demscore

Thematic Datasets

Codebook

Health

March 2025

Based on Demscore
Version 5.0

Funders: Demscore is funded by the Swedish Research Council, University of Gothenburg, Stockholm University, Uppsala University, and Umeå University. For more information, please visit: `https://demscore.se`

For data enquiries: contact@demscore.se

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1 Explanatory Notes

1.1 Release Notes v5

Demscore provides worldwide free access to harmonized data on Democracy, Environment, Migration, Social Policy, Conflict and Representation from several of the world's most prominent social science research institutes. The interdisciplinary nature of Demscore data facilitates large-scale comparative analyses. This is essential to advance adequate policy responses to complex societal challenges associated with the Sustainable Development Goals (SDGs) and beyond, facing Sweden, Europe, and the world today.

With a firm commitment to transparency and openness, Demscore v5 enables users to gain comprehensive insights into various topics across the social sciences. The joint infrastructure ensures data integrity and quality at the highest international standards and maximizes usability in the measurement of contextual data with 25.000 variables across nearly all countries in the world, from 1750 to the present.

This creates critical time- and cost saving advantages in data collection, management, distribution, and not the least for end-users in the scientific community. Demscore's unique approach to translating and merging data scales up to more than 410.000 variable versions available in the infrastructure, storing more than 10 billion non-missing observations.

This collaborative effort between leading Swedish universities pushes the scale of social science data to a new level and offers unprecedented possibilities for interdisciplinary research and knowledge advancement.

These are the key features of Demscore:

1. **Customized Download:** A fully normalized, joint PostgreSQL database, sophisticated programming, and a user-friendly web-based interface for users to generate custom-designed datasets and codebooks for download.
2. **Translations and Data Merges:** Demscore currently offers more than 1000 merge options between datasets.
3. **Metadata:** Demscore takes information on and organization of metadata to new heights with the inclusion of customized codebooks, a detailed methodology document, and a comprehensive handbook.
4. **Handling of Missing Data:** Demscore pioneers in developing an innovative approach to tackle missing data. Researchers can now account for missing values with increased precision, leading to more robust and reliable analyses.
5. **Merge Scores:** Demscore introduces a unique merge mechanism. This powerful tool enables researchers to combine datasets effortlessly, uncovering connections and patterns that were previously hidden in isolated data silos.
6. **Thematic Datasets:** Demscore provides researchers with curated thematic datasets, each focused on a specific topic. These datasets bring together relevant variables from across the Demscore partners, facilitating in-depth investigations and comprehensive analyses of specific domains.
7. **Interactive Web Portal:** In addition to all the above, Demscore's web portal offers interactive visualization tools, user support and additional information on all partners and data sources.

For more information, please visit `https://www.demscore.se/` or contact contact@demscore.se.

1.2 New in Demscore version 5

A detailed description of changes and additions made for version 5 compared to version 4 can be found in the Methodology Document.

1.3 The Demscore Codebook

The autogenerated Demscore Codebook lists variable entries for those variables chosen by the user along with citation guidelines and licenses per variable.

The meta data is extracted from the codebooks per dataset stored in a table in the Demscore PostgreSQL database with one row per variable for all datasets. This table includes codebook entries, variable tags, labels, and other variable information in LaTeX format used to generate an automated codebook.
Demscore maintains a single set of standard entries for metadata across all datasets, to which all project members contribute their information. Additionally, variables within different datasets may have varying sets of additional information requirements specific to each dataset. These dataset-specific entries are also included, but they are presented as variable-specific metadata beneath the standard entries.
At the outset of the harmonization process, Demscore underwent a thorough variable name cleanup. This involved tasks such as replacing spaces or dots in variable names with underscores and converting all letters to lowercase. Notably, the original tags remain preserved and stored in the PostgreSQL table. Each variable in Demscore is accessible in both short and long forms. The short form comprises the cleaned version of the original variable tag, while the long form starts with the dataset name from which it originates, followed by the cleaned variable name.

For instance, the original name of the variable *MinisterPersonalID* from the H-DATA Foreign Minister Dataset is included as *ministerpersonalid* (short form) and *hdata_fomin_ministerpersonalid* (long form) in Demscore.

In addition, each dataset includes Demscore unit-identifier variables which are named according to the following naming scheme: Beginning with u_, followed by the name of the primary unit and finally the variable tag. The *year*- variable from the COMPLAB SPIN The Out-of-Work Benefits Dataset (OUTWB), which is part of the primary unit u_complab_country_year has the Demscore unit identifier name *u_complab_country_year_year*.

1.4 Methodology

For details on our methodology please see the Demscore Methodology document available for download on the Demscore website.

1.5 Citations

The Demscore project does not have a formal citation of its own. Hence, when using Demscore, we suggest that you cite the respective projects and datasets. We indicate how every dataset is to be cited in the autogenerated codebook you retreive with your data download, both in the dataset description and the codebook entry for each variable. Most often it is sufficient to cite the dataset a variable originates from, but sometimes there is a variable specific citation listed in the codebook entry in addition to that. For these cases, please also add the variable specific citation to the reference list of your publication. Full references are linked in the codebook entries of the variables and listed in the codebook's bibliography. We suggest you to also cite the Demscore Methodology Document when using data retrieved through Demscore.

1.6 Missing Data

Demscore indicates different types of missingness for observations in the customized datasets:
Missing in original data = Whenever an observation in the original variable is a missing (NA, missing code such as 7777, blank cell), we preserve this missing value. When the original source has special codes for various types of missing, those are preserved.
Missing code: -11111 = Demscore code for observation is missing due to the translation/merge, i.e., missing data due to no data being included for this combination of identifiers in the end Output Unit.
Missing code: -22222 = No observation is merged/translated, but the original data contains information for these identifier combinations elsewhere. For these cases, we use a different code. The

user needs to consult the reference documents (Methodology Document Section 5.1. or the Demscore Handbook) to clarify why the translation to the identifier combinations in the end Output Unit was not possible.

Please note that an observation that is missing in its original output unit does no take the value -11111, but appears as NA/blank cell in the customized dataset.

1.7 Download ID

The download ID can be shared with other users for replication purposes. A user can type the download ID into the Demscore website and retrieve the same download selection and files as the original user. This ID is autogenerated for each download from the Demscore website and will always retrieve the same data, even if the Demscore version was updated in the meantime.

Download ID:

1.8 Unit Identifier Variables

An Output Unit is defined as an output format in which variables can be retrieved from one or more datasets through a strictly defined output grid. A unit table defining this output grid contains unit identifier columns with u_ prefixes and the table is sorted based on these unit identifier columns and has a fixed number of rows. Unit columns are based on the columns that constitute the unit of analysis in a dataset. They are added to the original dataset and marked by a unit prefix (consisting of a u_ and the dataset unit name) before the original variable name. Unit columns can contain slightly modified data, e.g., missing values are replaced by a default value. Sometimes we add additional columns to the unit table, for instance if a dataset includes both a country_id column with a numeric country code, we add the variable storing the full country name to the unit table as well for better readability.

1.9 Thematic Dataset

This thematic dataset focuses on health and wellness, covering key aspects of healthcare systems, medical practices, and public health. It includes variables on healthcare access, disease prevalence, patient care, and global health challenges like pandemics. The dataset also captures the roles of medical professionals, health policies, and healthcare infrastructure.

This thematic dataset is designed to enable users to easily access high-quality, structured data for social science research in health, eliminating the need to source or merge variables independently. It is an essential tool for exploring how health systems function, the impact of public health interventions, and the broader societal implications of health and wellness.

1.10 Output Unit Identifier Variables in the Chosen Unit

u_demscore_country_year_country: The column is created based on V-Dem, H-DATA AND GW. It is based on the following datasets: H-DATA Information Capacity Dataset H-DATA Foreign Minister Dataset V-Dem Episodes of Regime Transformation Dataset V-Dem Country-Year: V-Dem Full+Others

u_demscore_country_year_code: NA

u_demscore_country_year_year: The column is created based on V-Dem, H-DATA AND GW. It is based on the following datasets: H-DATA Information Capacity Dataset H-DATA Foreign Minister Dataset V-Dem Episodes of Regime Transformation Dataset V-Dem Country-Year: V-Dem Full+Others

2 COMPLAB

Based at Stockholm University, the **Comparative Policy Laboratory (COMPLAB)**, provides vital policy data across three areas: environmental, social, and migration policy. The **Social Policy Indicators (SPIN)** database provides the foundations for new comparative and longitudinal research on causes and consequences of welfare states. Building on T.H. Marshall's ideas about social citizenship, SPIN makes available comparative data on social rights and duties of citizens, thereby moving research beyond analyses of welfare state expenditures. The SPIN database is instead oriented towards analyses of institutions as manifested in social policy legislation. Data are carefully collected in a coherent and consistent methodological manner to facilitate quantitative research of social policy across time and space. To date, SPIN covers 36 countries, of which several have data on core social policy programs from 1930 to 2019. More information is available on the project's website: `https://www.su.se/comparative-policy-laboratory/data/spin-1.644259` **GRACE, Governing the Anthropocene – Environmental Policy and Outcomes in a Comparative Perspective**, is a longitudinal and comparative study on environmental governance has created a dataset of national policy responses for environmental management and protection in 37 countries for the period 1970-2022. `https://www.su.se/comparative-policy-laboratory/data/grace-1.645779` **The Migration Policy Database (MIGPOL)** consists of a range of indicators compiled on behalf of leading data projects in the field of comparative migration policy research. It also contains original data on the rights of irregular migrants which will soon be added to Demscore. `https://www.su.se/comparative-policy-laboratory/data/migpol-1.645783` Read more about COMPLAB here: `https://www.su.se/comparative-policy-laboratory/`

2.1 COMPLAB GRACE - Governing the Anthropocene

Dataset tag: complab_grace

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit identifier. Please note that we synchronize Complab country variable names in Demscore to country_full_name, country_nr and country_id.

Description: The GRACE data set was originally intended to provide a measure of the extent of state involvement in addressing environmental problems, but can be used for other more generic purposes as well. The rational for the GRACE data is to base coding on a set of pre-defined environmental policy problems and then search for national-level policy responses addressing those problems.

Dataset citation: Duit, Andreas, Sommerer, Thomas and Lim, Sijeong (2023) "The GRACE v.2.0 Data Set" Department of Political Science, Stockholm University.

Link to original codebook
`https://www.su.se/polopoly_fs/1.646073.1675772798!/menu/standard/file/GRACE%20Codebook%20v2.0%20Jan%202023.pdf`

License: Complab datasets are free to use. Although variables have been carefully extracted, processed and analyzed, no warranty is given that the information supplied is free from error. Researchers involved in the establishment of GRACE shall not be liable for any loss suffered through the use of any of this information. References to data should acknowledge the SPIN research infrastructure (see reference below) and the specific data module.

More detailed information on the dataset can be found at the following web page: `https://www.su.se/comparative-policy-laboratory/data/grace-1.645779`

2.1.1 Policy Implementation

Variables in this section indicate whether a certain policy was implemented or not. A policy is defined as a legally binding regulation that has been enacted by the highest law-making body in a given country. Policies are applicable to the entire national jurisdiction. Government reports, statements of intent, policy programs, campaigns, discussion papers, and private forms of regulation are not considered to be policies. Dates refer to when the policy came into force. All policies were coded as either absent (= 0) or implemented (=1) for a given country-year.

2.1.1.1 Contaminated site policy (sites)

Long tag: complab_grace_sites

Original tag: sites

Dataset citation: Duit et al. (2023)

Merge scores:

Non-missing observations in original unit: Sum: 1937, Percent: 11.15

Non-missing observations in chosen unit: Sum: 1937, Percent: 6.46

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

The variable records the first introduction of policies aimed at regulating liability for sites contaminated by industrial production. In most countries, liability schemes are developed to clarify the obligations of present and previous owners of a polluting industry. Another option is construct a fund to finance cleaning expenditures (a.k.a. superfunds). Other instruments relate to insurance policy, tax rebates or refunds for cleaning efforts, voluntary agreements for cleaning contaminated sites, etc.

2.2 COMPLAB MIGPOL IMISEM

Dataset tag: complab_migpol_imisem

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit identifier. Please note that we synchronize Complab country variable names in Demscore to country_full_name, country_nr and country_id.

Description: The IMISEM dataset contains 828 indicators on the migration policies of 32 polities from Europe, South East Asia and Latin America and the Caribbean. The IMISEM project adopts a comprehensive view of migration policy that includes both its emigrant/ emigration and immigrant/ immigration sides, bridging for the first time the two sides of migration policy. Thus, the dataset includes indicators that measure emigration policies (exit policies and control of outflows), immigration policies (entry policies and control of inflows), emigrant policies (rights granted, services offered and obligations imposed on non-resident citizens), immigrant policies (mainly, rights granted to non-citizen residents) and citizenship policies (mainly, access to naturalization for immigrants and retention of citizenship by emigrants). The main sources used to complete the IMISEM questionnaires are legal sources (i.e., laws, regulations). Legal sources are complemented with secondary sources (for instance, policy reports) and interviews with experts. The IMISEM Dataset is one of the main outputs of the "The very Immigrant is an Emigrant Project (IMISEM)" funded by the Leibniz Gemeinschaft and carried out at the GIGA German Institute for Global and Area Studies between 2017 and 2020. IMISEM data was collected for the years 2017 to 2019 during this time. It is coded for 2018 in DEMSCORE to align with the country-year format of other datasets.

Dataset citation: Pedroza, Luicy (2022) "IMISEM Dataset" GESIS Data Archive DOI: 10.7802/2380
`https://search.gesis.org/research_data/SDN-10.7802-2380?doi=10.7802/2380`

Link to original codebook
`https://migpol.org/data/`

More detailed information on the dataset can be found at the following web page: `https://www.giga-hamburg.de/en/publications/research-datasets/imisem-dataset`

2.2.1 Emigration Policies Quotas and Restrictions

The Emigration Quotas and Restrictions section in the IMISEM dataset contains variables on quotas and restrictions for emigrants.

2.2.1.1 Emigration Quotas Professions Doctor (etionquota_professionsdoctor)

Long tag: complab_migpol_imisem_etionquota_professionsdoctor

Original tag: imisem_etionquota_professionsdoctor

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: There is a ban for medical doctors. Only if 0 in EtionQuota_ProfessionsCat.
VALUES:
No = 1
Yes = 0
MISSINGS:
NA = 98
No answer = 99
COVERAGE:
2018

2.2.2 Emigration Social Policies

The Emigration Social Policies section in the IMISEM dataset contains variables on retirment benefits, health care benefits and education for emigrants.

2.2.2.1 Emigrant Social Policies Health Care Benefits Coverage Abroad (egrantsoc_health_coverageabroad)

Long tag: complab_migpol_imisem_egrantsoc_health_coverageabroad

Original tag: imisem_egrantsoc_health_coverageabroad

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Health coverage can be extended abroad (access to health services covered by the origin healthcare system).
VALUES:
No = 0

Yes = 1
MISSINGS:
No public health care scheme in the country of study = 98
No answer = 99
COVERAGE:
2018

2.2.2.2 Emigrant Social Policies Health Care Benefits Visits (egrantsoc_health_visits)

Long tag: complab_migpol_imisem_egrantsoc_health_visits

Original tag: imisem_egrantsoc_health_visits

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Emigrants can keep their health insurance in the state of origin and access health care services when they visit the state of origin.
VALUES:
No = 0
Yes = 1
MISSINGS:
No public health care scheme in the country of study = 98
No answer = 99
COVERAGE:
2018

2.2.2.3 Emigrant Social Policies Health Care Benefits Family (egrantsoc_health_family)

Long tag: complab_migpol_imisem_egrantsoc_health_family

Original tag: imisem_egrantsoc_health_family

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Emigrants can pay for their families the contributions to the health care scheme of the state of origin.
VALUES:
No = 0
Yes = 1
MISSINGS:
No public health care scheme in the country of study = 98
No answer = 99
COVERAGE:
2018

2.2.3 Immigration Proxy Labor Migration

The ImmigratioProxy Labor Migration section in the IMISEM dataset contains variables on high- and low-skilled migrants, with specific attention to domestic workers, agricultural workers, and medical doctors.

2.2.3.1 Immigration Proxy: Labor Migration Visa Pre (itionlabor_visapre)

Long tag: complab_migpol_imisem_itionlabor_visapre

Original tag: imisem_itionlabor_visapre

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is the same visa applied to (1) domestic worker proxy, (2) agricultural worker proxy, and (3) medical doctor proxy?
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.2 Immigration Proxy: Labor Migration Domestic Workers Health (itionlabor_health_domestic)

Long tag: complab_migpol_imisem_itionlabor_health_domestic

Original tag: imisem_itionlabor_health_domestic

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is a test of good health required for migrant domestic worker?
VALUES:
No = 1
Yes = 0
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.3 Immigration Proxy: Labor Migration Agricultural Workers Health (itionlabor_health_agricultural)

Long tag: complab_migpol_imisem_itionlabor_health_agricultural

Original tag: imisem_itionlabor_health_agricultural

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is a test of good health required for migrant agricultural workers?
VALUES:

No = 1
Yes = 0
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.4 Immigration Proxy: Labor Migration Medical Doctors Visa (itionlabor_visa_medical)

Long tag: complab_migpol_imisem_itionlabor_visa_medical

Original tag: imisem_itionlabor_visa_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is there a visa scheme (entry track) for medical doctors?
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.5 Immigration Proxy: Labor Migration Medical Doctors Sponsor (itionlabor_sponsor_medical)

Long tag: complab_migpol_imisem_itionlabor_sponsor_medical

Original tag: imisem_itionlabor_sponsor_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do migrants trying to enter the country under the medical doctor entry track need to be sponsored by an individual or group? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0
MISSINGS:
No answer = 99
COVERAGE:
2018

2.2.3.6 Immigration Proxy: Labor Migration Medical Doctors Job (itionlabor_job_medical)

Long tag: complab_migpol_imisem_itionlabor_job_medical

Original tag: imisem_itionlabor_job_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is a concrete job offer (e.g. acceptance letter, formal invitation) or a contract signed in advance required or beneficial for immigrating as a medical doctor? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
Neither beneficial, nor required = 1
Beneficial = 0.5
Required = 0.25
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.7 Immigration Proxy: Labor Migration Medical Doctors Test (itionlabor_test_medical)

Long tag: complab_migpol_imisem_itionlabor_test_medical

Original tag: imisem_itionlabor_test_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Does the country use a national labor market test for covering posts under the medical doctor proxy (i.e. employers seeking to hire an immigrant had to prove no native worker could do the job)? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0.5
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.8 Immigration Proxy: Labor Migration Medical Doctors Nationality (itionlabor_nationality_medical)

Long tag: complab_migpol_imisem_itionlabor_nationality_medical

Original tag: imisem_itionlabor_nationality_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: ItionLabor_Nationality_Medical. Is the medical doctor entry track restricted to certain nationalities? (Specify nationalities in interpretation). Only if 1 in ItionLabor_Visa_Medical.

VALUES:
No = 1
Yes = 0.5
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.9 Immigration Proxy: Labor Migration Medical Doctors Required Age (itionlabor_agerequired_medical)

Long tag: complab_migpol_imisem_itionlabor_agerequired_medical

Original tag: imisem_itionlabor_agerequired_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: ItionLabor_AgeRequired_Medical. Are there age limits for migrant medical doctors in order to be admitted to the country? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0.5
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.10 Immigration Proxy: Labor Migration Medical Doctors Marital (itionlabor_marital_medical)

Long tag: complab_migpol_imisem_itionlabor_marital_medical

Original tag: imisem_itionlabor_marital_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is having a certain marital status a requisite to be admitted to the country under the medical doctor entry track? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0.5
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.11 Immigration Proxy: Labor Migration Medical Doctors Financial (itionlabor_financial_medical)

Long tag: complab_migpol_imisem_itionlabor_financial_medical

Original tag: imisem_itionlabor_financial_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do migrant medical doctors need to prove the ability to support themselves? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0.5
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.12 Immigration Proxy: Labor Migration Medical Doctors Language (itionlabor_language_medical)

Long tag: complab_migpol_imisem_itionlabor_language_medical

Original tag: imisem_itionlabor_language_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is knowledge of the host country's language considered beneficial or required for the decision on whether someone could immigrate as a medical doctor? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
Neither required, nor beneficial = 1
Yes, beneficial = 0.5
Yes, required = 0.25
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.13 Immigration Proxy: Labor Migration Medical Doctors Fee (itionlabor_fee_medical)

Long tag: complab_migpol_imisem_itionlabor_fee_medical

Original tag: imisem_itionlabor_fee_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Does the application under the medical doctor entry track cost a fee? Register the fee in US Dollars. If application did not cost anything, specify "0". If there are several

fees (for example, for initiating the process and for culminating it upon success), add up the amounts. Only if 1 in ItionLabor_Visa_Medical.
VALUES:
Numeric variable
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.14 Immigration Proxy: Labor Migration Medical Doctors Permit (itionlabor_permit_medical)

Long tag: complab_migpol_imisem_itionlabor_permit_medical

Original tag: imisem_itionlabor_permit_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: How long is the medical doctor work permit valid for? Indicate the period in months. Only if 1 in ItionLabor_Visa_Medical.
VALUES:
Numeric variable
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.15 Immigration Proxy: Labor Migration Medical Doctors Renewal (itionlabor_renewal_medical)

Long tag: complab_migpol_imisem_itionlabor_renewal_medical

Original tag: imisem_itionlabor_renewal_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is it possible to renew the work permit granted under the medical doctor entry track? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.16 Immigration Proxy: Labor Migration Medical Doctors Switch Employers (itionlabor_switchemployers_medical)

Long tag: complab_migpol_imisem_itionlabor_switchemployers_medical

Original tag: imisem_itionlabor_switchemployers_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is it possible for a migrant medical doctor to switch employers? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.17 Immigration Proxy: Labor Migration Medical Doctors Switch Sector (itionlabor_switchsector_medical)

Long tag: complab_migpol_imisem_itionlabor_switchsector_medical

Original tag: imisem_itionlabor_switchsector_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is it possible for a migrant medical doctor to switch professional sectors? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.18 Immigration Proxy: Labor Migration Medical Doctors Switch Location (itionlabor_switchlocation_medical)

Long tag: complab_migpol_imisem_itionlabor_switchlocation_medical

Original tag: imisem_itionlabor_switchlocation_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is it possible for a migrant medical doctor to switch locations? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 0

Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.19 Immigration Proxy: Labor Migration Medical Doctors Loss (itionlabor_loss_medical)

Long tag: complab_migpol_imisem_itionlabor_loss_medical

Original tag: imisem_itionlabor_loss_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Does loss of employment result in the withdrawal of a migrant worker's resident permit under the medical doctor track? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 0
Yes, right away = 1
Yes, after 1-3 months = 2
Yes, after 4-6 months = 3
Yes, after 7-11 months = 4
Yes, more or equal 12 months = 5
Yes, unspecified = 6
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.20 Immigration Proxy: Labor Migration Medical Doctors Equal (itionlabor_equal_medical)

Long tag: complab_migpol_imisem_itionlabor_equal_medical

Original tag: imisem_itionlabor_equal_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is it required by law that the work conditions (e.g. minimum wage, working hours, and benefits) of the migrant medical doctors were equal to those of native workers? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.21 Immigration Proxy: Labor Migration Medical Doctors Education (itionlabor_education_medical)

Long tag: complab_migpol_imisem_itionlabor_education_medical

Original tag: imisem_itionlabor_education_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is a minimum level of education required to apply to the medical doctor entry track? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.3.22 Immigration Proxy: Labor Migration Medical Doctors Health (itionlabor_health_medical)

Long tag: complab_migpol_imisem_itionlabor_health_medical

Original tag: imisem_itionlabor_health_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is a test of good health required for migrant medical doctors? Only if 1 in ItionLabor_Visa_Medical.
VALUES:
No = 1
Yes = 0
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4 Immigration Policies Permanent Residence

The Immigration Policies Permanent Residence section in the IMISEM dataset contains variables on permanent residence scemes, eligibility and the security of status.

2.2.4.1 Immigrant Policies Permanent Residence Eligibility Medical (igrantpermanent_existence_medical)

Long tag: complab_migpol_imisem_igrantpermanent_existence_medical

Original tag: imisem_igrantpermanent_existence_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have access to permanent residence? Only if 1 in IgrantPermanent_Existence_General.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.2 Immigrant Policies Permanent Residence Eligibility Medical (igrantpermanent_residence_medical)

Long tag: complab_migpol_imisem_igrantpermanent_residence_medical

Original tag: imisem_igrantpermanent_residence_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: How many months of habitual residence are required from medical doctors for accessing permanent residence? Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
Numeric variable
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.3 Immigrant Policies Permanent Residence Eligibility Medical (igrantpermanent_absence_medical)

Long tag: complab_migpol_imisem_igrantpermanent_absence_medical

Original tag: imisem_igrantpermanent_absence_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Are periods of absence allowed previous to granting of permanent status for medical doctors? If yes, register the number of non-consecutive months per year allowed. If no, type in 0 months. Discretionarily interpreted as 0. In case that non-consecutive months are not established per year (e.g. ten months in five years), calculate the average per year. Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
Numeric variable
MISSINGS:

Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.4 Immigrant Policies Permanent Residence Eligibility Medical (igrantpermanent_language_medical)

Long tag: complab_migpol_imisem_igrantpermanent_language_medical

Original tag: imisem_igrantpermanent_language_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is there a language requirement for accessing permanent residence for medical doctors? Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
Yes, fluency in language of state of reception is required= 0
Yes, basic knowledge of language of state of reception is required = 0.5
No requirement = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.5 Immigrant Policies Permanent Residence Eligibility Medical (igrantpermanent_resources_medical)

Long tag: complab_migpol_imisem_igrantpermanent_resources_medical

Original tag: imisem_igrantpermanent_resources_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Is there an economic resources requirement for applying to permanent residence for medical doctors? Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
Income source linked to employment or no use of social assistance = 0
Higher than social assistance and no income source is excluded = 0.5
None or at/below level of social assistance and no income source is excluded = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.6 Immigrant Policies Permanent Residence Eligibility Sponsor Medical (igrantpermanent_sponsor_medical)

Long tag: complab_migpol_imisem_igrantpermanent_sponsor_medical

Original tag: imisem_igrantpermanent_sponsor_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have to be sponsored by an employer? Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
Yes, sponsorship required = 0
No, sponsorship is not required = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.7 Immigrant Policies Permanent Residence Security of Status Medical (igrantpermanent_procedure_medical)

Long tag: complab_migpol_imisem_igrantpermanent_procedure_medical

Original tag: imisem_igrantpermanent_procedure_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Maximum length of application procedure for medical doctors in months. Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
Numeric variable
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.4.8 Immigrant Policies Permanent Residence Security of Status Medical Categorical (igrantpermanent_procedurecat_medical)

Long tag: complab_migpol_imisem_igrantpermanent_procedurecat_medical

Original tag: imisem_igrantpermanent_procedurecat_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Maximum length of application procedure for medical doctors. Only if 1 in IgrantPermanent_Existence_Medical.
VALUES:
No regulation on maximum length = 0
More than six months = 0.5
Less than six months = 1

MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5 Immigration Economic Policies

The Immigration Economic Policies section in the IMISEM dataset contains variables on economic policies, such as access tp the labor market, access to support, worker's right, and property rights.

2.2.5.1 Immigrant Economic Policies Acces to Labor Market Access (igranteco_access_medical)

Long tag: complab_migpol_imisem_igranteco_access_medical

Original tag: imisem_igranteco_access_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access the labor market? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.2 Immigrant Economic Policies Acces to Labor Market Self (igranteco_self_medical)

Long tag: complab_migpol_imisem_igranteco_self_medical

Original tag: imisem_igranteco_self_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access self-employment? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.3 Immigrant Economic Policies Acces to Labor Market Teacher (igranteco_teacher_medical)

Long tag: complab_migpol_imisem_igranteco_teacher_medical

Original tag: imisem_igranteco_teacher_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access employment in schools (primary and secondary)? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.4 Immigrant Economic Policies Acces to Labor Market Administration (igranteco_administration_medical)

Long tag: complab_migpol_imisem_igranteco_administration_medical

Original tag: imisem_igranteco_administration_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access employment in public administrations? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.5 Immigrant Economic Policies Acces to Labor Market Police Medical (igranteco_police_medical)

Long tag: complab_migpol_imisem_igranteco_police_medical

Original tag: imisem_igranteco_police_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access employment in the police? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.6 Immigrant Economic Policies Acces to Labor Market Quota Medical (igranteco_quota_medical)

Long tag: complab_migpol_imisem_igranteco_quota_medical

Original tag: imisem_igranteco_quota_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Quotas for preferential hiring of medical doctors exist. Only if 1 in IgrantProxy_Medical AND 0 or 0.5 in IgrantEco_ Administration _Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.7 Immigrant Economic Policies Acces to Labor Market Military Medical (igranteco_military_medical)

Long tag: complab_migpol_imisem_igranteco_military_medical

Original tag: imisem_igranteco_military_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access employment in the armed forces? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99

COVERAGE:
2018

2.2.5.8 Immigrant Economic Policies Access to Support Medical (igranteco_support_medical)

Long tag: complab_migpol_imisem_igranteco_support_medical

Original tag: imisem_igranteco_support_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors access public employment services? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
No public employment services in country of reception = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.9 Immigrant Economic Policies Recognition of Qualifications Medical (igranteco_qualifications_medical)

Long tag: complab_migpol_imisem_igranteco_qualifications_medical

Original tag: imisem_igranteco_qualifications_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Recognition of qualifications acquired abroad by medical doctors. Only if 1 in IgrantProxy_Medical.
VALUES:
No standardized procedure for recognition of titles for migrants= 0
Yes, but different procedure than for nationals (e.g. more documents and/or higher fees are required)= 0.5
Yes, same procedures and fees as for nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.10 Immigrant Economic Policies Worker's Right Unions Medical (igranteco_unions_medical)

Long tag: complab_migpol_imisem_igranteco_unions_medical

Original tag: imisem_igranteco_unions_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors be members and participate in trade union associations and work-related negotiation bodies? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access as nationals = 1
MISSINGS:
No unions or other work related negotiation bodies in country of reception = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.11 Immigrant Economic Policies Worker's Right Transfer Medical (igranteco_transfer_medical)

Long tag: complab_migpol_imisem_igranteco_transfer_medical

Original tag: imisem_igranteco_transfer_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can medical doctors change their employer without risking their immigration status? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions = 0.5
Yes, without restrictions = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.12 Immigrant Economic Policies Worker's Right Redress Medical (igranteco_redress_medical)

Long tag: complab_migpol_imisem_igranteco_redress_medical

Original tag: imisem_igranteco_redress_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have the right to redress if the terms of their employment contracts have been violated? Only if 1 in IgrantProxy_Medical.

VALUES:
No = 0
Yes, but under certain conditions = 0.5
Yes, without restrictions = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.5.13 Immigrant Economic Policies Property Rights Medical (igranteco_property_medical)

Long tag: complab_migpol_imisem_igranteco_property_medical

Original tag: imisem_igranteco_property_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can doctors acquire property in the state of reception? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes, but under certain conditions (conditions that are not applied to national residents) = 0.5
Yes, equal access to property as national residents = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6 Immigration Social Policies

The Immigration Social Policies section in the IMISEM dataset contains variables on social policies for immigrants, such as family reunification, education, health care, unemployment benefits and retirement benefits.

2.2.6.1 Immigrant Social Policies Family Reunification Existence Medical (igrantsoc_family_existence_medical)

Long tag: complab_migpol_imisem_igrantsoc_family_existence_medical

Original tag: imisem_igrantsoc_family_existence_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Can doctors bring their families to their country of residence? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:

Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.2 Immigrant Social Policies Family Reunification Residence Medical Numeric (igrantsoc_family_residencenum_medical)

Long tag: complab_migpol_imisem_igrantsoc_family_residencenum_medical

Original tag: imisem_igrantsoc_family_residencenum_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Residence requirement for ordinary legal residents (medical doctors). In months. Only if 1 in IgrantSoc_Family_Existence_Medical.
VALUES:
Numeric variable
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.3 Immigrant Social Policies Education Access Medical (igrantsoc_educationaccess_medical)

Long tag: complab_migpol_imisem_igrantsoc_educationaccess_medical

Original tag: imisem_igrantsoc_educationaccess_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Children of medical doctors have access to compulsory education. Only if 1 in IgrantProxy_Medical.
VALUES:
Restrictions on law on access for asylum seekers and their children = 0
Yes, implicit obligation for all children to access education = 0.5
Yes, explicit obligation in law for migrants to have same access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.4 Immigrant Social Policies University Access Medical (igrantsoc_universityaccess_medical)

Long tag: complab_migpol_imisem_igrantsoc_universityaccess_medical

Original tag: imisem_igrantsoc_universityaccess_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Medical doctors have access to higher education. Only if 1 in IgrantProxy_Medical.
VALUES:
Restrictions on law on access for asylum seekers and their children = 0
Yes, implicit obligation to have same access as nationals or no regulation = 0.5
Yes, explicit obligation in law for migrants to have same access as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.5 Immigrant Social Policies Health Care Access Seekers (igrantsoc_healthaccess_seekers)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_seekers

Original tag: imisem_igrantsoc_healthaccess_seekers

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of asylum seekers in the system of health care coverage. Only if 1 in IgrantProxy_Seekers.
VALUES:
No inclusion = 0
Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.6 Immigrant Social Policies Health Care Access Refugee (igrantsoc_healthaccess_refugee)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_refugee

Original tag: imisem_igrantsoc_healthaccess_refugee

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of refugees in the system of health care coverage. Only if 1 in IgrantProxy_Refugee.
VALUES:
No inclusion = 0

Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.7 Immigrant Social Policies Health Care Access Co-Ethnic (igrantsoc_healthaccess_coethnic)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_coethnic

Original tag: imisem_igrantsoc_healthaccess_coethnic

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of co-ethnics in the system of health care coverage. Only if 1 in IgrantProxy_Coethnic.
VALUES:
No inclusion = 0
Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.8 Immigrant Social Policies Health Care Access Domestic (igrantsoc_healthaccess_domestic)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_domestic

Original tag: imisem_igrantsoc_healthaccess_domestic

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of domestic workers in the system of health care coverage. Only if 1 in IgrantProxy_Domestic.
VALUES:
No inclusion = 0
Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.9 Immigrant Social Policies Health Care Access Agricultural (igrantsoc_healthaccess_agricultural)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_agricultural

Original tag: imisem_igrantsoc_healthaccess_agricultural

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of agricultural workers in the system of health care coverage. Only if 1 in IgrantProxy_Agricultural.
VALUES:
No inclusion = 0
Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.10 Immigrant Social Policies Health Care Access Medical (igrantsoc_healthaccess_medical)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_medical

Original tag: imisem_igrantsoc_healthaccess_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of medical doctors in the sys-tem of health care coverage. Only if 1 in IgrantProxy_Medical.
VALUES:
No inclusion = 0
Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.11 Immigrant Social Policies Health Care Access Permanent (igrantsoc_healthaccess_permanent)

Long tag: complab_migpol_imisem_igrantsoc_healthaccess_permanent

Original tag: imisem_igrantsoc_healthaccess_permanent

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Conditions for inclusion of permanent residents in the system of health care coverage. Only if 1 in IgrantProxy_Permanent.
VALUES:
No inclusion = 0
Some conditions for inclusion (e.g. length of stay) = 0.5
Inclusion is unconditional = 1
MISSINGS:
No health care system = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.12 Immigrant Social Policies Health Care Coverage Medical (igrantsoc_healthcoverage_medical)

Long tag: complab_migpol_imisem_igrantsoc_healthcoverage_medical

Original tag: imisem_igrantsoc_healthcoverage_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Health care coverage for medical doctors. Only if 0.5 OR 1 in IgrantSoc_HealthAccess_Medical.
VALUES:
Emergency care only = 0.5
More than emergency care, but less than for nationals = 0.75
Same coverage as nationals = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.13 Immigrant Social Policies Unemployment Benefits Medical (igrantsoc_unemployment_medical)

Long tag: complab_migpol_imisem_igrantsoc_unemployment_medical

Original tag: imisem_igrantsoc_unemployment_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Access of medical doctors to unemployment benefits as compared with citizen residents. Only if 1 in IgrantProxy_Medical.
VALUES:
No access = 0
Limited access = 0.5
Equal access = 1

MISSINGS:
No unemployment benefits = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.6.14 Immigrant Social Policies Retirement Benefits Medical (igrantsoc_retirement_medical)

Long tag: complab_migpol_imisem_igrantsoc_retirement_medical

Original tag: imisem_igrantsoc_retirement_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Access of medical doctors to retirement benefits as compared with citizen residents. Only if 1 in IgrantProxy_Medical.
VALUES:
No access = 0
Limited access = 0.5
Equal access = 1
MISSINGS:
No retirement benefits = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.7 Immigration Mobility Policies

The Immigration Mobility section in the IMISEM dataset contains variables on the confiscation of identity documents and freedom of movement within the country.

2.2.7.1 Immigrant Policies Mobility Identity Documents Medical (igrantmobility_documents_medical)

Long tag: complab_migpol_imisem_igrantmobility_documents_medical

Original tag: imisem_igrantmobility_documents_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have the right not to have his/her identity document confiscated by anyone (excluding public authorities)? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:

2018

2.2.7.2 Immigrant Policies Mobility Freedom of Movement Internal Medical (igrantmobility_internal_medical)

Long tag: complab_migpol_imisem_igrantmobility_internal_medical

Original tag: imisem_igrantmobility_internal_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have the right to move freely within the country? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Restrictions may apply for a specific time or for a specific region = 0.5
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.7.3 Immigrant Policies Mobility Freedom of Movement External Medical (igrantmobility_external_medical)

Long tag: complab_migpol_imisem_igrantmobility_external_medical

Original tag: imisem_igrantmobility_external_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have the right to move the country? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Restrictions may apply for a specific time or for a specific region = 0.5
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.8 Immigration Policies Obligations

The Immigration Policies Obligations section in the IMISEM dataset contains variables on the obligations which immigrants have, such as military service, social service, and taxes.

2.2.8.1 Immigrant Policies Obligations Military Service Medical (igrantobligation_military_medical)

Long tag: complab_migpol_imisem_igrantobligation_military_medical

Original tag: imisem_igrantobligation_military_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have the obligation to comply with military service? Only if 1 in IgrantProxy_Medical.
VALUES:
Military service mandatory for citizens and medical doctors = 1
Military service voluntary for citizens and medical doctors = 0.5
Military service mandatory for citizens, but not for medical doctors = 0
MISSINGS:
No military service in state of reception = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.8.2 Immigrant Policies Obligations Social Service Medical (igrantobligation_social_medical)

Long tag: complab_migpol_imisem_igrantobligation_social_medical

Original tag: imisem_igrantobligation_social_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have the obligation to comply with social service? Only if 1 in IgrantProxy_Medical.
VALUES:
Social service mandatory for citizens and medical doctors = 1
Social service voluntary for citizens and medical doctors = 0.5
Social service mandatory for citizens, but not for medical doctors = 0
MISSINGS:
No social service in state of reception = 97
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.2.8.3 Immigrant Policies Obligations Taxes Medical (igrantobligation_taxes_medical)

Long tag: complab_migpol_imisem_igrantobligation_taxes_medical

Original tag: imisem_igrantobligation_taxes_medical

Dataset citation: Pedroza et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 32, Percent: 0.18

Non-missing observations in chosen unit: Sum: 29, Percent: 0.1

Lost observations in chosen unit: Sum: 3 Percent: 9.38

Description:

DESCRIPTION: Do medical doctors have to pay income taxes in state of reception? Only if 1 in IgrantProxy_Medical.
VALUES:
No = 0
Yes = 1
MISSINGS:
Not applicable = 98
No answer = 99
COVERAGE:
2018

2.3 COMPLAB MIGPOL Migrant Social Policy Dataset

Dataset tag: complab_migpol_immirsr

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit identifier. Please note that we synchronize Complab country variable names in Demscore to country_full_name, country_nr and country_id.

Description: The Migrant Social Policy (ImmigSR) dataset is a comprehensive tool designed to evaluate and compare social rights and welfare access for migrants across 39 countries in Europe, Latin America, North America, Oceania and Southeast Asia. It systematically assesses policies in multiple domains, including social assistance, unemployment insurance, residence permits, family reunification, and consequences of job loss, offering a detailed perspective on the extent to which migrants are integrated into national welfare systems. ImmigSR distinguishes between different migrant groups, such as asylum seekers, refugees, temporary workers, and long-term residents, capturing variations in entitlements and restrictions. The dataset is built using publicly available laws, policies, and regulations, ensuring transparency and comparability across countries and time. It draws on contributions from independent researchers and migration policy experts, with rigorous peer review processes to maintain consistency. By offering a structured approach to measuring migrant access to social policies, ImmigSR enables researchers and policymakers to analyze trends, disparities, and the broader implications of welfare inclusion for migrant integration. More information is available on the project's website: `https://www.socialpolicydynamics.de/projekte/projektbereich-b-transregionale-entwicklungsdynamiken/teilprojekt-b04-2022-25-/immigsr/download-immigsr-data`

Dataset citation:
References to the data should be made as:
Römer, F., Harris, E., Henninger, J., Missler, F. (2021). The Immigrant Social Rights Data Set (ImmigSR). Version 2023. SFB 1342.

References to the codebook should be made as:
Römer, F., Harris, E., Henninger, J., Missler, F. (2021). The Migrant Social Protection Data Set (MigSP). Technical report (SFB 1342 Technical Paper Series). Version 2022. SFB 1342.

Link to original codebook
`https://www.socialpolicydynamics.de/f/fcedb0990c.pdf`

License: The data is publicly accessible for research and academic use and should be appropriately cited in related publications.

More detailed information on the dataset can be found at the following web page: `https://www.socialpolicydynamics.de/projekte/projektbereich-b-transregionale-entwicklungsdynamiken/teilprojekt-b04-2022-25-/`

`immigsr/download-immigsr-data`

2.3.1 Access Welfare Benefits

Variables in this section relate to immigrants' access to welfare benefits.

2.3.1.1 Unemployment insurance benefits for permanent migrant workers (f61b)

Long tag: complab_migpol_immigsr_f61b

Original tag: f61b

Dataset citation: Römer et al. (2021)

Description:

DESCRIPTION: Question: For the years 1980-2018, did permanent migrant workers have a legal claim to contribution-based unemployment insurance benefits?&10;VALUES:&10;0 = No access to contributory benefits OR no permanent labour migration&10;0.5 = Longer contribution period/ additional requirements&10;1 = Same contribution period as citizens&10;MISSINGS:&10;. = regular missing&10;.d = don't know&10;.c = former communist countries&10;.b = if benefit did not exist for all, including citizens&10;.m = type of immigrant did not exist&10;.x = neither benefit nor type of immigrant exist&10;COVERAGE:&10;1980-2018

2.3.1.2 Unemployment insurance benefits for temporary migrant workers (f61c)

Long tag: complab_migpol_immigsr_f61c

Original tag: f61c

Dataset citation: Römer et al. (2021)

Description:

DESCRIPTION: Question: For the years 1980-2018, did temporary migrant workers have a legal claim to contribution-based unemployment insurance benefits?&10;VALUES:&10;0 = No access to contributory benefits OR no permanent labour migration&10;0.5 = Longer contribution period/ additional requirements&10;1 = Same contribution period as citizens&10;MISSINGS:&10;. = regular missing&10;.d = don't know&10;.c = former communist countries&10;.b = if benefit did not exist for all, including citizens&10;.m = type of immigrant did not exist&10;.x = neither benefit nor type of immigrant exist&10;COVERAGE:&10;1980-2018

2.3.1.3 Length of unemployment insurance benefits for permanent migrant workers (f62b)

Long tag: complab_migpol_immigsr_f62b

Original tag: f62b

Dataset citation: Römer et al. (2021)

Description:

DESCRIPTION: Question: For the years 1980 – 2018, please indicate for how long permanent migrant workers received unemployment insurance benefits before they were downgraded to unemployment assistance benefits or social assistance benefits.&10;VALUES:&10;0 = No access to unemployment benefits&10;0.5 = Same duration but worse downgrade | Shorter duration&10;1 = Same as citizens&10;MISSINGS:&10;. = regular missing&10;.d = don't know&10;.c = former communist countries&10;.b = if benefit did not exist for all, including citizens&10;.m = type of immigrant did not exist&10;.x = neither benefit nor type of immigrant exist&10;COVERAGE:&10;1980-2018

2.3.1.4 Length of unemployment insurance benefits for temporary migrant workers (f62c)

Long tag: complab_migpol_immigsr_f62c

Original tag: f62c

Dataset citation: Römer et al. (2021)

Description:

DESCRIPTION: Question: For the years 1980 – 2018, please indicate for how long temporary migrant workers received unemployment insurance benefits before they were downgraded to unemployment assistance benefits or social assistance benefits.&10;VALUES:&10;0 = No access to unemployment benefits&10;0.5 = Same duration but worse downgrade | Shorter duration&10;1 = Same as citizens&10;MISSINGS:&10;. = regular missing&10;.d = don't know&10;.c = former communist countries&10;.b = if benefit did not exist for all, including citizens&10;.m = type of immigrant did not exist&10;.x = neither benefit nor type of immigrant exist&10;COVERAGE:&10;1980-2018

2.4 COMPLAB MIGPOL MIPEX

Dataset tag: complab_migpol_mipex

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit identifier. Please note that we synchronize Complab country variable names in Demscore to country_full_name, country_nr and country_id.

Description: The Migrant Integration Policy Index (MIPEX) is a comprehensive tool used to evaluate, compare, and enhance integration policies in 31 countries across Europe and North America. It employs 148 policy indicators across 7 policy areas (labour market mobility, family reunion, education, political participation, long-term residence, access to nationality and anti-discrimination) to offer a multifaceted view of migrants' societal participation opportunities while assessing government commitment to integration. MIPEX helps determine whether all residents are afforded equal rights, responsibilities, and opportunities. The project is conducted by the British Council, the Migration Policy Group in Brussels and the Center for International Affairs in Barcelona with the involvement of 37 national-level organizations, including think-tanks, non-governmental organisations, foundations, universities, research institutes and equality bodies. Unlike indexes relying on expert opinions, MIPEX is based on public laws, policies, and research. It utilizes data from independent scholars and practitioners in migration law, education, and anti-discrimination who assess each indicator based on publicly available documents. These scores are peer-reviewed and moderated for consistency across countries and time, with national experts contributing insights into policy changes and their rationales.

Dataset citation: Solano, Giacomo and Huddelston, Thomas (2020) "Migrant Integration Policy Index"

Link to original codebook
`https://migpol.org/data/`

License: The data can be used without restrictions as long as that the MIPEX project is cited accordingly in corresponding publications.

More detailed information on the dataset can be found at the following web page: `https://www.mipex.eu/`

2.4.1 Family Reunification

The Family Reunification section of the MIPEX dataset contain variables which try to answer the following question: How easily can immigrants reunite with family?

2.4.1.1 Accommodation (bb30)

Long tag: complab_migpol_mipex_bb30

Original tag: mipex_bb30

Dataset citation: Solano & Huddelston (2020)

Merge scores:

Non-missing observations in original unit: Sum: 562, Percent: 3.24

Non-missing observations in chosen unit: Sum: 549, Percent: 1.83

Lost observations in chosen unit: Sum: 13 Percent: 2.31

Description:

DESCRIPTION: Accommodation requirement
VALUES:
100 - None
50 - Appropriate accommodation meeting the general health and safety standards
0 - Further requirements (please specify)
MISSINGS:
Empty cell
COVERAGE:
2007-2019

2.5 COMPLAB SPIN The Parental Leave Benefit Dataset (PLB)

Dataset tag: complab_spin_plb

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit identifier. Please note that we synchronize Complab country variable names in Demscore to country_full_name, country_nr and country_id.

Description: The Parental Leave Benefit dataset (PLB) is a data module of SPIN that establishes indicators on parental leave benefits and related family policy programs. The purpose of PLB is to improve possibilities for systematic, comparative and longitudinal institutional analyses of the causes and consequences of family policy development.
The first version of the PLB dataset contained information about earnings-related parental leave insurance benefits in 18 countries 1950 to 2010. This update of PLB expands the previous version. It contains information on different types of parental leave benefits in 34 countries up to 2015, collected within five-year intervals. For previous versions of the PLB dataset, please contact the SPIN-team.

Dataset citation: Nelson, K., Fredriksson, D., Korpi, T., Korpi, W., Palme, J. and O. Sjöberg. 2020. The Social Policy Indicators (SPIN) database. International Journal of Social Welfare. 29 (3). 285-289. https://doi.org/10.1111/ijsw.12418

Link to original codebook
`https://www.su.se/polopoly_fs/1.661381.1687347586!/menu/standard/file/PLB%20documentation%20%282023-06%29.pdf`

License: Complab datasets are free to use. Although variables have been carefully extracted, processed and analyzed, no warranty is given that the information supplied is free from error. Researchers involved in the establishment of SPIN shall not be liable for any loss suffered through the use of any of this information. References to data should acknowledge the SPIN research infrastructure (see reference below) and the specific data module.

More detailed information on the dataset can be found at the following web page: `https://www.spin.su.se/datasets/plb`

2.5.1 Parental Benefits

This section includes variables measuring benefits related to parental leave including maternity/paternity leave, among others.

2.5.1.1 childleavepostinsy (cldrpo)

Long tag: complab_spin_plb_cldrpo

Original tag: CLDRPO

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 363, Percent: 2.09

Non-missing observations in chosen unit: Sum: 357, Percent: 1.19

Lost observations in chosen unit: Sum: 6 Percent: 1.65

Description:

Child care leave, duration, post-parental insurance, weeks, first year

2.6 COMPLAB SPIN The Social Citizenship Indicator Program (SCIP)

Dataset tag: complab_spin_scip

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit identifier. Please note that we add country_code and country_nr to this dataset to have synchronized country variables across all Complab datasets in Demscore. This is a change to the original dataset that uses a Complab-internal numeric country code.

Description: The Social Citizenship Indicator Program (SCIP) covers institutional structures of core social insurance programs. Detailed information are provided on citizens' rights and duties based on legislation related to five major programs, including old age pensions and benefits in cases of sickness, unemployment and work accidents. SCIP includes 18 affluent countries with uninterrupted political democracy during the postwar period. Information refers to fourteen time points: 1930, 1933, 1939, 1947, 1950, and thereafter every fifth year up to 2005.

Dataset citation: Nelson, K., Fredriksson, D., Korpi, T., Korpi, W., Palme, J. and O. Sjöberg. 2020. The Social Policy Indicators (SPIN) database. International Journal of Social Welfare. 29 (3). 285-289. https://doi.org/10.1111/ijsw.12418

Link to original codebook
`https://www.su.se/polopoly_fs/1.629466.1664780869!/menu/standard/file/SCIP%20Codebook.pdf`

License: Complab datasets are free to use. Although variables have been carefully extracted, processed and analyzed, no warranty is given that the information supplied is free from error. Researchers involved in the establishment of SPIN shall not be liable for any loss suffered through the use of any of this information. References to data should acknowledge the SPIN research infrastructure (see reference below) and the specific data module.

More detailed information on the dataset can be found at the following web page: `https://www.spin.su.se/datasets/scip`

2.6.1 Sick Leave

This section includes variables measuring compensation, leave duration, and benefits related to illness.

2.6.1.1 Sickness, number of insured (snoinsur)

Long tag: complab_spin_scip_snoinsur

Original tag: snoinsur

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 285, Percent: 1.64

Non-missing observations in chosen unit: Sum: 285, Percent: 0.95

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Total number of people formally entitled to sickness insurance benefits (in hundreds of thousands)

2.6.1.2 Sickness, waiting days (swaiting)

Long tag: complab_spin_scip_swaiting

Original tag: swaiting

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Number of legislated administrative "waiting days" of sickness at beginning of sickness spell when no benefits are paid out

2.6.1.3 Sickness, duration (sduratio)

Long tag: complab_spin_scip_sduratio

Original tag: sduratio

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Amount of weeks during which sickness benefit is payable to single industrial worker with work record as detailed in general information (indefinite duration maximised at 156 weeks, or three years

2.6.1.4 Sickness, first week gross benefit, single APW (sbestw1s)

Long tag: complab_spin_scip_sbestw1s

Original tag: sbestw1s

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Standard amount of gross benefit paid to single worker in first week of sickness spell

2.6.1.5 Sickness, 26 weeks average gross benefit, single APW (sbesw26s)

Long tag: complab_spin_scip_sbesw26s

Original tag: sbesw26s

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Standard amount of average weekly gross single worker benefit over 26-week sickness spell

2.6.1.6 Sickness, weekly minimum gross benefit (26w), single worker (sbenmins)

Long tag: complab_spin_scip_sbenmins

Original tag: sbenmins

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 280, Percent: 1.61

Non-missing observations in chosen unit: Sum: 280, Percent: 0.93

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Minimum amount of average weekly gross single worker benefit over 26-week spell (as calculated on basis of earnings of worker in lowest insured wage class specified in legislation; or, in some countries, on the basis of legislated minimum absolute levels of daily insurance or assistance benefit)

2.6.1.7 Sickness, first week gross benefit (26w), family APW (sbestw1f)

Long tag: complab_spin_scip_sbestw1f

Original tag: sbestw1f

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Standard amount of average weekly gross benefit paid to familied worker in first week of sickness spell

2.6.1.8 Sickness, 26 weeks average gross benefit, family APW (sbesw26f)

Long tag: complab_spin_scip_sbesw26f

Original tag: sbesw26f

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Standard amount of average weekly gross familied worker benefit over 26-week sickness spell

2.6.1.9 Sickness, weekly minimum gross benefit (26w), family (sbenminf)

Long tag: complab_spin_scip_sbenminf

Original tag: sbenminf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 280, Percent: 1.61

Non-missing observations in chosen unit: Sum: 280, Percent: 0.93

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Minimum amount of average weekly gross familied worker benefit over 26-week sickness spell (calculated on assumptions parallel to those above)

2.6.1.10 Sickness, weekly full gross benefit (26w), family (sbenfulf)

Long tag: complab_spin_scip_sbenfulf

Original tag: sbenfulf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Full amount of average weekly gross familied worker benefit over 26-week sickness spell (calculated on assumptions parallel to those above)

2.6.1.11 Sickness, weekly maximum gross benefit (26w), family (sbenmaxf)

Long tag: complab_spin_scip_sbenmaxf

Original tag: sbenmaxf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 282, Percent: 1.62

Non-missing observations in chosen unit: Sum: 282, Percent: 0.94

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Maximum amount of average weekly gross familied worker benefit over 26-week sickness spell (calculated on assumptions parallel to those above)

2.6.1.12 Sickness, net benefit 26w + APWW 26w, single (sicsinet)

Long tag: complab_spin_scip_sicsinet

Original tag: sicsinet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Net income for single person with 26-weeks of APW and 26-weeks with sickness insurance benefits

2.6.1.13 Sickness, net benefit 26w + APWW 26w, family (sicfanet)

Long tag: complab_spin_scip_sicfanet

Original tag: sicfanet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Net income for a family with one wage earner with 26-weeks of APW and 26-weeks with sickness insurance benefits

2.6.1.14 Sickness, first week net APW RR, single (s1stners)

Long tag: complab_spin_scip_s1stners

Original tag: s1stners

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 288, Percent: 1.66

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 2 Percent: 0.69

Description:

Net single worker replacement rate in first week with sickness benefit: (SBESTW1S / NAPWEKSI) for years and in countries when benefit not taxable, and (SBESTW1S / SGAPWEEK) for years and in countries when benefit taxable

2.6.1.15 Sickness, first week net APW RR, family (s1stnerf)

Long tag: complab_spin_scip_s1stnerf

Original tag: s1stnerf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 288, Percent: 1.66

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 2 Percent: 0.69

Description:

Net familied worker replacement rate in first week with sickness benefit: (SBESTW1F / NAPWEKFA) for years and in countries when benefit not taxable, and (SBESTW1F / SGAPWEEK) for years and in countries when benefit taxable

2.6.1.16 Sickness, 26 weeks net APW RR exclusive, single (szrr26si)

Long tag: complab_spin_scip_szrr26si

Original tag: szrr26si

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Standard net single worker replacement rate for total 26-week period of sickness benefit, excluding prior half-year's wage income from numerator and denominator

2.6.1.17 Sickness, 26 weeks net APW RR exclusive, family (szrr26fa)

Long tag: complab_spin_scip_szrr26fa

Original tag: szrr26fa

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Standard net familied worker replacement rate for total 26-week period of sickness benefit, excluding prior half-year's wage income from numerator and denominator

2.6.2 Worker's Compensation

This section includes variables measuring compensation, leave duration, and benefits related to workplace injury.

2.6.2.1 Accident, waiting days (awaiting)

Long tag: complab_spin_scip_awaiting

Original tag: awaiting

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 285, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Number of legislated administrative "waiting days" of sickness at beginning of work accident spell when no benefits are paid out

2.6.2.2 Accident, duration (aduratio)

Long tag: complab_spin_scip_aduratio

Original tag: aduratio

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 285, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Amount of weeks during which sickness benefit is payable to single industrial worker with work record as detailed in general information (indefinite duration maximised at 156 weeks, or three years

2.6.2.3 Accident, financing by insured (afininsr)

Long tag: complab_spin_scip_afininsr

Original tag: afininsr

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 285, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Total proportion of insurance fund receipts derived from contributions by the individuals insured

2.6.2.4 Accident, financing by state (afinstat)

Long tag: complab_spin_scip_afinstat

Original tag: afinstat

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 285, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Total proportion of insurance fund receipts derived from state general revenue

2.6.2.5 Accident, financing by employer (afinempr)

Long tag: complab_spin_scip_afinempr

Original tag: afinempr

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 286, Percent: 1.65

Non-missing observations in chosen unit: Sum: 285, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Total proportion of insurance fund receipts derived from employer contributions

2.6.2.6 Accident, financing by other (afinothr)

Long tag: complab_spin_scip_afinothr

Original tag: afinothr

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 71, Percent: 0.41

Non-missing observations in chosen unit: Sum: 70, Percent: 0.23

Lost observations in chosen unit: Sum: 1 Percent: 1.41

Description:

Total proportion of insurance fund receipts derived from other financing sources (e.g. municipalities, interest income accruing from fund reserves, etc.)

2.6.2.7 Accident net benefit 26w + APWW 26w, single (accsinet)

Long tag: complab_spin_scip_accsinet

Original tag: accsinet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 287, Percent: 1.65

Non-missing observations in chosen unit: Sum: 286, Percent: 0.95

Lost observations in chosen unit: Sum: 1 Percent: 0.35

Description:

Net income for single person with 26-weeks of APW and 26-weeks with work accident insurance benefits

2.7 COMPLAB SPIN The Social Insurance Entitlements Dataset (SIED)

Dataset tag: complab_spin_sied

Output Unit: COMPLAB Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_code (ISO 3-letter-code) and year or country_nr (ISO numeric code) and year. If necessary, an additional country column storing the countries' full names is created as a unit

identifier. Please note that we synchronize Complab country variable names in Demscore to country_full_name, country_nr and country_id.

Description: The Social Insurance Entitlements dataset (SIED) is a continuation of the SCIP project, but carries on data collection beyond 2005 for a larger number of countries. The SIE dataset closely follows the structure of SCIP, thus covering the same social insurance programs and sharing the same variable names. The SIE dataset includes the original 18 SCIP countries, but also stores data for all EU Member States as of 2010. The current version of SIED stores three waves of data for all EU countries, 2005 to 2020. Data for Greece, Portugal and Spain goes back to 1980.

Dataset citation: Nelson, K., Fredriksson, D., Korpi, T., Korpi, W., Palme, J. and O. Sjöberg. 2020. The Social Policy Indicators (SPIN) database. International Journal of Social Welfare. 29 (3). 285-289. https://doi.org/10.1111/ijsw.12418

Link to original codebook
`https://www.su.se/polopoly_fs/1.661383.1687347710!/menu/standard/file/SIED%20Documentation%20%282023-06%29.pdf`

License: Complab datasets are free to use. Although variables have been carefully extracted, processed and analyzed, no warranty is given that the information supplied is free from error. Researchers involved in the establishment of SPIN shall not be liable for any loss suffered through the use of any of this information. References to data should acknowledge the SPIN research infrastructure (see reference below) and the specific data module.

More detailed information on the dataset can be found at the following web page: `https://www.spin.su.se/datasets/sied`

2.7.1 Unemployment

This section includes variables measuring unemployment benefits.

2.7.1.1 Unemployment, weekly minimum gross benefit (26w), single worker (ubenmins)

Long tag: complab_spin_sied_ubenmins
Original tag: ubenmins
Dataset citation: Nelson et al. (2020)
Merge scores:
Non-missing observations in original unit: Sum: 419, Percent: 2.41
Non-missing observations in chosen unit: Sum: 415, Percent: 1.38
Lost observations in chosen unit: Sum: 4 Percent: 0.95
Description:

> Minimum amount of average weekly gross single worker benefit over 26-week spell (as calculated on basis of earnings of worker in lowest insured wage class specified in legislation; or, in some countries, on the basis of legislated minimum absolute levels of daily insurance or assistance benefit)

2.7.2 Sick Leave

This section includes variables measuring compensation, leave duration, and benefits related to illness.

2.7.2.1 Sickness, number of insured (snoinsur)

Long tag: complab_spin_sied_snoinsur
Original tag: snoinsur
Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 430, Percent: 2.48

Non-missing observations in chosen unit: Sum: 426, Percent: 1.42

Lost observations in chosen unit: Sum: 4 Percent: 0.93

Description:

Total number of people formally entitled to sickness insurance benefits (in hundreds of thousands)

2.7.2.2 Sickness, waiting days (swaiting)

Long tag: complab_spin_sied_swaiting

Original tag: swaiting

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 427, Percent: 1.42

Lost observations in chosen unit: Sum: 5 Percent: 1.16

Description:

Number of legislated administrative "waiting days" of sickness at beginning of sickness spell when no benefits are paid out

2.7.2.3 Sickness, duration (sduratio)

Long tag: complab_spin_sied_sduratio

Original tag: sduratio

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:

Amount of weeks during which sickness benefit is payable to single industrial worker with work record as detailed in general information (indefinite duration maximised at 156 weeks, or three years

2.7.2.4 Sickness, first week gross benefit, single APW (sbestw1s)

Long tag: complab_spin_sied_sbestw1s

Original tag: sbestw1s

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 4 Percent: 0.93

Description:

Standard amount of gross benefit paid to single worker in first week of sickness spell

2.7.2.5 Sickness, 26 weeks average gross benefit, single APW (sbesw26s)

Long tag: complab_spin_sied_sbesw26s

Original tag: sbesw26s

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 4 Percent: 0.93

Description:

Standard amount of average weekly gross single worker benefit over 26-week sickness spell

2.7.2.6 Sickness, first week gross benefit (26w), family APW (sbestw1f)

Long tag: complab_spin_sied_sbestw1f

Original tag: sbestw1f

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 4 Percent: 0.93

Description:

Standard amount of average weekly gross benefit paid to familied worker in first week of sickness spell

2.7.2.7 Sickness, 26 weeks average gross benefit, family APW (sbesw26f)

Long tag: complab_spin_sied_sbesw26f

Original tag: sbesw26f

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 4 Percent: 0.93

Description:

Standard amount of average weekly gross familied worker benefit over 26-week sickness spell

2.7.2.8 Sickness, weekly minimum gross benefit (26w), family (sbenminf)

Long tag: complab_spin_sied_sbenminf

Original tag: sbenminf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 426, Percent: 2.45

Non-missing observations in chosen unit: Sum: 422, Percent: 1.41

Lost observations in chosen unit: Sum: 4 Percent: 0.94

Description:

Minimum amount of average weekly gross familied worker benefit over 26-week sickness spell (calculated on assumptions parallel to those above)

2.7.2.9 Sickness, weekly full gross benefit (26w), family (sbenfulf)

Long tag: complab_spin_sied_sbenfulf

Original tag: sbenfulf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 4 Percent: 0.93

Description:

Full amount of average weekly gross familied worker benefit over 26-week sickness spell

(calculated on assumptions parallel to those above)

2.7.2.10 Sickness, weekly maximum gross benefit (26w), family (sbenmaxf)

Long tag: complab_spin_sied_sbenmaxf

Original tag: sbenmaxf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 427, Percent: 2.46

Non-missing observations in chosen unit: Sum: 423, Percent: 1.41

Lost observations in chosen unit: Sum: 4 Percent: 0.94

Description:

Maximum amount of average weekly gross familied worker benefit over 26-week sickness spell (calculated on assumptions parallel to those above)

2.7.2.11 Sickness, net benefit 26w + APWW 26w, single (sicsinet)

Long tag: complab_spin_sied_sicsinet

Original tag: sicsinet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:

Net income for single person with 26-weeks of APW and 26-weeks with sickness insurance benefits

2.7.2.12 Sickness, net benefit 26w + APWW 26w, family (sicfanet)

Long tag: complab_spin_sied_sicfanet

Original tag: sicfanet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:

Net income for a family with one wage earner with 26-weeks of APW and 26-weeks with sickness insurance benefits

2.7.2.13 Sickness, first week net APW RR, single (s1stners)

Long tag: complab_spin_sied_s1stners

Original tag: u1stnerf

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 426, Percent: 1.42

Lost observations in chosen unit: Sum: 6 Percent: 1.39

Description:

Net single worker replacement rate in first week with sickness benefit: (SBESTW1S / NAPWEKSI) for years and in countries when benefit not taxable, and (SBESTW1S / SGAPWEEK) for years and in countries when benefit taxable

2.7.2.14 Sickness, first week net APW RR, family (s1stnerf)

Long tag: complab_spin_sied_s1stnerf

Original tag: a1stners

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 426, Percent: 1.42

Lost observations in chosen unit: Sum: 6 Percent: 1.39

Description:

Net familied worker replacement rate in first week with sickness benefit: (SBESTW1F / NAPWEKFA) for years and in countries when benefit not taxable, and (SBESTW1F / SGAPWEEK) for years and in countries when benefit taxable

2.7.2.15 Sickness, 26 weeks net APW RR exclusive, single (szrr26si)

Long tag: complab_spin_sied_szrr26si

Original tag: szrr26si

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:

Standard net single worker replacement rate for total 26-week period of sickness benefit, excluding prior half-year's wage income from numerator and denominator

2.7.2.16 Sickness, 26 weeks net APW RR exclusive, family (szrr26fa)

Long tag: complab_spin_sied_szrr26fa

Original tag: szrr26fa

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:

Standard net familied worker replacement rate for total 26-week period of sickness benefit, excluding prior half-year's wage income from numerator and denominator

2.7.3 Worker's Compensation

This section includes variables measuring compensation, leave duration, and benefits related to workplace injury.

2.7.3.1 Accident, number of insured (anoinsur)

Long tag: complab_spin_sied_anoinsur

Original tag: anoinsur

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 426, Percent: 2.45

Non-missing observations in chosen unit: Sum: 422, Percent: 1.41

Lost observations in chosen unit: Sum: 4 Percent: 0.94

Description:
Total number of people formally entitled to work accident insurance benefits (in hundreds of thousands)

2.7.3.2 Accident, waiting days (awaiting)

Long tag: complab_spin_sied_awaiting

Original tag: awaiting

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 431, Percent: 2.48

Non-missing observations in chosen unit: Sum: 426, Percent: 1.42

Lost observations in chosen unit: Sum: 5 Percent: 1.16

Description:
Number of legislated administrative "waiting days" of sickness at beginning of work accident spell when no benefits are paid out

2.7.3.3 Accident, duration (aduratio)

Long tag: complab_spin_sied_aduratio

Original tag: aduratio

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 432, Percent: 2.49

Non-missing observations in chosen unit: Sum: 427, Percent: 1.42

Lost observations in chosen unit: Sum: 5 Percent: 1.16

Description:
Amount of weeks during which sickness benefit is payable to single industrial worker with work record as detailed in general information (indefinite duration maximised at 156 weeks, or three years

2.7.3.4 Accident net benefit 26w + APWW 26w, single (accsinet)

Long tag: complab_spin_sied_accsinet

Original tag: accsinet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:
Net income for single person with 26-weeks of APW and 26-weeks with work accident insurance benefits

2.7.3.5 Accident net benefit 26w + APWW 26w, family (accfanet)

Long tag: complab_spin_sied_accfanet

Original tag: accfanet

Dataset citation: Nelson et al. (2020)

Merge scores:

Non-missing observations in original unit: Sum: 433, Percent: 2.49

Non-missing observations in chosen unit: Sum: 428, Percent: 1.43

Lost observations in chosen unit: Sum: 5 Percent: 1.15

Description:

Net income for a family with one wage earner with 26-weeks of APW and 26-weeks with work accident insurance benefits

3 H-DATA

The Historical Data Archive (H-DATA) is a hub of historical country-level data running as far back as the French revolution (1789) and offers unparalleled depth of data and temporality, enabling researchers to answer critical questions about the past but to also understand the origins of, and find historical parallels to, present-day problems. H-DATA works to collect, integrate, and curate historical data from Demscore's other modules. By adding this long-term historical dimension, H-DATA makes it possible for researchers to study the path dependency of political institutions where changes are incremental or rare thus making long time-series essential to understanding their causes and consequences. By extending data back into time, H-DATA helps deepen and further our understanding of the conditions of the complex global challenges that we face today. More information is available on the project's website: `https://www.su.se/english/research/research-projects/h-data`

3.1 H-DATA Leader Survival Dataset (PLT post-1789)

Dataset tag: hdata_plt

Output Unit: H-DATA Leader-Date, i.e., data is collected per leader and the day they got into power.

Description:
Timespan: 1789-2022
Coverage: 10,662 leader spells in 186 countries
The Leader Survival Dataset is the post-1789 part of the "Political Leaders through Time" (PLT) dataset, and provides data on entry and exit dates, type of leader position held, biographical background information, as well as appointment and exit reasons for 10,662 individual leaders in 186 countries (or territories) from 1789-2022. The dataset was used by Per Andersson Jan Teorell in their article "The Double-Edged Sword: How State Capacity Prolongs Autocratic Tenure but Hastens Democratization".

Dataset citation:
Gerring John, Nong Xin, Chatterton Ben, Cojocaru Lee, Dalli Cem Mert, Knutsen Carl Henrik, Kokkonen Andrej, Smith Daniel Steven, Teorell Jan, Selsky Sam, Ward Daisy, Jeon Ji Yeon. "Leader Tenure through the Ages: The Growth of Constraints." Unpublished manuscript, University of Texas at Austin, 2024.

Link to original codebook:
`https://www.su.se/polopoly_fs/1.803891.1740574267!/menu/standard/file/Codebook%20Leader%20Survival%20Data_last%20update%2020250225.pdf`

License: CC-BY-SA 4.0 International
`https://creativecommons.org/licenses/by-sa/4.0/legalcode`

More detailed information on the dataset can be found at the following web page: `https://www.su.se/english/research/research-projects/h-data/datasets-1.610144`

3.1.1 Leadership Variables

This set of variables describes each leader, or in some cases an interregnum between leaders. A leader is defined loosely as someone who occupies a position at or near the apex of political power in a territory. Separate observations (rows) for the same leader are required if that person's status changes along one of these dimensions: (a) Office type, (b) Office typology, or (c) Spell (dates of entry and exit). If a leader occupies the same office sequentially it is understood as the same spell and hence does not require a new observation.

3.1.1.1 Exit (exit)

Long tag: hdata_plt_exit

Original tag: exit

Dataset citation: Gerring et al. (2024)

Description:

Question: How did the leader leave office?
Clarification: Code by numerical (Archigos) code and, where applicable, letter code (so, 1a, 2b, 5c, etc). If information for the letter code is not available, leave blank and only use the numerical code.
(Instructions from the Archigos codebook) Removal from office is coded as "Regular" when the leader is removed in accordance with explicit rules or established conventions of his or her particular country. Examples of "Regular" removal include voluntary retirement, term limits and defeat in elections. Removal from office is coded as "Irregular" when the leader was removed in contravention of explicit rules and established conventions. Most "Irregular" removals from office are done by domestic forces. "Irregular" removal from office is overwhelmingly the result of the threat or use of force as exemplified in coups, (popular) revolts and assassinations.
Note that assassinations are coded as removal by irregular means. Assassinations may or may not have a clear political motivation, and we prefer to make no judgments about the "real" intention behind assassinations.
"Foreign" removal should only include cases where a foreign state directly removes a leader, for example through invasion or kidnapping. In particular, cases where someone is seen as orchestrating a removal of a leader through a coup carried out by domestic forces (for example, Allende or Mossadeq) are not coded as foreign removal, but exit=="Irregular".
1: By regular procedures
a. Abdicated/retired (voluntarily, but NOT due to ill health)
b. Other regular exit (e.g., term limits or defeat in election)
c. Transition to another office type/typology (by regular procedures)
2: Death by natural causes
a. Died (of disease or accident) on campaign in civil war
b. Died (of disease or accident) on campaign in foreign war
c. Died of other natural causes
3: Retired due to ill health
4: Suicide
5: By irregular procedures
a. Deposed by domestic actors
b. Assassinated or forced suicide
c. Died in battle in civil war
d. Died in battle in foreign war
e. Transition to another office type/typology (by irregular procedures)
6. Through deposition by a foreign state
7. Unknown
8. Still in office
Note: If separate observations (rows) for the same leader are required due to the change of (a) Office type and/or (b) Office typology, 1b - "other regular exit" option applies for the exit from the first spell.

4 QOG

The **Quality of Government (QoG)** Institute was founded in 2004 by Professor Bo Rothstein and Professor Sören Holmberg. It is an independent research institute within the Department of Political Science at the University of Gothenburg. QoG is comprised of about 30 researchers who conduct and promote research on the causes, consequences and nature of Good Governance and the Quality of Government (QoG) - that is, trustworthy, reliable, impartial, uncorrupted and competent government institutions. QoG's award-winning datasets focus on concepts related to quality of government, transparency, and public administration. The main objective of QoG's research is to address the theoretical and empirical problem of how political institutions of high quality can be created and maintained. A second objective is to study the effects of Quality of Government on a number of policy areas, such as health, the environment, social policy, and poverty. The QoG datasets draw on a number of freely available datasources. More information on how the variables are complied for different QoG datasets can be found in the respective QoG codebooks available on their website. More information is available on the project's website: `https://www.gu.se/en/quality-government`

4.1 QoG Environmental Indicators Dataset

Dataset tag: qog_ei

Output Unit: QoG Country-Year, i.e., data is collected per country and year. That means there is one row for each combination of country and year in the dataset. This unit is identified using the cname column and the year column.

Description: The Quality of Government Environmental Indicators Dataset (QoG-EI) is a compilation of major freely available indicators measuring environmental performance of countries over time.

Dataset citation: Povitkina, Marina, Natalia Alvarado Pachon Cem Mert Dalli. 2021. The Quality of Government Environmental Indicators Dataset, version Sep21. University of Gothenburg: The Quality of Government Institute, https://www.gu.se/en/quality-government

Link to original codebook
`https://www.qogdata.pol.gu.se/data/codebook_ei_sept21_august2023.pdf`

License: The QoG datasets are open and available, free of charge and without a need to register your data. You can use them for your analysis, graphs, teaching, and other academic-related and non-commercial purposes. We ask our users to cite always the original source(s) of the data and our datasets.

We do not allow other uses of these data including but not limited to redistribution, commercialization and other for-profit usage. If a user is interested in such use or has doubts about the license, they will have to refer to the original source and check with them if this is allowed and what requirements they need to fulfill.

Be mindful that the original data sources are the only owners of their data and they can adjust their license without previous warning.

More detailed information on the dataset can be found at the following web page: `https://www.gu.se/en/quality-government/qog-data/data-downloads/environmental-indicators-dataset`

4.1.1 The Environmental Democracy Index

Dataset by: The Access Initiative (TAI) and World Resources Institute (WRI) The Environmental Democracy Index measures the degree to which countries have enacted legally binding rules that provide for environmental information collection and disclosure, public participation across a range of environmental decisions, and fair, affordable, and independent avenues for seeking justice and challenging decisions that impact the environment. The index evaluates 70 countries across 75 legal

indicators, based on objective and internationally recognized standards established by the United Nations Environment Programmes (UNEP) Bali Guidelines. EDI also includes a supplemental set of 24 limited practice indicators that provide insight on a country's performance in implementation. Link to the original source: `https://www.environmentaldemocracyindex.org/node/12732.html`

4.1.1.1 Environmental information in the public domain (Guideline 2) (edi_gepd)

Long tag: qog_ei_edi_gepd

Original tag: edi_gepd

Dataset citation: Povitkina et al. (2021)

Variable citation: World Resource Institute & the Access Initiative (2015)

Merge scores:

Non-missing observations in original unit: Sum: 70, Percent: 0.46

Non-missing observations in chosen unit: Sum: 69, Percent: 0.23

Lost observations in chosen unit: Sum: 1 Percent: 1.43

Description:

> The indicator measures to which extent the states provide environmental information in the public domain that include, among other things, information about environmental quality, environmental impacts on health and factors that influence them, in addition to information about legislation and policy, and advice about how to obtain information.

This indicator is an arithmetic average of expert answers to questions on a scale from 0 (worst) to 3 (best): (2.1) To what extent does the law require information on environmental quality to be made proactively available to the public?; (2.2) To what extent does the law require environmental information on environmental factors that influence health be placed in the public domain?; (2.3) To what extent does the law require information on environmental laws and policy be placed in the public domain?; (2.4) To what extent does the law require publicly available information and advice on how to obtain environmental information?; (P2.1) Are real time air quality data for the capital city of your country made available online by the government?; (P2.2) In the last two years, has annual drinking water quality data for water services in your capital city been proactively provided to consumers either by mail (post) or online and do they meet the minimum standards established by the regulatory agency?

4.1.1.2 Early warning information (Guideline 6) (edi_gewi)

Long tag: qog_ei_edi_gewi

Original tag: edi_gewi

Dataset citation: Povitkina et al. (2021)

Variable citation: World Resource Institute & the Access Initiative (2015)

Merge scores:

Non-missing observations in original unit: Sum: 70, Percent: 0.46

Non-missing observations in chosen unit: Sum: 69, Percent: 0.23

Lost observations in chosen unit: Sum: 1 Percent: 1.43

Description:

> The indicator measures to which extent the states ensure that all information that would enable the public to take measures to prevent imminent threat of harm to human health or the environment is disseminated immediately.

This indicator is an arithmetic average of expert answers to question on a scale from 0 (worst) to 3 (best): (6.1) When there is an imminent threat of harm to human health or the environment, to what extent does the law obligate or mandate the government agencies to immediately disseminate information to the public that enables it to take preventive action?

4.1.2 Emergency Events Database

Dataset by: Centre for Research on the Epidemiology of Disasters EM-DAT is a global database on natural and technological disasters, containing essential core data on the occurrence and effects of more than 21,000 disasters in the world, from 1900 to present. EM-DAT is maintained by the Centre for Research on the Epidemiology of Disasters (CRED) at the School of Public Health of the Université catholique de Louvain located in Brussels, Belgium. The database is made up of information from various sources, including UN agencies, non-governmental organizations, insurance companies, research institutes, and press agencies. Priority is given to data from UN agencies, governments, and the International Federation of Red Cross and Red Crescent Societies. This prioritization is not only a reflection of the quality or value of the data, it also reflects the fact that most reporting sources do not cover all disasters or have political limitations that could affect the figures. The entries are constantly reviewed for inconsistencies, redundancy, and incompleteness. CRED consolidates and updates data on a daily basis. A further check is made at monthly intervals, and revisions are made at the end of each calendar year. EM-DAT distinguishes between two generic categories for disasters: natural and technological. The natural disaster category is divided into 5 sub-groups - geophysical (e.g., earthquakes), meteorological (e.g., extreme temperature), hydrological (e.g., flood), climatological (e.g., drought), biological (e.g., epidemic), and extraterrestrial (e.g., asteroids). The 5 sub-groups in turn cover 15 disaster types and more than 30 sub-types. The technological disaster category is divided into 3 sub-groups - industrial, transport, and miscelleanous accidents, - which in turn cover 15 disaster types. For a disaster to be entered into the database at least one of the following criteria must be fulfilled: a) Ten (10) or more people reported killed; b) Hundred (100) or more people reported affected; c) Declaration of a state of emergency; d) Call for international assistance. Link to the original source: `https://www.emdat.be/`

4.1.2.1 Number of people affected by natural disasters (emdat_naffect)

Long tag: qog_ei_emdat_naffect

Original tag: emdat_naffect

Dataset citation: Povitkina et al. (2021)

Variable citation: Guha-Sapir (2020)

Merge scores:

Non-missing observations in original unit: Sum: 5098, Percent: 33.34

Non-missing observations in chosen unit: Sum: 4787, Percent: 15.97

Lost observations in chosen unit: Sum: 311 Percent: 6.1

Description:

The number of people requiring immediate assistance during a period of emergency after a natural disasters, i.e. requiring basic survival needs such as food, water, shelter, sanitation, and immediate medical assistance.

4.1.2.2 Number of people injured in natural disasters (emdat_ninj)

Long tag: qog_ei_emdat_ninj

Original tag: emdat_ninj

Dataset citation: Povitkina et al. (2021)

Variable citation: Guha-Sapir (2020)

Merge scores:

Non-missing observations in original unit: Sum: 5098, Percent: 33.34

Non-missing observations in chosen unit: Sum: 4787, Percent: 15.97

Lost observations in chosen unit: Sum: 311 Percent: 6.1

Description:

The number of people suffering from physical injuries, trauma or an illness requiring immediate medical assistance as a direct result of a natural disaster.

4.1.3 Environmental Performance Index Data 2020

Dataset by: Environmental Performance Index The Environmental Performance Index provides a ranking that shines light on how each country manages environmental issues. The Environmental Performance Index (EPI) ranks how well countries perform on high-priority environmental issues in two broad policy areas: protection of human health from environmental harm and protection of ecosystems. Within these two policy objectives the EPI scores country performance in 11 issue areas comprised of 32 indicators. Indicators in the EPI measure how close countries are to meeting internationally established targets or, in the absence of agreed-upon targets, how they compare to the range of observed countries. Note: In many cases the EPI variables lack actual observations and rely on imputation. Please refer to the original documentation on more information about this. Also, some values (usually the value 0) are very unlikely, please use your judgement whether to treat these as the value 0 or as "Data missing". The values on the EPI, Policy Objectives, and Issue Categories are not comparable over time, therefore, this compilation only includes data on these variables from the latest release. The raw data on the 32 indicators, however, are comparable over time and, therefore, time-series are included. Link to the original source: `https://epi.envirocenter.yale.edu/epi-downloads`

4.1.3.1 Sanitation and Drinking Water Issue Category (epi_h2o)

Long tag: qog_ei_epi_h2o

Original tag: epi_h2o

Dataset citation: Povitkina et al. (2021)

Variable citation: Wendling et al. (2020), Wolf et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 180, Percent: 1.18

Non-missing observations in chosen unit: Sum: 165, Percent: 0.55

Lost observations in chosen unit: Sum: 15 Percent: 8.33

Description:

Sanitation and Drinking Water Issue Category consists of two indicators:

1) Unsafe sanitation, measured as the proportion of a country's population exposed to health risks from their access to sanitation, defined by the primary toilet type used by households. It is log-transformed and given 40percent weight in the aggregation.

2) Unsafe drinking water, measured as the proportion of a country's population exposed to health risks from their access to drinking water, defined by the primary water source used by households and the household water treatment, or the treatment that happens at the point of water collection. It is log-transformed and given 60percent weight in the aggregation.

Both indicators are measured using the number of age-standardized disability-adjusted life-years (DALYs) lost per 100,000 persons. The issue category varies from 0 to 100.

4.2 QoG EU Regional Dataset Long Data

Dataset tag: qog_eureg_long

Output Unit: QoG NUTS Region-Year, i.e., data is collected per European NUTS region and year. This means that every row in the dataset can be identified through a combination of region and year. The unit can be expressed using the columns region_code and year. The unit can also be expressed through a combination of the columns nuts0, nuts1 nuts2 and year.

Description: The QoG EU Regional dataset is a dataset consisting of more than 300 variables covering three levels of European regions - Nomenclature of Territorial Units for Statistics (NUTS): NUTS0 (country), NUTS1(major socio-economic regions) and NUTS2 (basic regions for the application of regional policies).

The QoG Regional Data is presented in three different forms available in separate datasets. The variable are the same across all three dataset besides a varying suffix (_nuts0, _nuts1, _nuts2) indication which NUTS level is represented.
All datasets are available in time-series format. The first one (The QoG Regional Data - Long Form) is a dataset where data is presented in the long form. The list of units of analysis contains regions of all NUTS levels.
Two other datasets are presented in the wide form for multilevel analysis. In the second dataset (The QoG Regional Data - Wide Form NUTS1) includes NUTS1 level as the unit of analysis and variables represent the values for this level and corresponding lower level – NUTS0. As an example, in this dataset the data is presented only for East Sweden(Ostra Sverige SE1), as a unit of analysis and has values for lower levels of this region - Sweden (SE).
In the third dataset (The QoG Regional Data - Wide Form NUTS2) the unit of analysis is NUTS2 level regions and variables provide values as for every unit of analysis, as well as for corresponding lower NUTS levels: NUTS1 and NUTS0. One example of unit of analysis in this dataset is Stockholm (SE11) and data for every variable will be for Stockholm, as well as for lower level regions - East Sweden (Ostra Sverige SE1) and Sweden (SE).

Dataset citation: Charron, Nicholas, Stefan Dahlberg, Aksel Sundström, Sören Holmberg, Bo Rothstein, Natalia Alvarado Pachon Cem Mert Dalli. 2020. The Quality of Government EU Regional Dataset, version Nov20. University of Gothenburg: The Quality of Government Institute, https://www.gu.se/en/quality-government doi:10.18157/qogeuregnov20

Link to original codebook
`https://www.qogdata.pol.gu.se/data/codebook_eureg_nov20.pdf`

License: The QoG datasets are open and available, free of charge and without a need to register your data. You can use them for your analysis, graphs, teaching, and other academic-related and non-commercial purposes. We ask our users to cite always the original source(s) of the data and our datasets.

We do not allow other uses of these data including but not limited to redistribution, commercialization and other for-profit usage. If a user is interested in such use or has doubts about the license, they will have to refer to the original source and check with them if this is allowed and what requirements they need to fulfill.

Be mindful that the original data sources are the only owners of their data and they can adjust their license without previous warning.

More detailed information on the dataset can be found at the following web page: `https://www.gu.se/en/quality-government/qog-data/data-downloads/eu-regional-dataset`

4.2.1 Health

This category includes indicators describing the health of a population in a given country. These include reports about the prevalence of infectious diseases, and indicators such as birth rate, death rate, life expectancy. It also provides information on the capacity of the health care system, such as the number of hospital beds available.

4.2.1.1 Number of deaths by circulatory system diseases, female (eu_hea_cs_f)

Long tag: qog_eureg_long_eu_hea_cs_f

Original tag: eu_hea_cs_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by circulatory system diseases, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.2 Number of deaths by circulatory system diseases, male (eu_hea_cs_m)

Long tag: qog_eureg_long_eu_hea_cs_m

Original tag: eu_hea_cs_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by circulatory system diseases, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.3 Number of deaths by circulatory system diseases, total (eu_hea_cs_t)

Long tag: qog_eureg_long_eu_hea_cs_t

Original tag: eu_hea_cs_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by circulatory system diseases, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.4 Number of deaths by HIV, female (eu_hea_hiv_f)

Long tag: qog_eureg_long_eu_hea_hiv_f

Original tag: eu_hea_hiv_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 96, Percent: 0.32

Description:

Number of deaths by HIV, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.5 Number of deaths by HIV, male (eu_hea_hiv_m)

Long tag: qog_eureg_long_eu_hea_hiv_m

Original tag: eu_hea_hiv_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 118, Percent: 0.39

Description:

Number of deaths by HIV, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.6 Number of deaths by HIV, total (eu_hea_hiv_t)

Long tag: qog_eureg_long_eu_hea_hiv_t

Original tag: eu_hea_hiv_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 119, Percent: 0.4

Description:

Number of deaths by HIV, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.7 Number of deaths by infectious and parasitic diseases, female (eu_hea_ipd_f)

Long tag: qog_eureg_long_eu_hea_ipd_f

Original tag: eu_hea_ipd_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by infectious and parasitic diseases, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.8 Number of deaths by infectious and parasitic diseases, male (eu_hea_ipd_m)

Long tag: qog_eureg_long_eu_hea_ipd_m

Original tag: eu_hea_ipd_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by infectious and parasitic diseases, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.9 Number of deaths by infectious and parasitic diseases, total (eu_hea_ipd_t)

Long tag: qog_eureg_long_eu_hea_ipd_t

Original tag: eu_hea_ipd_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by infectious and parasitic diseases, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.10 Number of deaths by malignant neoplasms, female (eu_hea_np_f)

Long tag: qog_eureg_long_eu_hea_np_f

Original tag: eu_hea_np_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by malignant neoplasms, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.11 Number of deaths by malignant neoplasms, male (eu_hea_np_m)

Long tag: qog_eureg_long_eu_hea_np_m

Original tag: eu_hea_np_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by malignant neoplasms, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.12 Number of deaths by malignant neoplasms, total (eu_hea_np_t)

Long tag: qog_eureg_long_eu_hea_np_t

Original tag: eu_hea_np_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by malignant neoplasms, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.13 Number of deaths by nervous system diseases, female (eu_hea_ns_f)

Long tag: qog_eureg_long_eu_hea_ns_f

Original tag: eu_hea_ns_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by nervous system diseases, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.14 Number of deaths by nervous system diseases, male (eu_hea_ns_m)

Long tag: qog_eureg_long_eu_hea_ns_m

Original tag: eu_hea_ns_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by nervous system diseases, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.15 Number of deaths by nervous system diseases, total (eu_hea_ns_t)

Long tag: qog_eureg_long_eu_hea_ns_t

Original tag: eu_hea_ns_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by nervous system diseases, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.16 Number of deaths by pregnancy, childbirth and puerperium (eu_hea_pr_f)

Long tag: qog_eureg_long_eu_hea_pr_f

Original tag: eu_hea_pr_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 95, Percent: 0.32

Description:

Number of deaths by pregnancy, childbirth and puerperium. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.17 Number of deaths by self-harm, female (eu_hea_sh_f)

Long tag: qog_eureg_long_eu_hea_sh_f

Original tag: eu_hea_sh_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 124, Percent: 0.41

Description:

Number of deaths by self-harm, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.18 Number of deaths by self-harm, male (eu_hea_sh_m)

Long tag: qog_eureg_long_eu_hea_sh_m

Original tag: eu_hea_sh_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by self-harm, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.19 Number of deaths by self-harm, total (eu_hea_sh_t)

Long tag: qog_eureg_long_eu_hea_sh_t

Original tag: eu_hea_sh_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 125, Percent: 0.42

Description:

Number of deaths by self-harm, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.20 Number of deaths by drug dependence, female (eu_hea_tox_f)

Long tag: qog_eureg_long_eu_hea_tox_f

Original tag: eu_hea_tox_f

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 54, Percent: 0.18

Description:

Number of deaths by drug dependence, female. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.21 Number of deaths by drug dependence, male (eu_hea_tox_m)

Long tag: qog_eureg_long_eu_hea_tox_m

Original tag: eu_hea_tox_m

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 82, Percent: 0.27

Description:

Number of deaths by drug dependence, male. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.22 Number of deaths by drug dependence, total (eu_hea_tox_t)

Long tag: qog_eureg_long_eu_hea_tox_t

Original tag: eu_hea_tox_t

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 83, Percent: 0.28

Description:

Number of deaths by drug dependence, total. Causes of death (COD) statistics are based on information derived from the medical certificate of cause of death. COD target at the underlying cause of death, in accordance with the ICD-10 definition i.e. quot;the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injuryquot;. Expressed in deaths per 100,000 inhabitants, it is calculated as the number of deaths recorded in the population for a given period divided by population in the same period and then multiplied by 100,000.

4.2.1.23 Available beds in hospitals (HP.1) per hundred thousand inhabitants (eu_hea_bed)

Long tag: qog_eureg_long_eu_hea_bed

Original tag: eu_hea_bed

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 756, Percent: 2.52

Description:

Available beds in hospitals (HP.1) per hundred thousand inhabitants. Health care facilities data refer to available beds in hospitals (HP.1) and subcategories (such as curative care beds, rehabilitative care beds, etc.). Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Total hospital beds are broken down as follows: i) curative care (acute care) beds; ii) rehabilitative care beds; iii) long-term care beds (excluding psychiatric care beds) and iv) other hospital beds. The definition of health care facilities follows the International Classification for Health Accounts - Providers of health care (ICHA-HP) of the System of Health Accounts (SHA).

4.2.1.24 Curative care beds in hospitals (HP.1) per hundred thousand inhabitants (eu_hea_bedcur)

Long tag: qog_eureg_long_eu_hea_bedcur

Original tag: eu_hea_bedcur

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 646, Percent: 2.16

Description:

Curative care beds in hospitals (HP.1) per hundred thousand inhabitants. Health care facilities data refer to available beds in hospitals (HP.1) and subcategories (such as curative care beds, rehabilitative care beds, etc.). Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Total hospital beds are broken down as follows: i) curative care (acute care) beds; ii) rehabilitative care beds; iii) long-term care beds (excluding psychiatric care beds) and iv) other hospital beds. The definition of health care facilities follows the International Classification for Health Accounts - Providers of health care (ICHA-HP) of the System of Health Accounts (SHA).

4.2.1.25 Long-term care beds in hospitals (HP.1) per hundred thousand inhabitants (eu_hea_bedlt)

Long tag: qog_eureg_long_eu_hea_bedlt

Original tag: eu_hea_bedlt

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 535, Percent: 1.78

Description:

Long-term care beds in hospitals (HP.1) per hundred thousand inhabitants. Health care facilities data refer to available beds in hospitals (HP.1) and subcategories (such as curative care beds, rehabilitative care beds, etc.). Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Total hospital beds are broken down as follows: i) curative care (acute care) beds; ii) rehabilitative care beds; iii) long-term care beds (excluding psychiatric care beds) and iv) other hospital beds. The definition of health care facilities follows the International Classification for Health Accounts - Providers of health care (ICHA-HP) of the System of Health Accounts (SHA).

4.2.1.26 Other beds in hospitals (HP.1) per hundred thousand inhabitants (eu_hea_bedoth)

Long tag: qog_eureg_long_eu_hea_bedoth

Original tag: eu_hea_bedoth

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 549, Percent: 1.83

Description:

Other beds in hospitals (HP.1) per hundred thousand inhabitants. Health care facilities data refer to available beds in hospitals (HP.1) and subcategories (such as curative care beds, rehabilitative care beds, etc.). Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Total hospital beds are broken down as follows: i) curative care (acute care) beds; ii) rehabilitative care beds; iii) long-term care beds (excluding psychiatric care beds) and iv) other hospital beds. The definition of health care facilities follows the International Classification for Health Accounts - Providers of health care (ICHA-HP) of the System of Health Accounts (SHA).

4.2.1.27 Psychiatric care beds in hospitals (HP.1) per hundred thousand inhabitants (eu_hea_bedpsy)

Long tag: qog_eureg_long_eu_hea_bedpsy

Original tag: eu_hea_bedpsy

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 681, Percent: 2.27

Description:

Psychiatric care beds in hospitals (HP.1) per hundred thousand inhabitants. Health care facilities data refer to available beds in hospitals (HP.1) and subcategories (such as curative care beds, rehabilitative care beds, etc.). Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Total hospital beds are broken down as follows: i) curative care (acute care) beds; ii) rehabilitative care beds; iii) long-term care beds (excluding psychiatric care beds) and iv) other

hospital beds. The definition of health care facilities follows the International Classification for Health Accounts - Providers of health care (ICHA-HP) of the System of Health Accounts (SHA).

4.2.1.28 Rehabilitative care beds in hospitals (HP.1) per hundred thousand inhabitants (eu_hea_bedreh)

Long tag: qog_eureg_long_eu_hea_bedreh

Original tag: eu_hea_bedreh

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 393, Percent: 1.31

Description:

Rehabilitative care beds in hospitals (HP.1) per hundred thousand inhabitants. Health care facilities data refer to available beds in hospitals (HP.1) and subcategories (such as curative care beds, rehabilitative care beds, etc.). Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. Total hospital beds are broken down as follows: i) curative care (acute care) beds; ii) rehabilitative care beds; iii) long-term care beds (excluding psychiatric care beds) and iv) other hospital beds. The definition of health care facilities follows the International Classification for Health Accounts - Providers of health care (ICHA-HP) of the System of Health Accounts (SHA).

4.2.1.29 Dentists per hundred thousand inhabitants (eu_hea_dent)

Long tag: qog_eureg_long_eu_hea_dent

Original tag: eu_hea_dent

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 712, Percent: 2.38

Description:

Dentists, per hundred thousand inhabitants. Health care staff data refer to human resources available for providing health care services in the country, irrespective of the sector of employment (i.e. whether they are independent, employed by a hospital or any other health care provider). 'Manpower' categories focus on health care professionals (physicians, dentists, nursing and caring professionals, pharmacists, physiotherapists). Three different concepts are used to present the number of health care professionals: i) 'practising', i.e. health care professionals providing services directly to patients; ii) 'professionally active', i.e. 'practising' health care professionals plus health care professionals for whom their medical education is a prerequisite for the execution of the job; iii) 'licensed to practice', i.e. health care professionals who are registered and entitled to practice as health care professionals.

4.2.1.30 Medical doctors per hundred thousand inhabitants (eu_hea_mdoc)

Long tag: qog_eureg_long_eu_hea_mdoc

Original tag: eu_hea_mdoc

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 764, Percent: 2.55

Description:

Medical doctors, per hundred thousand inhabitants. Health care staff data refer to human resources available for providing health care services in the country, irrespective of the sector of employment (i.e. whether they are independent, employed by a hospital or any other health care provider). 'Manpower' categories focus on health care professionals (physicians, dentists, nursing and caring professionals, pharmacists, physiotherapists). Three different concepts are used to present the number of health care professionals: i) 'practising', i.e. health care professionals providing services directly to patients; ii) 'professionally active', i.e. 'practising' health care professionals plus health care professionals for whom their medical education is a prerequisite for the execution of the job; iii) 'licensed to practice', i.e. health care professionals who are registered and entitled to practice as health care professionals.

4.2.1.31 Nurses and midwives per hundred thousand inhabitants (eu_hea_nurs)

Long tag: qog_eureg_long_eu_hea_nurs

Original tag: eu_hea_nurs

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 541, Percent: 1.8

Description:

Nurses and midwives, per hundred thousand inhabitants. Health care staff data refer to human resources available for providing health care services in the country, irrespective of the sector of employment (i.e. whether they are independent, employed by a hospital or any other health care provider). 'Manpower' categories focus on health care professionals (physicians, dentists, nursing and caring professionals, pharmacists, physiotherapists). Three different concepts are used to present the number of health care professionals: i) 'practising', i.e. health care professionals providing services directly to patients; ii) 'professionally active', i.e. 'practising' health care professionals plus health care professionals for whom their medical education is a prerequisite for the execution of the job; iii) 'licensed to practice', i.e. health care professionals who are registered and entitled to practice as health care professionals.

4.2.1.32 Pharmacists per hundred thousand inhabitants (eu_hea_pharm)

Long tag: qog_eureg_long_eu_hea_pharm

Original tag: eu_hea_pharm

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 675, Percent: 2.25

Description:

Pharmacists per hundred thousand inhabitants. Health care staff data refer to human resources available for providing health care services in the country, irrespective of the sector of employment (i.e. whether they are independent, employed by a hospital or any other health care provider). 'Manpower' categories focus on health care professionals (physicians, dentists, nursing and caring professionals, pharmacists, physiotherapists). Three different concepts are used to present the number of health care professionals: i) 'practising', i.e. health care professionals providing services directly to patients; ii) 'professionally active', i.e. 'practising' health care professionals plus health care professionals for whom their medical education is a prerequisite for the execution of the job; iii) 'licensed to practice', i.e. health care professionals who are registered and entitled to practice as health care professionals.

4.2.1.33 Physiotherapists per hundred thousand inhabitants (eu_hea_phys)

Long tag: qog_eureg_long_eu_hea_phys

Original tag: eu_hea_phys

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 558, Percent: 1.86

Description:

Physiotherapists per hundred thousand inhabitants. Health care staff data refer to human resources available for providing health care services in the country, irrespective of the sector of employment (i.e. whether they are independent, employed by a hospital or any other health care provider). 'Manpower' categories focus on health care professionals (physicians, dentists, nursing and caring professionals, pharmacists, physiotherapists). Three different concepts are used to present the number of health care professionals: i) 'practising', i.e. health care professionals providing services directly to patients; ii) 'professionally active', i.e. 'practising' health care professionals plus health care professionals for whom their medical education is a prerequisite for the execution of the job; iii) 'licensed to practice', i.e. health care professionals who are registered and entitled to practice as health care professionals.

4.2.2 Transport

This category provides information on the means of transportation used as well as available vehicles and the road infrastructure.

4.2.2.1 Injured victims in road accidents, per million inhabitants (eu_rac_inj)

Long tag: qog_eureg_long_eu_rac_inj

Original tag: eu_rac_inj

Dataset citation: Charron et al. (2020)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 0, Percent: 0

Non-missing observations in chosen unit: Sum: 774, Percent: 2.58

Description:

Injured victims in road accidents, per million inhabitants. It includes any person who as result of an injury accident was not killed immediately or not dying within 30 days, but sustained an injury, normally needing medical treatment, excluding attempted suicides. Persons with lesser wounds, such as minor cuts and bruises are not normally recorded as injured. An injured person is excluded if the competent authority declares the cause of the injury to be attempted suicide by that person, i.e. a deliberate act to injure oneself resulting in injury, but not in death.

4.3 QoG Standard Dataset Time-Series

Dataset tag: qog_std_ts

Output Unit: QoG Country-Year, i.e., data is collected per country and year. That means there is one row for each combination of country and year in the dataset. This unit is identified using the cname column and the year column.

Description: The QoG Standard dataset is our largest dataset. It consists of approximately 2100 variables from more than 100 data sources related to Quality of Government. In the QoG Standard TS dataset, data from 1946 to 2024 is included and the unit of analysis is country-year (e.g., Sweden-1946, Sweden-1947, etc.).

Dataset citation: Teorell, Jan, Aksel Sundström, Sören Holmberg, Bo Rothstein, Natalia

Alvarado Pachon, Cem Mert Dalli, Rafael Lopez Valverde, Victor Saidi Phiri Lauren Gerber. 2025. The Quality of Government Standard Dataset, version Jan25. University of Gothenburg: The Quality of Government Institute, https://www.gu.se/en/quality-government doi:10.18157/qogstdjan25. University of Gothenburg: The Quality of Government Institute, `https://www.gu.se/en/quality-government doi:10.18157/qogstdjan24`

Link to original codebook
`https://www.qogdata.pol.gu.se/data/codebook_std_jan25.pdf`

License: The QoG datasets are open and available, free of charge and without a need to register your data. You can use them for your analysis, graphs, teaching, and other academic-related and non-commercial purposes. We ask our users to cite always the original source(s) of the data and our datasets.

We do not allow other uses of these data including but not limited to redistribution, commercialization and other for-profit usage. If a user is interested in such use or has doubts about the license, they will have to refer to the original source and check with them if this is allowed and what requirements they need to fulfill.

Be mindful that the original data sources are the only owners of their data and they can adjust their license without previous warning.

More detailed information on the dataset can be found at the following web page: `https://www.gu.se/en/quality-government/qog-data/data-downloads/standard-dataset`

4.3.1 Gender Equality

This category includes variables related to the differences of access and opportunities between women and men by country, such as access to education, overall employment and employment by specific sectors, and indexes that shine a light on the general differences in treatment between men and women.

4.3.1.1 Comparative Abortion Index 1 (0 to 7) (cai_cai1)

Long tag: qog_std_ts_cai_cai1

Original tag: cai_cai1

Dataset citation: Teorell et al. (2025)

Variable citation: Forman-Rabinovici & Sommer (2018)

Merge scores:

Non-missing observations in original unit: Sum: 4530, Percent: 29.63

Non-missing observations in chosen unit: Sum: 3969, Percent: 13.24

Lost observations in chosen unit: Sum: 561 Percent: 12.38

Description:

> The scale quantifies grounds on which a country might grant legal access to abortion: saving a woman's life, preserving a woman's physical health, preserving a woman's mental health, in case of rape or incest, in case of fetal impairment, for social or economic reasons, and on request. 0 represents a country with a complete ban on abortions. 7 represents a country that allows abortions on request.

4.3.1.2 Threat to mother's mental health is accepted as grounds for legal abortion (cai_mental)

Long tag: qog_std_ts_cai_mental

Original tag: cai_mental

Dataset citation: Teorell et al. (2025)

Variable citation: Forman-Rabinovici & Sommer (2018)

Merge scores:

Non-missing observations in original unit: Sum: 4530, Percent: 29.63

Non-missing observations in chosen unit: Sum: 3969, Percent: 13.24

Lost observations in chosen unit: Sum: 561 Percent: 12.38

Description:

Binary variable that codes whether or not threat to a mother's mental health is accepted as grounds for a legal abortion. 1 means that it is accepted as grounds for abortion. 0 means that it is illegal, and not accepted as grounds for legal abortion.

4.3.1.3 Threat to mother's physical health is accepted as grounds for legal abortion (cai_physical)

Long tag: qog_std_ts_cai_physical

Original tag: cai_physical

Dataset citation: Teorell et al. (2025)

Variable citation: Forman-Rabinovici & Sommer (2018)

Merge scores:

Non-missing observations in original unit: Sum: 4530, Percent: 29.63

Non-missing observations in chosen unit: Sum: 3969, Percent: 13.24

Lost observations in chosen unit: Sum: 561 Percent: 12.38

Description:

Binary variable that codes whether or not threat to a mother's physical health is accepted as grounds for a legal abortion. 1 means that it is accepted as grounds for abortion. 0 means that it is illegal, and not accepted as grounds for legal abortion.

4.3.2 Political Parties and Elections

This category includes variables describing various aspects of the legislature and political parties in the legislature (number of seats) as well as variables related to the election for the executive and variables on the outcomes of elections.

4.3.2.1 Number of changes in government per year (cpds_chg)

Long tag: qog_std_ts_cpds_chg

Original tag: cpds_chg

Dataset citation: Teorell et al. (2025)

Variable citation: Armingeon, Engler, Leeman & Weisstanner (2024), Armingeon, Engler, Leemann & Weisstanner (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1812, Percent: 11.85

Non-missing observations in chosen unit: Sum: 1812, Percent: 6.05

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Number of changes in government per year [termination of government due to (a) elections, (b) voluntary resignation of the Prime Minister, (c) resignation of Prime Minister due to health reasons, (d) dissension within government (break up of the coalition), (e) lack of parliamentary support, (f) intervention by the head of state, or (g) broadening of the coalition (inclusion of new parties).

4.3.3 Environment

This category includes geographical characteristics such as the geographical region, land area etc. as well as indicators describing the state of the environment, ecosystems and materials, the impact of human beings on the environment, and environmental protection.

4.3.3.1 Sanitation and Drinking Water Issue Category (epi_h2o)

Long tag: qog_std_ts_epi_h2o

Original tag: epi_h2o

Dataset citation: Teorell et al. (2025)

Variable citation: Wendling et al. (2020), Wolf et al. (2022)

Merge scores:

Non-missing observations in original unit: Sum: 180, Percent: 1.18

Non-missing observations in chosen unit: Sum: 165, Percent: 0.55

Lost observations in chosen unit: Sum: 15 Percent: 8.33

Description:

Sanitation and Drinking Water Issue Category consists of two indicators:

1) Unsafe sanitation, measured as the proportion of a country's population exposed to health risks from their access to sanitation, defined by the primary toilet type used by households. It is log-transformed and given 40percent weight in the aggregation.

2) Unsafe drinking water, measured as the proportion of a country's population exposed to health risks from their access to drinking water, defined by the primary water source used by households and the household water treatment, or the treatment that happens at the point of water collection. It is log-transformed and given 60percent weight in the aggregation.

Both indicators are measured using the number of age-standardized disability-adjusted life-years (DALYs) lost per 100,000 persons. The issue category varies from 0 to 100.

4.3.4 Health

This category includes indicators describing the health of a population in a given country. These include reports about self-perceived health (state of health), policies and provided infrastructure concerning health (expenditure, number of hospitals), the prevalence of diseases (HIV, tuberculosis), and indicators such as birth rate, death rate and life expectancy.

4.3.4.1 Subjective Health (ess_health)

Long tag: qog_std_ts_ess_health

Original tag: ess_health

Dataset citation: Teorell et al. (2025)

Variable citation: NSD - Norwegian Centre for Research Data (2020), ESS Round 1: European Social Survey Round 1 Data (2002), ESS Round 2: European Social Survey Round 2 Data (2004), ESS Round 3: European Social Survey Round 3 Data (2006), ESS Round 4: European Social Survey Round 4 Data (2008), ESS Round 5: European Social Survey Round 5 Data (2010), ESS Round 6: European Social Survey Round 6 Data (2012), ESS Round 7: European Social Survey Round 7 Data (2014), ESS Round 8: European Social Survey Round 8 Data (2016), ESS Round 9: European Social Survey Round 9 Data (2018), NSD - Norwegian Centre for Research Data (2020), ESS Round 11: European Social Survey European Research Infrastructure (ESS ERIC) (2024)

Merge scores:

Non-missing observations in original unit: Sum: 258, Percent: 1.69

Non-missing observations in chosen unit: Sum: 258, Percent: 0.86

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

How is your health in general? Would you say it is:
1. Very Good

2. Good
3. Fair
4. Bad
5. Very Bad

4.3.4.2 Life expectancy in age lt; 1 year, Female (eu_demmlifexpf)

Long tag: qog_std_ts_eu_demmlifexpf
Original tag: eu_demmlifexpf
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1508, Percent: 9.86
Non-missing observations in chosen unit: Sum: 1478, Percent: 4.93
Lost observations in chosen unit: Sum: 30 Percent: 1.99
Description:
Life expectancy in age lt; 1 year, female

4.3.4.3 Life expectancy in age lt; 1 year, Male (eu_demmlifexpm)

Long tag: qog_std_ts_eu_demmlifexpm
Original tag: eu_demmlifexpm
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1505, Percent: 9.84
Non-missing observations in chosen unit: Sum: 1475, Percent: 4.92
Lost observations in chosen unit: Sum: 30 Percent: 1.99
Description:
Life expectancy in age lt; 1 year, male

4.3.4.4 Life expectancy in age lt; 1 year, Total (eu_demmlifexpt)

Long tag: qog_std_ts_eu_demmlifexpt
Original tag: eu_demmlifexpt
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1506, Percent: 9.85
Non-missing observations in chosen unit: Sum: 1476, Percent: 4.92
Lost observations in chosen unit: Sum: 30 Percent: 1.99
Description:
Life expectancy in age lt; 1 year, total

4.3.4.5 Dentists, per hundred thousand inhabitants (eu_headenththab)

Long tag: qog_std_ts_eu_headenththab
Original tag: eu_headenththab
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 568, Percent: 3.71
Non-missing observations in chosen unit: Sum: 552, Percent: 1.84

Lost observations in chosen unit: Sum: 16 Percent: 2.82

Description:

Dentists per hundred thousand inhabitants. Professionally active.

4.3.4.6 Dentists, number (eu_headentnr)

Long tag: qog_std_ts_eu_headentnr

Original tag: eu_headentnr

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 572, Percent: 3.74

Non-missing observations in chosen unit: Sum: 556, Percent: 1.86

Lost observations in chosen unit: Sum: 16 Percent: 2.8

Description:

Number of Dentists. Professionally active.

4.3.4.7 Dentists, inhabitants per dentist (eu_headentp)

Long tag: qog_std_ts_eu_headentp

Original tag: eu_headentp

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 568, Percent: 3.71

Non-missing observations in chosen unit: Sum: 552, Percent: 1.84

Lost observations in chosen unit: Sum: 16 Percent: 2.82

Description:

Number of inhabitants per dentist. Professionally active.

4.3.4.8 Curative care beds in hospitals, inhabitants per curative care beds (eu_heahbedcurhabp)

Long tag: qog_std_ts_eu_heahbedcurhabp

Original tag: eu_heahbedcurhabp

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 930, Percent: 6.08

Non-missing observations in chosen unit: Sum: 892, Percent: 2.98

Lost observations in chosen unit: Sum: 38 Percent: 4.09

Description:

Curative care beds in hospitals, inhabitants per curative care beds

4.3.4.9 Curative care beds in hospitals, number (eu_heahbedcurnr)

Long tag: qog_std_ts_eu_heahbedcurnr

Original tag: eu_heahbedcurnr

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 921, Percent: 6.02

Non-missing observations in chosen unit: Sum: 883, Percent: 2.95

Lost observations in chosen unit: Sum: 38 Percent: 4.13

Description:

Curative care beds in hospitals, number

4.3.4.10 Curative care beds in hospitals, per hundred thousand inhabitants (eu_heahbedcurphthab)

Long tag: qog_std_ts_eu_heahbedcurphthab

Original tag: eu_heahbedcurphthab

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 930, Percent: 6.08

Non-missing observations in chosen unit: Sum: 892, Percent: 2.98

Lost observations in chosen unit: Sum: 38 Percent: 4.09

Description:

Curative care beds in hospitals, per hundred thousand inhabitants

4.3.4.11 Available beds in hospitals, inhabitants per bed (eu_heahbedhabp)

Long tag: qog_std_ts_eu_heahbedhabp

Original tag: eu_heahbedhabp

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1063, Percent: 6.95

Non-missing observations in chosen unit: Sum: 1026, Percent: 3.42

Lost observations in chosen unit: Sum: 37 Percent: 3.48

Description:

Available beds in hospitals, inhabitants per bed

4.3.4.12 Long-term care beds (not psychiatric) in hospitals, inhabitant per bed (eu_heahbedlthabp)

Long tag: qog_std_ts_eu_heahbedlthabp

Original tag: eu_heahbedlthabp

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 597, Percent: 3.9

Non-missing observations in chosen unit: Sum: 566, Percent: 1.89

Lost observations in chosen unit: Sum: 31 Percent: 5.19

Description:

Long-term care beds (except psychiatric) in hospitals, inhabitants per bed

4.3.4.13 Long-term care beds (not psychiatric) in hospitals, number (eu_heahbedltnr)

Long tag: qog_std_ts_eu_heahbedltnr

Original tag: eu_heahbedltnr

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 717, Percent: 4.69

Non-missing observations in chosen unit: Sum: 679, Percent: 2.27
Lost observations in chosen unit: Sum: 38 Percent: 5.3
Description:
Long-term care beds (except psychiatric) in hospitals, number

4.3.4.14 Long-term care beds (not psychiatric) in hospitals per 100,000 inhab. (eu_heahbedltphthab)

Long tag: qog_std_ts_eu_heahbedltphthab
Original tag: eu_heahbedltphthab
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 722, Percent: 4.72
Non-missing observations in chosen unit: Sum: 685, Percent: 2.29
Lost observations in chosen unit: Sum: 37 Percent: 5.12
Description:
Long-term care beds (except psychiatric) in hospitals, per 100 thousand inhabitants

4.3.4.15 Available beds in hospitals, number (eu_heahbednr)

Long tag: qog_std_ts_eu_heahbednr
Original tag: eu_heahbednr
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1066, Percent: 6.97
Non-missing observations in chosen unit: Sum: 1028, Percent: 3.43
Lost observations in chosen unit: Sum: 38 Percent: 3.56
Description:
Available beds in hospitals, number

4.3.4.16 Other beds in hospitals, inhabitants per bed (eu_heahbedothhabp)

Long tag: qog_std_ts_eu_heahbedothhabp
Original tag: eu_heahbedothhabp
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 397, Percent: 2.6
Non-missing observations in chosen unit: Sum: 397, Percent: 1.32
Lost observations in chosen unit: Sum: 0 Percent: 0
Description:
Other beds in hospitals, inhabitants per bed

4.3.4.17 Other beds in hospitals, number (eu_heahbedothnr)

Long tag: qog_std_ts_eu_heahbedothnr
Original tag: eu_heahbedothnr
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 810, Percent: 5.3

Non-missing observations in chosen unit: Sum: 775, Percent: 2.59
Lost observations in chosen unit: Sum: 35 Percent: 4.32
Description:
Other beds in hospitals, number

4.3.4.18 Other beds in hospitals, per 100,000 inhabitants (eu_heahbedothphthab)

Long tag: qog_std_ts_eu_heahbedothphthab
Original tag: eu_heahbedothphthab
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 805, Percent: 5.26
Non-missing observations in chosen unit: Sum: 770, Percent: 2.57
Lost observations in chosen unit: Sum: 35 Percent: 4.35
Description:
Other beds in hospitals, Per hundred thousand inhabitants

4.3.4.19 Available beds in hospitals, per hundred thousand inhabitants (eu_heahbedphthab)

Long tag: qog_std_ts_eu_heahbedphthab
Original tag: eu_heahbedphthab
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1063, Percent: 6.95
Non-missing observations in chosen unit: Sum: 1026, Percent: 3.42
Lost observations in chosen unit: Sum: 37 Percent: 3.48
Description:
Available beds in hospitals, per hundred thousand inhabitants

4.3.4.20 Psychiatric care beds in hospitals, inhabitants per bed (eu_heahbedpsyhabp)

Long tag: qog_std_ts_eu_heahbedpsyhabp
Original tag: eu_heahbedpsyhabp
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 985, Percent: 6.44
Non-missing observations in chosen unit: Sum: 984, Percent: 3.28
Lost observations in chosen unit: Sum: 1 Percent: 0.1
Description:
Psychiatric care beds in hospitals, inhabitants per bed

4.3.4.21 Psychiatric care beds in hospitals, number (eu_heahbedpsynr)

Long tag: qog_std_ts_eu_heahbedpsynr
Original tag: eu_heahbedpsynr
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:

Non-missing observations in original unit: Sum: 1025, Percent: 6.7
Non-missing observations in chosen unit: Sum: 990, Percent: 3.3
Lost observations in chosen unit: Sum: 35 Percent: 3.41
Description:
Psychiatric care beds in hospitals, number

4.3.4.22 Psychiatric care beds in hospitals, per 100,000 inhabitants (eu_heahbedpsyphthab)

Long tag: qog_std_ts_eu_heahbedpsyphthab
Original tag: eu_heahbedpsyphthab
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1019, Percent: 6.66
Non-missing observations in chosen unit: Sum: 984, Percent: 3.28
Lost observations in chosen unit: Sum: 35 Percent: 3.43
Description:
Psychiatric care beds in hospitals, per hundred thousand inhabitants

4.3.4.23 Medical doctors, per 100,000 inhabitants (eu_heamdochthab)

Long tag: qog_std_ts_eu_heamdochthab
Original tag: eu_heamdochthab
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 728, Percent: 4.76
Non-missing observations in chosen unit: Sum: 712, Percent: 2.38
Lost observations in chosen unit: Sum: 16 Percent: 2.2
Description:
Medical doctors, per hundred thousand inhabitants. Professionally active.

4.3.4.24 Medical doctors, number (eu_heamdocnr)

Long tag: qog_std_ts_eu_heamdocnr
Original tag: eu_heamdocnr
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 728, Percent: 4.76
Non-missing observations in chosen unit: Sum: 712, Percent: 2.38
Lost observations in chosen unit: Sum: 16 Percent: 2.2
Description:
Medical doctors, number. Professionally active.

4.3.4.25 Medical doctors, inhabitants per doctor (eu_heamdocp)

Long tag: qog_std_ts_eu_heamdocp
Original tag: eu_heamdocp
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:

Non-missing observations in original unit: Sum: 728, Percent: 4.76

Non-missing observations in chosen unit: Sum: 712, Percent: 2.38

Lost observations in chosen unit: Sum: 16 Percent: 2.2

Description:

Medical doctors, Inhabitants per doctor. Professionally active.

4.3.4.26 Professionally active nurses and midwives, per 100,000 inhabitants (eu_heanurshthab)

Long tag: qog_std_ts_eu_heanurshthab

Original tag: eu_heanurshthab

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 462, Percent: 3.02

Non-missing observations in chosen unit: Sum: 429, Percent: 1.43

Lost observations in chosen unit: Sum: 33 Percent: 7.14

Description:

Professionally active nurses and midwives, per hundred thousand inhabitants

4.3.4.27 Professionally active nurses and midwives, number (eu_heanursnr)

Long tag: qog_std_ts_eu_heanursnr

Original tag: eu_heanursnr

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 462, Percent: 3.02

Non-missing observations in chosen unit: Sum: 429, Percent: 1.43

Lost observations in chosen unit: Sum: 33 Percent: 7.14

Description:

Professionally active nurses and midwives, number

4.3.4.28 Professionally active nurses and midwives, inhabitants per nurse/midwive (eu_heanursp)

Long tag: qog_std_ts_eu_heanursp

Original tag: eu_heanursp

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 462, Percent: 3.02

Non-missing observations in chosen unit: Sum: 429, Percent: 1.43

Lost observations in chosen unit: Sum: 33 Percent: 7.14

Description:

Professionally active nurses and midwives, inhabitants per nurse/midwife

4.3.4.29 Pharmacists, per 100,000 inhabitants (eu_heapharmhthab)

Long tag: qog_std_ts_eu_heapharmhthab

Original tag: eu_heapharmhthab

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:
Non-missing observations in original unit: Sum: 588, Percent: 3.85
Non-missing observations in chosen unit: Sum: 572, Percent: 1.91
Lost observations in chosen unit: Sum: 16 Percent: 2.72
Description:
Pharmacists, per hundred thousand inhabitants. Professionally active.

4.3.4.30 Pharmacists, number (eu_heapharmnr)

Long tag: qog_std_ts_eu_heapharmnr
Original tag: eu_heapharmnr
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 592, Percent: 3.87
Non-missing observations in chosen unit: Sum: 576, Percent: 1.92
Lost observations in chosen unit: Sum: 16 Percent: 2.7
Description:
Pharmacists, number. Professionally active.

4.3.4.31 Pharmacists, inhabitants per pharmacist (eu_heapharmp)

Long tag: qog_std_ts_eu_heapharmp
Original tag: eu_heapharmp
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 588, Percent: 3.85
Non-missing observations in chosen unit: Sum: 572, Percent: 1.91
Lost observations in chosen unit: Sum: 16 Percent: 2.72
Description:
Pharmacists, inhabitants per pharmacist. Professionally active.

4.3.4.32 Internet use: seeking health information (eu_isiuhlt)

Long tag: qog_std_ts_eu_isiuhlt
Original tag: eu_isiuhlt
Dataset citation: Teorell et al. (2025)
Variable citation: European Commission (2024)
Merge scores:
Non-missing observations in original unit: Sum: 543, Percent: 3.55
Non-missing observations in chosen unit: Sum: 543, Percent: 1.81
Lost observations in chosen unit: Sum: 0 Percent: 0
Description:
Internet use: seeking health information as percentage of all individuals

4.3.4.33 Health Score (iiag_he)

Long tag: qog_std_ts_iiag_he
Original tag: iiag_he
Dataset citation: Teorell et al. (2025)
Variable citation: Mo Ibrahim Foundation (2024)
Merge scores:

Non-missing observations in original unit: Sum: 540, Percent: 3.53

Non-missing observations in chosen unit: Sum: 520, Percent: 1.73

Lost observations in chosen unit: Sum: 20 Percent: 3.7

Description:

Health is one of the four sub-categories that are used to calculate the Human Development category score. It consists of six indicators from eight data sources.

4.3.4.34 Practising physicians (oecd_doctor_g1)

Long tag: qog_std_ts_oecd_doctor_g1

Original tag: oecd_doctor_g1

Dataset citation: Teorell et al. (2025)

Variable citation: Organisation for Economic Co-operation and Development (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1307, Percent: 8.55

Non-missing observations in chosen unit: Sum: 1270, Percent: 4.24

Lost observations in chosen unit: Sum: 37 Percent: 2.83

Description:

Practising physicians per 1 000 inhabitants

4.3.4.35 Medical graduates (oecd_doctor_g3)

Long tag: qog_std_ts_oecd_doctor_g3

Original tag: oecd_doctor_g3

Dataset citation: Teorell et al. (2025)

Variable citation: Organisation for Economic Co-operation and Development (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1177, Percent: 7.7

Non-missing observations in chosen unit: Sum: 1129, Percent: 3.77

Lost observations in chosen unit: Sum: 48 Percent: 4.08

Description:

Medical graduates per 100 000 inhabitants

4.3.4.36 Total fertility rates (oecd_fertility_t1)

Long tag: qog_std_ts_oecd_fertility_t1

Original tag: oecd_fertility_t1

Dataset citation: Teorell et al. (2025)

Variable citation: Organisation for Economic Co-operation and Development (2024)

Merge scores:

Non-missing observations in original unit: Sum: 515, Percent: 3.37

Non-missing observations in chosen unit: Sum: 506, Percent: 1.69

Lost observations in chosen unit: Sum: 9 Percent: 1.75

Description:

Total fertility rates, number of children born to women aged 15 to 49

4.3.4.37 Infant mortality (oecd_infmorty_g1)

Long tag: qog_std_ts_oecd_infmorty_g1

Original tag: oecd_infmorty_g1

Dataset citation: Teorell et al. (2025)

Variable citation: Organisation for Economic Co-operation and Development (2024)

Merge scores:

Non-missing observations in original unit: Sum: 2028, Percent: 13.26
Non-missing observations in chosen unit: Sum: 1924, Percent: 6.42
Lost observations in chosen unit: Sum: 104 Percent: 5.13
Description:
Infant mortality, deaths per 1 000 live births

4.3.4.38 Life expectancy at birth: Total (oecd_lifeexpy_g1)

Long tag: qog_std_ts_oecd_lifeexpy_g1
Original tag: oecd_lifeexpy_g1
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 2255, Percent: 14.75
Non-missing observations in chosen unit: Sum: 2132, Percent: 7.11
Lost observations in chosen unit: Sum: 123 Percent: 5.45
Description:
Life expectancy at birth: total

4.3.4.39 Life expectancy at birth: Women (oecd_lifeexpy_g2a)

Long tag: qog_std_ts_oecd_lifeexpy_g2a
Original tag: oecd_lifeexpy_g2a
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 2258, Percent: 14.77
Non-missing observations in chosen unit: Sum: 2135, Percent: 7.12
Lost observations in chosen unit: Sum: 123 Percent: 5.45
Description:
Life expectancy at birth: women

4.3.4.40 Life expectancy at birth: Men (oecd_lifeexpy_g2b)

Long tag: qog_std_ts_oecd_lifeexpy_g2b
Original tag: oecd_lifeexpy_g2b
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 2255, Percent: 14.75
Non-missing observations in chosen unit: Sum: 2132, Percent: 7.11
Lost observations in chosen unit: Sum: 123 Percent: 5.45
Description:
Life expectancy at birth: men

4.3.4.41 Practising nurses (oecd_nurse_g1)

Long tag: qog_std_ts_oecd_nurse_g1
Original tag: oecd_nurse_g1
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 873, Percent: 5.71

Non-missing observations in chosen unit: Sum: 859, Percent: 2.87
Lost observations in chosen unit: Sum: 14 Percent: 1.6
Description:
Practising nurses per 1 000 inhabitants

4.3.4.42 Nursing graduates (oecd_nurse_g3)

Long tag: qog_std_ts_oecd_nurse_g3
Original tag: oecd_nurse_g3
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 910, Percent: 5.95
Non-missing observations in chosen unit: Sum: 874, Percent: 2.92
Lost observations in chosen unit: Sum: 36 Percent: 3.96
Description:
Nursing graduates per 100 000 inhabitants

4.3.4.43 Total expenditure on health (oecd_pphlthxp_t1c)

Long tag: qog_std_ts_oecd_pphlthxp_t1c
Original tag: oecd_pphlthxp_t1c
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 1519, Percent: 9.93
Non-missing observations in chosen unit: Sum: 1519, Percent: 5.07
Lost observations in chosen unit: Sum: 0 Percent: 0
Description:
Total expenditure on health as a percentage of GDP

4.3.4.44 Road fatalities (oecd_rddeath_t1)

Long tag: qog_std_ts_oecd_rddeath_t1
Original tag: oecd_rddeath_t1
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 445, Percent: 2.91
Non-missing observations in chosen unit: Sum: 445, Percent: 1.48
Lost observations in chosen unit: Sum: 0 Percent: 0
Description:
Road fatalities. Deaths, Per 1 000 000 inhabitants, 1994 - 2016 Source: ITF Transport Statistics: Road accidents

4.3.4.45 Adult population smoking daily (oecd_smoke_g1)

Long tag: qog_std_ts_oecd_smoke_g1
Original tag: oecd_smoke_g1
Dataset citation: Teorell et al. (2025)
Variable citation: Organisation for Economic Co-operation and Development (2024)
Merge scores:
Non-missing observations in original unit: Sum: 742, Percent: 4.85

Non-missing observations in chosen unit: Sum: 741, Percent: 2.47

Lost observations in chosen unit: Sum: 1 Percent: 0.13

Description:

Adult population smoking daily as a percentage of adult population, 2010 or latest available year

4.3.4.46 Current health expenditure (percent of GDP) (wdi_chexppgdp)

Long tag: qog_std_ts_wdi_chexppgdp

Original tag: wdi_chexppgdp

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 3933, Percent: 25.72

Non-missing observations in chosen unit: Sum: 3467, Percent: 11.57

Lost observations in chosen unit: Sum: 466 Percent: 11.85

Description:

Current health expenditure (percent of GDP). Level of current health expenditure expressed as a percentage of GDP. Estimates of current health expenditures include healthcare goods and services consumed during each year. This indicator does not include capital health expenditures such as buildings, machinery, IT and stocks of vaccines for emergency or outbreaks.

4.3.4.47 People with basic handwashing facilities (percent of population) (wdi_hwf)

Long tag: qog_std_ts_wdi_hwf

Original tag: wdi_hwf

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1387, Percent: 9.07

Non-missing observations in chosen unit: Sum: 1288, Percent: 4.3

Lost observations in chosen unit: Sum: 99 Percent: 7.14

Description:

People with basic handwashing facilities including soap and water (percent of population). The percentage of people living in households that have a handwashing facility with soap and water available on the premises. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

4.3.4.48 People with basic handwashing facilities, rural (percent of rural population) (wdi_hwfr)

Long tag: qog_std_ts_wdi_hwfr

Original tag: wdi_hwfr

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1346, Percent: 8.8

Non-missing observations in chosen unit: Sum: 1251, Percent: 4.17

Lost observations in chosen unit: Sum: 95 Percent: 7.06

Description:

People with basic handwashing facilities including soap and water, rural (percent of rural population). The percentage of people living in households that have a handwashing facility

with soap and water available on the premises. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

4.3.4.49 People with basic handwashing facilities, urban (percent of urban population) (wdi_hwfu)

Long tag: qog_std_ts_wdi_hwfu

Original tag: wdi_hwfu

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1344, Percent: 8.79

Non-missing observations in chosen unit: Sum: 1249, Percent: 4.17

Lost observations in chosen unit: Sum: 95 Percent: 7.07

Description:

People with basic handwashing facilities including soap and water, urban (percent of urban population). The percentage of people living in households that have a handwashing facility with soap and water available on the premises. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

4.3.4.50 Out-of-pocket expenditure (percent of current health expenditure) (wdi_ophexp)

Long tag: qog_std_ts_wdi_ophexp

Original tag: wdi_ophexp

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 3923, Percent: 25.66

Non-missing observations in chosen unit: Sum: 3457, Percent: 11.53

Lost observations in chosen unit: Sum: 466 Percent: 11.88

Description:

Out-of-pocket expenditure (percent of current health expenditure). Share of out-of-pocket payments of total current health expenditures. Out-of-pocket payments are spending on health directly out-of-pocket by households.

4.3.4.51 Smoking prevalence, females (percent of adults) (wdi_smokf)

Long tag: qog_std_ts_wdi_smokf

Original tag: wdi_smokf

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1136, Percent: 7.43

Non-missing observations in chosen unit: Sum: 1059, Percent: 3.53

Lost observations in chosen unit: Sum: 77 Percent: 6.78

Description:

Prevalence of smoking, female is the percentage of women ages 15 and over who smoke any form of tobacco, including cigarettes, cigars, pipes or any other smoked tobacco products. Data include daily and non-daily or occasional smoking.

4.3.4.52 Smoking prevalence, males (percent of adults) (wdi_smokm)

Long tag: qog_std_ts_wdi_smokm

Original tag: wdi_smokm

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1136, Percent: 7.43

Non-missing observations in chosen unit: Sum: 1059, Percent: 3.53

Lost observations in chosen unit: Sum: 77 Percent: 6.78

Description:

Prevalence of smoking, male is the percentage of men ages 15 and over who smoke any form of tobacco, including cigarettes, cigars, pipes or any other smoked tobacco products. Data include daily and non-daily or occasional smoking.

4.3.4.53 Alcohol consumption per capita (in litres) (who_alcohol10)

Long tag: qog_std_ts_who_alcohol10

Original tag: who_alcohol10

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 9320, Percent: 60.95

Non-missing observations in chosen unit: Sum: 8558, Percent: 28.55

Lost observations in chosen unit: Sum: 762 Percent: 8.18

Description:

Alcohol, recorded per capita (people over 15 years old) consumption (in litres of pure alcohol)

4.3.4.54 Prevalence of anaemia in pregnant women (aged 15-49)(percent) (who_anpreg)

Long tag: qog_std_ts_who_anpreg

Original tag: who_anpreg

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 3775, Percent: 24.69

Non-missing observations in chosen unit: Sum: 3323, Percent: 11.09

Lost observations in chosen unit: Sum: 452 Percent: 11.97

Description:

Percentage of women aged 15 49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.

Data on the prevalence of anaemia and/or mean haemoglobin in women of reproductive age, collected between 1995 and 2019 were obtained from 408 population-representative data sources from 124 countries worldwide. A Bayesian hierarchical mixture model was used to estimate haemoglobin distributions and systematically address missing data, non-linear time trends, and representativeness of data sources. Full details on data sources are available on the GHO Anaemia page.

Full details on statistical methods may be found in the publication: Finucane MM, Paciorek CJ, Stevens GA EM. Semiparametric Bayesian density estimation with disparate data

sources: a meta-analysis of global childhood undernutrition. J Am Stat Assoc. 2015;110(511):889–901.

4.3.4.55 Population using at least basic drinking water services (percent), Rural (who_dwrur)

Long tag: qog_std_ts_who_dwrur

Original tag: who_dwrur

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 1701, Percent: 11.12

Non-missing observations in chosen unit: Sum: 1540, Percent: 5.14

Lost observations in chosen unit: Sum: 161 Percent: 9.47

Description:

Population in rural areas using at least basic drinking water services (percent)

4.3.4.56 Population using at least basic drinking water services (percent), Total (who_dwtot)

Long tag: qog_std_ts_who_dwtot

Original tag: who_dwtot

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 2804, Percent: 18.34

Non-missing observations in chosen unit: Sum: 2556, Percent: 8.53

Lost observations in chosen unit: Sum: 248 Percent: 8.84

Description:

Population using at least basic drinking water services (percent), Total

4.3.4.57 Population using at least basic drinking water services (percent), Urban (who_dwurb)

Long tag: qog_std_ts_who_dwurb

Original tag: who_dwurb

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 2078, Percent: 13.59

Non-missing observations in chosen unit: Sum: 1894, Percent: 6.32

Lost observations in chosen unit: Sum: 184 Percent: 8.85

Description:

Population in urban areas using at least basic drinking water services (percent)

4.3.4.58 Healthy Life Expectancy, Female (Years) (who_halef)

Long tag: qog_std_ts_who_halef

Original tag: who_halef

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 727, Percent: 4.75

Non-missing observations in chosen unit: Sum: 673, Percent: 2.25

Lost observations in chosen unit: Sum: 54 Percent: 7.43

Description:

Healthy life expectancy (HALE) at birth (years), Female

4.3.4.59 Healthy Life Expectancy, Male (Years) (who_halem)

Long tag: qog_std_ts_who_halem

Original tag: who_halem

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 727, Percent: 4.75

Non-missing observations in chosen unit: Sum: 673, Percent: 2.25

Lost observations in chosen unit: Sum: 54 Percent: 7.43

Description:

Healthy life expectancy (HALE) at birth (years), Male

4.3.4.60 Healthy Life Expectancy, Total (Years) (who_halet)

Long tag: qog_std_ts_who_halet

Original tag: who_halet

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 727, Percent: 4.75

Non-missing observations in chosen unit: Sum: 673, Percent: 2.25

Lost observations in chosen unit: Sum: 54 Percent: 7.43

Description:

Healthy life expectancy (HALE) at birth (years), Total

4.3.4.61 Infant mortality rate, Female (who_infmortf)

Long tag: qog_std_ts_who_infmortf

Original tag: who_infmortf

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 10364, Percent: 67.78

Non-missing observations in chosen unit: Sum: 9306, Percent: 31.05

Lost observations in chosen unit: Sum: 1058 Percent: 10.21

Description:

Infant mortality rate - Female (probability of dying between birth and age 1 per 1000 live births)

4.3.4.62 Infant mortality rate, Male (who_infmortm)

Long tag: qog_std_ts_who_infmortm

Original tag: who_infmortm

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 10364, Percent: 67.78

Non-missing observations in chosen unit: Sum: 9306, Percent: 31.05

Lost observations in chosen unit: Sum: 1058 Percent: 10.21

Description:

Infant mortality rate - Male (probability of dying between birth and age 1 per 1000 live births)

4.3.4.63 Infant mortality rate, Total (who_infmortt)

Long tag: qog_std_ts_who_infmortt

Original tag: who_infmortt

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 10392, Percent: 67.96

Non-missing observations in chosen unit: Sum: 9334, Percent: 31.14

Lost observations in chosen unit: Sum: 1058 Percent: 10.18

Description:

Infant mortality rate - Total (probability of dying between birth and age 1 per 1000 live births)

4.3.4.64 Life Expectancy, Female (Years) (who_lef)

Long tag: qog_std_ts_who_lef

Original tag: who_lef

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 727, Percent: 4.75

Non-missing observations in chosen unit: Sum: 673, Percent: 2.25

Lost observations in chosen unit: Sum: 54 Percent: 7.43

Description:

Life Expectancy at birth in years, Female

Note: The data for Rwanda for the years 2000-2015 has been dropped due to having several values for the same observations

4.3.4.65 Life Expectancy, Male (Years) (who_lem)

Long tag: qog_std_ts_who_lem

Original tag: who_lem

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)

Merge scores:

Non-missing observations in original unit: Sum: 727, Percent: 4.75

Non-missing observations in chosen unit: Sum: 673, Percent: 2.25

Lost observations in chosen unit: Sum: 54 Percent: 7.43

Description:

Life Expectancy at birth in years, Male

Note: The data for Rwanda for the years 2000-2015 has been dropped due to having several values for the same observations

4.3.4.66 Life Expectancy, Total (Years) (who_let)

Long tag: qog_std_ts_who_let

Original tag: who_let

Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 727, Percent: 4.75
Non-missing observations in chosen unit: Sum: 673, Percent: 2.25
Lost observations in chosen unit: Sum: 54 Percent: 7.43
Description:
Life Expectancy at birth in years, Total

Note: The data for Rwanda for the years 2000-2015 has been dropped due to having several values for the same observations.

4.3.4.67 Maternal Mortality Rate (per 100 000 live births) (who_matmort)

Long tag: qog_std_ts_who_matmort
Original tag: who_matmort
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 6339, Percent: 41.46
Non-missing observations in chosen unit: Sum: 5841, Percent: 19.49
Lost observations in chosen unit: Sum: 498 Percent: 7.86
Description:
Maternal Mortality Rate (per 100 000 live births)

4.3.4.68 Adult Mortality Rate (per 1000 population), Female (who_mrf)

Long tag: qog_std_ts_who_mrf
Original tag: who_mrf
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 3086, Percent: 20.18
Non-missing observations in chosen unit: Sum: 2853, Percent: 9.52
Lost observations in chosen unit: Sum: 233 Percent: 7.55
Description:
Adult Mortality Rate (per 1000 population), Female

4.3.4.69 Adult Mortality Rate (per 1000 population), Male (who_mrm)

Long tag: qog_std_ts_who_mrm
Original tag: who_mrm
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 3086, Percent: 20.18
Non-missing observations in chosen unit: Sum: 2853, Percent: 9.52
Lost observations in chosen unit: Sum: 233 Percent: 7.55
Description:
Adult Mortality Rate (per 1000 population), Male

4.3.4.70 Adult Mortality Rate (per 1000 population), Total (who_mrt)

Long tag: qog_std_ts_who_mrt
Original tag: who_mrt

Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 3086, Percent: 20.18
Non-missing observations in chosen unit: Sum: 2853, Percent: 9.52
Lost observations in chosen unit: Sum: 233 Percent: 7.55
Description:
Adult Mortality Rate (per 1000 population), Total

4.3.4.71 Rural population using basic sanitation services (percent) (who_sanitrur)

Long tag: qog_std_ts_who_sanitrur
Original tag: who_sanitrur
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 1982, Percent: 12.96
Non-missing observations in chosen unit: Sum: 1821, Percent: 6.08
Lost observations in chosen unit: Sum: 161 Percent: 8.12
Description:
Rural population using basic sanitation services (percent)

4.3.4.72 Total population using basic sanitation services (percent) (who_sanittot)

Long tag: qog_std_ts_who_sanittot
Original tag: who_sanittot
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 2934, Percent: 19.19
Non-missing observations in chosen unit: Sum: 2727, Percent: 9.1
Lost observations in chosen unit: Sum: 207 Percent: 7.06
Description:
Total population using basic sanitation services (percent)

4.3.4.73 Urban population using basic sanitation services (percent) (who_saniturb)

Long tag: qog_std_ts_who_saniturb
Original tag: who_saniturb
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 2586, Percent: 16.91
Non-missing observations in chosen unit: Sum: 2402, Percent: 8.01
Lost observations in chosen unit: Sum: 184 Percent: 7.12
Description:
Urban population using basic sanitation services (percent)

4.3.4.74 Suicide Rate (per 100,000 population), Female (who_suif)

Long tag: qog_std_ts_who_suif
Original tag: who_suif
Dataset citation: Teorell et al. (2025)

Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 3635, Percent: 23.77
Non-missing observations in chosen unit: Sum: 3363, Percent: 11.22
Lost observations in chosen unit: Sum: 272 Percent: 7.48
Description:
Age-standardized suicide rates (per 100,000 population), Female

4.3.4.75 Suicide Rate (per 100,000 population), Male (who_suim)

Long tag: qog_std_ts_who_suim
Original tag: who_suim
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 3635, Percent: 23.77
Non-missing observations in chosen unit: Sum: 3363, Percent: 11.22
Lost observations in chosen unit: Sum: 272 Percent: 7.48
Description:
Age-standardized suicide rates (per 100,000 population), Male

4.3.4.76 Suicide Rate (per 100,000 population), Total (who_suit)

Long tag: qog_std_ts_who_suit
Original tag: who_suit
Dataset citation: Teorell et al. (2025)
Variable citation: World Health Organization (2023)
Merge scores:
Non-missing observations in original unit: Sum: 3635, Percent: 23.77
Non-missing observations in chosen unit: Sum: 3363, Percent: 11.22
Lost observations in chosen unit: Sum: 272 Percent: 7.48
Description:
Age-standardized suicide rates (per 100,000 population), Total

4.3.4.77 Confidence: Health Care System (wvs_confhcs)

Long tag: qog_std_ts_wvs_confhcs
Original tag: wvs_confhcs
Dataset citation: Teorell et al. (2025)
Variable citation: EVS (2020)
Merge scores:
Non-missing observations in original unit: Sum: 108, Percent: 0.71
Non-missing observations in chosen unit: Sum: 108, Percent: 0.36
Lost observations in chosen unit: Sum: 0 Percent: 0
Description:
I am going to name a number of organizations. For each one, could you tell me how much confidence you have in them: Health Care System

1. None at all
2. Not very much
3. Quite a lot
4. A great deal

4.3.4.78 Feeling of happiness (wvs_hap)

Long tag: qog_std_ts_wvs_hap

Original tag: wvs_hap

Dataset citation: Teorell et al. (2025)

Variable citation: EVS (2020)

Merge scores:

Non-missing observations in original unit: Sum: 421, Percent: 2.75

Non-missing observations in chosen unit: Sum: 415, Percent: 1.38

Lost observations in chosen unit: Sum: 6 Percent: 1.43

Description:

Taking all things together, would you say you are:

1. Not at all happy
2. Not very happy
3. Rather happy
4. Very happy

4.3.4.79 State of health (subjective) (wvs_subh)

Long tag: qog_std_ts_wvs_subh

Original tag: wvs_subh

Dataset citation: Teorell et al. (2025)

Variable citation: EVS (2020)

Merge scores:

Non-missing observations in original unit: Sum: 387, Percent: 2.53

Non-missing observations in chosen unit: Sum: 381, Percent: 1.27

Lost observations in chosen unit: Sum: 6 Percent: 1.55

Description:

All in all, how would you describe your state of health these days? Would you say it is:

1. Poor
2. Fair
3. Good
4. Very good

4.3.4.80 Share of private paid employees with health insurance (wwbi_prpemphi)

Long tag: qog_std_ts_wwbi_prpemphi

Original tag: wwbi_prpemphi

Dataset citation: Teorell et al. (2025)

Variable citation: The World Bank (2021)

Merge scores:

Non-missing observations in original unit: Sum: 972, Percent: 6.36

Non-missing observations in chosen unit: Sum: 968, Percent: 3.23

Lost observations in chosen unit: Sum: 4 Percent: 0.41

Description:

Share of private paid employees with health insurance

4.3.4.81 Share of public paid employees with health insurance (wwbi_pupemphi)

Long tag: qog_std_ts_wwbi_pupemphi

Original tag: wwbi_pupemphi

Dataset citation: Teorell et al. (2025)

Variable citation: The World Bank (2021)

Merge scores:

Non-missing observations in original unit: Sum: 863, Percent: 5.64

Non-missing observations in chosen unit: Sum: 859, Percent: 2.87

Lost observations in chosen unit: Sum: 4 Percent: 0.46

Description:

Share of public paid employees with health insurance

4.3.5 Labour Market

This category includes variables about employment, unemployment and union density rate, in general, as well as in subgroups of the population.

4.3.5.1 Employment in Human health and social work activities (Female) percent total employment (eu_sctqf)

Long tag: qog_std_ts_eu_sctqf

Original tag: eu_sctqf

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 417, Percent: 2.73

Non-missing observations in chosen unit: Sum: 417, Percent: 1.39

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Employment in Human health and social work activities (Female) percent total employment

4.3.5.2 Employment in Human health and social work activities (Male) percent total employment (eu_sctqm)

Long tag: qog_std_ts_eu_sctqm

Original tag: eu_sctqm

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 416, Percent: 2.72

Non-missing observations in chosen unit: Sum: 416, Percent: 1.39

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Employment in Human health and social work activities (Male) percent total employment

4.3.5.3 Employment in Human health and social work activities (Female and male) percent total employment (eu_sctqt)

Long tag: qog_std_ts_eu_sctqt

Original tag: eu_sctqt

Dataset citation: Teorell et al. (2025)

Variable citation: European Commission (2024)

Merge scores:

Non-missing observations in original unit: Sum: 417, Percent: 2.73

Non-missing observations in chosen unit: Sum: 417, Percent: 1.39

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Employment in Human health and social work activities (Female and male) percent total employment

4.3.6 Public Economy

This category includes economic indicators that reflect the involvement of the government in the economy (taxes, tariff rates and government expenditures), economic key figures of a state (GDP, inflation, and economic inequality), and indicators that characterize the state of the economy (aid-flows, debt).

4.3.6.1 Expenditure on health (percent of total gen. gov. exp.) (gfs_heal)

Long tag: qog_std_ts_gfs_heal

Original tag: gfs_heal

Dataset citation: Teorell et al. (2025)

Variable citation: International Monetary Fund (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1450, Percent: 9.48

Non-missing observations in chosen unit: Sum: 1429, Percent: 4.77

Lost observations in chosen unit: Sum: 21 Percent: 1.45

Description:

Total expenditure on health, as the percentage of general government expenditure.

4.3.6.2 Structure of central gov. expenditures, health (oecd_gengovdistri_t1g)

Long tag: qog_std_ts_oecd_gengovdistri_t1g

Original tag: oecd_gengovdistri_t1g

Dataset citation: Teorell et al. (2025)

Variable citation: Organisation for Economic Co-operation and Development (2024)

Merge scores:

Non-missing observations in original unit: Sum: 319, Percent: 2.09

Non-missing observations in chosen unit: Sum: 319, Percent: 1.06

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Structure of central government expenditures, share of health

4.3.6.3 Domestic general government health expenditure (percent of GDP) (wdi_dgovhexp)

Long tag: qog_std_ts_wdi_dgovhexp

Original tag: wdi_dgovhexp

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 3924, Percent: 25.66

Non-missing observations in chosen unit: Sum: 3458, Percent: 11.54

Lost observations in chosen unit: Sum: 466 Percent: 11.88

Description:

Domestic general government health expenditure (percent of GDP). Public expenditure on health from domestic sources as a share of the economy as measured by GDP.

4.3.6.4 Domestic private health expenditure (percent of current health expenditure) (wdi_dprivhexp)

Long tag: qog_std_ts_wdi_dprivhexp

Original tag: wdi_dprivhexp

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 3923, Percent: 25.66

Non-missing observations in chosen unit: Sum: 3457, Percent: 11.53

Lost observations in chosen unit: Sum: 466 Percent: 11.88

Description:

Domestic private health expenditure (percent of current health expenditure). Share of current health expenditures funded from domestic private sources. Domestic private sources include funds from households, corporations and non-profit organizations. Such expenditures can be either prepaid to voluntary health insurance or paid directly to healthcare providers.

4.3.6.5 External health expenditure (percent of current health expenditure) (wdi_ehexpp)

Long tag: qog_std_ts_wdi_ehexpp

Original tag: wdi_ehexpp

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 3392, Percent: 22.18

Non-missing observations in chosen unit: Sum: 2992, Percent: 9.98

Lost observations in chosen unit: Sum: 400 Percent: 11.79

Description:

External health expenditure (percent of current health expenditure). Share of current health expenditures funded from external sources. External sources compose of direct foreign transfers and foreign transfers distributed by government encompassing all financial inflows into the national health system from outside the country. External sources either flow through the government scheme or are channeled through non-governmental organizations or other schemes.

4.3.7 Private Economy

This category includes variables characterizing the private sector in a country, inter alia: regulation of the private sector, indicators concerning economic characteristics of groups in the society, such as poverty and household consumption, as well as tax rates.

4.3.7.1 Financial asset of households: Life insurance and annuities (oecd_houswealth_t1e)

Long tag: qog_std_ts_oecd_houswealth_t1e

Original tag: oecd_houswealth_t1e

Dataset citation: Teorell et al. (2025)

Variable citation: Organisation for Economic Co-operation and Development (2024)

Merge scores:

Non-missing observations in original unit: Sum: 696, Percent: 4.55

Non-missing observations in chosen unit: Sum: 696, Percent: 2.32

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

Financial asset of households as a percentage of total financial assets: life insurance and annuities

4.3.8 Quality of Government

This category includes variables that are the core features of QoG (impartiality, bureaucratic quality and corruption) as well as measures that are broader (rule of law and transparency).

4.3.8.1 CPIA building human resources rating (wdi_bhr)

Long tag: qog_std_ts_wdi_bhr

Original tag: wdi_bhr

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 1348, Percent: 8.82

Non-missing observations in chosen unit: Sum: 1144, Percent: 3.82

Lost observations in chosen unit: Sum: 204 Percent: 15.13

Description:

The CPIA measures the extent to which a country's policy and institutional framework supports sustainable growth and poverty reduction and, consequently, the effective use of development assistance. More specifically, this indicator assesses the national policies and public and private sector service delivery that affect the access to and quality of health and education services, including prevention and treatment of HIV/AIDS, tuberculosis, and malaria (1=low to 6=high).

4.3.9 Civil Society, Population and Culture

This category includes variables that relate to social capital, personal beliefs, size and distribution of the population as well as ethnic and linguistic fractionalization.

4.3.9.1 Births attended by skilled health staff (percent of total) (wdi_birthskill)

Long tag: qog_std_ts_wdi_birthskill

Original tag: wdi_birthskill

Dataset citation: Teorell et al. (2025)

Variable citation: World Bank (2024)

Merge scores:

Non-missing observations in original unit: Sum: 2833, Percent: 18.53

Non-missing observations in chosen unit: Sum: 2568, Percent: 8.57

Lost observations in chosen unit: Sum: 265 Percent: 9.35

Description:

Births attended by skilled health staff are the percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period; to conduct deliveries on their own; and to care for newborns.

5 V-DEM

Based at the University of Gothenburg, the **Varieties of Democracy (V-Dem)** Research Project takes a comprehensive approach to understanding democratization. This approach encompasses multiple core principles: electoral, liberal, majoritarian, consensual, participatory, deliberative, and egalitarian. Each Principle is represented by a separate index, and each is regarded as a separate outcome in the proposed study. In this manner V-Dem reconceptualizes democracy from a single outcome to a set of outcomes. In addition, V-Dem breaks down each core principle into its constituent components, each to be measured separately. Components include features such as free and fair elections, civil liberties, judicial independence, executive constraints, gender equality, media freedom, and civil society. Finally, each component is disaggregated into specific indicators. This fundamentally different approach to democratization is made possible by the V-Dem Database, which measures 450+ indicators annually from 1789 to the present for all countries of the world. The V-Dem approach stands out, first, as a large global collaboration among scholars with diverse areas of expertise; second, as the first project attempting to explain different varieties of democracy; and third, thanks to the highly disaggregated V-Dem data, the first project to explore causal mechanisms linking different aspects of democracy together. With five Principal Investigators, 19 Project Managers with special responsibility for issue areas covered in the V-Dem dataset, around 23 Regional Managers, 134 Country Coordinators and more than 4000 Country Experts, the V-Dem project is one of the world's largest social science data collection projects on democracy. More information is available on the project's website: `https://www.v-dem.net/`

5.1 V-Dem Country-Year: V-Dem Full+Others v15

Dataset tag: vdem_cy

Output Unit: V-Dem Country-Year, i.e., data is collected per country and year. That means each row in the dataset can be identified by one country in combination with a year, using the columns country_name and year. The unit can also be expressed through a combination of the columns county_id or country_text_id and year.

Description: All 531 V-Dem indicators and 245 indices + 60 other indicators from other data sources. For R users, we recommend to install our vdemdata R package which includes the most recent V-Dem dataset and some useful functions to explore the data.

Dataset citation: Coppedge, Michael, John Gerring, Carl Henrik Knutsen, Staffan I. Lindberg, Jan Teorell, David Altman, Fabio Angiolillo, Michael Bernhard, Agnes Cornell, M. Steven Fish, Linnea Fox, Lisa Gastaldi, Haakon Gjerløw, Adam Glynn, Ana Good God, Sandra Grahn, Allen Hicken, Katrin Kinzelbach, Kyle L. Marquardt, Kelly McMann, Valeriya Mechkova, Anja Neundorf, Pamela Paxton, Daniel Pemstein, Johannes von Römer, Brigitte Seim, Rachel Sigman, Svend-Erik Skaaning, Jeffrey Staton, Aksel Sundström, Marcus Tannenberg, Eitan Tzelgov, Yi-ting Wang, Felix Wiebrecht, Tore Wig, and Daniel Ziblatt. 2025. "V-Dem Codebook v15" Varieties of Democracy (V-Dem) Project.
and:
Pemstein, Daniel, Kyle L. Marquardt, Eitan Tzelgov, Yi-ting Wang, Juraj Medzihorsky, Joshua Krusell, Farhad Miri, and Johannes von Römer. 2025. "The V-Dem Measurement Model: Latent Variable Analysis for Cross-National and Cross-Temporal Expert-Coded Data". V-Dem Working Paper No. 21. 10th edition. University of Gothenburg: Varieties of Democracy Institute.

Link to original codebook
`https://v-dem.net/documents/55/codebook.pdf`

License: CC-BY-SA 4.0 International
`https://creativecommons.org/licenses/by-sa/4.0/legalcode`

More detailed information on the dataset can be found at the following web page: `https://v-dem.net/data/reference-documents/`

5.1.1 V-Dem Democracy Indices - V-Dem Mid-Level Indices: Components of the Democracy Indices

This section includes the V-Dem mid-level indices, subcomponents of the V-Dem Democracy Indices. Please see Appendix A of the V-Dem codebook (`https://www.v-dem.net/static/website/img/refs/codebookv12.pdf`) for an overview of all indices, component-indices, and lower-level indices.

5.1.1.1 Equal distribution of resources index (v2xeg_eqdr)

Long tag: vdem_cy_v2xeg_eqdr

Original tag: v2xeg_eqdr

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Sigman & Lindberg (2015), Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 19368, Percent: 69.83

Non-missing observations in chosen unit: Sum: 19368, Percent: 64.62

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: D
PROJECT MANAGER(S): Rachel Sigman, Staffan Lindberg
ADDITIONAL VERSIONS: *_codelow, *_codehigh, *_sd
QUESTION: How equal is the distribution of resources?
CLARIFICATION: This component measures the extent to which resources — both tangible and intangible — are distributed in society. An equal distribution of resources supports egalitarian democracy in two ways. First, lower poverty rates and the distribution of goods and services such as food, water, housing, education and healthcare ensure that all individuals are capable of participating in politics and government. In short, basic needs must be met in order for individuals to effectively exercise their rights and freedoms see, for example, Sen 1999, Maslow 1943. Second, high levels of resource inequality undermine the ability of poorer populations to participate meaningfully Aristotle, Dahl 2006. Thus, it is necessary to include not only measures of poverty and the distribution of goods and services, but also the levels of inequality in these distributions, and the proportion of the population who are not eligible for social services *i.e.* means-tests, particularistic distribution, etc.. This principle also implies that social or economic inequalities can translate into political inequalities, an issue addressed most notably by Walzer 1983, who argues that overlapping quot;spheresquot; of inequality are particularly harmful to society. To address these overlapping quot;spheresquot;, this component also includes measures of the distribution of power in society amongst different socio-economic groups, genders, etc.
SCALE: Interval, from low to high (0-1).
SOURCE(S): v2dlencmps v2dlunivl v2peedueq v2pehealth
DATA RELEASE: 5, 7-15. Release 7 modified: v2pepwrses, v2pepwrsoc and v2pepwrgen now form a separate subcomponent index.
AGGREGATION: The index is formed by taking the point estimates from a Bayesian factor analysis model of the indicators for particularistic or public goods v2dlencmps, means tested vs. universalistic welfare policies v2dlunivl, educational equality v2peedueq and health equality v2pehealth.
COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Sigman & Lindberg (2015); Pemstein et al. (2024); Coppedge et al. (2025b)
YEARS: 1900-2024
CONVERGENCE: Model parameters with convergence issues: intercept.

5.1.2 V-Dem Indicators - Political Equality

Instructions to the coders (as shown in the surveys)

Political Equality: This section pertains to political equality, that is, the extent to which members

of a polity possess equal political power. It does not refer to the inevitable differentiation in power that occurs in all large societies between those who hold positions of power within the state (political elites) and lay citizens. It is, rather, about the distribution of political power among identifiable groups within the population.

What does it mean for a group of individuals to wield real political power? Although political power cannot be directly observed, one can infer that groups possess power to the extent that they: (a) actively participate in politics (by voting, etc.), (b) are involved in civil society organizations, (c) secure representation in government, (d) are able to set the political agenda, (e) influence political decisions, and (f) influence the implementation of those decisions. Please consider all these factors when answering the following questions. (Of course, the picture across these different dimensions may be mixed; your response should indicate the overall picture, taking all aspects of political power into account.)

5.1.2.1 Health equality (v2pehealth)

Long tag: vdem_cy_v2pehealth

Original tag: v2pehealth

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 19368, Percent: 69.83

Non-missing observations in chosen unit: Sum: 19368, Percent: 64.62

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: C
PROJECT MANAGER(S): Michael Coppedge, John Gerring, Staffan Lindberg
ADDITIONAL VERSIONS: *_osp, *_ord, *_codelow, *_codehigh, *_sd, *_mean, *_nr
QUESTION: To what extent is high quality basic healthcare guaranteed to all, sufficient to enable them to exercise their basic political rights as adult citizens?
CLARIFICATION: Poor-quality healthcare can make citizens unable to exercise their basic rights as adult citizens by failing to adequately treat preventable and treatable illnesses that render them unable to work, participate in social or political organizations, or vote (where voting is allowed).
RESPONSES:
0: Extreme. Because of poor-quality healthcare, at least 75 percent (percent) of citizens' ability to exercise their political rights as adult citizens is undermined.
1: Unequal. Because of poor-quality healthcare, at least 25 percent (percent) of citizens' ability to exercise their political rights as adult citizens is undermined.
2: Somewhat equal. Because of poor-quality healthcare, ten to 25 percent (percent) of citizens' ability to exercise their political rights as adult citizens is undermined.
3: Relatively equal. Basic health care is overall equal in quality but because of poor-quality healthcare, five to ten percent (percent) of citizens' ability to exercise their political rights as adult citizens is undermined.
4: Equal. Basic health care is equal in quality and less than five percent (percent) of citizens cannot exercise their basic political rights as adult citizens.
SCALE: Ordinal, converted to interval by the measurement model.
DATA RELEASE: 1-15.
CROSS-CODER AGGREGATION: Bayesian item response theory measurement model (see *V-Dem Methodology*).
COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Pemstein et al. (2024); Coppedge et al. (2025b).
YEARS: 1900-2024

5.1.3 V-Dem Indicators - Exclusion

Instructions to the coders (as shown in the surveys)

Exclusion:

The following survey contains questions pertaining to exclusion. Political, economic and social well-being may depend on whether groups or individuals are excluded from positions of power, the state's protection of rights and freedoms, access to public goods and services, and opportunities to work or do business with the state.

Please bear in mind the following definitions as you respond to questions on this survey:

Exclusion is when individuals are denied access to services or participation in governed spaces based on their identity or belonging to a particular group. It is not necessary for all members of a group to be excluded in order for group-based exclusion to occur. Exclusion occurs even when only a single individual is excluded based on her or his identity or membership (perceived or actual) in a particular group.

Political groups are defined as those who are affiliated with a particular political party or candidate, or a group of parties/candidates. A common form of partisan exclusion is when state services or regulations are implemented in a way that seeks to reward the incumbent's political supporters and punish non-supporters.

Socio-Economic position defines groups based on attributes of wealth, occupation, or other economic circumstances such as owning property. Exclusion of economic groups occurs when, for example, those who are not property owners are restricted from voting, or when fees associated with justice, health or education are set at a rate that is unaffordable for poorer individuals.

Social group is differentiated within a country by caste, ethnicity, language, race, region, religion, migration status, or some combination thereof. (It does not include identities grounded in sexual orientation, gender, or socioeconomic status.) Social group identity is contextually defined and is likely to vary across countries and through time. Social group identities are also likely to cross-cut, so that a given person could be defined in multiple ways, i.e., as part of multiple groups. Nonetheless, at any given point in time there are social groups within a society that are understood - by those residing within that society - to be different, in ways that may be politically relevant. Contrast Identity group.

Geographic group refers to those living in rural or urban areas. Urban areas are defined as an area that meets the following conditions: population density exceeds a threshold of 150 persons per square kilometer and there is access to a sizeable settlement of 50,000 people or more within some reasonable travel time, for example 60 minutes by road. (World Development Report, 2009: 54).

5.1.3.1 Access to public services distributed by socio-economic position (v2peapsecon)

Long tag: vdem_cy_v2peapsecon

Original tag: v2peapsecon

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 18918, Percent: 68.21

Non-missing observations in chosen unit: Sum: 18918, Percent: 63.12

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: C
PROJECT MANAGER(S): Rachel Sigman
ADDITIONAL VERSIONS: *_osp, *_ord, *_codelow, *_codehigh, *_sd, *_mean, *_nr
QUESTION: Is access to basic public services, such as order and security, primary education, clean water, and healthcare, distributed equally according to socioeconomic position?
CLARIFICATION: This question asks if socio-economic position is an important cleavage in society for the distribution of public services. Thus, if there are inequalities in access to public services, but these are not mainly due to differentiation between particular socio-economic position, the code should be "4" (equal). The situation could of course vary by type of public service, such that a socio-economic group is denied access to some basic public services but not others. Please base your response on whether access to most of the aforementioned services are distributed equally or unequally.

RESPONSES:
0: Extreme. Because of poverty or low income, 75 percent (percent) or more of the population lack access to basic public services of good quality.
1: Unequal. Because of poverty or low income, 25 percent (percent) or more of the population lack access to basic public services of good quality.
2: Somewhat Equal. Because of poverty or low income, 10 to 25 percent (percent) of the population lack access to basic public services of good quality.
3: Relatively Equal. Because of poverty or low income, 5 to 10 percent (percent) of the population lack access to basic public services of good quality.
4: Equal. Because of poverty or low income, less than 5 percent (percent) of the population lack access to basic public services of good quality.
SCALE: Ordinal, converted to interval by the measurement model.
DATA RELEASE: 9-15.
CROSS-CODER AGGREGATION: Bayesian item response theory measurement model (see V-Dem Methodology).
COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Pemstein et al. (2024); Coppedge et al. (2025b).
YEARS: 1900-2023

5.1.3.2 Access to public services distributed by gender (v2peapsgen)

Long tag: vdem_cy_v2peapsgen

Original tag: v2peapsgen

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 18929, Percent: 68.25

Non-missing observations in chosen unit: Sum: 18929, Percent: 63.15

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: C
PROJECT MANAGER(S): Rachel Sigman
ADDITIONAL VERSIONS: *_osp, *_ord, *_codelow, *_codehigh, *_sd, *_mean, *_nr
QUESTION: Is access to basic public services, such as order and security, primary education, clean water, and healthcare, distributed equally according to gender?
CLARIFICATION: This question asks if gender is an important cleavage in society for the distribution of public services. Thus, if there are inequalities in access to public services, but these are not mainly due to differentiation between gender, the code should be "4" (equal). The situation could of course vary by type of public service, such that women are denied access to some basic public services but not others. Please base your response on whether access to most of the aforementioned services are distributed equally or unequally.
RESPONSES:
0: Extreme. Because of their gender, 75 percent (percent) or more of women lack access to basic public services of good quality.
1: Unequal. Because of their gender, 25 percent (percent) or more of women lack access to basic public services of good quality.
2: Somewhat Equal. Because of their gender, 10 to 25 percent (percent) of women lack access to basic public services of good quality.
3: Relatively Equal. Because of their gender, 5 to 10 percent (percent) of women lack access to basic public services of good quality.
4: Equal. Because of their gender, less than 5 percent (percent) of women lack access to basic public services of good quality.
SCALE: Ordinal, converted to interval by the measurement model.
DATA RELEASE: 9-15.
CROSS-CODER AGGREGATION: Bayesian item response theory measurement model (see V-Dem Methodology).

COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Pemstein et al. (2024); Coppedge et al. (2025b).
YEARS: 1900-2023

5.1.3.3 Access to public services distributed by urban-rural location (v2peapsgeo)

Long tag: vdem_cy_v2peapsgeo

Original tag: v2peapsgeo

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 18898, Percent: 68.14

Non-missing observations in chosen unit: Sum: 18898, Percent: 63.05

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: C
PROJECT MANAGER(S): Rachel Sigman
ADDITIONAL VERSIONS: *_osp, *_ord, *_codelow, *_codehigh, *_sd, *_mean, *_nr
QUESTION: Is access to basic public services, such as order and security, primary education, clean water, and healthcare, distributed equally across urban and rural areas?
CLARIFICATION: Urban areas are defined as an area that meets the following conditions: population density exceeds a threshold of 150 persons per square kilometer, there is access to a sizeable settlement of 50,000 people or more within some reasonable travel time, for example 60 minutes by road. (World Development Report, 2009: 54). This question asks if geographic group is an important cleavage in society for the distribution of public services. Thus, if there are inequalities in access to public services, but these are not mainly due to differentiation between urban and rural areas, the code should be "4" (equal). The situation could of course vary by type of public service, such that a geographic group is denied access to some basic public services but not others. Please base your response on whether access to most of the aforementioned services are distributed equally or unequally.
RESPONSES:
0: Extreme. Because they live in rural areas, 75 percent (percent) or more of the population lack access to basic public services of good quality.
1: Unequal. Because they live in rural areas, 25 percent (percent) or more of the population lack access to basic public services of good quality.
2: Somewhat Equal. Because they live in rural areas, 10 to 25 percent (percent) of the population lack access to basic public services of good quality.
3: Relatively Equal. Because they live in rural areas, only 5 to 10 percent (percent) of the population lack access to basic public services of good quality.
4: Equal. Because they live in rural areas, less than 5 percent (percent) of the population lack access to basic public services of good quality.
5: Rural-Bias: Because they live in urban areas, 25percent or more of the population lack access to basic public services of good quality.
SCALE: Ordinal, converted to interval by the measurement model.
DATA RELEASE: 9-15.
CROSS-CODER AGGREGATION: Bayesian item response theory measurement model (see V-Dem Methodology).
COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Pemstein et al. (2024); Coppedge et al. (2025b).
YEARS: 1900-2023

5.1.3.4 Access to public services distributed by political group (v2peapspol)

Long tag: vdem_cy_v2peapspol

Original tag: v2peapspol

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 18964, Percent: 68.38

Non-missing observations in chosen unit: Sum: 18964, Percent: 63.27

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: C
PROJECT MANAGER(S): Rachel Sigman
ADDITIONAL VERSIONS: *_osp, *_ord, *_codelow, *_codehigh, *_sd, *_mean, *_nr
QUESTION: Is access to basic public services, such as order and security, primary education, clean water, and healthcare, distributed equally across political groups?
CLARIFICATION: A political group is defined as those who are affiliated with a particular political party or candidate, or a group of parties/candidates. This question asks if political group is an important cleavage in society for the distribution of public services. Thus, if there are inequalities in access to public services, but these are not mainly due to differentiation between particular political groups, the code should be "4" (equal). The situation could of course vary by type of public service, such that a political group is denied access to some basic public services but not others. Please base your response on whether access to most of the aforementioned services are distributed equally or unequally.
RESPONSES:
0: Extreme. Because of their political group affiliation 75 percent (percent) or more of the population lack access to basic public services of good quality.
1: Unequal. Because of their political group affiliation 25 percent (percent) or more of the population lack access to basic public services of good quality.
2: Somewhat Equal. Because of their political group affiliation 10 to 25 percent (percent) of the population lack access to basic public services of good quality.
3: Relatively Equal. Because of their political group affiliation only 5 to 10 percent (percent) of the population lack access to basic public services of good quality.
4: Equal. Because of their political group affiliation less than 5 percent (percent) of the population lack access to basic public services of good quality.
SCALE: Ordinal, converted to interval by the measurement model.
DATA RELEASE: 9-15.
CROSS-CODER AGGREGATION: Bayesian item response theory measurement model (see V-Dem Methodology).
COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Pemstein et al. (2024); Coppedge et al. (2025b).
YEARS: 1900-2023

5.1.3.5 Access to public services distributed by social group (v2peapssoc)

Long tag: vdem_cy_v2peapssoc

Original tag: v2peapssoc

Dataset citation: Coppedge et al. (2025b), Coppedge et al. (2025a)

Variable citation: Pemstein et al. (2024), Coppedge et al. (2025b)

Merge scores:

Non-missing observations in original unit: Sum: 18933, Percent: 68.27

Non-missing observations in chosen unit: Sum: 18933, Percent: 63.17

Lost observations in chosen unit: Sum: 0 Percent: 0

Description:

VARIABLE TYPE: C
PROJECT MANAGER(S): Rachel Sigman
ADDITIONAL VERSIONS: *_osp, *_ord, *_codelow, *_codehigh, *_sd, *_mean, *_nr
QUESTION: Are basic public services, such as order and security, primary education, clean water, and healthcare, distributed equally across social groups?

CLARIFICATION: This question asks if social group is an important cleavage in society for the distribution of public services. Thus, if there are inequalities in access to public services, but these are not mainly due to differentiation between particular social groups, the code should be "4" (equal). The situation could of course vary by type of public service, such that a social group is denied access to some basic public services but not others. Please base your response on whether access to most of the aforementioned services are distributed equally or unequally.
RESPONSES:
0: Extreme. Because of their social group, 75 percent (percent) or more of the population lack access to basic public services of good quality.
1: Unequal. Because of their social group, 25 percent (percent) or more of the population lack access to basic public services of good quality.
2: Somewhat Equal. Because of their social group, 10 to 25 percent (percent) of the population lack access to basic public services of good quality.
3: Relatively Equal. Because of their social group, only 5 to 10 percent (percent) of the population lack access to basic public services of good quality.
4: Equal. Because of their social group, less than 5 percent (percent) of the population lack access to basic public services of good quality.
SCALE: Ordinal, converted to interval by the measurement model.
DATA RELEASE: 9-15.
CROSS-CODER AGGREGATION: Bayesian item response theory measurement model (see V-Dem Methodology).
COUNTRY-YEAR AGGREGATION: Day-weighted mean
CITATION: Pemstein et al. (2024); Coppedge et al. (2025b).
YEARS: 1900-2023

6 Bibliography

Armingeon, K., Engler, S., Leeman, L. & Weisstanner, D. (2024), 'Supplement to the comparative political data set - government composition 1960-2022'.

Armingeon, K., Engler, S., Leemann, L. & Weisstanner, D. (2024), 'Comparative political data set 1960-2022'. Zurich/Lueneburg/Lucerne: University of Zurich, Leuphana University Lueneburg, and University of Lucerne.

Charron, N., Dahlberg, S., Sundström, A., Holmberg, S., Rothstein, B., Alvarado Pachon, N. & Dalli, C. M. (2020), 'The quality of government: Eu regional dataset, version nov20', *University of Gothenburg: The Quality of Government Institute, https://www. gu. se/en/quality-government* .

Coppedge, M., Gerring, J., Knutsen, C. H., Lindberg, S. I., Teorell, J., Altman, D., Angiolillo, F., Bernhard, M., Cornell, A., Fish, M. S., Fox, L., Gastaldi, L., Gjerløw, H., Glynn, A., Good God, A., Grahn, S., Hicken, A., Kinzelbach, K., Krusell, J., Marquardt, K. L., McMann, K., Mechkova, V., Medzihorsky, J., Natsika, N., Neundorf, A., Paxton, P., Pemstein, D., von Römer, J., Seim, B., Sigman, R., Skaaning, S.-E., Staton, J., Sundström, A., Tannenberg, M., Tzelgov, E., Wang, Y.-t., Wiebrecht, F., Wig, T., Wilson, S. & Ziblatt, D. (2025a), 'V-dem country-year dataset v15'.

Coppedge, M., Gerring, J., Knutsen, C. H., Lindberg, S. I., Teorell, J., Altman, D., Angiolillo, F., Bernhard, M., Cornell, A., Fish, S., Fox, L., Gastaldi, L., Gjerløw, H., Glynn, A., Good God, A., Grahn, S., Hicken, A., Kinzelbach, K., Marquardt, K. L., McMann, K., Mechkova, V., Neundorf, A., Paxton, P., Pemstein, D., von Römer, J., Seim, B., Sigman, R., Skaaning, S.-E., Staton, J., Sundström, A., Tannenberg, M., Tzelgov, E., Wang, Y.-t., Wiebrecht, F., Wig, T. & Ziblatt, D. (2025b), 'V-Dem Codebook v15'.

Duit, A., Sommerer, T. & Lim, S. (2023), 'The grace v.2.0 data set', *Department of Political Science, Stockholm University* .

ESS Round 1: European Social Survey Round 1 Data (2002), Data file edition 6.6, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 11: European Social Survey European Research Infrastructure (ESS ERIC) (2024), Ess11 - integrated file, edition 2.0 [data set], Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research.
URL: *http://www.europeansocialsurvey.org/*

ESS Round 2: European Social Survey Round 2 Data (2004), Data file edition 3.6, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 3: European Social Survey Round 3 Data (2006), Data file edition 3.7, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 4: European Social Survey Round 4 Data (2008), Data file edition 4.5, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 5: European Social Survey Round 5 Data (2010), Data file edition 3.4, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 6: European Social Survey Round 6 Data (2012), Data file edition 2.4, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 7: European Social Survey Round 7 Data (2014), Data file edition 2.2, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 8: European Social Survey Round 8 Data (2016), Data file edition 2.2, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

ESS Round 9: European Social Survey Round 9 Data (2018), Data file edition 3.1, Technical report, Sikt - Norwegian Agency for Shared Services in Education and Research, Norway – Data Archive and distributor of ESS data for ESS ERIC.

European Commission (2024), 'Eurostat'.
URL: *http://ec.europa.eu/eurostat/data/database*

EVS (2020), 'European Values Study 2017: Integrated Dataset (EVS 2017)'.
URL: *https://doi.org/10.4232/1.13560*

Forman-Rabinovici, A. & Sommer, U. (2018), 'Reproductive health policymakers: Comparing the influences of international and domestic institutions on abortion policy', *Public Administration* **96**(1), 185–199.

Gerring, J., Nong, X., Chatterton, B., Cojocaru, L., Dalli, C. M., Knutsen, C. H., Kokkonen, A., Smith, D. S., Teorell, J., Selsky, S., Ward, D. & Jeon, J. Y. (2024), Leader tenure through the ages: The growth of constraints. Unpublished manuscript, University of Texas at Austin.

Guha-Sapir, D. (2020), 'Em-dat, the emergency events database'. Date accessed 23 December 2020.
URL: *www.emdat.be*

International Monetary Fund (2024), 'Government finance statistics - expenditure by function of government (cofog)'.
URL: *https://data.imf.org/?sk=a0867067-d23c-4ebc-ad23-d3b015045405*

Mo Ibrahim Foundation (2024), '2024 Ibrahim Index of African Governance: Index Report'.
URL: *http://mo.ibrahim.foundation/iiag/*

Nelson, K., Fredriksson, D., Korpi, T., Korpi, W., Palme, J. & Sjöberg, O. (2020), 'The social policy indicators (spin) database', *International Journal of Social Welfare* **29**(3), 285–289.

NSD - Norwegian Centre for Research Data (2020), 'European social survey cumulative file, ess 1-9'. Data Archive and distributor of ESS data for ESS ERIC.
URL: *http://www.europeansocialsurvey.org/*

Organisation for Economic Co-operation and Development (2024), 'Country statistical profiles: Key tables from OECD'.
URL: *https://www.oecd-ilibrary.org/economics/country-statistical-profiles-key-tables-from-oecd_20752288*

Pedroza, L., Palop-García, P. & Chang, S. Y. (2022), 'IMISEM Codebook (version 3.0)', German Institute for Global and Area Studies (GIGA).

Pemstein, D., Marquardt, K. L., Tzelgov, E., Wang, Y., Medzihorsky, J., Krusell, J., Miri, F. & von Römer, J. (2024), 'The V-Dem Measurement Model: Latent Variable Analysis for Cross-National and Cross-Temporal Expert-Coded Data', *V-Dem Working Paper Series* **2024**(21, 9th edition).
URL: *https://www.v-dem.net/media/publications/Working_Paper_21.pdf*

Povitkina, M., Alvarado Pachon, N. & Dalli, C. M. (2021), 'The quality of government environmental indicators dataset, version sep21', *University of Gothenburg: The Quality of Government Institute, https://www.gu.se/en/quality-government* .

Römer, F., Harris, E., Henninger, J. & Missler, F. (2021), 'The immigrant social rights data set (immigsr)'. Version 2023. SFB 1342.
URL: *https://www.socialpolicydynamics.de/projekte/projektbereich-b-transregionale-entwicklungsdynamiken/teilprojekt-b04-2022-25-/immigsr/download-immigsr-data*

Sigman, R. & Lindberg, S. I. (2015), 'The Index of Egalitarian Democracy and its Components: V-Dem's Conceptualization and Measurement', *V-Dem Working Paper Series* **2015**(22).
URL: *http://www.ssrn.com/abstract=2727612*

Solano, G. & Huddelston, T. (2020), 'Migrant Integration Policy Index', Migration Policy Group & CIDOB.

Teorell, J., Sundström, A., Holmberg, S., Rothstein, B., Alvarado Pachon, N., Dalli, C. M., Lopez Valverde, R., Phiri, V. S. & Gerber, L. (2025), *The Quality of Government Standard Dataset, version Jan25*.
URL: *https://www.gu.se/en/quality-government*

The World Bank (2021), 'Worldwide bureacracy indicators version 2.0'.
URL: *https://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data*

Wendling, Z. A., Emerson, J. W., de Sherbinin, A., Esty, D. C., Hoving, K., Ospina, C., Murray, J., Gunn, L., Ferrato, M., Schreck, M. et al. (2020), 'Environmental performance index', *New Haven, CT: Yale Center for Environmental Law And Policy* .

Wolf, M., Emerson, J. W., Esty, D. C., de Sherbinin, A. & Wendling, Z. A., e. a. (2022), '2022 environmental performance index', *New Haven, CT: Yale Center for Environmental Law and Policy* . Date accessed: 17 October 2022.
URL: *epi.yale.edu*

World Bank (2024), 'World development indicators'.
URL: *https://databank.worldbank.org/source/world-development-indicators*

World Health Organization (2023), 'Global health observatory data repository'. Accessed on 2023-12-06.
URL: *https://www.who.int/data/gho*

World Resource Institute & the Access Initiative (2015), 'Environmental democracy index'. Date accessed: 8 February 2021.
URL: *https://environmentaldemocracyindex.org/*