



First meeting of focal points of the Small Countries Health Information Network (SCHIN)

Valetta, Malta
3–4 March 2016



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ABSTRACT

The first meeting of focal points of the Small Countries Health Information Network (SCHIN) took place in Valetta, Malta, on 3–4 March 2016. The meeting brought the nominated focal points together for the first time to bring forward the issues raised at the Second High-level Meeting of Small Countries held in Andorra on 2–3 July 2015 and at the side meeting convened by Malta during the 65th session of the WHO Regional Committee for Europe in Vilnius on 14–17 September 2015. The aim of the meeting was to agree on terms of reference for the focal points and identify priority actions based on Member State expectations for the Network. The outcome of the meeting was agreement on the modus operandi, a detailed action plan, and roles and responsibilities of partners.

KEYWORDS

HEALTH INFORMATION SYSTEMS
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ABBREVIATIONS

DIR	Division of Information, Evidence, Research and Innovation
EHII	European Health Information Initiative
EVIPNet	Evidence-informed Policy Network Europe
HFA	Health for All
HIS	health information system(s)
HSPA	health system performance assessment(s)
SCHIN	Small Countries Health Information Network
SDGs	Sustainable Development Goal(s)
SPG	Statistical Policy Group
WHO	World Health Organization

EXECUTIVE SUMMARY

The first meeting of the focal points of the Small Countries Health Information Network (SCHIN) took place in Valetta, Malta on 3–4 March 2016. The meeting brought together nominated focal points for the first time with the aim to familiarize members of SCHIN with its scope and purpose, to discuss and agree on terms of reference for the focal points and modus operandi of the Network, to identify priority actions and agree on a joint action plan, and to establish a shared understanding of the roles and responsibilities of each partner at every step in the process. The presentations and group discussions addressed the following topics:

- health information networks in the context of Health 2020 and the World Health Organization's (WHO) European Health Information Initiative (EHII);
- the burden of countries reporting to the WHO Regional Office for Europe and the Regional Office's gatekeeper function for health information;
- the Network's governance structure and modus operandi;
- statistical constraints in small jurisdictions;
- development of a mini health systems performance assessment (HSPA) in small countries, proposed by Malta;
- expectations of SCHIN in the national context of current developments in the area of health information; and
- suggestions for the Network's priority topics and development of an action plan.

All expected outcomes of the meeting were achieved. The focal points agreed on the terms of reference of the Network and developed a work plan with clear roles and responsibilities for all parties. The agreed priority activities included health information system (HIS) assessments, joint analysis, data visualization and decision-making support, regular information exchange, indicator selection, and knowledge translation. The participants agreed to start with assessments of national HIS using a rapid assessment tool, and at a later stage using the comprehensive WHO support tool¹. As a first step, countries would conduct a mapping exercise of existing indicators for HSPA, following the example of Malta², to identify priority areas with a view to creating a mini assessment framework for small countries. A summary of these assessments will be submitted for publication in the Regional Office's journal *Public Health Panorama*.

1 Support tool to enhance national health information systems and develop national health information strategies. Copenhagen: World Health Organization Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/support-tool-to-assess-health-information-systems-and-develop-and-strengthen-health-information-strategies>, accessed 21 April 2016).

2 Grech K, Podesta M, Calleja A, Calleja N. Performance of the Maltese health system. Valletta: Ministry for Energy and Health (Health), Malta; 2015.



The WHO Secretariat will explore the feasibility of establishing a new peer grouping for the eight small countries in Regional databases, as well as the reporting of rolling averages for selected indicators. A concept note outlining these options will be presented for discussion at the next meeting.

With a view to reducing the burden to countries of responding to surveys, the Regional Office has established a new gatekeeper function for data requests to Member States. The WHO Secretariat will also create an online communication platform to facilitate the exchange of best practices within SCHIN.



INTRODUCTION

Small countries face unique challenges in the collection, analysis, and reporting of health data and information. These concerns were raised at the Second High-level Meeting of Small Countries held in Andorra on 2–3 July 2015, where the possibility of establishing a health information network for small countries was proposed and welcomed by all participating countries. It was agreed that a health information network for small countries would address common data challenges, provide better coordination of data requests to Member States by the Regional Office, support analysis and joint reporting of indicators, consider the establishment of a minimum data set for small countries, and further activities and membership in EHII.

With the leadership of the Maltese Ministry for Energy and Health, a side meeting was convened at the Regional Committee 2015 in Vilnius, where it was agreed to establish a health information network for small countries. The first meeting of focal points of SCHIN took place in Valetta, Malta on 3–4 March 2016 (see Annex 1 for programme). The meeting was jointly convened by the WHO Regional Office for Europe Division of Information, Evidence, Research and Innovation (DIR), the Division of Policy and Governance for Health and Well-being, and the WHO European Office for Investment for Health and Development, and was hosted and chaired by the Maltese Ministry for Energy and Health.

Meeting participants included representatives from eight Member States – Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino – and the WHO Regional Office for Europe (see Annex 2 for list of participants). The Honourable Christopher Fearne, Parliamentary Secretary for Health, Ministry for Energy and Health, Malta, gave an address at the meeting. He stressed the importance for small countries of having a strong collective voice, and thanked the WHO Secretariat for leading the project of establishing the Network.

Dr Denis Vella Baldacchino opened the meeting by welcoming participants and sharing recent achievements in the health care system of Malta to improve population health. He emphasized the crucial role SCHIN could play in identifying priority issues for countries, reducing the burden of data reporting, and collectively addressing common challenges faced by small countries.

Dr Claudia Stein thanked the Maltese Government for their hospitality in welcoming the WHO Secretariat to Malta, and for its leadership role in establishing the Network. On behalf of the Regional Office, she expressed high expectations for the Network, which would be well supported by the Regional Office and integrated into EHII (without losing the specificity relevant for small countries).



On behalf of the Director of the WHO European Office for Investment for Health and Development and the Division of Policy and Governance for Health and Well-being, Dr Francesco Zambon welcomed the participants and thanked Dr Stein for the technical leadership. He recalled the high-level meetings in San Marino and Andorra where the issues and health information challenges of small countries were raised, and expected the current meeting in Malta to be very productive in identifying priority actions to meet these challenges.

Dr Neville Calleja was elected Chairperson of the meeting. The agenda of the meeting was adopted.

The meeting had three main objectives:

- to familiarize focal points with the scope and purposes of the Network;
- to discuss and agree on the terms of reference and modus operandi of the Network; and
- to identify priority actions and establish a shared understanding of the work required and the roles and responsibilities of each partner.

This report outlines the following topics that were addressed during the meeting:

- health information networks in the context of Health 2020, EHII and other regional and global developments;
- the burden for countries of reporting data to WHO, and a new gatekeeper function for health information;
- characteristics of small countries;
- the development of a mini HSPA for small countries;
- terms of reference for the focal points and modus operandi of the Network;
- expectations of the Network in the national context of current developments in the area of health information; and
- the development of an action plan for the Network.

TOPICS DISCUSSED

Health information networks in the context of Health 2020, EHII and other regional and global developments

Dr Stein shared with participants recent developments in health information in the European Region. She provided an overview of EHII, which was launched with the vision of implementing a single health information system for the European Region. EHII provides an overarching framework for health information activities in the Region within six key areas (see Box 1).

Box 1.

EHII six key areas

1. Development of information for health and well-being with a focus on indicators
2. Enhanced access to and dissemination of health information
3. Capacity building
4. The strengthening of health information networks
5. Support for health information strategies
6. Communication and advocacy

Of particular relevance to the establishment of SCHIN is EHII's key area 3, capacity building. Dr Stein referenced DIR's annual Autumn school on health information and evidence for policy-making. This initiative is now in its fourth year, and continues to attract high interest from Member States throughout the Region. Furthermore, the Division has incorporated a follow-up Advanced health information workshop component for participants to continue their use of and experience applying curriculum concepts. Dr Stein noted that the Division could organize for SCHIN a specialized health information workshop on the specific analytical and capacity-building interests of small countries.

Within EHII's key area 4 – the strengthening of health information networks – Dr Stein referenced and provided updates on existing networks, such as the Central Asian Republics Health Information Network (CARINFONET), the Evidence-informed Policy Network (EVIPNet), and the upcoming addition of a health information component to the South-eastern Europe Health Network (SEEHN).



Dr Stein also shared with participants the progress on the European Health Information Gateway, the Regional Office's new online portal to access key data and policy-relevant themes in a single one-stop-shop showing detailed country profiles with a focus on Health 2020 and well-being indicators. Additionally, the *Highlights on Health* series has been re-established, and publications for Greece, the Republic of Moldova and Slovenia will be released shortly. Similar publications and country profiles can be initiated for small countries. Lastly, she informed participants about progress in aligning the Sustainable Development Goals (SDGs) with Health 2020 indicators.

Discussion

- Participants agreed that *Highlights on Health* and country profile publications for small countries would be very useful.
- There was strong support for the idea of joint capacity-building activities. A specialized Autumn school with a focus on small countries was proposed as an option.
- The upcoming reporting of SDGs was discussed, and key questions were noted regarding the anticipated mechanisms for monitoring and submitting data on these indicators (as well as their alignment with SCHIN). Subsequent discussions are required as further details emerge on SDGs and their indicators.
- Participants expressed their appreciation for the efforts of the Regional Office in developing the European Health Information Gateway, and requested a presentation and demonstration at the next meeting of the Network.

Action points

- SCHIN focal points will discuss options for future joint reporting activities.
- The WHO Secretariat will consider capacity-building activities, including a specialized Autumn school for small countries.
- The WHO Secretariat will continue scoping the reporting of SDGs, and consider alignment opportunities within EHII.
- The WHO Secretariat will provide an update and demonstration of the European Health Information Gateway at the next meeting of the Network.

The burden of country reporting to the Regional Office, and the Regional Office's gatekeeper function for health information

Dr Khassoum Diallo presented the results of an internal survey to determine the burden of reporting by Member States to the Regional Office. Technical units reported on the number and characteristics of surveys and data requests sent to Member States. Results showed that the burden of reporting is high, and that almost half of requests were not mandated by governing bodies of WHO.

Dr Diallo informed participants that the Regional Director has established a gatekeeper function at the Regional Office; this gatekeeper function is embedded within and overseen by the Statistical Policy Group (SPG), a high-level technical and strategic group that advises the Regional Director and provides policy direction in the area of health information. The SPG has developed clear criteria and prioritization for data collection requests. Starting in 2016, therefore, all data collection requests by the Regional Office will be vetted and streamlined. Only data collection activities mandated by decisions of governing bodies or other agreements will be approved and forwarded to Member States.

Discussion

• Burden of reporting

All participants agreed that burden of reporting was a significant concern for small countries and requested the Regional Office to address ways to decrease this burden. Focal points emphasized that the problem was not just the number of data collection requests but also their size and content overlap with other surveys.

• Comprehensiveness of the survey

Participants noted that results of this internal survey of technical units at the Regional Office underestimated the true number of requests received by Member States. The WHO Secretariat will continue working with Member States in order to identify and quantify all data requests.

• Combination of data requests

There are opportunities to streamline data collection requests that have overlapping functions. For example, the SPG will explore the possibility of further integration of data collection requests that have overlapping content between the Regional Office and WHO headquarters.

• Periodic and joint reporting

Acknowledging the limited human resources of small countries, participants discussed the possibility of less frequent reporting of certain indicators, and recommended opportunities for joint reporting to WHO on core sets of indicators that are of priority and relevance for small countries. Furthermore, participants noted the value of establishing a country grouping category for small countries within European Region databases. Such a category would allow for meaningful comparisons across small countries.



- **Rolling averages**

The issue of small counts and subsequent unstable rates of selected indicators within small countries was discussed extensively. It was recommended that the WHO Secretariat draft a concept note on the various methodological options for calculating and reporting rolling averages, and present this at the forthcoming SCHIN meeting in Monaco.

Action points

The WHO Secretariat will:

- work with Member States to identify all data collection surveys with the aim of streamlining these activities and reducing the reporting burden;
- provide an update on its progress in implementing the gatekeeper function at the next SCHIN meeting;
- provide a concept note to SCHIN on methodological options for calculating and reporting rolling averages; and
- explore the introduction of a small country grouping within European Region databases.

Characteristics of small countries

Professor Lino Briguglio outlined the Vulnerability and Resilience Framework for Small States³. This framework describes the unique challenges of small countries, including limited natural resources, high import rates, commodity concentration of exports, small domestic markets and limited economies of scale, lack of domestic competition, and issues related to public administration. While acknowledging these limitations, Professor Briguglio noted that these same unique characteristics of small countries can be leveraged for positive growth and improvement if appropriate policies on economic, political, social and environmental governance are adopted.

³ Briguglio L. A vulnerability and resilience framework for small states. In: Lewis-Bynoe D, editor. Building the resilience of small states: a revised framework. London: Commonwealth Secretariat; 2014:10–76.

Discussion

Participants indicated that further research on the cultural context related to small country resilience would be of interest.

Development of a mini HSPA of small countries

Participants heard a presentation on the progress on an indicator availability mapping exercise undertaken by the Department of Health Information and Research of the Maltese Ministry for Energy and Health. Furthermore, Malta has volunteered to take the lead on a small-country-themed mini HSPA. The project would build on the experience of Malta's recent HSPA conducted with support from the Regional Office, and leverage the expertise of the Islands and Small States Institute at the University of Malta.

The proposed methodology for the project would build on the mapping exercise of available indicators for small countries. Subsequently, a consensus-based exercise could identify priority indicators, followed by further identification of country-specific indicators, and efforts to rectify underreported indicator domains.

Malta shared the following lessons from their HSPA exercise.

- When warranted, countries should avoid reporting of absolute numbers.
- Rolling averages should be used to address unstable rates from year to year.
- Countries should attribute rates and use three-year (or other) rolling averages in instances of data gaps.

Discussion

Malta proposed several points for consideration in terms of a common set of indicators for small countries, including types of indicators, a process for identification of Health for All (HFA) and non-HFA indicators, and an approach to accounting for domestic priorities.

Action points

- Malta will complete the indicator availability mapping exercise and propose priority indicators (including both HFA and non-HFA), and provide support to capacity-building activities.
- Prior to the next high-level meeting in October, briefing documents will be exchanged and a teleconference scheduled to discuss findings and progress.



TERMS OF REFERENCE FOR FOCAL POINTS AND MODUS OPERANDI OF THE NETWORK

A draft terms of reference document was circulated prior to the meeting, and was discussed in the plenary session (see Annex 3). The focal points adopted the terms of reference, and agreed the Network would commence with Malta as Chair, and Montenegro as Deputy-Chair, for an initial two-year term. The WHO Secretariat would provide technical support to the Network, including administrative and coordination assistance, and facilitation of in-person and virtual meetings.

To determine the modus operandi for SCHIN, three possible models of governance were presented, as follows:

- a basic model: either formal or informal network as a platform for exchange and mutual support, which would provide the ability to identify joint priorities and issues, make joint requests to international organizations, and would become a member of EHII;
- an intermediate model: joint reporting activities and a web-based platform in addition to the items above;
- an advanced model: further addition of joint capacity-building activities (e.g. specialized Autumn school for small countries), and joint strategy development, communication and advocacy.

Any combination of the models and their elements is also feasible.

Discussion

The advantages and disadvantages of each model and their suitability for the Network were discussed.

- Participants suggested commencing with the identification of a core set of indicators, followed by joint reporting activities at a later stage.
- Concern was raised that capacity building would be time consuming. It could be conducted back-to-back with other meetings

(ministerial or technical meetings) to maximize time and resources. Countries would explore funding options for the Network, especially for capacity-building activities.

- There was a suggestion to focus on assessments of HIS prior to the identification of joint priorities. Furthermore, participants welcomed the exchange of best practices and tools to address varying capacities across countries.
- The group suggested starting with the basic model, identifying joint strengths and challenges, and then gradually developing and expanding to include the elements in subsequent network models.

Action points

- Countries will review and discuss the development of a core set of indicators at the next meeting of the focal points.
- The WHO Secretariat will consider the planning of capacity-building activities to align with scheduling of existing meetings of the Network.
- Countries will explore funding options for the Network, especially for capacity-building activities.
- The WHO Secretariat will support countries with HIS assessments.

EXPECTATIONS OF SCHIN IN THE NATIONAL CONTEXT OF CURRENT DEVELOPMENTS IN THE AREA OF HEALTH INFORMATION



Prior to the meeting, participants were asked to prepare a presentation outlining their countries' HIS, including a description of the governance and legal basis for collecting health data, available data sources, indicator sets used for monitoring purposes, health information reporting activities, and existing knowledge translation mechanisms. The objective of these presentations was to identify and discuss the strengths and weaknesses of each national HIS, particularly the integration of information, and how SCHIN could support the challenges identified. Discussion following country presentations was structured around the following questions.

- What are the key challenges that countries have in common?
- What are some potential solutions for these challenges?
- What are the main expectations of countries for SCHIN?

The session identified common challenges but also considerable differences across countries. Common challenges included:

- lack of legal frameworks for health information reporting in some countries, in the absence of a long tradition of health information reporting;
- lack of coordination between HIS bodies, and within those, unstructured development of HIS;
- unclear legislation with regard to exchange of health data;
- duplication of effort in the flow of health data;
- little consideration of data specificities of small countries in data requests from international organizations;
- insufficient human resources (limited analytical capacity);
- lack of tools for data exchange in some countries; and

- weak knowledge translation and use of information for decision-making in many countries.

Participants voiced the following expectations for the Network:

- joint activities to support actual data and information needs, and coordination of efforts for data collection and reporting;
- better integration of health information and utilization of existing databases;
- streamlining and coordination of data collection requests to countries, with the aim of reducing the burden of reporting;
- support from the Regional Office to assess national HIS, and their future development;
- support for the exchange of best practices, tools and expertise;
- targeted capacity-building activities for small countries; and
- identification of a core set of indicators specific for small countries.



DEVELOPMENT OF THE WORK PLAN FOR SCHIN

The task of the second day was to decide on the priority topics based on discussions and participants' expectations of the Network, including populating a work plan with activities, identification of core deliverables, responsibilities and timelines (see Annex 4). Priority activities were identified in five areas: 1) information exchange on a regular basis, 2) joint analysis, data visualization and support for decision-making, 3) HIS assessments and indicator selection, 4) knowledge translation, and 5) capacity building.

CONCLUSIONS AND NEXT STEPS

The first meeting of the SCHIN focal points achieved its stated objectives. The modus operandi of the Network and roles and responsibilities were determined. Action priorities for the focal points and the WHO Secretariat were identified and formed the basis of the work plan.

Priority action points for the small countries

- Malta will complete the indicator availability mapping exercise and present the results at the next meeting.
- Countries will leverage the structure of Malta's recent HSPA report. The priority areas identified will form a broader HSPA framework for small countries, to be drafted by Malta.
- The members of the Network will share, summarize and publish results of their HIS assessments for submission to the Regional Office journal *Public Health Panorama*.

Priority actions for the WHO Secretariat

The Secretariat will:

- adapt and evaluate the gatekeeper function for data requests and report back at the next SCHIN meeting;
- explore the establishment of a small country grouping and reporting of rolling averages for selected indicators, and provide concept notes outlining technical options and scenarios;
- establish an online communication platform for SCHIN members to support information exchange; and
- include EVIPNet in the agenda of the next SCHIN meeting in order to discuss the potential link between EVIPNet and SCHIN and capacity-building opportunities in knowledge translation.

Other action points resulting from discussions

- Member countries will review and discuss the development of a core list of indicators at the next focal point meeting.
- At a later stage, countries will consider conducting HIS assessments and gap analyses using the WHO support tool.
- Countries will provide the WHO Secretariat with a list of all surveys and data requests to strengthen the gatekeeper function.
- Member countries will consider joint publications.
- The WHO Secretariat will consider capacity-building activities for small countries.
- A meeting report will be prepared and circulated to all participants for comment and approval.

Member countries will begin the agreed activities, and reconvene at the Monaco meeting in October 2016 to report on progress made and discuss next steps.

ANNEX 1. PROGRAMME

Thursday 3 March 2016

Welcome and opening remarks

- Dr Denis Vella Baldacchino, Chief Medical Officer, Ministry for Energy and Health, Malta
- Dr Claudia Stein, Director, Division of Information Evidence, Research and Innovation, WHO Regional Office for Europe
- Dr Francesco Zambon, WHO European Office for Investment for Health and Development and the Division of Policy and Governance for Health and Well-being

Introduction of the participants

Nomination of Chairperson and Rapporteur (proposal by WHO Secretariat)

Adoption of the provisional agenda and provisional programme (Chairperson)

Health information networks in the context of Health 2020, the European Health Information Initiative (EHII) and other regional and global developments (Dr Claudia Stein)

Q&A

Assessment of WHO Regional Office for Europe data/survey requests to Member States and the Regional Office's gatekeeper function for health information (Dr Claudia Stein)

Discussion

Determining the modus operandi: terms of reference of the focal points and possible models of governance for the Small Countries Health Information Network (SCHIN) (Chair and Dr Claudia Stein)

Discussion:

- What are the pros/cons of each model?
- Which is the most suitable for small countries?
- How can funding be secured?
- How will WHO support SCHIN?
- Agreement on a governance mechanism for SCHIN.

Summary of the morning session (Chair)

Statistical constraints in small jurisdictions (Professor Lino Briguglio)

Malta: a roadmap of the health information system (Dr Neville Calleja)

Presentations by countries: expectations of SCHIN in the national context of current developments in the area of health information and suggestions for the project's priority topics (Member States' representatives)

Discussion:

- What are the key challenges that countries have in common?
- What are some potential solutions for the challenges identified?

- What are the main expectations of countries for SCHIN?

Summary of key issues identified by Member States (WHO Secretariat and Chair)

Follow up discussion and agreement on the SCHIN priority areas of activities for coming years:

- What are the key areas of work for the Network?
- Who should follow up/lead which area?
- What are the implications for all parties?

Summary of the day (WHO Secretariat)

Friday 4 March 2016

Welcome (Dr Christopher Fearne, Parliamentary Secretary for Health, Malta)

Brief summary of key agreement points of Day 1 (Rapporteur)

Development of a mini health systems performance assessment in small countries: mapping of health indicator availability – Chair's projects (Dr Natasha Azzopardi-Muscat, Ms Sanne Thyssen, Dr Neville Calleja)

Discussion

Development of a SCHIN work plan (WHO Secretariat)

The SCHIN work plan – discussion:

- What are the key immediate actions (e.g. capacity building, tools development, discussion fora, etc)?
- What are the medium-/long-term actions?
- Identifying the actors.
- Agreement on SCHIN work plan.

Discussion on immediate next steps:

- frequency of meetings of SCHIN Focal Points;
- mode of communication (virtual, in-person, etc);
- date and type of next meeting.

Wrap-up (Chair & WHO Secretariat)

ANNEX 2.

LIST OF PARTICIPANTS

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ANNEX 3.

TERMS OF REFERENCE FOR THE FOCAL POINTS

Responsibilities of the focal points

The role of the Network focal points is to provide strategic leadership to the Network, including setting its direction, overseeing implementation of its activities and monitoring its performance, enhancing its relevance and impact and ensuring overall accountability.

To achieve this, the focal points will:

- discuss and make recommendations on issues of major strategic significance to the Network, including its scope of work and priority areas, and possible topics for future meetings;
- represent stakeholder interests, share good practices and promote continuous improvement via the Network;
- develop a concrete action plan for the Network, regularly review the implementation of its activities and, where necessary, recommend actions to increase its effectiveness;
- mobilize resources both inside and outside the country to fund the Network's priority projects;
- make recommendations on the content, timing and location of the focal points' meetings; and
- act as the point of contact for organizations that wish to establish dialogue with the Network.

Composition, accountability and roles

To establish the membership of the Network, each participating country is invited (but not required) to nominate a representative with strategic skills and technical knowledge in the field of health information, monitoring and analysis, to serve as the focal point and represent their country. The nominees would ideally have previous experience in interagency collaboration between key institutions such as their ministry of health, national statistics agency and civil registration department.

The focal points are accountable and report to the ministers of health of the small countries initiative. The focal points will not receive remuneration for their duties in the Network, but they may receive reimbursement for its official activities, including travel and per diem to annual forums.

The chair of the Network sets the agenda, convenes meetings of the focal points and ensures that they are properly conducted. The deputy-chair takes the role of the chair when the chair is not present.

WHO Regional Office for Europe's Division of Policy, Cross-Cutting Programmes and the Regional Director's Special Projects, European Office for Investment for Health and Development, will provide administrative and coordination support, including facilitating face-to-face and virtual meetings.

The Regional Office's Division of Information, Evidence, Research and Innovation will provide technical support to the Network.

Election of the chair and deputy chair

- The chair is to be elected from among current focal point members on a two-year rotational basis.
- The deputy-chair is to be elected from among current focal point members on a two-year rotational basis.

Modus operandi

The focal points meet at least once a year, subject to funding. Face-to-face meetings are preferred as the most effective option; some situations may call for meeting by remote telecommunication. In addition to the permanent members, resource advisors such as IT experts may be invited to participate in some meetings, if there is sufficient justification and resources. Decisions in the focal points' group shall be taken by general agreement or consensus.

Review

The review of these terms of reference is upon request of the members, potentially at the annual meeting of the Network focal points.

ANNEX 4. SCHIN WORK PLAN

Priority activities	Core deliverables	Priority	Lead/ responsible	Time frame		
				2016		
				Q2	Q3	Q4
Information exchange on a regular basis						
Formalize exchange of good practice through peer support and WHO support	Use of WHO Regional Office for Europe HIS support tool at country level	N/A	All	Throughout		
	Establish an online platform for communication among SCHIN members		WHO Secretariat	X		
	Potential set-up of discussion forum among members (to be revisited)		Member State Lead		X	
	WHO Regional Office for Europe to adapt and evaluate gatekeeper function	1	WHO Secretariat		X	
Joint analysis, data visualization and decision-making support						
Joint reporting and/or establishment of online platform for data exchange	Explore country grouping for SCHIN reporting	1	WHO Secretariat	X		
WHO to enhance reporting of SCHIN countries	WHO to explore rolling average and country grouping for SCHIN, and propose concepts/scenarios	1	WHO Secretariat	X		
	Discuss and agree at focal point meeting in Monaco		All		X	
	Consider publishing methodological dissemination		All			X
Joint HSPA framework for SCHIN countries	Conduct mapping exercise of existing indicators	1	Malta	X	X	
	Identify joint indicator set					
	Develop joint HSPA framework					

Priority activities	Core deliverables	Priority	Lead/ responsible	Time frame		
				2016		
				Q2	Q3	Q4
HIS assessments and indicator selection						
Assess national HIS using rapid assessment and later support tool	Publish in <i>Public Health Panorama</i> (issue 3/2016) a summary of HIS assessments	1	Member States (with a lead)	X		
	Present results at Monaco meeting					
	Member States conduct HIS assessments					
Develop core list of harmonized indicators	To be reviewed and discussed at Monaco meeting	2	N/A			X
Indicator working group meeting (if such a group is established within SCHIN)						
Knowledge translation						
Identify knowledge translation needs for SCHIN	Conduct gap analysis after HIS assessments are complete (to be revisited)	N/A	N/A	N/A		
Consider involving SCHIN in EVIPNet Europe	Chair of SCHIN to discuss with EVIPNet lead at WHO Europe	2	SCHIN Chair (Malta), EVIPNet Lead, WHO Secretariat	X		
	Agenda item of EVIPNet at focal points meeting in Monaco				X	
Link EVIPNet and SCHIN	Review next steps at upcoming meeting of focal points	N/A	N/A			X
Capacity building						
EVIPNet Europe for SCHIN	Review next steps at upcoming meeting of focal points	N/A	N/A			X

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.

Member States

Albania	France	Monaco	Sweden
Andorra	Georgia	Montenegro	Switzerland
Armenia	Germany	Netherlands	Tajikistan
Austria	Greece	Norway	The former Yugoslav Republic of Macedonia
Azerbaijan	Hungary	Poland	Turkey
Belarus	Iceland	Portugal	Turkmenistan
Belgium	Ireland	Republic of Moldova	Ukraine
Bosnia and Herzegovina	Israel	Romania	United Kingdom
Bulgaria	Italy	Russian Federation	Uzbekistan
Croatia	Kazakhstan	San Marino	
Cyprus	Kyrgyzstan	Serbia	
Czech Republic	Latvia	Slovakia	
Denmark	Lithuania	Slovenia	
Estonia	Luxembourg	Spain	
Finland	Malta		



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