.html</a>
	POL	<a href="http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf">http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a> <a href="http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf</a>
	SWE	N/A
Immunisation coverage DTP3 (diphtheria, tetanus, pertussis vaccine, 3 doses)	AUT	N/A
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	GER	<a href="https://www.aerzteblatt.de/int/archive/article/80869">https://www.aerzteblatt.de/int/archive/article/80869</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://www.hi.lt/lt/savivaldybiu-visualomones-sveikatos-stebesenos-ataskaitos.html">http://www.hi.lt/lt/savivaldybiu-visualomones-sveikatos-stebesenos-ataskaitos.html</a>
	POL	<a href="http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf">http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf</a>
IRL	<a href="http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/">http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/</a>	
Percentage of children aged 24 months who have received 3 doses Diphtheria (D3),	AUT	N/A
	EST	N/A

Measure	Country	Source
Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	GER	<a href="http://www.rki.de/EN/Content/infections/Vaccination/recommandations/recommendations_content.html">http://www.rki.de/EN/Content/infections/Vaccination/recommandations/recommendations_content.html</a>
	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
% children who have received 3 doses Meningococcal C (MenC3) vaccine	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	GER	<a href="http://www.rki.de/EN/Content/infections/Vaccination/recommandations/recommendations_content.html">http://www.rki.de/EN/Content/infections/Vaccination/recommandations/recommendations_content.html</a>
	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf">http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf</a>
Proportion of children 2 years old, with National Vaccination Plan totally fulfilled	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
	IRL	<a href="http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/">http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/</a>
% first year girls who have received third dose of HPV (Human Papillomavirus) vaccine	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA

Measure	Country	Source
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf">http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf</a>
Number of people from 0 to 14 who received in the last year the corresponding vaccines according to their age, according to the current vaccination calendar / number of people from 0 to 14 years susceptible to be vaccinated	EST	N/A
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	IRL	<a href="http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/">http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Immunization rates/coverage Flu	AUT	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
	POL	<a href="http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf">http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf</a>
Immunization coverage Tuberculosis	POL	<a href="http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf">http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf</a>
Immunization coverage Pneumococcal	GER	<a href="http://www.rki.de/EN/Content/infections/Vaccination/recommendations/recommendations_content.html">http://www.rki.de/EN/Content/infections/Vaccination/recommendations/recommendations_content.html</a>
	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
Immunization coverage Varicella	ITA	<a href="http://www.salute.gov.it">http://www.salute.gov.it</a>
Immunization rates/coverage PCV booster (pneumonia, septicaemia, meningitis) for children <2 yo	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a>

Measure	Country	Source
		Excel from CA
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	UK (Sco.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage">http://www.publichealthagency.org/directorate-public-health/health-protection/vaccination-coverage</a>
	IRL	<a href="http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/">http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/</a>
Cancer Mortality (among children and adolescents) per 100.000	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="http://www.ncr.ie/data/incidence-statistics">http://www.ncr.ie/data/incidence-statistics</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
	Mortality rate [related to the 10 most important causes of death] (0-4, 5-9, 10-14, 15-18 yo) per 100.000.	AUT
FIN		<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
UK (Sco.)		<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
UK (Wal.)		<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
LIT		<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
IRL		<a href="http://www.dcva.gov.ie">www.dcva.gov.ie</a>
Mortality rate due to accidents per age groups, per 1000[100.000]	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	N/A
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Perinatal Mortality per 1000 live and stillbirths	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>

Measure	Country	Source
Mortality rate by gestational age (28+ gestational weeks) per 1000 live or per 1000 live and stillbirths	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Mortality rate by birth weight (1000 g and over), per 1000 live or per 1000 live and stillbirths	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Infant Mortality per 1.000 livebirths	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	CYP	<a href="http://www.moh.gov.cy/MOH/MOH.nsf/0/8DC461429CBC4DE7C22579CE002EF07D/\$file/Perinatal%20Health%20Report%202016_Cyprus%20Maternity%20Units%202014.pdf">http://www.moh.gov.cy/MOH/MOH.nsf/0/8DC461429CBC4DE7C22579CE002EF07D/\$file/Perinatal%20Health%20Report%202016_Cyprus%20Maternity%20Units%202014.pdf</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4">http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.executiveoffice-ni.gov.uk/publications/children-and-young-peoples-strategic-indicators-update-march-2012">https://www.executiveoffice-ni.gov.uk/publications/children-and-young-peoples-strategic-indicators-update-march-2012</a>
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
	GER	<a href="https://sqg.de/front_content.php?idcat=148&amp;idart=736">https://sqg.de/front_content.php?idcat=148&amp;idart=736</a>
	HUN	N/A
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
	POL	<a href="http://stat.gov.pl/en/">http://stat.gov.pl/en/</a>
IRL	<a href="https://www.dcva.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcva.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>	
Number of stillborn children per population	AUT	N/A
	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4">http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA

Measure	Country	Source
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=infant;mortality;">http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=infant;mortality;</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>
	NOR	<a href="https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%2027.6/Dødfødt%20barn%20v%201.0.pdf">https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%2027.6/Dødfødt%20barn%20v%201.0.pdf</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf</a>
Number of children who die 0-14/0-27 days (neonatal death) after birth per 1.000 live births	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=6816&amp;lh=73&amp;vn=2001-2014&amp;sk=74&amp;sn=Population&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=6816&amp;lh=73&amp;vn=2001-2014&amp;sk=74&amp;sn=Population&amp;yearfilter=</a>
	NOR	<a href="https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%20definisioner%20Somatisk%20helse/Dødelighet%20i%20nyfødtprioden%20v1.0.pdf">https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%20definisioner%20Somatisk%20helse/Dødelighet%20i%20nyfødtprioden%20v1.0.pdf</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Suicide rate among adolescents per 100.000	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="https://www.executiveoffice-ni.gov.uk/publications/children-and-young-peoples-strategic-indicators-update-march-2012">https://www.executiveoffice-ni.gov.uk/publications/children-and-young-peoples-strategic-indicators-update-march-2012</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
	IRL	<a href="http://www.dcva.gov.ie">www.dcva.gov.ie</a>
Mortality due to injuries or poisoning	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	N/A
	LIT	<a href="http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt">http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt</a>

Measure	Country	Source
Mortality due to infectious diseases	AUT	<a href="http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf">http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	N/A
	LIT	<a href="http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt">http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt</a>
Mortality due to malignant neoplasms	AUT	<a href="http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf">http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	N/A
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
	LIT	<a href="http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt">http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt</a>
	IRL	<a href="https://www.dcya.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcya.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>
Mortality due to congenital malformations	AUT	<a href="http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf">http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	N/A
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
	LIT	<a href="http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt">http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt</a>
		<a href="https://www.dcya.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcya.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>
Mortality from accidents: directly standardised rate, <15 years	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
Mortality during hospitalization in premature	EST	N/A
	GER	<a href="https://sqq.de/front_content.php?idcat=148&amp;idart=736">https://sqq.de/front_content.php?idcat=148&amp;idart=736</a>
Total mortality per age groups	AUT	<a href="http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf">http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sunnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4">http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sunnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	N/A
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>

Measure	Country	Source
	LIT	<a href="http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt">http://sic.hi.lt/php/dm6.php?dat_file=dem6en.txt</a>
	POL	<a href="http://stat.gov.pl/en/">http://stat.gov.pl/en/</a>
Potential years of life lost (PYLL) from causes considered amenable to healthcare - children and young people	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/SHMI">http://content.digital.nhs.uk/SHMI</a> Excel from CA
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=8044&amp;lh=73&amp;vn=2008-2014&amp;sk=74&amp;sn=Population&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=8044&amp;lh=73&amp;vn=2008-2014&amp;sk=74&amp;sn=Population&amp;yearfilter=</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Summary Hospital-level Mortality	AUT	N/A
	EST	N/A
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths</a>
	IRL	<a href="http://www.hpo.ie/">http://www.hpo.ie/</a>
Number of full-term babies (gestation greater than 36 weeks) admitted within 14/28 days of birth to a neonatal unit, expressed as a percentage of all full-term birth	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=neonatal:unit;">http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=neonatal:unit;</a>
Hospitalisation rate (among children and adolescents) per 100.000	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	GER	<a href="https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheitswesen/spitaeler/patienten-hospitalisierungen.assetdetail.2220994.html">https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheitswesen/spitaeler/patienten-hospitalisierungen.assetdetail.2220994.html</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>

Measure	Country	Source
Hospitalisation rate due to poisoning (among children and adolescents) per 100.000	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	IRL	<a href="https://www.dcva.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcva.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>
Hospitalisation rate due to alcohol consumption (among children and adolescents) per population	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Hospitalisation rate due to acute complication of diabetes (among children and adolescents) per 100.000	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Hospitalisation rate due to psychiatric problems/diseases (among children and adolescents) per 100.000	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_05Psyhika-%20ja%20kaitumishaired/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_05Psyhika-%20ja%20kaitumishaired/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
Hospitalization due to Asthma bronchiale (among children and adolescents)	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
	SWE	N/A
AUT	N/A	

Measure	Country	Source
Hospitalization due to gastroenteritis (among children and adolescents) per 100.000	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	SWE	N/A
Hospitalization due to cardio-surgical interventions (among children and adolescents) per population	AUT	N/A
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Hospitalization due to interventions for congenital heart defects (among children and adolescents) per population	AUT	N/A
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	NL	“Other” topic
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Hospitalization due to tonsillectomy and/or adenoidectomy (among children and adolescents) per population	AUT	N/A
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Hospitalization due to appendectomy (among children and adolescents) per population	AUT	N/A
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Rate of readmissions after laparatomic appendectomy, age <18 yo.	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
Rate of readmissions after laparoscopic appendectomy, age <18 yo.	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>

Measure	Country	Source
Rate of readmission after caesarean section	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
Inpatient hospital days (length of stay) to most common diagnoses	CYP	<a href="http://www.moh.gov.cy/MOH/MOH.nsf/0/8DC461429CBC4DE7C22579CE002EF07D/\$file/Perinatal%20Health%20Report%202016_Cyprus%20Maternity%20Units%202014.pdf">http://www.moh.gov.cy/MOH/MOH.nsf/0/8DC461429CBC4DE7C22579CE002EF07D/\$file/Perinatal%20Health%20Report%202016_Cyprus%20Maternity%20Units%202014.pdf</a>
	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
	EST	<a href="http://ee.euro.who.int/E93134.pdf">http://ee.euro.who.int/E93134.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=6477&amp;lh=73&amp;vn=2010-2013&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=6477&amp;lh=73&amp;vn=2010-2013&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://sic.hi.lt/html/en/hcia6.htm">http://sic.hi.lt/html/en/hcia6.htm</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf">http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf</a>
Number of asthma emergency inpatient bed days used by children under 6 yo	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of inpatient and day surgery patients per 100.000	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_05Kirurgia/?tablelist=true&amp;rxid=4c263683-6937-42c1-9419-ea4f2e532f36">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_05Kirurgia/?tablelist=true&amp;rxid=4c263683-6937-42c1-9419-ea4f2e532f36</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hpo.ie/">http://www.hpo.ie/</a>
Number of outpatient surgery patients per 100.000	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_05Kirurgia/?tablelist=true&amp;rxid=4c263683-6937-42c1-9419-ea4f2e532f36">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_05Kirurgia/?tablelist=true&amp;rxid=4c263683-6937-42c1-9419-ea4f2e532f36</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
Number of emergency surgery patients per 100.000	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_05Kirurgia/?tablelist=true&amp;rxid=4c263683-6937-42c1-9419-ea4f2e532f36">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_05Kirurgia/?tablelist=true&amp;rxid=4c263683-6937-42c1-9419-ea4f2e532f36</a>
	AUT	N/A

Measure	Country	Source
Number of admissions at the public paediatric hospitals	CYP	<a href="http://www.moh.gov.cy/MOH/MOH.nsf/0/8DC461429CBC4DE7C22579CE002EF07D/\$file/Perinatal%20Health%20Report%202016_Cyprus%20Maternity%20Units%202014.pdf">http://www.moh.gov.cy/MOH/MOH.nsf/0/8DC461429CBC4DE7C22579CE002EF07D/\$file/Perinatal%20Health%20Report%202016_Cyprus%20Maternity%20Units%202014.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/performance-reports/December-2016-Management-Data-Report.pdf">http://www.hse.ie/eng/services/publications/performance-reports/December-2016-Management-Data-Report.pdf</a>
Avoidable admissions due to pneumonia, age 1-17, per 1.000	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Avoidable admissions due to asthma, age 1-17, per 1.000	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Avoidable admissions due to chronic lower respiratory diseases, age 1-17, per 1.000	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Avoidable admissions due to pyelonephritis, age 1-17, per 1.000	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Avoidable admissions due to ear, nose, throat infection, age 1-17, per 1.000	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s per 100.000	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
Emergency admissions for children with lower respiratory tract infections per 100.000 registered patients	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	ITA	<a href="http://www.mattoni.salute.gov.it/mattoni/documenti/5_Risultati_dello_studio_dei_43_indicatori_selezionati.pdf">http://www.mattoni.salute.gov.it/mattoni/documenti/5_Risultati_dello_studio_dei_43_indicatori_selezionati.pdf</a>
Loyalty to the hospital (I'd recommend the hospital to others and I'd come to the hospital again with my child)	EST	<a href="http://ee.euro.who.int/E93134.pdf">http://ee.euro.who.int/E93134.pdf</a>
Asthma readmission rate	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	SWE	N/A

Measure	Country	Source
Emergency readmissions to hospital within 30 days of discharge	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
Proportion of inpatient stays in child-specific departments	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/performance/December-2016-Management-Data-Report.pdf">http://www.hse.ie/eng/services/publications/performance/December-2016-Management-Data-Report.pdf</a>
Number of hospital discharges	AUT	N/A
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_02Paevaravi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_02Paevaravi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	LIT	<a href="http://sic.hi.lt/html/en/hcia5.htm">http://sic.hi.lt/html/en/hcia5.htm</a>
	IRL	<a href="https://www.dcv.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcv.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>
Number of day care discharges	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_02Paevaravi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_02Paevaravi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Number of Acute care hospital discharges	AUT	N/A
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_02Paevaravi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_02Paevaravi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/HIPE_2015/HIPE_Report_2015.pdf</a>
Number of delayed discharges per hospital (includes children's hospital data)	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>

Measure	Country	Source
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number and percentage of hospital discharges among children with a principal diagnosis of injury, poisoning and certain other consequences of external causes, by age, gender and cause	AUT	N/A
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.dcya.gov.ie">www.dcya.gov.ie</a>
Admission of children to CAMHs Inpatient Units	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/performance-reports/October-December-Performance-Report-2016.pdf">http://www.hse.ie/eng/services/publications/performance-reports/October-December-Performance-Report-2016.pdf</a>
Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 yo and over	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
Number of drug prescriptions (children and adolescents)	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Use of antibiotics (DDD/Defined Daily Dose per bed-days/patients)	AUT	N/A
	EST	<a href="http://ee.euro.who.int/E93134.pdf">http://ee.euro.who.int/E93134.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	ITA	<a href="http://www.aifa.gov.it/sites/default/files/Rapporto_OsMed_2015_AIFA_acc.pdf">http://www.aifa.gov.it/sites/default/files/Rapporto_OsMed_2015_AIFA_acc.pdf</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Prescription of antibiotics for airway-infection	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	NOR	<a href="https://helsenorge.no/kvalitetsindikatorer">https://helsenorge.no/kvalitetsindikatorer</a>
Prescription of antibiotics with children between 0-9 year	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	NOR	<a href="https://helsenorge.no/kvalitetsindikatorer">https://helsenorge.no/kvalitetsindikatorer</a>
	GER	<a href="http://edoc.rki.de/oa/articles/reEzagAaWOvY/PDF/2546Vrd7r9RC6.pdf">http://edoc.rki.de/oa/articles/reEzagAaWOvY/PDF/2546Vrd7r9RC6.pdf</a>

Measure	Country	Source
Drug consumption rate in population <18 yo	ITA	<a href="http://www.aifa.gov.it/sites/default/files/Rapporto_OsMed_2015_AIFA-acc.pdf">http://www.aifa.gov.it/sites/default/files/Rapporto_OsMed_2015_AIFA-acc.pdf</a>
Percentage of prescriptions for phenoxymethylpenicillin (penicillin V) of all prescriptions with respiratory antibiotics prescribed to children aged 0-9 years	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	NOR	<a href="https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%20definisjon%20Legemidler/Antibiotikabehandling%20ved%20luftveisinferksjoner%20hos%20barn%20mellom%200-9%20ar.pdf">https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%20definisjon%20Legemidler/Antibiotikabehandling%20ved%20luftveisinferksjoner%20hos%20barn%20mellom%200-9%20ar.pdf</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of prescriptions in children with asthma with LABA and without corticoids inhalers in relation to the total of children from 5 to 14 years diagnosed with asthma with LABA.	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Monthly average of children 5 to 14 years old treated with ALT / Monthly average of children aged 5 to 14 years with antiasthmatic background treatment	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of employees in the healthcare system who directly or indirectly participate in the provision of healthcare services regardless of the type of employment contract (indefinite term, fixed term, temporary service)	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
	UK (N.I.)	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-december-16.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-december-16.pdf</a>
Overall number of insured	AUT	N/A
	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
	IRL	<a href="http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf">http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf</a>
Number of insured who used actual health care services within the current year (number of users), among which number of infants and young children	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables:

Measure	Country	Source
		<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
Number of mothers offered (nurse) pre-natal support	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	N/A
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Number of mothers offered support after birth, until the age of 3 of the child	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
Number of consultations in Centres called 'Houses of the Child'	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
Number of children for which a nurse case manager is appointed	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Proportion of newborns with at least one medical surveillance visit performed up to 28 days old	AUT	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="http://www.publichealthagency.org/directorate-public-health/health-protection/surveillance-data">http://www.publichealthagency.org/directorate-public-health/health-protection/surveillance-data</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Proportion of children with at least 6 medical consultations for child health surveillance in the 1st year of life	AUT	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Number of persons aged 0 to 14 years with at least once in the last 3 years weight determination, or height or percentiles / number of persons aged 0 to 14 years	AUT	N/A
	UK (N.I.)	<a href="http://www.publichealth.hscni.net/news/statistical-profile-childrens-health-northern-ireland-2014-15">http://www.publichealth.hscni.net/news/statistical-profile-childrens-health-northern-ireland-2014-15</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of people from 0 to 14 who have performed the early detection of visual disturbances, hypocusia arterial hypertension /	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCar">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCar</a>

Measure	Country	Source
number of people from 0 to 14 years		<a href="#">tera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of inhabitants per one pharmacy	AUT	N/A
	CZE	<a href="http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf">http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf</a>
	EST	N/A
Visits to medical practices	AUT	N/A
	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
Health visitors home care visits	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	CYP	<a href="http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvotud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvotud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.nisra.gov.uk/health-survey-northern-ireland">https://www.nisra.gov.uk/health-survey-northern-ireland</a>
	NOR	<a href="http://www.ssb.no/en/helse/statistikker/helsetjko/aar/2016-06-28#content">http://www.ssb.no/en/helse/statistikker/helsetjko/aar/2016-06-28#content</a>
	Referrals to specialist assessment	CRO
FIN		<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
% of postpartum women who receive a visit in the first month after delivery	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a>

Measure	Country	Source
Annual health evaluations, periodic examinations, and health check-ups		Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/index_en.html">http://pxweb.tai.ee/PXWeb2015/index_en.html</a> <a href="http://www.haigekassa.ee/uploads/userfiles/code_of_conduct_for_family_nurses">http://www.haigekassa.ee/uploads/userfiles/code of conduct for family nurses</a> <a href="http://www.riigikontroll.ee/Avaleht/tabid/36/language/en-US/Default.aspx">http://www.riigikontroll.ee/Avaleht/tabid/36/language/en-US/Default.aspx</a>
Diagnostics and treatment per 100 inpatient	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_04Diagnostika/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adecc27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_04Diagnostika/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adecc27</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
% of children waiting < 20 weeks for an elective procedure (inpatient)	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=8042&amp;lh=73&amp;vn=2008-2014&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=8042&amp;lh=73&amp;vn=2008-2014&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf">http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf</a>
% of children waiting < 20 weeks for an elective procedure (day case)	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=8042&amp;lh=73&amp;vn=2008-2014&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=8042&amp;lh=73&amp;vn=2008-2014&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf">http://www.hse.ie/eng/services/publications/corporate/annualrpt15.pdf</a>
Drug treatment patients injection experience	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_06Narkomaaniaravi/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_06Narkomaaniaravi/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
Preventive medical care provided to infants and young children	AUT	N/A
	CRO	<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
Preventive preschool health evaluations for children	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
	NOR	<a href="http://www.ssb.no/en/helse/statistikker/helsetjko/aar/2016-06-28#content">http://www.ssb.no/en/helse/statistikker/helsetjko/aar/2016-06-28#content</a>
Preventive school and college health evaluations for children in different age groups	AUT	N/A
	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a> Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A

Measure	Country	Source
Child development health screening	AUT	N/A
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/performance-reports/October-December-Performance-Report-2016.pdf">http://www.hse.ie/eng/services/publications/performance-reports/October-December-Performance-Report-2016.pdf</a>
Number of school screenings	AUT	N/A
	CRO	<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
Number of visits to school counseling centers	CRO	<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
Proportion of children and youngsters with Special Health Needs who were the target of nursing intervention in school health	EST	N/A
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Outpatient attendances at paediatric hospitals	AUT	N/A
	CYP	<a href="http://www.mof.gov.cy/mof/cvstat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cvstat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
	IRL	<a href="http://www.hse.ie/eng/services/publications/performance-reports/December-2016-Management-Data-Report.pdf">http://www.hse.ie/eng/services/publications/performance-reports/December-2016-Management-Data-Report.pdf</a>
Outpatient contacts with primary health care physicians, age 0-17, per 100.000	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvõtud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvõtud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Outpatient contacts with family physicians, age 0-17, per 100.000	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvõtud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvõtud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>

Measure	Country	Source
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Outpatient contacts with physician specialists, age 0-17, per 100.000	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Number of contacts with GP Out of Hours	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Outpatient contacts with secondary/tertiary paediatricians, age 0-17, per 100.000	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Percentage of new physiotherapy patients seen for assessment within 12 weeks	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Nurse's and midwife's outpatient and home visits	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvõtud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_01Vastuvõtud/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Proportion of puerperal women with home nursing consultation	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Existing patients seen by Public Health Nursing in the month [recorded by category of patient: 65yrs+, 18-64yrs, 5-17yrs, patients with disability (physical/sensory/intellectual) 18-64yrs and 5-17yrs), clinical nursing activity for sick children 0-4yrs (not including child health screening and surveillance)]	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
New patients seen by Public Health Nursing in the month [recorded by category of patient: 65yrs+, 18-64yrs, 5-17yrs, patients with disability (physical/sensory/intellectual) 18-64yrs and 5-17yrs), clinical nursing activity for sick children 0-4yrs (not including	IRL	<a href="http://www.hse.ie">www.hse.ie</a>

Measure	Country	Source
child health screening and surveillance]		
Percentage of babies breastfed (exclusively and not exclusively) at first (or 3 month) visit	UK (Wal.)	<a href="http://content.digital.nhs.uk/catalogue/PUB08694/ifs-uk-2010-chap2-inc-prev-dur.pdf">http://content.digital.nhs.uk/catalogue/PUB08694/ifs-uk-2010-chap2-inc-prev-dur.pdf</a>
	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Adequate maternal health monitoring/follow-up index	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Percentage of psychology patients on the treatment waiting list less than or equal to 12 (or 52) weeks	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Proportion of children and adolescents treated with psychotherapy	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_05Psyvhika-%20ja%20kaitumishaired/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_05Psyvhika-%20ja%20kaitumishaired/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
Patients under 19 years of age with need for inpatient rehabilitation	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
Caesarean Section rate	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	BEL	<a href="http://www.one.be/uploads/tx_tproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_tproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.health-ni.gov.uk">https://www.health-ni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	N/A
	ITA	<a href="http://95.110.213.190/PNEedizione16_p/">http://95.110.213.190/PNEedizione16_p/</a>
	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>
Children participating in Dental service	AUT	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>

Measure	Country	Source
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	ICE	N/A
Percentage of new patients who commenced oral health treatment within 3 months of assessment	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.gov.uk/government/statistics/childrens-dental-health-survey-2013">https://www.gov.uk/government/statistics/childrens-dental-health-survey-2013</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of people 6 to 16 years old with at least one oral review in the last year, in the Oral Health Unit / Number of people aged 6 to 16 years	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of new patients attending for Scheduled Oral Health Assessment (Children and adult data reported separately)	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of new patients attending for Unscheduled Oral Health Assessment (Children and adult data reported separately)	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of Patients receiving active Orthodontic Treatment at the end of the reporting period	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Percentage of referrals for Orthodontics seen for assessment within 6 months	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Percentage of patients on waiting list for Orthodontic assessment less than or equal to 12 months	UK (N.I.)	<a href="https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-inpatient-and-day-case-waiting-times-december-2016">https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-inpatient-and-day-case-waiting-times-december-2016</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Percentage of patients on the Orthodontic waiting lists for <2years and <4years	UK (N.I.)	<a href="https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-inpatient-and-day-case-waiting-times-december-2016">https://www.health-ni.gov.uk/publications/northern-ireland-waiting-time-statistics-inpatient-and-day-case-waiting-times-december-2016</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Proportion of recipients of habilitation and rehabilitation at home for who has an individual plan	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	NOR	<a href="https://helsenorge.no/kvalitetsindikatorer">https://helsenorge.no/kvalitetsindikatorer</a>
Proportion of recipients of habilitation and rehabilitation in institution who has an individual plan	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	NOR	<a href="https://helsenorge.no/kvalitetsindikatorer">https://helsenorge.no/kvalitetsindikatorer</a>
Number of recipes per inhabitant and age group	SPA	<a href="http://observatorioresultados.sanidadmadrid.org/AtencionPrimariaLista.aspx">http://observatorioresultados.sanidadmadrid.org/AtencionPrimariaLista.aspx</a>

Measure	Country	Source
Electronic health records with special part on child care	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
	EST	N/A
Medical/Therapeutic abortions	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	CYP	<a href="http://www.mof.gov.cy/mof/cvstat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cvstat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.health-ni.gov.uk/news/ni-termination-pregnancy-statistics-201516">https://www.health-ni.gov.uk/news/ni-termination-pregnancy-statistics-201516</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="https://www.gov.uk">https://www.gov.uk</a>
Induced abortions	LIT	<a href="http://sic.hi.lt/html/en/health_statistic.htm">http://sic.hi.lt/html/en/health_statistic.htm</a>
Percentage of audiology patients on the treatment waiting list less than or equal to 12 (or 52) weeks	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of children's Disability Network Teams established	EST	N/A
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
% of bed days used (in HSE Child and Adolescent Acute Inpatient Units) as a total of bed days used by children in mental health acute inpatient units	AUT	N/A
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7858&amp;lh=63&amp;yn=2009-2015&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7858&amp;lh=63&amp;yn=2009-2015&amp;sk=134&amp;sn=Health%20and%20Social%20Care&amp;yearfilter=</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by CAMHS Team [Child & Adolescent Mental Health]	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by CAMHS Teams	UK (N.I.)	N/A
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>

Measure	Country	Source
Total Number of patients on waiting list for first appointment at end of each Month (reduce no. waiting by >5% annually)	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number & percentage on waiting list for first appointment at end of each month by wait time	EST	N/A
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Total number of children in the care of the Children's Outreach Nurse / Specialist Paediatric Palliative Care Team	UK (Sco.)	<a href="http://www.gov.scot">http://www.gov.scot</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Total Number of patients who received an Occupational Therapy service (direct and indirect) in primary and community services in the reporting month. This metric is recorded by age band: 0-4yrs and 11mths; 5-17yrs & 11mths; 18-64yrs & 11mths; 65yrs+.	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of treatments within community ophthalmology service (Children and adult data reported separately)	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Percentage of patients on speech and language waiting list for treatment less than or equal to 52 weeks	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Percentage of complaints investigated within 30 working days of being acknowledged by the complaints officer	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators">https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
Number of patients received emergency medical care from ambulance for children and adolescents	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_03Kiirabi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27">http://pxweb.tai.ee/PXWeb2015/pxweb/en/03Tervishoiuteenused/03Tervishoiuteenused_03Kiirabi/?tablelist=true&amp;rxid=76d3eb6b-6237-4ffc-963a-2b4b7adeec27</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>

Measure	Country	Source
Health expenditure per capita	AUT	N/A
	CZE	<a href="http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf">http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf</a>
	DAN	<a href="http://sundhedsdatastyrelsen.dk/da">http://sundhedsdatastyrelsen.dk/da</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_10THKogukulud/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93">http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_10THKogukulud/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.gov.uk/government/collections/public-expenditure-statistical-analyses-pesa">https://www.gov.uk/government/collections/public-expenditure-statistical-analyses-pesa</a>
		<a href="https://www.nuffieldtruhits.org.uk/chart/health-spending-per-head-by-country-of-the-uk">https://www.nuffieldtruhits.org.uk/chart/health-spending-per-head-by-country-of-the-uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
IRL	<a href="http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf">http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf</a>	
Total expenditure on performed prescriptions (0-14) / the total population (0-14)	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Health care costs covered by health insurance companies	AUT	N/A
	CZE	<a href="http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf">http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf</a>
	EST	N/A
	IRL	<a href="http://www.cso.ie/en/releasesandpublications/er/sha/systemofhealthaccounts2013/">http://www.cso.ie/en/releasesandpublications/er/sha/systemofhealthaccounts2013/</a>
Average health care costs covered by health insurance companies per one insured according to age groups	CZE	<a href="http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf">http://www.uzis.cz/en/system/files/zdrnarekon2013.pdf</a>
Actual spend and percentage variance from Budget for Community Health Organisations	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of persons covered by Medical Cards	UK (N.I.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/methodologies/northernirelandinternalmigrationandnorthernirelandmedicalcardinformationqualityassuranceofadministratedatausedinpopulationstatisticsfeb2017">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/methodologies/northernirelandinternalmigrationandnorthernirelandmedicalcardinformationqualityassuranceofadministratedatausedinpopulationstatisticsfeb2017</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of persons covered by GP Visit Cards	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
Number of health workers/Human resources	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	CRO	<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>

Measure	Country	Source
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_01TTosutajad/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93">http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_01TTosutajad/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf">http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf</a>
	UK (N.I.)	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-december-16.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-december-16.pdf</a>
	UK (Sco.)	<a href="http://www.isdscotland.org/Health-Topics/workforce/">http://www.isdscotland.org/Health-Topics/workforce/</a>
	NOR	“Other” Topic
	IRL	“Other” Topic
Number of doctors' offices	AUT	N/A
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	CRO	<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	UK (Sco.)	<a href="http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Practices-and-Their-Populations/">http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Practices-and-Their-Populations/</a>
	GER	“Other” Topic
Number of insurers in care	CRO	<a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
Number of Health Centres	AUT	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf">http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf</a>
	NOR	“Other” Topic
Number of school nurses	NOR	“Other” Topic
Number of physiotherapists	AUT	<a href="https://www.physioaustria.at/system/files/general/1224_15_jahresbericht.pdf">https://www.physioaustria.at/system/files/general/1224_15_jahresbericht.pdf</a>
	EST	N/A
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	NOR	“Other” Topic
	IRL	<a href="http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf">http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf</a>
Number of emergency care providers	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_01TTosutajad/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93">http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_01TTosutajad/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk/sitesplus/956/home">http://www.wales.nhs.uk/sitesplus/956/home</a>
	IRL	<a href="http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf">http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf</a>
	AUT	N/A

Measure	Country	Source
Number of dental care providers	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_01TTosutajad/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93">http://pxweb.tai.ee/PXWeb2015/pxweb/en/04THressursid/04THressursid_01TTosutajad/?tablelist=true&amp;rxid=4257e4a4-7e84-4b4b-817d-d0d0bbd75a93</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org/Health-Topics/Dental-Care/Dental-Workforce/">http://www.isdscotland.org/Health-Topics/Dental-Care/Dental-Workforce/</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	GER	<a href="http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf">http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf</a>
	IRL	<a href="http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf">http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf</a>
Number and density of general practitioners with / without cash contract	EST	N/A
	IRL	<a href="https://www.medicalcouncil.ie/News-and-Publications/Reports/Medical-Workforce-Intelligence-Report1.pdf">https://www.medicalcouncil.ie/News-and-Publications/Reports/Medical-Workforce-Intelligence-Report1.pdf</a>
Number of specialists in child and adolescent psychiatry	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org/Health-Topics/Workforce/CAMHS/">http://www.isdscotland.org/Health-Topics/Workforce/CAMHS/</a>
Number of outpatient child and adolescent psychiatric units	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
Number of child counselors and qualified counselors share	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
Teenage Pregnancies per 1.000 females	AUT	<a href="http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf">http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf</a>
	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/iid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7877&amp;lh=42&amp;vn=2005-2015&amp;sk=74&amp;sn=Population&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7877&amp;lh=42&amp;vn=2005-2015&amp;sk=74&amp;sn=Population&amp;yearfilter=</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.fpa.org.uk/factsheets/teenage-pregnancy#vAtg">http://www.fpa.org.uk/factsheets/teenage-pregnancy#vAtg</a>
	ICE	“Other” topic
	NL	“Other” topic
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf</a>
Teenage deliveries (age 15-17 yo)	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7877&amp;lh=42&amp;vn=2005-2015&amp;sk=74&amp;sn=Population&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7877&amp;lh=42&amp;vn=2005-2015&amp;sk=74&amp;sn=Population&amp;yearfilter=</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	ICE	“Other” topic

Measure	Country	Source
	LIT	<a href="http://sic.hi.lt/php/rd1.php?dat_file=rod1en.txt">http://sic.hi.lt/php/rd1.php?dat_file=rod1en.txt</a>
Survival of premature babies (total)	AUT	N/A
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	GER	<a href="https://www.g-ba.de/downloads/40-268-759/2008-12-17-Abschluss-H%C3%B6rscreening.pdf">https://www.g-ba.de/downloads/40-268-759/2008-12-17-Abschluss-H%C3%B6rscreening.pdf</a> <a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a> <a href="https://www.g-ba.de/informationen/richtlinien/46/">https://www.g-ba.de/informationen/richtlinien/46/</a>
Survival of premature babies without serious illness	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="https://www.g-ba.de/downloads/40-268-759/2008-12-17-Abschluss-H%C3%B6rscreening.pdf">https://www.g-ba.de/downloads/40-268-759/2008-12-17-Abschluss-H%C3%B6rscreening.pdf</a> <a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a> <a href="https://www.g-ba.de/informationen/richtlinien/46/">https://www.g-ba.de/informationen/richtlinien/46/</a>
Risk-adjusted number of cases (perinatal mortality)	EST	N/A
	UK (N.I.)	N/A
	GER	<a href="https://www.g-ba.de/downloads/40-268-759/2008-12-17-Abschluss-H%C3%B6rscreening.pdf">https://www.g-ba.de/downloads/40-268-759/2008-12-17-Abschluss-H%C3%B6rscreening.pdf</a> <a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a> <a href="https://www.g-ba.de/informationen/richtlinien/46/">https://www.g-ba.de/informationen/richtlinien/46/</a>
% of babies exclusively breastfed (up to 6 months age)	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4">http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
	LIT	<a href="http://www.hi.lt/lt/savivaldybiu-visualybiu-visuomenes-sveikatos-svebesenos-ataskaitos.html">http://www.hi.lt/lt/savivaldybiu-visualybiu-visuomenes-sveikatos-svebesenos-ataskaitos.html</a>
	NL	“Other” topic
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf</a> <a href="http://www.dcv.gov.ie">www.dcv.gov.ie</a>
	UK	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
% of low birth weight newborns	AUT	N/A
	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	EST	N/A

Measure	Country	Source
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	UK (N.I.)	<a href="https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators">https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>
	ITA	<a href="http://www2.arssveneto.it/html_pages/documents/Rapporto_Indicatori_Qualita_ARSS.pdf">http://www2.arssveneto.it/html_pages/documents/Rapporto_Indicatori_Qualita_ARSS.pdf</a>
	POR	N/A
	IRL	<a href="https://www.dcv.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcv.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a> <a href="http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf</a>
	EST	N/A
Number and percentage of domiciliary births	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=health;">http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=health;</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
	Percentage of newborns with Apgar scores <7 at 5 minutes	BEL
EST		N/A
FIN		<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
UK (Sco.)		<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
UK (Wal.)		<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
NOR		<a href="https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%20definisjoner%20Somatisk%20helse/Tilstand%20hos%20nyfødte%20barn%20v1,0.pdf">https://helsedirektoratet.no/Documents/Kvalitetsindikatorer/KI%20definisjoner%20Somatisk%20helse/Tilstand%20hos%20nyfødte%20barn%20v1,0.pdf</a>
Central venous catheter-related infection rate (adults and neonatal)	POR	N/A
Number of hospital infections (patients/100 bed-days)	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~-/media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~-/media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
	EST	<a href="http://ee.euro.who.int/E93134.pdf">http://ee.euro.who.int/E93134.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="http://www.publichealth.hscni.net">http://www.publichealth.hscni.net</a>
	GER	<a href="https://sqq.de/front_content.php?idcat=148&amp;idart=736">https://sqq.de/front_content.php?idcat=148&amp;idart=736</a>

Measure	Country	Source
	IRL	<a href="http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Surveillance/">http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Surveillance/</a>
Number of children for which neglect or abuse is reported	BEL	<a href="https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf">https://overheid.vlaanderen.be/sites/default/files/documenten/organisatieontwikkeling/beheersinstrumenten/06_WVG_KG_OP2015.pdf</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	NL	“Other” topic
Tooth status per age groups	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.gov.scot/#slide/1">http://www.gov.scot/#slide/1</a>
	LIT	<a href="http://www.hi.lt/lt/savivaldybiu-visualizacijos-sveikatos-stebesenos-ataskaitos.html">http://www.hi.lt/lt/savivaldybiu-visualizacijos-sveikatos-stebesenos-ataskaitos.html</a>
	NOR	<a href="https://helsenorge.no/kvalitetsindikatorer">https://helsenorge.no/kvalitetsindikatorer</a>
Number of children in schools with chronic illness	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	ICE	N/A
Incidence of health problems in school environment (e.g. accidents, mental health problems, physical health problems, lifestyle problems, infectious diseases, ...)	ICE	N/A
Incidence rate of Diabetes TYP 1/TYP 2 among 0-14 yo children per 100.000	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_01Esmashaigestumus/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_01Esmashaigestumus/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://sic.hi.lt/php/serg15.php?dat_file=serg15en.txt">http://sic.hi.lt/php/serg15.php?dat_file=serg15en.txt</a>
Incidence of (alcohol-related) mental and behavioural disorders per 100.000, age 0-17	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
Proportion of children who have one or more chronic diseases by age group (0-4, 5-9, 10-14, 15-18 yo)	AUT	Children/Adolescents Report 2006 Carinthia <a href="http://www.goeg.at/cxdata/media/download/berichte/KTN_Kinder_JugendGB_2006_Lang.pdf">http://www.goeg.at/cxdata/media/download/berichte/KTN_Kinder_JugendGB_2006_Lang.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
Rate of ketoacidosis among children with type 1 diabetes	EST	<a href="http://ee.euro.who.int/E93134.pdf">http://ee.euro.who.int/E93134.pdf</a>

Measure	Country	Source
(x cases/100 previously diagnosed D1)		
Mean HbA1C (glycohemoglobin) (all D1 patients in the hospital)	EST	<a href="http://ee.euro.who.int/E93134.pdf">http://ee.euro.who.int/E93134.pdf</a>
Proportion of children and adolescents with type 1 diabetes that by annual checks have achieved treatment goals for HbA1c	UK (N.I.)	<a href="http://www.rcpch.ac.uk/national-paediatric-diabetes-audit-npda">http://www.rcpch.ac.uk/national-paediatric-diabetes-audit-npda</a>
Proportion of children and adolescents with type 1 diabetes that by annual checks have achieved treatment goals for HbA1c	NOR	<a href="https://helsenorge.no/Kvalitetsindikatorer/kvalitetsindikator-pleie-og-omsorg/sykehjemsbeoere-vurdert-av-lege-siste-12-mnd">https://helsenorge.no/Kvalitetsindikatorer/kvalitetsindikator-pleie-og-omsorg/sykehjemsbeoere-vurdert-av-lege-siste-12-mnd</a>
Proportion of children damaged by traffic accidents by age group (0-4, 5-9, 10-14, 15-18 yo)	AUT	Child Health Report Lower Austria <a href="http://www.noe.gv.at">http://www.noe.gv.at</a> <a href="http://www.goeg.at/cxdata/media/download/berichte/kinder_jugend_gesundheit_noe.pdf">http://www.goeg.at/cxdata/media/download/berichte/kinder_jugend_gesundheit_noe.pdf</a>
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
Proportion of children suffering from allergies by age group (0-4, 5-9, 10-14, 15-18 yo)	AUT	Child Health Report Lower Austria <a href="http://www.noe.gv.at">http://www.noe.gv.at</a> <a href="http://www.goeg.at/cxdata/media/download/berichte/kinder_jugend_gesundheit_noe.pdf">http://www.goeg.at/cxdata/media/download/berichte/kinder_jugend_gesundheit_noe.pdf</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbrochure.pdf?__blob=publicationFile">https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbrochure.pdf?__blob=publicationFile</a>
Proportion of children suffering from asthma by age group (0-4, 5-9, 10-14, 15-18 yo)	AUT	Child Health Report Lower Austria <a href="http://www.noe.gv.at">http://www.noe.gv.at</a> <a href="http://www.goeg.at/cxdata/media/download/berichte/kinder_jugend_gesundheit_noe.pdf">http://www.goeg.at/cxdata/media/download/berichte/kinder_jugend_gesundheit_noe.pdf</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
Cancer incidence (among children and adolescents) per 100.000	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_04Pahaloomulised%20kasvajad/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_04Pahaloomulised%20kasvajad/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>

Measure	Country	Source
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Incidence of all diseases (among children and adolescents) per 100.000	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_01Esmashaigestumus/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_01Esmashaigestumus/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	LIT	<a href="http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html">http://www.hi.lt/en/sickness-rate-morbidity-and-healthcare-resources.html</a> <a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
	POL	<a href="http://stat.gov.pl/en/">http://stat.gov.pl/en/</a>
Birth rate	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_01Esmashaigestumus/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7">http://pxweb.tai.ee/PXWeb2015/pxweb/en/02Haigestumus/02Haigestumus_01Esmashaigestumus/?tablelist=true&amp;rxid=edd55afb-75d5-471f-97fe-93a87a0c46b7</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7877&amp;lh=42&amp;vn=2005-2015&amp;sk=74&amp;sn=Population&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=7877&amp;lh=42&amp;vn=2005-2015&amp;sk=74&amp;sn=Population&amp;yearfilter=</a>
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesglandandwales/2015">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesglandandwales/2015</a>
	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>
POL	<a href="http://stat.gov.pl/en/">http://stat.gov.pl/en/</a>	
Recognizable malformations detected at birth	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	CYP	<a href="http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
Nutrition: Food composition of 7- to 14- yo	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	UK (N.I.)	N/A
Poverty of children and adolescents; Lasting risk of poverty	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015

Measure	Country	Source
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=1605&amp;lh=42&amp;vn=2009&amp;sk=10&amp;sn=People%20and%20Places&amp;yearfilter=">http://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=1605&amp;lh=42&amp;vn=2009&amp;sk=10&amp;sn=People%20and%20Places&amp;yearfilter=</a> <a href="#">Also Children and Young Peoples strategic indicators</a>
	UK (Sco.)	<a href="http://www.gov.scot/#slide/3">http://www.gov.scot/#slide/3</a>
	UK (Wal.)	<a href="http://gov.wales/statistics-and-research/child-poverty-strategy/?lang=en">http://gov.wales/statistics-and-research/child-poverty-strategy/?lang=en</a>
Early school-leavers	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
Employment status of 15 to 19-year-olds	AUT	<a href="http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf">http://www.bmgf.gv.at/cms/home/attachments/1/9/7/CH1357/CMS1453376559886/kinderjugendgesundheitsbericht.pdf</a> Österreichischer Kinder- und Jugendgesundheitsbericht 2015
	UK (N.I.)	<a href="https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators">https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators</a>
	UK (Sco.)	<a href="http://www.gov.scot/#slide/3">http://www.gov.scot/#slide/3</a>
Children in single parent households	AUT	<a href="http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf">http://www.goeg.at/cxdata/media/download/berichte/KiJuGB_Stmk_2010.pdf</a>
	UK (N.I.)	<a href="http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=single;parent;house;">http://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=single;parent;house;</a>
	UK (Sco.)	<a href="http://www.gov.scot/#slide/3">http://www.gov.scot/#slide/3</a>
	IRL	<a href="https://www.dcy.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcy.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>
Spontaneous abortions	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	CYP	<a href="http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_03Abordid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4">http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_03Abordid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	N/A
	LIT	<a href="http://sic.hi.lt/html/en/health_statistic.htm">http://sic.hi.lt/html/en/health_statistic.htm</a>
Other pregnancies with abortive outcome	CYP	<a href="http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>
	EST	N/A
Number of live births	AUT	N/A
	BEL	<a href="http://www.one.be/uploads/tx_tproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_tproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	CYP	<a href="http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement">http://www.mof.gov.cy/mof/cystat/statistics.nsf/All/39FF8C6C587B26A6C22579EC002D5471/\$file/HEALTH_HOSPITAL_STATS-2014-300316.pdf?OpenElement</a>

Measure	Country	Source
	EST	<a href="http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4">http://pxweb.tai.ee/PXWeb2015/pxweb/en/01Rahvastik/01Rahvastik_02Sünnid/?tablelist=true&amp;rxid=a4537433-e962-4335-9272-d01643a240c4</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.nisra.gov.uk/publications/monthly-births">https://www.nisra.gov.uk/publications/monthly-births</a>
	UK (Sco.)	N/A
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://sic.hi.lt/php/rd1.php?dat_file=rod1en.txt">http://sic.hi.lt/php/rd1.php?dat_file=rod1en.txt</a>
	IRL	<a href="http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf">http://www.hpo.ie/latest_hipe_nprs_reports/NPRS_2014/Perinatal_Statistics_Report_2014.pdf</a>
Number of riskbirth born live	EST	N/A
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="https://sqq.de/front_content.php?idcat=148&amp;idart=736">https://sqq.de/front_content.php?idcat=148&amp;idart=736</a>
Prevalence of infectious and parasitic diseases per 100.000, age 0-17	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	EST	N/A
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
	POL	<a href="http://isap.sejm.gov.pl/Download?id=WDU20160001426&amp;type=2">http://isap.sejm.gov.pl/Download?id=WDU20160001426&amp;type=2</a>
Prevalence of sexually transmitted diseases per 100.000, age 0-17	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators">https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	LIT	<a href="http://sic.hi.lt/data/srs_indicators.html">http://sic.hi.lt/data/srs_indicators.html</a>
	POL	<a href="http://isap.sejm.gov.pl/Download?id=WDU20160001426&amp;type=2">http://isap.sejm.gov.pl/Download?id=WDU20160001426&amp;type=2</a>
Adequate maternal health monitoring/follow-up index	POR	<a href="http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf">http://www.acss.min-saude.pt/wp-content/uploads/2016/07/bilhete_identidade_indicadores_contratualizacao_2016_2016_02_16.pdf</a>
Cerebral hemorrhage in very small premature infants	GER	<a href="https://sqq.de/front_content.php?idcat=148&amp;idart=736">https://sqq.de/front_content.php?idcat=148&amp;idart=736</a>
Air accumulation between lung and chest wall (so-called pneumothorax) in ventilated children	GER	<a href="https://sqq.de/front_content.php?idcat=148&amp;idart=736">https://sqq.de/front_content.php?idcat=148&amp;idart=736</a>
Number of children who carry out a listening test	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	GER	<a href="https://sqq.de/front_content.php?idcat=148&amp;idart=736">https://sqq.de/front_content.php?idcat=148&amp;idart=736</a>
Number of persons that received information, advice or reinforcement on at least one feeding, accident prevention, smoking	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheader">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheader</a>

Measure	Country	Source
prevention and sun exposure counselling once in the last 3 years in relation to Total number of children between the ages of 0 and 14		<a href="#">value2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Percentage of adolescents (15-19 years old, both included) who have received information, advice or reinforcement at least once regarding the use of contraceptive methods (prevention of pregnancy), prevention of sexually transmitted infections (use of condoms ) and on toxic habits (smoking, alcohol and other drugs).	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of people 0 to 14 years with diagnosis of active asthma / 10% of people from 0 to 14 years	EST	N/A
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
Number of people 2 to 14 years old with a Body Mass Index above the 95th percentile / 15% of people aged 2 to 14 years	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators">http://content.digital.nhs.uk/article/1885/Compendium-of-Population-Health-Indicators</a> Excel from CA
	IRL	<a href="https://www.dcv.gov.ie/documents/stateofthenationschildren/20170302SOTNCRReport2016.pdf">https://www.dcv.gov.ie/documents/stateofthenationschildren/20170302SOTNCRReport2016.pdf</a> <a href="http://www.dcv.gov.ie">www.dcv.gov.ie</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
People from 0 to 14 years old will have received in the last 3 years information, advice or reinforcement on Power supply, Accident prevention, Prevention of smoking, Advice on sun exposure in relation to Total number of children between the ages of 0 and 14	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	SPA	<a href="http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true">http://www.madrid.org/cs/Satellite?blobcol=urldata&amp;blobheader=application%2Fpdf&amp;blobheadername1=Content-disposition&amp;blobheadername2=cadena&amp;blobheadervalue1=filename%3DCartera+de+Servicios+Estandarizados+AP.+Actualización+2014.pdf&amp;blobheadervalue2=language%3Des%26site%3DPortalSalud&amp;blobkey=id&amp;blobtable=MungoBlobs&amp;blobwhere=1352856117736&amp;ssbinary=true</a>
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	IRL	<a href="http://www.hse.ie">www.hse.ie</a>
	AUT	“Other” topic

Measure	Country	Source
The percentage of children aged 10–17 who report having been bullied at school	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (N.I.)	<a href="https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators">https://www.education-ni.gov.uk/articles/children-and-young-peoples-strategic-indicators</a>
	UK (Wal.)	<a href="http://gov.wales/statistics-and-research/survey-prevalence-incidence-school-bullying/?lang=en">http://gov.wales/statistics-and-research/survey-prevalence-incidence-school-bullying/?lang=en</a>
	NL	“Other” topic
	IRL	<a href="https://www.dcya.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf">https://www.dcya.gov.ie/documents/stateofthenationschildren/20170302SOTN_CReport2016.pdf</a>
Smoking prevalence at 12-19 yo	AUT	<a href="http://bmgf.gv.at">bmgf.gv.at</a>
	FIN	<a href="https://www.sotkanet.fi/sotkanet/en/haku?g=354">https://www.sotkanet.fi/sotkanet/en/haku?g=354</a>
	UK (Eng.)	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/tid/92196/age/2/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000004/ati/102/are/E0600015/tid/92196/age/2/sex/4</a> Excel from CA
	UK (N.I.)	<a href="https://www.health-ni.gov.uk">https://www.health-ni.gov.uk</a>
	GER	<a href="https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbrochure.pdf?__blob=publicationFile">https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbrochure.pdf?__blob=publicationFile</a>
	NL	<a href="https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx">https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx</a>
The proportion of patients where there have been somatic examinations within 90 days of the beginning of diagnosing ADHD	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients as assessed by environmental observation in the school, home, or institution within 90 days of the beginning of diagnosing ADHD	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients of 6-18 years who undergo a manualized diagnostic interview regarding ADHD core symptoms, differential diagnosis and comorbidity by either Kiddie-SADS, PSE-SCAN or DAWBA examinations within 90 days of the beginning of diagnosing ADHD	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients at 3-16 years in which the ADHD-RS schema for parents on ADHDs difficulties is returned within 90 days of the start of diagnosing ADHD	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients at 3-16 years in which the ADHD-RS schema for school/institutions on ADHDs	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>

Measure	Country	Source
difficulties is returned within 90 days of the start of diagnosing ADHD		
The proportion of patients where there has been coordinating network meeting within 90 days of the start of diagnosing ADHD	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
Patients still alive and without observed relapse five years after the date of diagnosis	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
Patients still alive five years after the date of diagnosis	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
Proportion of patients who die within one year after diagnosis of treatment-related reason	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
Proportion of patients where treatment is initiated within 14 days of diagnosis	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes, having a HbA1c of $\leq 59$ mmol/mol 8	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes, having a HbA1c of $\geq 75$ mmol/mol	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes who have not had severe hypoglycemia	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes who have not had severe ketoacidosis	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes, which at least once a year have been measured blood pressure	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes, who have been examined for urine albuminuria according to the current guideline	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of screened patients with diabetes, with normal albumin excretion rate	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes who have undergone eye examination by applicable guideline	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of screened patients with diabetes, where there is no change in retinopathy	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of patients with diabetes who have had a	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>

Measure	Country	Source
foot examination by applicable guideline		
The proportion of screened patients with diabetes, where there is no change in neuropathy	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all births that are living at 44 postmenstrual weeks) (both live births and stillbirths are included in the denominator)	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all births that are living one year after birth (both live births and stillbirths are included in the denominator)	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all extremely premature babies who survive without major neonatal morbidity (both live births and stillbirths are included in the denominator)	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of hospitalized children, where there are established exclusive breastfeeding at discharge to home or discharge from/termination of early home stays with a nasogastric tube	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of hospitalized children that within the first 6 hours after birth have at least 60 minutes' skin-to-skin contact (Gestational Age $\geq 28 + 0$ )	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of hospitalized children who arrive at pediatric ward with normothermia (tp. 36.5 to 37.5)	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of children hospitalized >13 days, with weight within the normal range at discharge to home or at discharge from/termination of early home stays with nasogastric tube	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of hospitalized children the pain scores within the first day of hospitalization	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of hospitalized children being treated with antibiotics	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of outpatients who come to the annual	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>

Measure	Country	Source
ambulatory monitoring at the hospital		
The proportion of outpatients not using inhaled corticosteroids (ICS), despite a high consumption (number of prescription > 600 doses per year) of short-acting SABA	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of ambulatory patients using long-acting LABA or LAMA or LABA / LAMA, without simultaneously using ICS	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of ambulatory patients having their FEV1 and FVC measured and recorded within a period of six months before and six months after the first redeemed prescription / initial diagnosis in the National Patient Registry of the current year	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all newly diagnosed asthma patients who have had measured and recorded the FEV1 and FVC in the period six months before and six months after the first diagnosis in the LPR (Silent Laryngopharyngeal Reflux)	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all newly diagnosed asthma patients undergoing reversibility, provocation, or exertion test during the period six months before and six months after or at initial diagnosis in the National Patient Registry	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all newly diagnosed asthma patients undergoing specific IgE measurement and skin prick test between six months before and six months after or at initial diagnosis in the National Patient Registry	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all outpatient asthma patients who have measured and recorded the height at least once a year	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all outpatient asthma patients who have measured and recorded weight at least once a year	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>

Measure	Country	Source
The proportion of all asthma patients, who have been ambulatory monitored in a hospital or followed in general practice, hospitalized acutely with hospitalization duration of less than one day a year	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
The proportion of all asthma patients, who have been ambulatory monitored in a hospital or followed in general practice, hospitalized acutely with hospitalization duration of more than one day a year	DAN	<a href="http://www.rkkp.dk/in-english/">http://www.rkkp.dk/in-english/</a>
Assessment by specialist physician in child and youth psychiatry	DAN	<a href="https://www.sundhed.dk/content/cms/5/4705_bup-adhd-årsrapport-2015.pdf">https://www.sundhed.dk/content/cms/5/4705_bup-adhd-årsrapport-2015.pdf</a>
The percentage of children who participated in The childhood vaccination program	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
	POL	<a href="http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf">http://wwwold.pzh.gov.pl/oldpage/epimeld/2015/Sz_2015.pdf</a>
% of specific examinations, for example, weight, height, vision, otoscopy, language, etc.	BEL	<a href="http://www.one.be/uploads/tx_tproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_tproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a> "Other" Topic
	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
Time spent on preventative issues (%)	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
% of The child examinations with new findings, by severity	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
% of The child examinations with new findings, by type	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
Proportion of children vaccinated against diphtheria, tetanus, whooping cough, polio, Hib bacterium, measles, mumps and rubella (MMR vaccine) and the HPV vaccine	DAN	<a href="https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx">https://www.sst.dk/da/udgivelser/2007/~media/59BF00D9857B470CA3C3D3553F3C4ED4.ashx</a>
Adverse events in The childhood vaccination program	DAN	<a href="https://stps.dk/en">https://stps.dk/en</a>
Adverse events in The primary sector	DAN	<a href="https://stps.dk/en">https://stps.dk/en</a>
Side effects of HPV vaccine (number of reports)	DAN	<a href="http://laegemiddelstyrelsen.dk/">http://laegemiddelstyrelsen.dk/</a>
Side effects of vaccines in the childhood vaccination program (number of reports)	DAN	<a href="http://laegemiddelstyrelsen.dk/">http://laegemiddelstyrelsen.dk/</a>
Contacts per patient per year with GPs	DAN	<a href="http://sundhedsdatastyrelsen.dk/da">http://sundhedsdatastyrelsen.dk/da</a>
Consumption of ADHD medications (number of	DAN	<a href="http://sundhedsdatastyrelsen.dk/da">http://sundhedsdatastyrelsen.dk/da</a>

Measure	Country	Source
people per. 1000 inhabitants per year on ADHD medications, number of children and young people under 18 who have redeemed at least one prescription for ADHD medication)		
Consumption of asthma medication (number of children aged 0-17 year tha have redeemed a prescription for the different groups of medicaments for treating asthma)	DAN	<a href="http://sundhedsdatastyrelsen.dk/da">http://sundhedsdatastyrelsen.dk/da</a>
Consumption of antidepressants among children and adolescents (number of children/adolescents with a redemption of prescription for antidepressants per. 1000 inhabitants	DAN	<a href="http://sundhedsdatastyrelsen.dk/da">http://sundhedsdatastyrelsen.dk/da</a>
Proportion of children forced (to hospitalization) in proportion to number of persons admitted	DAN	<a href="http://www.esundhed.dk/sundhedskvalitet/Sider/sundhedskvalitet.aspx">http://www.esundhed.dk/sundhedskvalitet/Sider/sundhedskvalitet.aspx</a>
Proportion of children affected by one or more obsessive-compulsory measures in proportion to the number of persons admitted	DAN	<a href="http://www.esundhed.dk/sundhedskvalitet/Sider/sundhedskvalitet.aspx">http://www.esundhed.dk/sundhedskvalitet/Sider/sundhedskvalitet.aspx</a>
Number of children and adolescents under 18 affected by one or more obsessive-compulsive measures	DAN	<a href="http://www.esundhed.dk/sundhedskvalitet/Sider/sundhedskvalitet.aspx">http://www.esundhed.dk/sundhedskvalitet/Sider/sundhedskvalitet.aspx</a>
Emergency readmissions within 30 days (%)	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
Waiting for rehabilitation	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
Cardiovascular mortality	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
Average experienced layover to hospital surgery, days	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
Average experienced layover to psychiatry, children and youth days	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
Care pathways completed within defined standard process times for cancer, %	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
Life expectancy	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>

Measure	Country	Source
	DAN	<a href="http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx">http://www.sum.dk/Aktuelt/Publikationer/~media/Filer%20-%20Publikationer_i_pdf/2016/Nationale-maal/SUM-Nationale-maal-L-april-2016.ashx</a>
	POL	<a href="http://stat.gov.pl/en/">http://stat.gov.pl/en/</a>
Number of all medical interventions related to children	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
Number of toddlers going to school	BEL	<a href="http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf">http://www.one.be/uploads/tx_ttproducts/datasheet/RA_BDMS_2002-2003_01.pdf</a>
Incidence of alcohol addiction by gender and age groups (0-19) per 100.000 population	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
	NL	<a href="https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx">https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx</a>
The number of treatments and the number of patients registered by diagnosis group and gender	GER	N/A
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Newly registered treated children (0-17) by diagnosis group and gender, per 100.000 population	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Incidence of registered treated children (0-17) for alcohol use and intoxication by gender and age group per 100.000 children	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Incidence of registered treated children (0-17) for drug, psychotropic and toxic substance use or intoxication by gender and age group per 100.000 children	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Prevalence of children (0-17) with mental diseases by disease	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Number of registered injury and poisoning cases by gender and age per 100.000 population	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Victims of violence by gender and age group per 100.000 population	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Injuries of children (0-17) by type of injury, %	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Newly recognized disabilities of children, per 100.000 population	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>

Measure	Country	Source
Number of medical doctors by specialty	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	GER	<a href="http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf">http://www.kbv.de/media/sp/Arztzahlstudie_2010.pdf</a>
	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Number of inpatients, by age group (0-17), per 1000 population	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Number of inpatients (both discharged and died) by age and disease (infant; 1-14; 15-17), per 1000 population	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
% breakdown of inpatients (both discharged and died) by age and disease (infant; 1-14; 15-17)	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Case Fatality Rate of inpatients in all hospitals by age group, %	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Proportion of patients with orthodontic abnormalities, %	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Proportion of patients with periodontal abnormalities, %	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Results of children's preventive examinations, per 1.000 examined children	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Number of live and stillbirths children, whose mothers had unhealthy habits (e.g. smoking; alcohol; psychoactive substances)	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Newborns morbidity rate, per 1.000 live births	LAT	<a href="https://www.spkc.gov.lv/en/about-us">https://www.spkc.gov.lv/en/about-us</a>
Number of preventive check-ups by general practitioner for children per age groups	LAT	<a href="http://www.vmnvd.gov.lv/uploads/files/56001952f16e3.pdf">http://www.vmnvd.gov.lv/uploads/files/56001952f16e3.pdf</a>
Children dental coverage, %	LAT	<a href="http://www.vmnvd.gov.lv/uploads/files/56001952f16e3.pdf">http://www.vmnvd.gov.lv/uploads/files/56001952f16e3.pdf</a>
Payment for assistance in child-birth	LAT	<a href="http://www.vmnvd.gov.lv/uploads/files/56001952f16e3.pdf">http://www.vmnvd.gov.lv/uploads/files/56001952f16e3.pdf</a>
Children below 3 years of age given cholecalciferol containing product	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
Children below 6 years of age screened according to the legal framework	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
Girls between 10-18 years of age given any sort of iron supplementation	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
Children referred by the primary care paediatrician in the last 6 months in 1 month average to institutions where	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>

Measure	Country	Source
referral is obligatory (excl. imaging and laboratory tests)		
Children presented to duty services / emergency wards	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
	ITA	<a href="http://www.mattoni.salute.gov.it/mattoni/documenti/5_Risultati_dello_studio_dei_43_indicatori_selezionati.pdf">http://www.mattoni.salute.gov.it/mattoni/documenti/5 Risultati dello studio dei 43 indicatori selezionati.pdf</a>
Children between 0-18 years of age treated with antibiotics in the last 12 months calculated in 1 month average	HUN	<a href="http://www.neak.gov.hu/">http://www.neak.gov.hu/</a>
The proportion of children under 6 years of age registered for general practitioners	HUN	<a href="http://www.neak.gov.hu/data/cms1010747/Haziorvosok_indikator_alapu_teljesitmeny_NEAK.pdf?query=indik%C3%A1torok">http://www.neak.gov.hu/data/cms1010747/Haziorvosok indikator alapu teljesitmeny_NEAK.pdf?query=indik%C3%A1torok</a>
	GER	<a href="http://www.rki.de/EN/Content/infections/Vaccination/recommendations/recommendations_content.html">http://www.rki.de/EN/Content/infections/Vaccination/recommendations/recommendations_content.html</a>
Hospitalization rate due to Influenza	ITA	<a href="http://www.mattoni.salute.gov.it/mattoni/documenti/5_Risultati_dello_studio_dei_43_indicatori_selezionati.pdf">http://www.mattoni.salute.gov.it/mattoni/documenti/5 Risultati dello studio dei 43 indicatori selezionati.pdf</a>
Readmission within 90 days due to psychiatric issues	ITA	<a href="http://www.mattoni.salute.gov.it/mattoni/documenti/5_Risultati_dello_studio_dei_43_indicatori_selezionati.pdf">http://www.mattoni.salute.gov.it/mattoni/documenti/5 Risultati dello studio dei 43 indicatori selezionati.pdf</a>
Number of primary health care specialties structures	CRO	PDF Croatian Health Statistics Yearbook: <a href="http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf">http://www.hzjz.hr/wp-content/uploads/2017/02/Ljetopis_2015_IX.pdf</a>
		Tables: <a href="http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/">http://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2015-tablicni-podaci/</a>
	EST	N/A
	UK (N.I.)	<a href="https://www.hseni.gov.uk">https://www.hseni.gov.uk</a>
Number of social care workers	AUT	N/A
	EST	N/A
	UK (Sco.)	<a href="http://data.sssc.uk.com/">http://data.sssc.uk.com/</a>
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	NOR	“Other” Topic
	IRL	<a href="http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf">http://health.gov.ie/wp-content/uploads/2016/12/Health_in_Ireland_KeyTrends2016.pdf</a>
Psychosocial problems (number of 10 year old that have elevated scores at the total problem score of the SDQ (Strengths and Difficulties Questionnaire) / total number of 10 year old the SDQ has been administered to by the SHS)	NL	<a href="https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx">https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx</a>
Overweight per age groups	AUT	“Other” topic
	GER	<a href="https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbroschüre.pdf?__blob=publicationFile">https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbroschüre.pdf?__blob=publicationFile</a>

Measure	Country	Source
	NL	<a href="https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx">https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx</a>
Extra consult obesity per age groups (number of children with overweight – excluding obesity – according to BMI selection criteria at the 3,9 years contact moment at the well child clinic that received an extra consult within 4-8 weeks in the year of measuring / total number of children with overweight according to the BMI selection criteria, excluding children with obesity, at the 3,9 years contact moment in the year of measuring)	AUT	“Other” topic
	NL	<a href="https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx">https://www.igz.nl/onderwerpen/publieke-en-geestelijke-gezondheidszorg/jeugd/index.aspx</a>
Number of multiprofile hospitals (for active treatment)	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	GER	<a href="https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheit/gesundheitswesen/spitaeler/patienten-hospitalisierungen.assetdetail.2220993.html">https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheit/gesundheitswesen/spitaeler/patienten-hospitalisierungen.assetdetail.2220993.html</a>
Number of specialized hospitals	BUL	<a href="http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf">http://ncpha.government.bg/files/nczi/izdania_2010/healthcare16_A.pdf</a>
	GER	<a href="https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheit/gesundheitswesen/spitaeler/patienten-hospitalisierungen.assetdetail.2220993.html">https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheit/gesundheitswesen/spitaeler/patienten-hospitalisierungen.assetdetail.2220993.html</a>
Frequency of fruit consumption by children and adolescents by age group	AUT	“Other” topic
	GER	<a href="https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbrochure.pdf?__blob=publicationFile">https://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Basiserhebung/Ergebnisbrochure.pdf?__blob=publicationFile</a>
	POL	<a href="http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2015-roku,1,6.html">http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2015-roku,1,6.html</a>
Frequency of vegetable consumption by children and adolescents by age group	AUT	“Other” topic
	GER	<a href="http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html">http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/Fact_Sheets/fact_sheets_node.html</a>
	POL	<a href="http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2015-roku,1,6.html">http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2015-roku,1,6.html</a>
Number of screening tests	AUT	N/A
	UK (Sco.)	<a href="http://www.isdscotland.org">http://www.isdscotland.org</a>
	UK (Wal.)	<a href="http://www.wales.nhs.uk">http://www.wales.nhs.uk</a>
	GER	“Other” topic
Proportion of inpatient stays in child-specific departments	IRL	N/A
Mother's mortality as part of the delivery	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>
Mortality rate in life-threatening infants	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>
Children admitted with temperature under 36 degrees	GER	<a href="https://iqtig.org/ergebnisse/qualitaetsreport/">https://iqtig.org/ergebnisse/qualitaetsreport/</a>

Measure	Country	Source
Primary care visits for gastroenteritis	SWE	N/A
Primary care visits for asthma	SWE	N/A
Mean age at operation for cryptorchidism	SWE	N/A
% operated for cryptorchidism >3 year	SWE	N/A
Age at first diagnosis of Autism spectrum disorder	SWE	N/A
Emergency admission for gastroenteritis	SWE	N/A
Emergency admission for asthma	SWE	N/A
Pupils' dental caries intensity index	AUT	“Other” topic
	UK (Wal.)	<a href="http://gov.wales/splash?orig=/">http://gov.wales/splash?orig=/</a>
	LIT	<a href="http://www.hi.lt/lt/savivaldybiu-visuomenes-sveikatos-stebesenos-ataskaitos.html">http://www.hi.lt/lt/savivaldybiu-visuomenes-sveikatos-stebesenos-ataskaitos.html</a>