Public health: Community action programme 1999-2003 on injury prevention, EHLASS incl.

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Following the adoption of the programme of Community action on injury prevention (Decision 372/1999 /EC), the Commission presents an interim report concerning the implementation period 1999 to 2001. 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. As regards consistency and complementarity, the report states that 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. As regards the effectiveness and the achievement of 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, firsly, 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 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 Coordinating Secretariat' was very helpful indeed: this project has the task to create and coordinate theInjury 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 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. As regards programme management, since the early years of the implementation has been streamlined, but there are still opportunities for improvement.