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**INTERIM REPORT FROM THE COMMISSION TO THE COUNCIL, THE
EUROPEAN PARLIAMENT, THE ECONOMIC AND SOCIAL COMMITTEE AND
THE COMMITTEE OF THE REGIONS**

**on the implementation of the programme of Community action on injury prevention in
the framework for action in the field of Public Health (1999 to 2003) - Decision
n° 372/1999/EC of the European Parliament and of the Council of 8 February 1999**

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Introduction

Following the adoption of the programme of Community action on injury prevention, the Commission presents hereunder an interim report concerning the implementation period 1999 to 2001 (see in annex the lists of projects financed in 1999, 2000 and 2001, as well as the projects proposed for funding for 2002).

In this report, the Commission highlights the degree of consistency and complementarity reached between the Programme and the other relevant Community policies, programmes and initiatives. With a view to increasing the value and impact of this Programme an evaluation has been performed of the actions undertaken. For this purpose, the Commission has drawn on the opinion of experts and representatives of the Member States serving on the Programme Committee. The Commission also reports on the adjustments that are deemed necessary as a consequence of the information gathered.

Consistency and Complementarity

The Commission sought consistency and complementarity between its public health and other Community policies, programmes and initiatives by a multitude of efforts on different operational levels, in particular:

The draft proposal for the programme itself and the work programmes for 1999, 2000 and 2001 were issued after inter-service consultations between various Commission services concerned. Furthermore, officials of the relevant Commission services were invited to the meetings of the Programme Committee and were involved in the evaluation of projects submitted for funding under the Programme. There was a close co-operation with other Community programmes, which resulted, e. g., in projects dealing with accidents on farms and in the consumer services sector (working accidents vs. home and leisure accidents vs. transport accidents).

Meetings of project co-ordinators and of the injury prevention network additionally ensured consistency between the ongoing projects as well as complementarity with the work in injury prevention in the Member States.

Effectiveness and the achievement of the objectives

The projects, which were proposed by the contractors, were accepted according to the work programmes 1999 to 2001. However, not all priorities defined in these yearly work programmes were chosen as basis for project proposals. For example, there were no project proposals concerning the development of indicators for the monitoring of home and leisure injuries.

The Injury Prevention Projects could be classified in two main groups, firstly, data collection projects, and secondly epidemiological projects. Data collection projects were mainly performed by institutions of or related to the Member States administrations, such as for example Public Health Institutes, and epidemiological projects were mostly performed by non-governmental institutions. There was one reservation that in the initial stages, the European added value of projects was in many cases unsatisfactory, but stress has been placed on the development of the network project and activities with a high number of Member States participating in order to resolve this shortcoming.

In this context, the creation of a project: 'Injury Prevention Programme Network Co-ordinating Secretariat' was very helpful indeed: this project has the task to create and co-ordinate the Injury Prevention Network, to have Network Meetings two to three times a year, to do the ongoing monitoring and evaluation together with the Commission services, to issue an evaluation report, to publish a Injury Prevention Newsletter (<http://europa.eu.int/comm/health/ph/programmes/injury/ippnws1.htm>) and to give technical advice to projects and information to interested citizens. This project was managed until 2001 by a Dutch contractor, who was followed by a Danish contractor.

The main objective, to collect data on home and leisure injuries, was met in 1999 for 11 Member States, in 2000 for 14 Member States, in 2001 for 11 Member States and in 2002 (see page 12), in 9 Member States this data collection will be done (I, NL, S, EL, DK, F, UK, A, E). The initial increase of participation shows the primary interest of Member States in the Programme. The subsequent decrease in 2001 was also caused by concern of some Member States concerning data protection, and because methods not compatible with the Programme were used locally for data collection. In 2002, the reason for the further decrease of the number of co-operating Member States is mainly caused by the request of the Commission for Minimum Standards of data collection in order to have representative, compatible and comparable data: this was the price to be paid for better data quality and it is considered that the added value of 9 Member States' comparable and representative data is preferable to data for 15 countries which is neither comparable nor representative. The Minimum Requirements were designed together with responsible members of the Injury Prevention Network and were accepted by the Injury Prevention Committee at the meeting held on 18 December 2001. The prospect of having comparable data available for a nucleus of 9 Member States in 2003 gives remaining Member States the opportunity to compare their results and to supply their comparisons to the Community in the future.

The different methods of data collection, classification and codification used in different Member States originated from the former EHLASS (European Home and Leisure Surveillance System) in which the Member States were supplied with funds by the European Community to do their own data collection. Its successor, the Injury Prevention Programme, has as one of its objectives to streamline the differences between the data collection procedures of the different Member States. Many projects have the purpose of comparing the different data already collected or develop tools for comparing them. Although successful,

much work went into this effort to make the available data comparable and perhaps more efforts should have been put into the establishment of common methods.

Also, new projects are dealing with a possible future integration of the Codification used within the Injury Prevention Programme in the International Classification of External Causes of Injuries (ICECI: a WHO Classification), which is used world wide, in order to enhance international comparability. This was also discussed on the occasion of a meeting of representatives of the Commission services with the main actors of ICE (International Collaborative Effort on Injury Statistics) in Washington, which was organised by the NCHS (National Centre of Health Statistics, U.S.A) in April 2001. As a result of these activities, in 2002, one project will deal with injuries on farms and one with injuries in consumer services (home and leisure injuries vs. work injuries).

To ensure involvement of Member States and their specialised services, the opinion of the Member States' representatives was invited through the Programme Committee as laid down in the Programme decision. Thus, the necessary support of Member States for implementation of the actions selected in their countries was encouraged. The transparency towards the European Parliament was ensured by the prior transmission to that Institution of reports and documents intended for each of the Programme Committee meetings as well as an annual list of projects financed.

To ensure the highest possible standards for the quality of the actions selected, each Programme Committee meeting not only gave a favourable opinion on the annual work plans, but was also consulted on the preparation of the calls for proposals, the selection of projects and the follow-up of their implementation.

The Injury Prevention Programme Committee as well as the Injury Prevention Programme Project Co-ordinators met twice a year in Luxembourg.

The Meetings of the Injury Prevention Network within the 'Injury Prevention Programme Co-ordinating Secretariat' project took place in combination with the project co-ordinators meetings, above-mentioned, and in Vienna on 14 March 2001 in conjunction with the Congress on Product Safety.

Monitoring

Monitoring of the specific actions has been performed continuously. Firstly, the Commission services performed a continuous follow-up of the contractual obligations of the projects financed through a control of interim and final reports submitted by contractors. Secondly, a monitoring function was performed within the 'Injury Prevention Programme Network Co-ordinating Secretariat project, within which a continuous qualitative evaluation and assessment of the Injury Prevention Programme projects was assured.

The Commission Services investigated in 2001 projects of the Injury Prevention Programme. Project co-ordination meetings, on site visits of the projects and permanent personal advice were the tools used for the follow-up of the projects. Minor irregularities detected during a financial audit were followed up and resolved.

The Commission experienced some problems with, for instance, the timeliness of data delivery by some project partners, mainly official institutions of the Member States. This is mainly due to administrative burden in the Member States, which is also the expressed reason for some Member States not to take part in the data collection projects.

Adjustments

To improve Community added value as an important general objective, the Commission Services have embarked on a strategy to ask for enhanced networking of applicants to ensure better cross-border co-operation, e.g., as a means of dissemination of best practice in Europe. The above mentioned 'Injury Prevention Programme Network Co-ordinating Secretariat' was very helpful to monitor ongoing activities, but also to adjust e.g. definitions, codification, classification and methods according to the most recent findings.

To cover areas of Community interest, which were not covered by specific actions selected to date, the Commission adapted each respective annual work plan accordingly. In order to prepare the future Community Public Health Programme, a common call for proposals together with the other seven existing programmes in the field of Public Health was issued linking the current programmes with the future three strands in its structure:

'Health Information',

'Rapid Reaction to Health Threats',

'Tackling Health Determinants through Health Promotion and Disease Prevention'.

To further improve transparency and simplify dissemination at the same time, the final reports of the projects are disseminated by the 'Injury Prevention Programme Network Co-ordinating Secretariat' to the Injury Prevention Network and to the Injury Prevention Programme project co-ordinators by electronic means. The 'Injury Prevention Programme Network Co-ordinating Secretariat' also disseminates the results of projects and other relevant information in a regularly prepared Injury Prevention Newsletter, which is widely distributed (<http://europa.eu.int/comm/health/ph/programmes/injury/ippnws1.htm>).

Following the suggestions of the qualitative interim evaluation performed by the Dutch Institute for Consumer Safety and intensive consultations with the members of the Injury Prevention Network and with experts of the institutions performing data collection projects, the 2002 work programme has been adapted strongly supporting common methodology in the data collection projects.

Excerpt from the interim evaluation performed by the Dutch Consumer Safety Institute, Amsterdam, 2001

A summary of the conclusions of the qualitative evaluation of experts who, under contract to the Commission, analysed the projects performed until 2001 is presented below (This report was also presented at the Programme Committee Meetings on 20 June and 18 December 2001, which the Committee accepted without comments):

"With few exceptions, the projects have been evaluated as appropriate or very appropriate and relevant in relation to the objectives of the Injury Prevention Programme and the priorities of the yearly work programmes. Mostly, they properly address the various actions in terms of aims, specific objectives, design and achievements. However, in some cases as in some data collection projects, the used classification, methods and project designs differed too much due to local preferences.

Nevertheless, the projects in general appear to be competently implemented and managed. In addition, the timing of outputs in comparison with the proposed schedule has generally been maintained, with few exceptions.

The dissemination of results has been performed by the Network Secretariat Project, on the occasion of project Co-ordinators meetings and by electronic means. Although these means of dissemination are certainly appropriate, they are undoubtedly not sufficient to ensure involvement of the general public or even of a majority of the health professionals concerned.

Positive results of note include:

- Injury Prevention Programme had a positive role in getting data collection funded in the Member States, in starting to get data transmitted into one EU databank, in getting data more streamlined and more comparable, also in insuring links with other networks (e.g. Health Monitoring).

- Injury Prevention Projects helped to improve research into opportunities for prevention.

However, a more common approach to codification, data collection methodology and therefore the collection of more comparable data is recommended: The diversity of systems and practice in the Member States in injury data collection and prevention gives ample opportunities in the future to improve efficiency, effectiveness and benefit for the Community as a whole.

In general, from a review of the report it is clear that the listed projects greatly benefited and indeed were often made possible by the financial support of the Injury Prevention Programme. For many of them, the Community financial support allowed a high intensity of inter-country exchanges, the agreement on methods, the achievement of an uniform quality and the production of common documents and statements.

It is remarkable that in many cases the project's activities within the programme framework had synergy and beneficial effects on national health activities within injury prevention. However, the relation with other agencies active in the field is not always clear. Finally, in terms of European added value, the evaluation identified some contributions and some room for improvement. All epidemiological projects are multinational, including the Network Co-

ordinating Secretariat Project. The Data Collection Projects are performed by the respective Member States, and the collected data have to be filled in a common database.

However, multinationality does not automatically guarantee an acceptable level of European added value, for which a rigorous methodology, a sufficient degree of innovation and a good dissemination of results are also needed. These features characterise many, but not all projects and actions."

The management of the Programme

Programme management since the early years of the implementation has been streamlined, but there are still opportunities for improvement.

Due to the fact that the forerunner of the Injury Prevention Programme Data Collection Projects was EHLASS (European Home and Leisure Accidents Surveillance Systems), there were initial problems in the use of a common methodology, common classification and therefore comparability of the collected data. EHLASS was originally meant to be a programme supporting the Member States in collecting their own data about Home and Leisure Injuries, with their own methods (Decision No 3092/94/EC; OJ L 331, 21.12.1994).

The Injury Prevention Programme Data Collection Project had as one of its objectives to enhance comparable methods of data collection in the Member States in order to support comparability and to increase the European added value. It was a challenge to streamline the data collection methods and the codification used and in the same time not to lose the most important partners. A significant part of the budget spent was on projects with the goal of comparing historical information stored in the Home and Leisure Accident data base, which was collected with different methods: the results are indeed less cost-effective than if they would have been based on a common approach to data collection methods, classification and reporting in Europe.

The Work Programme 2002 prepared already the future Community Public Health Programme, in order not to lose any work done to date and in order to ensure a smooth transition between the old and new Programmes. Parts of the Injury Prevention Programme could be integrated into the new Programme, due to enter into effect in January 2003.

The data collection projects could be integrated in the 'Health Information Strand' of the new Programme. The ISS (Injury Surveillance System) database will be operational in the second half of 2002. It will contain more than 5 Million Home and Leisure Accident (HLA) data sets and it is prepared to store future HLA data provided by the Member States

Projects dealing with rapid alert concerning dangerous products could be integrated in the 'Rapid Reaction' strand of the new Programme and complement RAPEX and other information-systems operated in the area of General Product Safety.

Projects dealing with injury prevention methods could be integrated in the 'Tackling Health Determinants through Health Promotion and Disease Prevention' strand.

The final evaluation of the Injury Prevention Programme will take place within a contract starting mid 2002 and will continue until the last project is finished. The final evaluation will include a qualitative evaluation and a cost-benefit study for the whole programme from 1999 to its end (the last projects are planned to end during the year 2003).

In summary, there does not appear any mismanagement of any aspect of the Injury Prevention Programme in the past but, after the interim evaluation, the opportunity was taken to streamline procedures, for instance, in the field of the data collection projects.

Budget

According to Article 4.1 of Decision No 372/1999/EC of the European Parliament and of the Council of 8 February 1999, adopting a programme of Community action on injury prevention in the framework for action in the field of public health (1999 to 2003), the financial framework for the implementation for the period 1999 to 2003 was set at € 14 million (on average 2,8 million € per year) (OJ L46/1; 20.02.1999).

Budget 1999	N° of projects	Member States	Budget (in Mio Euro)
Data Collection	11	F, EL, S, NL, FIN, L, DK, A, UK, B, E	1.245.635,00
Epidemiological	08	NL, EL(2x), F, DK, B, D(2x)	1.200.299,00
TOTAL 1999	19		2.445.934,00
Budget 2000	N° of projects	Member States	Budget (in Mio Euro)
Data Collection	14	E, DK, I, D, UK, P, FIN, F, NL, A, S, IRL, L, EL	1.714.673,35
Epidemiological	07	NL, DK, UK, EL, A(3x)	1.082.371,20
TOTAL 2000	21		2.797.044,55
Budget 2001	N° of projects	Member States	Budget (in Mio Euro)
Data Collection	11	I, NL, S, EL, DK, F, UK, A, E, P, D	1.713.879,50
Epidemiological	08	NL(2x), F, D, A(2x), DK, EL,	967.783,70
TOTAL 2001	19		2.681.663,20
Sum 1999 – 2001	N° of projects		Total budget (in Mio Euro)
Data Collection	36		4.674.187,85
Epidemiological	23		3.250.453,90
TOTAL			7.924.641,75
1999 - 2001	59		