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ORDFÖRANDEN HAR ORDET

Hej!

Detta nummer av Svepet innehåller fler sidor än vanligt. Temat "Global hälsa" engagerar och det var många som tackade ja till att bidra.

Vi har en gästredaktör, Che Henry Ngwa, också han mycket engagerad, som har hjälpt oss med bidrag från forskargrupper i andra länder. Det känns rimligt att ett nummer om global hälsa har författare med internationell spridning! 😊
Läs Henrys förord på nästa sida.

Och vi har också fått gensvar på vårt upprop i förra numret om att bidra. Så roligt!

Trevlig läsning!
Tack för alla bidrag! Tack Che Henry!

Hälsningar Elisabeth



*Elisabeth Strandhagen,
Ordförande i SVEP*



Enhancing collaboration and capacity-building for burden of disease research: the European Burden of Disease Network

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In 1993, the World Bank released the *World Development Report 1993: Investing in Health*, a comprehensive report exploring the global intricate interconnections among human health, health policy, and economic development¹. To measure the impact of diseases on population health, the report introduced the Disability-Adjusted Life Year (DALY) as a novel burden of disease metric.

The DALY quantifies the gap between a population's current health status and an ideal health status in which all individuals would live an optimal number of healthy life years. However, these healthy life years may be lost due to either early death and/or living with (co-)morbid health conditions (diseases and injuries)^{2,3}. These losses in healthy life years are captured as Years of Life Lost due to premature death (YLL) and Years Lost due to Disability (YLD); both expressed in the same unit of life-time loss (i.e. years). The sum of YLL and YLD results in the DALY, a single number that expresses the health impact of diseases, injuries, and risk factors²⁻⁴. The overall complexity behind the DALY has led to disparities in capacity to conduct DALY-calculation studies across research groups and countries and hence difficulties in the interpretation and comparability of available burden of disease estimates.

The European Burden of Disease Network was launched in 2019 by Sciensano (Brussels, Belgium) to address these challenges and to provide a technical platform for integrating and strengthening capacity in DALY-calculation studies across Europe and beyond⁵. Since its inception, the European Burden of Disease Network has fostered collaboration among burden of disease researchers and has initiated several *Task Forces* on well-defined topics, including COVID-19⁶, rare diseases⁷, and determinants of health inequalities⁸. These Task Forces aim to bring together researchers who are quantifying, or interested in quantifying, the (attributable) burden

of disease, while also supporting DALY calculation studies and methodological advances.

In addition, the Network has contributed to methodological advances in estimating the burden of non-communicable diseases⁹, injuries¹⁰, infectious diseases¹¹, and risk factors¹². Studies conducted by the members of the European Burden of Disease Network have highlighted a wide variety of methodological assumptions used in DALY-calculation studies, as well as important inconsistencies in the reporting of DALY methods. In response, the Network developed the *Standardised Reporting of Burden of Disease* studies (STROBOD) statement¹³. It focuses on the DALY methodology and can be used in combination with other guidelines, such as the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER). The statement is also available via the Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network¹⁴. Such efforts strengthen awareness on how to practically address complexities in relation to burden of disease research and, in the longer-term, lead to more transparency of burden of disease methods.

The European Burden of Disease Network has also established a burden of disease research agenda, including identification of common challenges as well as knowledge and data gaps. Furthermore, collaboration between researchers from Italy, Serbia, Denmark, Germany, The Netherlands, Belgium, and several smaller European states (e.g. Cyprus, Malta, Estonia) led

to the development of a practical knowledge translation roadmap for burden of disease¹⁵⁻¹⁶.

In addition, other relevant activities of the Network were capacity-building activities (e.g. short-term scientific missions, training schools) and the publication of peer-reviewed papers. To date, the European Burden of Disease Network has further ensured its long-term sustainability not only by supporting researchers conducting DALY-calculation studies, but also by organizing webinar series to foster global exchange and discussion on burden of disease studies, methods, and knowledge translation, as well as by organizing summer schools to introduce the key concepts of DALY calculations and to increase capacity- building, especially among early career researchers^{5,17}.

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