



European Health Information Initiative

First meeting of
the Steering Group

Copenhagen,
Denmark
24–25 March 2015



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Abstract

The WHO European Health Information Initiative (EHII) Steering Group held its first formal meeting in Copenhagen, Denmark, on 24–25 March 2015. Launched in 2012 with start-up funding from the Ministry of Health, Welfare and Sport of the Netherlands, EHII is a multimember network committed to improving the health of the people of the WHO European Region by improving the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity and harmonize data collection. Through these objectives, EHII contributes to integrating health information activities and developing a single integrated health information system for the Region. A number of countries and institutions, including an independent foundation, have contributed to specific EHII activities through funding and/or contributions in kind. The Steering Group received and discussed background information and updates, and reviewed and offered advice on EHII's scope, terms of reference and action plan for 2015–2017.

Keywords

SYSTEMS ANALYSIS, HEALTH INFORMATION MANAGEMENT, MEDICAL INFORMATICS APPLICATIONS, DATA COLLECTION, KNOWLEDGE

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Abbreviations

CARINFONET	Central Asian Republics Information Network
EC	European Commission
EHII	European Health Information Initiative
EU	European Union
EVIPNet	Evidence-informed Policy Network
HEN	Health Evidence Network
OECD	Organisation for Economic Co-operation and Development
RIVM	National Institute for Public Health and the Environment, the Netherlands

Executive summary

Health information is the foundation of health systems and an integral part of them, as WHO Member States agreed in World Health Assembly resolution WHA60.27 in 2007. Although many stakeholders in the WHO European Region are active in this field, substantial challenges related to data quality, comparability, availability and accessibility remain. To strengthen international cooperation, in 2010 the WHO Regional Office for Europe and European Commission agreed to work towards a single integrated health information system for the Region. To support its development, WHO established the European Health Information Initiative (EHII) in 2012.

EHII is a multimember network committed to improving the evidence base for health policy by fostering international cooperation to exchange expertise, build capacity and harmonize data collection. Its members include Member States, WHO collaborating centres, the European Commission and Organisation for Economic Co-operation and Development, health information networks and independent institutions. Several members contribute actively to EHII through funding and/or contributions in kind. Among its core activities and achievements so far are the annual Autumn School for Health Information and Policy-making, the WHO health information and evidence portal and the launch in the Region of the Evidence-informed Policy Network.

With these foundations laid and interest growing, it was an opportune moment to formalize EHII governance, and the first formal EHII Steering Group meeting was held in Copenhagen, Denmark, on 24–25 March 2015. Participants received background information on EHII, its history and context, and agreed on a scoping document. At the core of EHII's scope are six key areas of work: development of information for health and well-being, with a focus on indicators; enhanced access to and dissemination of health information; capacity building; strengthening of health information networks; support for health information strategy development; and communication and advocacy. The scoping document also sets out EHII's vision, mission and aims.

The Steering Group agreed on terms of reference for the network and discussed an action plan for 2015–2017. It offered suggestions for

Box 1. **Why Europe needs EHII**

Sound information is critical for framing evidence-informed health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health targets, such as the Health 2020 targets. Only through broad, international collaboration can we improve health information in the Region in an efficient and meaningful way.

I am extremely pleased that Member States, the European Commission, the Organisation for Economic Co-operation and Development and other stakeholders have joined forces with the WHO Regional Office for Europe to improve health information in the European Region, and that a clear way forward for EHII has been defined. I invite more Member States and other stakeholders to join EHII as active members.

**Dr Zsuzsanna Jakab, WHO
Regional Director for Europe (1)**

specific EHII activities within each of the six key areas including the mapping of existing and ongoing work on health and well-being indicators as a starting-point for the development of a set of common core indicators for the three international agencies, and the development of e-learning courses related to the Autumn School. The Group also made provisional commitments to contributions and concluded by agreeing on next steps, which included a next virtual Steering Group meeting in June. The proposed meeting outcomes were successfully achieved and the meeting was praised as an important step in advancing EHII with better governance, a clearer strategy and full commitment to implementing actions in the key areas (see Box 1).

Background

Health information is the foundation of health systems and an integral part of them, as WHO Member States agreed in World Health Assembly resolution WHA60.27 in 2007. Many experts in countries and institutes throughout the European Region, including the WHO Regional Office for Europe, the European Commission (EC) and the Organisation for Economic Co-operation and Development (OECD), work in the field of health information. Despite this, much of the evidence and knowledge gathered is dispersed, incomplete and difficult to access or compare. Health information activities are often funded through ad hoc projects rather than through sustainable structures. Large parts of current international data collections are poorly harmonized, resulting in discrepancies and a high reporting burden for countries, and a common health information strategy is lacking. Furthermore, health information tends to be poorest where health is poorest, thus creating inequalities in health information across Europe that underestimates the health inequalities it describes.

These problems can only be overcome through strengthened international cooperation. In 2010 the WHO Regional Office for Europe and EC agreed in a joint declaration (2) to work towards a single integrated health information system for the Region. To this end, WHO established the European Health Information Initiative (EHII) in 2012 with seed funding from the Ministry of Health, Welfare and Sport of the Netherlands. EHII is a multimember network committed to improving the health of the people of the European Region by improving the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity and harmonize data collection. Through these objectives, EHII contributes to integrating and harmonizing health information activities in Europe.

EHII works in six key areas:

- development of information for health and well-being, with a focus on indicators;
- enhanced access to and dissemination of health information;

Box 2. Examples of activities and products developed to date under EHII's umbrella

- Development of the WHO health information and evidence portal (3), a “one-stop shop” for easy access to European health information and policy-relevant evidence
- Development of the monitoring framework for Health 2020 (4), including work on well-being measurement and the cultural contexts of health and well-being
- Launch of the Evidence-informed Policy Network (EVIPNet) in Europe in 2012 (5)
- Relaunch of the Central Asian Republics Information Network (CARINFONET) in 2014 (6)
- Development of a support tool for countries to assess health information systems and develop and strengthen health information strategies (7)
- Establishment of the annual one-week Autumn School on Health Information and Evidence for Policy-making, which was successfully conducted in Turkey in 2013 and Poland in 2014, and will take place in the Russian Federation in 2015

- capacity building;
- strengthening of health information networks;
- support for health information strategy development;
- communication and advocacy.

EHII members include Member States, WHO collaborating centres, EC, OECD, health information networks and independent institutions. Several countries and institutions, including a global charitable foundation, contribute actively to EHII through funding and/or contributions in kind, and several other countries have expressed interest in becoming members. EHII has already achieved a great deal (see Box 2).

With the foundations of core activities laid and interest growing, it was an opportune moment to formalize EHII governance, and the first formal EHII Steering Group meeting was held in Copenhagen, Denmark, on 24–25 March 2015. Its aim was to develop a scoping document, terms of reference and an action plan for 2015–2017 (see Annex 1); make suggestions for specific EHII activities; make provisional commitments to contributions; and agree next steps. The Steering Group also received and discussed background information and updates, and offered advice.

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, opened the meeting, welcomed all participants and gave apologies from members from Kazakhstan, Kyrgyzstan and Poland. Dr Annemiek van Bolhuis, Director of Public Health, National Institute for Public Health and the Environment, the Netherlands (RIVM), was unanimously elected chair for a two-year term. Professor Jane Salvage, independent consultant, United Kingdom of Great Britain and Northern Ireland, was elected meeting rapporteur. The proposed agenda (see Annex 2) was adopted. A full list of participants and their affiliations is given in Annex 3.

Dr Marieke Verschuuren, Medical Epidemiologist, Health Information, Monitoring and Analysis, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, and coordinator of EHII, explained the background to the meeting. EHII had been working in an informal and ad hoc way since its launch in 2012, and was now establishing a steering group, to formalize its terms of reference and activities and establish specific ways of working.

The objectives of the meeting were:

- to update participants on the background and activities of EHII and contributions from EHII members so far;
- to advise on the EHII scoping document (vision, mission, scope, aims and expected benefits);
- to advise on the EHII terms of reference;
- to advise on the EHII action plan (including advocacy and communication activities).

The expected outcomes of the meeting were:

- an agreed scoping document, terms of reference and action plan;
- suggestions for specific EHII activities with possible commitments for contributions;
- agreed next steps for the Steering Group.

The modus operandi of the meeting was outlined and participants were reminded to declare any conflicts of interest verbally and in writing to be posted on the WHO website. No conflicts were declared.

EHI background, activities and achievements

The meeting opened with an overview of the background to EHI and the health information context in which it operates, as well as its activities and achievements to date. Scientific evidence on health is growing in volume and validity, but a gap still exists in translating this knowledge into public policy. WHO stands in this gap and aims to coordinate health information at the international level to help inform policy development at the national and subnational levels. The integration and harmonization of national and international health information systems is a major challenge.

Following the 2010 joint declaration by the Regional Office and EC, in which they agreed to work towards a single integrated health information system for all 53 Member States in the European Region (2), the Regional Office agreed a joint action plan with OECD in 2012 that included cooperation on this system. WHO, EC and OECD, together with the Wellcome Trust, gave a technical briefing on progress at the 64th session of the WHO Regional Committee for Europe in 2014. This outlined the roadmap agreed under the joint declaration, including mapping the agencies' current health information systems. A new joint declaration on cooperation between the Regional Office and EC, including in the field of health information, will be presented at the 65th session of the Regional Committee in 2015; its contents are under development.

Health 2020, the overarching framework for many WHO health information activities, focuses on health and well-being; the right to health and access to care, putting people at the centre; addressing the determinants of health and inequalities; a whole-of-society approach; a whole-of-government approach; cross-sectoral working; and the importance of partnerships. A growing number of countries use Health 2020 concepts and principles in their policies, and the need for better health indicators and health information systems is becoming ever more apparent.

The 62nd session of the WHO Regional Committee for Europe in 2012 adopted Health 2020, with a set of goals and appropriate indicators.

The 63rd session the following year built on this with a resolution on indicators for the six targets, approving 20 core and 19 additional indicators. WHO reports on these indicators in several ways, including the annual report of the Regional Director, the annual European Core Health Indicators and the European health report. The WHO “Highlights on health” series of country profiles also contains a chapter on implementation and monitoring of Health 2020. This series is being revitalized and a pilot has been completed with the Republic of Moldova. The WHO Secretariat expressed a desire to work jointly with EC and OECD on these publications for the Member States that the agencies have in common.

Addressing inequalities in health in Europe – a goal of Health 2020 – requires inequalities in health information to be addressed as a first step, which is a major challenge for EHII. As Sir Michael Marmot noted: “All too commonly, where health is poorest, health information tends to be poorest. Health information is absent or incomplete just where we need it most. Health information is crucial in all countries, rich or poor” (8).

All health information activities conducted by the WHO Regional Office for Europe fall under the EHII umbrella. Further work is being done on measuring subjective well-being and the cultural contexts of health and well-being: an expert meeting earlier in 2015 produced recommendations on which WHO will develop a detailed action plan. Capacity is being built at the annual Autumn School on Health Information and Evidence for Policy-making and at advanced technical health information workshops. Member States have requested additional training.

Important sources of evidence for use by EHII in disseminating health information include the WHO Health Evidence Network (HEN) (9) and *Public Health Panorama*, a proposed new Regional Office journal in English and Russian that will share best practices and new insights in public health. The main health information networks under the EHII umbrella are EVIPNet Europe (5), which

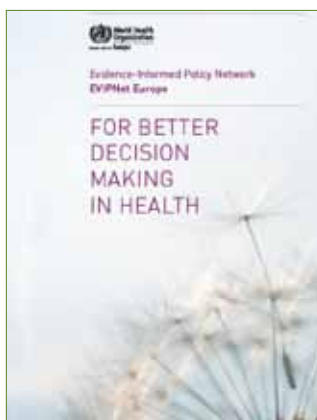
promotes the systematic use of health-research evidence in policy-making (see Box 3) and CARINFONET (6), which aims to improve health information and help health policy-makers monitor trends in the central Asian republics (see Box 4). An EHII working group of 17 Member States, co-chaired by the Netherlands and the Russian Federation, has developed a support tool for countries to assess health information systems and develop and strengthen health information strategies (7) (see Box 5).

The 2015 European health report highlights existing and emerging health information and evidence needs, which will influence the development of the single European health information system and the work of EHII. These include requirements to improve the quality, regularity and timeliness of data collection; to move from monitoring death and disease to monitoring health and well-being; to explore non-traditional information sources for reporting on well-being and gain new insights into regular health statistics; and to expand the scope of monitoring to include non-traditional monitoring concepts such as community resilience and empowerment.

Box 3. **EVIPNet Europe**

EVIPNet is a global WHO network, which was launched in the European Region in 2012. EVIPNet promotes the systematic use of health-research evidence in policy-making. It empowers countries through bottom-up approaches that strengthen countries' capacity for stewardship in evidence-informed policy-making. Multidisciplinary country-level teams are trained to apply different knowledge translation tools, such as evidence briefs and policy dialogues. The

EVIPNet Europe network currently comprises 13 countries in the European Region.



“EVIPNet policy dialogues have often been described as being ‘where the rubber hits the road’ in terms of their efforts to support the use of research evidence in health systems policy-making, allowing the best available research evidence to be actively considered among the real-world factors influencing the policy-making process.”

Professor John Lavis, EVIPNet Global Steering Group (10)

EHI's vision is an integrated, harmonized health information system for the entire European Region. Its mission is to improve the information that underpins health policy through fostering international cooperation to exchange expertise, build capacity and harmonize data collection.

Several meeting participants highlighted the difficulties of harmonization and integration. It is important to use existing information,

Box 4. **CARINFONET**

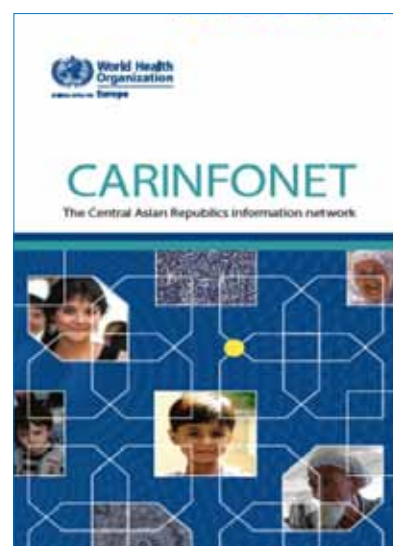
CARINFONET is a collaboration within and between countries in the region of central Asia to produce relevant, objective and accurate statistics. The goal is to keep users well informed and support good policy and decision-making. This can be achieved by strengthening capacities and processes for collection and improving the use and dissemination of health and demographic information. These health statistics are vital for ensuring that health systems are aligned to the health needs of the population they serve.

CARINFONET was originally founded in 1996 but ceased operations in 2006 owing to lack of funding. At the express request of Member States, the Regional Office relaunched CARINFONET in 2014. Two meetings of the Network's Steering Group have been held since

it was re-established, resulting in a detailed action plan, an initial draft set of common indicators for reporting at the subnational level and a decision to establish a special indicator working group to continue work already begun on indicators and their metadata. In addition, the participants updated each other on global, regional and national developments relevant for CARINFONET priority areas and shared their experiences with selecting indicators for monitoring implementation of their national policies/strategies aligned with the goals and directions of Health 2020 and the United Nations Political Declaration on the Prevention and Control of Non-communicable Diseases (11).

Countries of the network share epidemiological profiles and have geographical closeness and a

common historical and cultural background. The participants put great value on exchange of information, expertise and experiences, as this provides an opportunity to appreciate the diversity of existing projects and systems, to be inspired, to capitalize on joint learning and to build long-term approaches and collaborations.



avoid duplication, reduce the reporting burden and be cautious in introducing new indicators. The journey towards common data collection has taken at least 25 years, and recent important progress should be continued. Organizations are getting the same raw data for some health information areas through their joint data collections but are still using different methods when calculating indicators.

WHO, EC and OECD have looked at existing databases to determine what indicators are used, what the databases have in common and what definitions they use. They are comparing indicators to assess the feasibility of shared indicators that require only one reporting response from countries. About half the indicators in the Health 2020 monitoring framework are equivalent to the European Core Health Indicators, arising from the European Community Health Indicators Monitoring project on developing and using health indicators and health monitoring in the European Union (EU) and its Member States (12).

Box 5. **Support tool to assess health information systems and develop and strengthen health information strategies**

In December 2013 Member States asked the WHO Regional Office for Europe to assist them in improving their national health information systems by developing health information strategies. This would make it easier to identify areas where action is required to address priorities for Health 2020, the overarching European policy framework.

WHO and a special working group of Member States therefore developed a support tool based on existing

tools from the former Health Metrics Network (7). The tool was designed to accommodate the specific needs of the diverse situations of health information systems and strategies within the Region. It is very practical and covers all stages of health information strategy development, starting by enabling the user to assess current health information systems and moving on via strategy development and implementation to evaluation. It applies a stepwise approach and provides detailed guidance materials.



EHII scope and strategy

Box 6. EHII vision, mission and aims

EHII's vision is an integrated, harmonized health information system for the entire European Region.¹

EHII's mission is to improve the information that underpins health policy by fostering international cooperation in order to exchange expertise, build capacity and harmonize data collection.

EHII's aims are to:

- harmonize health information;
- improve its quality, availability, accessibility and usability;
- support the generation, synthesis and dissemination of methods and tools in the field of health information;
- support and facilitate the exchange of good practice;
- support the synthesis, dissemination and use of high-quality evidence for health policies;
- build and sustain expert networks in the field of health information;
- contribute to capacity building;
- identify additional members for EHII and expand the network;
- promote the efforts of EHII through an advocacy and communication strategy.

A draft EHII scoping document was introduced. The culmination of the previous two years' work, it sets the direction for the initiative and will be a living document of EHII's evolving thinking – the foundation of its strategy and action plan. Participants were asked whether they agreed with the proposed vision and mission; whether the scope of activities was well described; whether the five pillars were comprehensive; and whether they agreed with the proposed aims and expected benefits.

In a wide-ranging and detailed discussion, a number of changes of wording and clarifications were proposed. In general, it was felt that the document was a good start. A revised document structure was agreed, and the following key points made.

- The scoping document should be both aspirational and strategic.
- It should be clear, unambiguous and focused.
- The introduction should explain how EHII facilitates but does not replace the agencies' core mandates with Member States, and should clarify what these are. It should emphasize that the EHII Steering Group takes a strategic rather than technical or operational approach.
- The vision and mission statements should be memorable, clear, simple and aspirational.
- Bearing in mind the need for precise terminology, the meaning of the formulation “integrated, harmonized health information system” should be explained. The terms “integrated” and “harmonized” have different meanings; both should remain in the vision, with additional explanation.
- A balance should be maintained between more traditional public health reporting (such as mortality and morbidity rates) and “new frontier” data (such as well-being measures).
- The term “key areas” should replace “pillars”.
- A new key area should be added on advocacy and communication.

¹ “Integrated” refers to the linkage and combination of different health information sources within a health information system; “harmonized” refers to using common methodologies across health information systems, such as for data coding, standardization and indicator calculation. EHII recognizes and acknowledges that different health information systems are underpinned by different mandates; hence, they may have different goals and approaches, some of which are not easily integrated or harmonized.

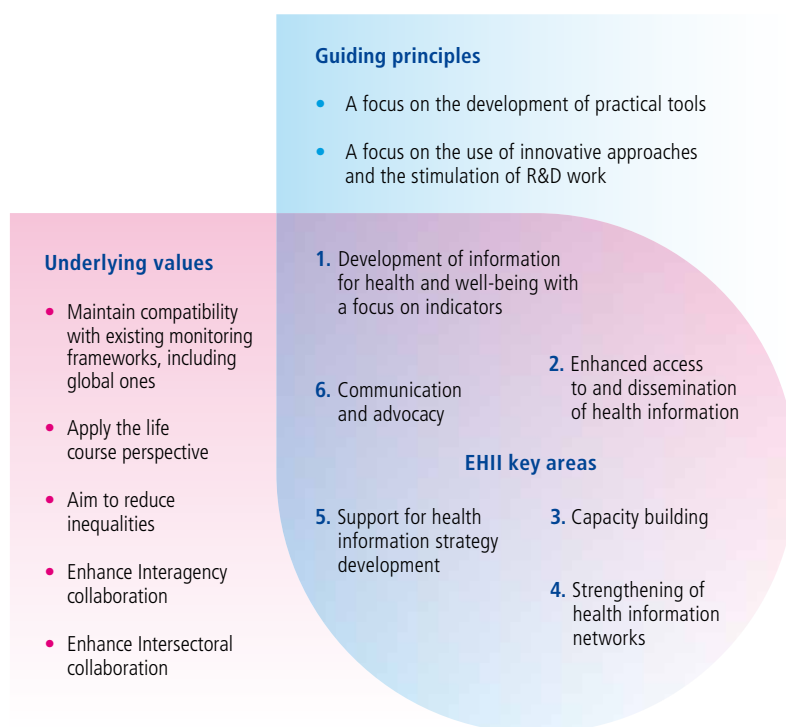
- The interoperability of health information systems should be kept in mind, including the complex legal issues relating to EU requirements.

Box 6 sets out the agreed definitions of EHII’s vision, mission and aims. Several underlying values and guiding principles were also discussed and defined (see Fig. 1).

Action points

The WHO EHII Secretariat would incorporate the key points, with agreed changes of wording and clarifications, in a revised draft document. This will be circulated electronically for comment and then finalized.

Fig. 1. **EHII operational framework: key areas, guiding principles and underlying values**



The draft EHII terms of reference were introduced – these cover EHII but not individual members. WHO has previously used several different organizational models for initiatives and partnerships. In the light of ongoing WHO governing body discussions on the involvement of non-state actors, which may change the way WHO interacts with them, the Regional Office proposes a traditional, member-based network model for EHII rather than a partner-based model, as outlined in the draft terms of reference document distributed before the meeting.

Every Member State or its public institutions may be members of the EHII Steering Group; other stakeholders, such as international organizations, may also become members or may opt to be observers. It would enrich the mix and improve the work if as many organizations joined as possible. EHII members are free to choose how they participate – without specific obligations – although concrete contributions, whether technical, financial or in kind, would be highly appreciated.

It was confirmed that the wording of relevant sections in the terms of reference would be aligned with the agreed changes in the EHII scoping document. It was also agreed that WHO rules regarding the use of others' work by WHO would be clarified.

The election of a vice-chair was discussed. The vice-chair helps the chair and WHO EHII Secretariat in various ways, such as with preparations for Steering Group meetings. Participants were encouraged to make proposals for a vice-chair to the WHO Secretariat to be elected the following day, aiming to enhance geographical and gender diversity.

Action points

- The WHO EHII Secretariat would amend the terms of reference in line with the outcomes of the discussions as described above.
- Amended EHII terms of reference would be circulated to and confirmed with members electronically.
- Steering Group members would propose candidates to the Secretariat for the election of a vice-chair.

The draft EHII action plan for 2015–2017 contains finalized, ongoing and proposed new activities, and records members' financial, intellectual and other contributions. The WHO EHII Secretariat proposed activities that it thought would be relevant and important, and invited the Steering Group to comment and propose new ones if necessary. Where possible, participants were asked to indicate provisionally what activities they might support with resources from their institutions and governments.

Detailed discussions of the plan followed, taking into account the earlier discussions on the EHII operational framework, including key areas, guiding principles and underlying values. Participants stressed the importance of contextual mapping and interagency cooperation to create synergy and avoid duplication of effort. EHII could build on the European Community Health Indicators Monitoring project, whose final report gave an excellent overview of the available indicators, and details on what is done differently by various organizations (12).

The Bridge-Health project, financed by EC and to be launched in May 2015, was also highlighted. Some Steering Group members are part of this key element of the EU health information strategy, which aims to prepare a sustainable basis for the future by improving cross-sectoral collaboration between formerly independent health information projects. An ongoing exchange of views and information between Bridge-Health project partners and the EHII Steering Group was proposed, to avoid duplication of effort and seek alignment. In addition, the WHO Regional Office for Europe will be an observer at the project's meetings, as well as at the meetings of the task force on the future of the Bridge-Health project and preparing a possible proposal for setting up a European research infrastructure consortium on health information.

As EHII serves the whole Region, the challenge is to align processes and development that support all 53 Member States. Countries do not want to collect new data; existing data should be mined to the fullest possible extent. Proposing new indicators should not mean asking countries to do more data collection.

The outcomes of the discussions, including proposed activities and contributions by members in all EHII key areas, are summarized in an updated action plan (see Annex 1). A new activity in each key area is highlighted in Table 1.

Action points

- The WHO EHII Secretariat would facilitate an ongoing exchange of views and information between the Steering Group and Bridge-Health partners.
- The updated action plan would include the agreed amendments (see Annex 1).
- Action priorities would be discussed at the next Steering Group meeting.

Table 1. **Examples of proposed EHII activities**

EHII key area	Proposed new activity
1. Development of information for health and well-being, with a focus on indicators	Develop a design for the evaluation of indicators in the European Health for All database, and develop a proposal for an updated list
2. Enhanced access to and dissemination of health information	Map existing and planned country profiles by the Regional Office, EC and OECD, and their areas of overlap
3. Capacity building	Explore the potential for developing e-learning courses
4. Strengthening of health information networks	Explore the potential for establishing a Finnish–Baltic health information network, led by Finland
5. Support for health information strategy development	Develop a presentation on the support tool for countries to assess health information systems and develop and strengthen health information strategies (7), and identify events where it can be disseminated
6. Communication and advocacy	Develop an EHII communication and advocacy strategy

The WHO health information and evidence portal

Box 7. The WHO health information and evidence portal

The WHO health information and evidence portal is a one-stop shop for health information in Europe. Its main features include:

- access to both quantitative and qualitative information;
- access to information and evidence from all relevant stakeholders;
- different entry points to the information, such as a thematic, country and data entry;
- interactive data visualizations;
- all content available in English and in Russian.



The new WHO health information and evidence web portal (3) was described to the meeting. Presented in English and Russian, it was launched at the 64th session of the Regional Committee for Europe to respond to the need for a one-stop shop for integrated health information from WHO and other partners. The portal aims to make qualitative and quantitative data accessible by country and by theme, and to stimulate data interrogation for further research. It offers new WHO country health profiles, which are under review and improvements are planned. The portal includes methodology information and will assist with monitoring of Health 2020 (see Box 7).

Portal development is now in its second phase, focusing on technical aspects. Once the infrastructure is sound, better tools can be developed. More qualitative information will be incorporated, including from other organizations including EC and OECD. The goal is to showcase information in a manageable way that allows for flexibility and enables users to download and analyse data.

The discussion highlighted the issues of confidentiality and protection of data sources. According to WHO policy, the origins of data compiled by other institutions shown or used in analysis must be clearly cited in the database and all related publications. A contents review committee will look at governance and content issues related to the portal.

The review of the country profiles was welcomed, along with the “Highlights on health” review series. These should have detailed descriptions of the indicators used and present subregional and subnational data.

On the commitment to and sensitivities surrounding data validity, the margins of error should be described if data cannot be validated. EHII members were invited to help with this issue.

Meeting conclusions and agreed actions

The work on the action plan was commended. Discussion of how the Steering Group could function effectively took place. Its terms of reference require an annual meeting but greater frequency is needed, so a web-based meeting will be held in June 2015, at which a decision will be made about subsequent meetings.

The suggestion that Steering Group members should be invited to represent EHII at important events and meet at other forums will be clarified in the action plan. The Steering Group will be a resource for taking the initiative forward.

The WHO EHII Secretariat received no nominations from members present for the vice-chair position. Subject to the Regional Director's approval, the Secretariat proposed Dr Anna Korotkova, Director's Adviser on International Affairs, Federal Research Institute for Health Organization and Informatics of the Ministry of Health, Russian Federation. Dr Korotkova was elected unanimously and accepted her nomination.

Action points

- The Secretariat would organize a web-based meeting in June 2015 to review the updated scope, terms of reference and action plan, and discuss a joint proposal from the two WHO collaborating centres.
- The Secretariat and members would identify other forums that could be used as opportunities to meet.
- The action plan would include an additional point specifying that the Steering Group is a resource for taking EHII forward, through such actions as representing EHII at important events.
- Information about EHII, significant documents including the outcomes of the meeting and the photograph of the Steering Group would be uploaded to the Regional Office website.

All participants were thanked for their lively interaction and the hard work of the WHO EHII Secretariat was acknowledged. The

Box 8. Reflections by the Chair

The coordination and harmonization of health information is a priority issue for countries and international organizations in the European Region. EHII is an important step forward in operationalizing this international collaboration. The first EHII Steering Group meeting in March 2015 was very constructive and many concrete agreements were reached. I look forward to continuing this work with EHII members and the broader health information stakeholders, and anticipate strong support. Together we can make a difference and improve the evidence base for policy-making and tackle health information inequalities.

**Dr Annemiek van Bolhuis,
Chair of the EHII Steering Group,
Director of Public Health and
Health Services, RIVM**



meeting achieved its objectives and EHII made a real advance, with an agreed, achievable workplan. Its previously loose ad hoc structure and governance were now formalized and the meeting was praised as an important step in advancing EHII with better governance, a clearer strategy and full commitment to implementing actions in the key areas (see Box 8).

Dr Claudia Stein thanked participants, the chair and rapporteur on behalf of the Regional Director, noting the excellent progress made and the serious commitment shown by members. The work would now move forward in a very practical way, in collaboration with EC and OECD.

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Annex 1. EHII action plan 2015–2017 Version 1 (June 2015)

Key area 1. Development of information for health and well-being, with a focus on indicators

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop Health 2020 monitoring framework	Monitoring framework and indicators	Wellcome Trust	Hosting and funding well-being indicators meeting in London
Ongoing	Developmental work on measurement of well-being and on cultural contexts of well-being	Recommendations from expert group meeting for WHO EHII Secretariat to take forward	Wellcome Trust	Secondment of research officer to WHO Regional Office for Europe; funding expert meeting on cultural contexts of well-being
New actions 2015–2017 with agreed contributions	Assess European Health for All database indicators to determine how far they align with public health priorities and information needs, and with current data situation; develop proposal for updated list	Proposal for updated list of European Health for All database indicators	1) WHO Collaborating Centre for Health Indicators, Manchester, United Kingdom; RIVM; WHO EHII Secretariat 2) RIVM	1) Development of design for evaluation procedure 2) Technical input during evaluation process
	Map existing and future developmental work on health information, including indicator development (with a focus on inequalities and life-course), as starting-point for development of a set of common core indicators for WHO, EC and OECD	Proposal for mapping exercise	WHO Collaborating Centre for Health Indicators; WHO Collaborating Centre for Health Statistics and Analysis, Moscow, Russian Federation; RIVM	Development of proposal for mapping exercise
	Report regularly to EHII Steering Group on cooperation between Regional Office, EC and OECD on health information (regular activity)	Regular updates during EHII Steering Group meetings, including sharing relevant background materials	WHO EHII Secretariat; EC Directorate-General for Health and Food Safety; OECD	Joint preparation of updates

Key area 2. Enhanced access to and dissemination of health information

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop basic version of WHO health information and evidence portal	WHO health information and evidence portal (with basic functionalities)	The Netherlands	Funding for first two developmental phases of the portal
New actions 2015–2017 with agreed contributions	Develop next phases of portal, including data warehouse	Updated version of WHO health information and evidence portal (with improved back-end and new/better functionalities)	RIVM; WHO Collaborating Centre for Health Indicators	Technical input during developmental phase, including advice on/review of existing and new functionalities, themes and content
	Develop concept country profiles and explore collaboration between WHO, EC and OECD on gathering information, potentially starting with production of WHO "Highlights on health and well-being" for Slovenia, commencing later in 2015	Overview of country profiles in use/planned by these agencies, and potential for using same information base	WHO EHII Secretariat; EC Directorate-General for Health and Food Safety; OECD	Mapping of existing and planned country profiles and their overlaps

Key area 3. Capacity building

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	WHO Autumn School on Health Information and Evidence for Policy-making, 2013 and 2014	Autumn School	1) The Netherlands and RIVM	1) Funding for 2013 Autumn School; technical support for developing course programme (2013–2015)
			2) Turkey	2) Hosting 2013 Autumn School; arranging and funding hospitality
			3) Poland	3) Hosting 2014 Autumn School
Ongoing	WHO Autumn School, 2015	Autumn School	Russian Federation	Hosting 2015 Autumn School
New actions 2015–2017 with potential contributions	WHO Autumn School, 2016	Autumn School	Austria; WHO Collaborating Centre for Health Indicators	Exploration of possible hosting of Autumn School 2016
	Explore further collaboration between WHO, EC and OECD on developing joint modules for Autumn School, starting with the 2016 Autumn school (Ideas mentioned by EC Directorate-General for Health and Food Safety and OECD: EU Scientific Committees as practical example of evidence-informed policy-making, module on system of health accounts implementation and policy use)	Ideas on possibilities for joint Autumn School modules, possibly leading to action plan for development	WHO EHII Secretariat; EC Directorate-General for Health and Food Safety; OECD	Discussions on joint modules for Autumn School
	Develop/adapt standard (e-learning) modules related to contents of Autumn School and/or other health information topics/tools	(e-learning) modules	1) WHO Collaborating Centre for Health Indicators; WHO EHII Secretariat 2) RIVM	1) Exploration of potential for development of module on Health in All Policies for the online Master of Public Health organized by Manchester University 2) Exploration of educational tool to explore different perspectives on public health, as basis of additional Autumn School module or workshop
Potential new actions 2015–2017	Activities that strengthen evidence-informed policy-making – e.g. develop tools for monitoring and evaluation, setting up clearing houses and rapid response mechanisms; develop repository for evidence-informed policy-making tools	Tools (to be determined)	None agreed yet	

Key area 4. Strengthening of health information networks

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	CARINFONET	CARINFONET	1) Kyrgyzstan 2) Kazakhstan	1) Hosting CARINFONET secretariat during first rotation period 2) Hosting CARINFONET secretariat during second rotation period
New actions 2015–2017 with potential contributions	Explore potential for establishing Finnish–Baltic health information network	Feedback on potential for establishing Finnish–Baltic health information network	Finland	Exploration of possibilities for establishing the network
	Explore potential for establishing link between EHII and new network for Russian-speaking countries for health systems and health information	Feedback on potential to establish link between EHII and Russian-speaking network	Russian Federation	Exploration of possibilities to link new network and EHII
Potential new actions 2015–2017	Map existing health information networks in Region and develop strategy for involving them in EHII		None agreed yet	

Key area 5. Support for health information strategy development

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop support tool for Member States to assess health information systems and develop and strengthen health information strategies	Support tool	1) Russian Federation	1) Co-chairing expert group guiding tool development and hosting two expert group meetings
			2) The Netherlands; RIVM	2) Co-chairing expert group guiding tool development
New actions 2015–2017 with agreed contributions	Explore linkage of introduction of support tool to another event, e.g. Autumn School or network meetings such as CARINFONET (regular activity)		1) WHO EHII Secretariat 2) EHII Steering Group members	1) Identification of opportunities to present tool and summarize in a calendar; prepare basic presentation 2) Informing WHO EHII Secretariat about meetings and events where tool could be introduced
Potential new actions 2015–2017	Gather good practice examples from Region of interventions aimed at improving (elements of) national health information systems to supplement support tool		None yet agreed	
	Organize pilot workshop(s) in a few Member States for implementing tool; use outcomes to improve and update tool		None yet agreed	

Key area 6. Communication and advocacy

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
New actions 2015–2017 with agreed contributions	Develop communication strategy, including (series of) papers in relevant scientific journals and other media (high priority)	EHI communication strategy	1) WHO EHI Secretariat 2) Turkey; Latvia; WHO Collaborating Centre for Health Indicators	1) Drafting communication strategy 2) Review of draft strategy developed by WHO EHI Secretariat
	Represent and promote EHI at relevant meetings and events (regular activity)	Presentations, dissemination of EHI materials, discussions with stakeholders, etc.	Steering Group members	Giving presentations, disseminating promotional materials, informing interested stakeholders
	Set up EHI website	Webpages dedicated to EHI on WHO Regional Office for Europe public website	WHO EHI Secretariat	Develop webpages
	Develop basic presentation on EHI	Basic presentation	WHO EHI Secretariat	Basic presentation on EHI
	Inform Regional Committee about EHI (regular activity)	Progress updates	WHO EHI Secretariat	Prepare regular updates
Potential new actions 2015–2017	Organize EHI road show and visit potential new members		None yet agreed	
	Create a YouTube channel		None yet agreed	
	Establish regular EHI newsletter		None yet agreed	

Support to WHO EHI Secretariat

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Support WHO EHI Secretariat (regular activity)	Well functioning WHO EHI Secretariat	1) The Netherlands and RIVM 2) Turkey (under discussion) 3) WHO Collaborating Centre for Health Indicators (under discussion)	1) One-year secondment of senior staff member to Regional Office; technical support for organization of first EHI Steering Group meeting 2) Secondment of senior staff member to Regional Office 3) Secondment and student internships

Annex 2. Meeting agenda

Tuesday 24 March 2015

Opening session

Welcome and introduction (Dr Claudia Stein)

Election of EHII Steering Group Chair and Rapporteur

Outline of scope, purpose and meeting agenda (Chair: Dr Annemiek van Bolhuis)

Session 2: EHII background, activities and achievements

Presentation (Dr Claudia Stein and Dr Marieke Verschuuren)

Discussion

Action points

Session 3: EHII scope and strategy

Presentation (Dr Claudia Stein)

Discussion

Action points

Session 4: EHII terms of reference

Presentation (Dr Marieke Verschuuren)

Discussion

Action points

Session 5: the WHO health information web portal

Presentation (Ms Tina Danneman Purnat)

Discussion

Action points

Wednesday 25 March 2015

Summary

Recap and action points from Day 1 (Professor Jane Salvage)

Session 6: EHII action plan

Presentation (Dr Claudia Stein)

Discussion

Action points

Session 7: conclusion and next steps

Review of action plan and recommendations (Dr Annemiek van Bolhuis)

Dates of next meeting and possible agenda items (Dr Claudia Stein)

Any other business

Closure of meeting

Conclusions and closure (Dr Annemiek van Bolhuis)

Annex 3. List of participants

EHII members

Austria

Dr Flora Haderer, Public Health and Medical Affairs,
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Public Health, Ministry of Health

Finland

Professor Mika Gissler, Research Professor,
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Latvia

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Netherlands

Dr Annemiek van Bolhuis, Director of Public
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Professor Hans van Oers, Chief Science Officer,
RIVM

Dr Simone de Bruin, Senior Researcher, RIVM

Russian Federation

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Dr Petra Löfstedt, Public Health Planning Officer,
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Turkey

Mr Ozan Beyhan, Consultant, General Directorate
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Wellcome Trust

Dr Beth Thompson, Policy Adviser

WHO Collaborating Centre for Health Indicators

Dr Arpana Verma, Director, Manchester Urban
Collaboration on Health/Centre for Epidemiology in
the Institute of Population Health

Observers

European Commission

Dr Guy Dargent, Scientific Project Officer (MD),
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Dr Marleen De Smedt, Adviser to the Director-General, Directorate-General Eurostat

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation

Dr Barbara Kerstiëns, Head of the Public Health Section, Unit of Infectious Diseases and Public Health, Directorate-General for Research and Innovation

Dr Marieke Verschuuren, Medical Epidemiologist, Health Information, Monitoring and Analysis, Division of Information, Evidence, Research and Innovation

Dr Stefan Schreck, Head of the Health Information and Scientific Committees Unit, Directorate-General for Health and Food Safety

Organisation for Economic Co-operation and Development

Mr Gaétan Lafortune, Senior Economist

Temporary advisors

Professor Jane Salvage, Director, Jane Salvage Limited, United Kingdom

WHO Regional Office for Europe

Ms Tina Dannemann Purnat, Unit Leader, Monitoring and Surveillance Systems and Databases, Division of Information, Evidence, Research and Innovation

Dr Fern Greenwell, Programme Manager (a.i.), Health Information, Monitoring and Analysis, Division of Information, Evidence, Research and Innovation

Ms Tanja Kuchenmüller, Technical Officer, Evidence and Intelligence for Policy-making, Division of Information, Evidence, Research and Innovation

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Azerbaijan	Greece	Norway	Tajikistan
Belarus	Hungary	Poland	The former
Belgium	Iceland	Portugal	Yugoslav
Bosnia and Herzegovina	Ireland	Republic of Moldova	Republic of Macedonia
Bulgaria	Israel	Romania	Turkey
Croatia	Italy	Russian	Turkmenistan
Cyprus	Kazakhstan	Federation	Ukraine
Czech Republic	Kyrgyzstan	San Marino	United Kingdom
Denmark	Latvia	Serbia	Uzbekistan
Estonia	Lithuania	Slovakia	
	Luxembourg		

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