



Developing a common set of indicators for the joint monitoring framework for SDGs, Health 2020 and the Global NCD Action Plan

Meeting of the expert group
Vienna, Austria, 20–21 November 2017





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Abstract

In order to address concerns raised by Member States on the burden of reporting to WHO and other international bodies, Member States at the 67th session of the Regional Committee for Europe (RC67) agreed to adopt a joint monitoring framework for reporting on indicators for the Sustainable Development Goals, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases through the endorsement of resolution EUR/RC67/R3 in September 2017. The first step towards the development of a joint monitoring framework was to establish an expert group that would identify a common set of indicators for the joint monitoring framework. That group met in Vienna, Austria, on 20–21 November 2017. This report provides a summary of that meeting, including the process of deliberation and resulting recommendations.

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Executive summary

In order to address concerns raised by Member States on the burden of reporting to WHO and other international bodies, Member States at the 67th session of the Regional Committee for Europe (RC67) agreed to adopt a joint monitoring framework for reporting on indicators for the Sustainable Development Goals, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases through the endorsement of resolution EUR/RC67/R3 in September 2017. The first step towards the development of a joint monitoring framework was to establish an expert group that would identify a common set of indicators for the joint monitoring framework. That group met in Vienna, Austria, on 20–21 November 2017. A summary of that meeting, including the process of deliberation and resulting recommendations, is reported here.



Background

In recent years Member States have expressed concern about the burden of reporting to WHO and other international bodies. In response to this concern, at the 66th session of the WHO Regional Committee for Europe (RC66) the WHO Regional Office for Europe organized a technical briefing (1) on aligning the monitoring frameworks for Health 2020 (2), the Sustainable Development Goals (SDGs) (3) and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (NCD Action Plan) (4). During the briefing, the Secretariat presented the results of a mapping exercise that compared the indicators across the three frameworks and identified those indicators that overlapped in two or three of the frameworks. At the briefing, Member States asked that a set of potential approaches to reducing their reporting burden under these three major international monitoring frameworks be drawn up by the Secretariat for consultation and consideration at RC67.

The Secretariat drafted a proposal comprising five options for reducing the reporting burden of Member States in the European Region, and invited countries to review and comment on the proposal through a double-round consultation process held from February to April 2017. The five options were presented to the Member States through an online consultation process. Fifteen Member States responded to the consultation questions. All of them agreed that there is a need to: reduce the reporting burden, streamline indicators, and develop a common set of indicators for the WHO European Region. The Member States favoured the option that would establish a minimum common set of indicators for the main reporting frameworks (Health 2020, SDGs, and NCD Action Plan), and limit data collection requests to Member States to two or three times a year. The results of the mapping exercise and consultation were prepared for the 67th session of the Regional Committee for Europe (RC67) (5). At RC67, Member States agreed to adopt the approach that would be a combination of adopting a common set of indicators, aligning the timing of reporting, and pooling/merging data collections. Regional Committee resolution EUR/RC67/R3 (6), endorsed in September 2017, calls for the adoption of a joint monitoring framework (JMF) for SDGs, Health 2020 and the NCD Action Plan that is based upon existing reporting requirements. Following the adoption of resolution EUR/RC67/R3, the Regional Director invited Member States to nominate qualified health information experts to participate in the expert group to identify a common set of indicators for inclusion in the JMF.

The development of the JMF therefore consists of several phases:

- a.** the establishment of an expert group to identify a common set of indicators for the JMF which will be submitted to the Member States for consultation in 2018, and for adoption at the 68th Regional Committee;
- b.** the development of a reporting template by the Regional Office to be used by Member States to implement the JMF;
- c.** regular reporting by the Regional Office through the European Health Information Gateway; and
- d.** a mechanism for forwarding JMF data to WHO headquarters for inclusion in the WHO Global Health Observatory, with subsequent submission to the United Nations for monitoring and reporting on SDG3 progress.

The first step was to establish the expert group, which met in Vienna, Austria, on 20 and 21 November 2017. It comprised experts nominated by Member States (Austria, Germany and the Netherlands) as well as experts invited by the Secretariat (Finland, Iceland, Kazakhstan, Malta, the Russian Federation

and Turkey). The resulting group represented the diversity of Member States from the WHO European Region. In addition, representatives from the European Commission, the Organisation for Economic Co-operation and Development and the technical divisions of the WHO Regional Office for Europe attended the meeting. A list of attendees is available in Annex 3.

Purpose, objectives and expected outcomes of the meeting

The main objectives of the expert group meeting were:

- to propose criteria for the selection of JMF indicators, using the criteria applied in the development of the Health 2020 monitoring framework as the basis for developing the criteria for the JMF,
- to review the alignment of indicators of the three monitoring frameworks (SDGs, Health 2020 and the NCD Action Plan),
- to discuss and recommend a common set of indicators for the JMF, and
- to produce a concrete proposal (or options) for the JMF that will be delivered to Member States for consultation in Q1 of 2018.

The main outcome expected from the expert group meeting was a proposed common set of indicators for the JMF that ensured reporting into the three frameworks while at the same time reduced the reporting burden on Member States.

Opening and introduction

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation opened the meeting by thanking attendees for agreeing to participate in the expert group. This was followed by the introduction of the meeting's host, Professor Pamela Rendi-Wagner, Federal Minister of Health and Women's Affairs, Austria.

Minister Rendi-Wagner welcomed the expert group to Vienna, described the long process and effort required to get to this step in establishing a JMF, and thanked the Secretariat for its continuing work to establish a common set of indicators that is achievable, harmonized and comparable. Minister Rendi-Wagner also expressed strong support for the European Health Information Initiative (EHII)¹, which is the coordinating mechanism for the health information work in the region, such as the development of the JMF. The Minister praised the WHO Regional Office for the timely Action Plan to strengthen the use of evidence, information and research for policy-making in the European Region which aims to ensure that

¹ EHII is a multi-partnership network to strengthen evidence, information and research for policy-making in the WHO European Region, and an implementation mechanism for the European action plan to strengthen the use of evidence, information and research in policy-making (7). Establishing the joint monitoring framework is a key element in action area 1 of the European action plan to strengthen the use of evidence, information and research in policy-making.

evidence from all relevant sectors will inform health policy-making and guide the SDG implementation process. This Action Plan, approved by the Regional Committee in 2016, is the first of its kind and the Minister reiterated that it should be taken as an example at the WHO global level and other regions. The Minister also welcomed the new network on the measurement of health literacy in the European Region, a network that was also established under the umbrella of EHII and is led by Austria. Minister Rendi-Wagner closed her remarks by offering continued support and keen anticipation of the results of this meeting and the resulting common set of indicators to be proposed to the 68th Regional Committee for Europe. Dr Stein then thanked the Minister for the ministry's support of evidence-informed policy-making and commented that Austria was the first Member State to nominate an expert for this group, therefore making Vienna an even more appropriate venue for this important work.

Dr Neville Calleja was elected as Chair, and Patricia Tidmarsh as rapporteur.

Criteria for inclusion of indicators in the JMF

To start the discussion and adoption of the criteria for inclusion of indicators in the JMF, the Secretariat reviewed the 11 criteria which Member States used in the definition of the Health 2020 monitoring framework. This was followed by a review of the expected outcomes for the meeting, including the need to be as exact as possible on indicator metadata and the creation of a clear recommendation on the criteria for inclusion, with a list of indicators that will be proposed to the Member States for consultation. The mandate of the expert group was clarified; the Member States had requested that a proposed common set of indicators to reduce the burden of reporting draws upon indicators from within the three frameworks (SDGs, Health 2020 and NCD Action Plan). The group discussed the need to use the actual experience of Member States to identify indicator criteria. The expert group decided not to set in advance a maximum number of indicators for the common set. Instead, the group decided to proceed with the review process, identify indicators for the common set, and to review the resulting list again before concluding the meeting. The expert group agreed that the goal of this final review would be to identify a manageable number of indicators for reporting and provide suitable coverage of the three monitoring frameworks by the JMF.

The expert group discussed and agreed on the criteria for inclusion of indicators in the JMF, using the example of the inclusion criteria that had been previously adopted by the Member States for the Health 2020 monitoring framework. An additional criterion, on the need for the indicators to be relevant for policy action, was added. The final set of inclusion criteria are as follows.

- Indicator data should be available for a majority of countries (35/53 or 66%);
- Preferably, data should be routinely reported;
- Indicators using estimates should be avoided where possible;
- There should be minimal doubts about the validity and reliability of the indicator;
- The indicator must be comparable across the region;
- Data should be accompanied by metadata;
- The indicator should be present in at least two of the three frameworks, with exceptions;
- All reported rates should be age-specific;

- Where possible and available, data reported for the indicator should be disaggregated, i.e. by age, sex, ethnicity, socioeconomic status, vulnerable group, subnational;
- The indicator should be a measure and a driver of policy action.

Discussion and recommendations on indicators for the JMF

As a starting point for the deliberations, the Secretariat provided a detailed overview of the indicator alignment across the three frameworks, with references to the metadata of the Health 2020 targets and indicators (8), the SDGs and indicators (9), and the global monitoring framework on NCDs (10). Tables were provided that presented the indicators by the degree of alignment (indicator-level or thematic), and the scope of alignment across the three frameworks (three frameworks, two frameworks, or no alignment). These tables were used by the expert group to organize the discussion and the decision-making process. Discussion started with the most closely aligned indicators and ended with the indicators that did not align with any other framework.

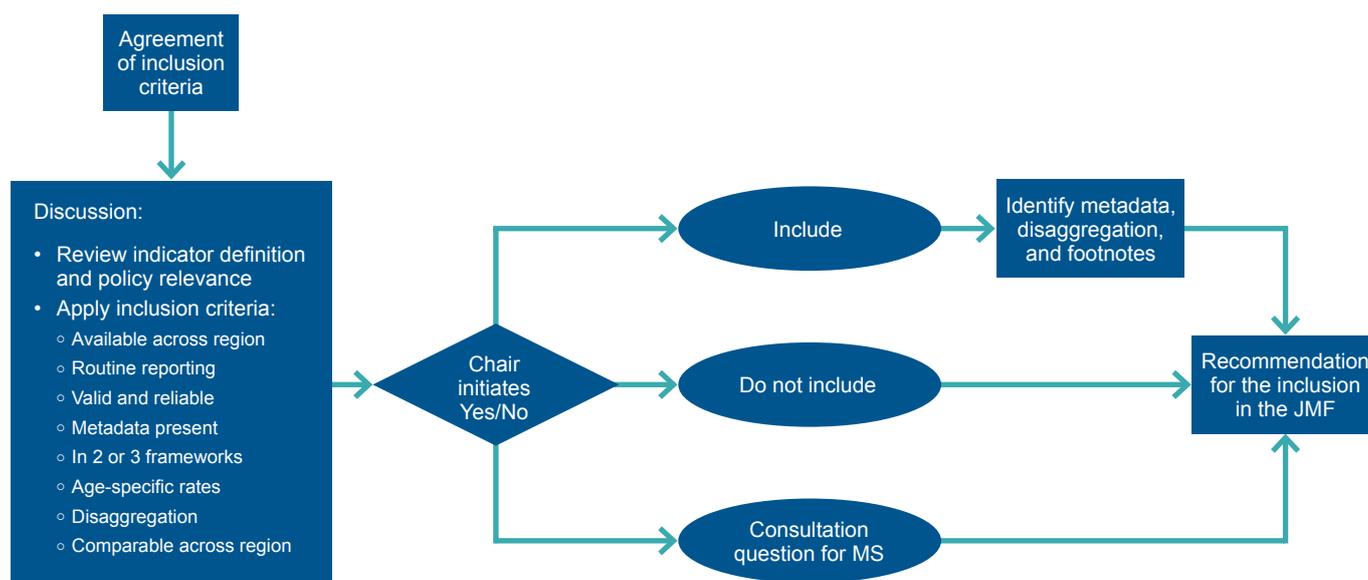
Review and recommendation process

Using the tables and metadata provided by the Secretariat, the expert group developed a rhythm of work and an efficient process for reviewing indicators from the three frameworks. The expert group's process is outlined below.

- The definition of each indicator was considered and its relevance for policy action. If the group was not familiar with the definition, the metadata for the indicator was consulted.
- The proposed indicator was reviewed according to the agreed criteria for inclusion.
- After the review and related discussion, the Chair concluded the review with a call for a yes or no decision on whether to recommend inclusion of the indicator in the JMF. Most recommendations were unanimous; where there was diversity of opinion, the Chair probed the Member States for further discussion until consensus was achieved. In two cases, the group identified additional questions to be put forward to the Member States for consultation.
- If a decision was made to recommend the indicator for inclusion, the discussion proceeded to recommend the indicator definitions (metadata).
 - If the indicator was aligned across the frameworks and metadata was also fully aligned, no additional recommendations were necessary. In one instance, the expert group recommended the use of the preferred name of such an indicator from one of the frameworks.
 - If the metadata were not fully aligned, then the definition of the indicator from one of the frameworks was selected as the definition in the common set of indicators.
- The final step was to recommend the indicator's type of disaggregation.

These last two steps, the indicator definition and its type of disaggregation, ensured that the recommended common set of indicators would have a high degree of comparability across the European Region. In a few instances, the group discovered that some Member States could not currently provide the recommended indicator definition or disaggregation. In those cases, the group specified how the data should be reported and made a note about what kind of clarifying metadata (footnotes) the Member States should report together with the data for that indicator. A flowchart of the entire decision process is shown in Fig. 1.

Fig. 1. Process for consideration of indicators for the JMF



Through the discussion and review, the expert group formed a consensus on several themes:

- Reducing the burden of reporting is the overarching mandate for the expert group and all decisions were made with this mandate in mind. The inclusion criterion that most often applied in the consideration of the burden of reporting was the data availability. Other criteria most often discussed were:
 - indicators that use routinely collected data should be used over other sources of data or estimates, with exceptions;
 - qualitative indicators measuring policy should be excluded, with exceptions;
 - the recommended disaggregation of reported data needs to be based on the availability of the data.
- The expert group also discussed how the JMF related to the reporting into the three individual frameworks, and how the JMF would be used. It was clarified that the JMF would not replace the three existing frameworks to which Member States have committed; reporting on them should not be discouraged. The JMF will reduce the burden of reporting by providing the Member States with one point of reporting into the common set of indicators (instead of reporting them three times). It can be used by those Member States which are not in a position to report fully into all three frameworks, but would like to ensure that they report into a common set of indicators for which comparable data is available in the European Region and which are the most relevant to the European Region. The JMF can be used by Member States as a starting point for reporting into the three frameworks.

- In instances where the metadata of two indicators overlapped, and one indicator was a complete subset of the other, the indicator with the broader definition was recommended for inclusion in the JMF, and the expert group recommended disaggregation that would also enable monitoring of the indicators with narrower definitions.
- In instances where indicators were not fully aligned, the expert group reviewed the metadata for these indicators and use of the most complete and comparable indicator definition was recommended.

During the discussion, the expert group identified two questions that should be included in the consultation with the Member States:

- Should the SDG indicator 10.2.1 (Proportion of people living below 50% of median income, by sex, age and persons with disabilities) also be included in the JMF? The expert group noted that there could be challenges with the indicator's measurement and comparability as some Member States define the median cut-off for this indicator at 60% rather than 50%.
- Should life satisfaction be reported by WHO Europe by country rather than as a regional average? Currently it is only reported as an aggregated regional score.

At the end of the review of the indicators that aligned across at least two frameworks, the expert group decided to also review the indicators that existed only in one framework but did not align with others. The expert group agreed that unaligned indicators should also be considered to ensure adequate coverage of all relevant public health areas across the three frameworks in the proposed common set of indicators. Therefore, the expert group's final recommendation also includes a selection of these indicators.



Results of the expert group meeting

A total of 40 indicators were recommended for the common set of indicators under the JMF. One additional indicator was recommended for inclusion but with a consultation question explaining the potential challenge in its comparability across Member States.

A summary table of indicators recommended by the expert group for inclusion in the JMF is presented in Table 1. A complete list of indicators and their alignment is available in Annex 1. The expert group most often recommended use of the definitions of indicators as used for Health 2020 or the SDGs.

Table 1: Proposed common set of indicators, by the recommended definition

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications, and proposed (if any) consultation question	Indicator	Data source
H2020-SDG-NCD	Fully aligned (all three frameworks)	Disaggregate by: age, sex	C. 1.1.a. Standardized overall premature mortality rate (age 30 to 69) for 4 NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease) (*variation in ICD codes for chronic respiratory disease)	WHO
H2020-SDG-NCD	SDG	Disaggregate by: age, sex	3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	WHO
H2020-SDG-NCD	Fully aligned (all three frameworks)	Use the name of indicator as in Health 2020 for the indicator in the JMF Without disaggregation	C. 1.1.c. Total per capita alcohol consumption among people aged 15+ years within a calendar year	WHO
H2020-NCD	H2020-NCD aligned	Report whether measured or self-reported and explain in metadata If countries have both measured and self-reported, then they should report both. Disaggregate by: sex, age, education	C. 1.1.d. Age-standardized prevalence of overweight and obesity in persons aged 18+ years	WHO
H2020-SDG	H2020	Disaggregate by: age, sex	C. 3.1.d. Unemployment rate, disaggregated by age	International Labour Organization (ILO) statistics
H2020-SDG	H2020	Disaggregate by: urban/rural	C. 4.1.c. Percentage of population with improved sanitation facilities	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)
H2020-SDG	H2020	Disaggregate by: sex	C. 3.1.a. Infant mortality per 1000 live births, disaggregated by sex	WHO

Table 1: Contd

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications, and proposed (if any) consultation question	Indicator	Data source
H2020-NCD	H2020-NCD aligned	Report age-specific. Report whether measured or self-reported and explain in metadata If countries have both measured and self-reported, then they should report both. Disaggregate by: overweight/obesity, sex, 11/13/15 years	A. 1.1.d. Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-score relative to the 2007 WHO growth reference median, respectively)	WHO
H2020-SDG	H2020-SDG	No disaggregation	A. 5.1.a. Maternal deaths per 100 000 live births	WHO
H2020-SDG-NCD	H2020	Disaggregate by: cause of death, age, sex Causes of death: • Chronic obstructive pulmonary disease • Cardiovascular disease • Diabetes • Cancer • Suicide • Road traffic accidents • Violence, homicide, assault • Falls • Poisoning • Maternal	A. 1.1.a. Standardized mortality rate from all causes, disaggregated by cause of death	WHO
H2020-SDG	H2020	Disaggregate by: sex	C. 3.1.c. Proportion of children of official primary school age not enrolled	United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS)
H2020-SDG	H2020	No disaggregation Question for consultation: Should the SDG indicator 10.2.1 (Proportion of people living below 50% of median income, by sex, age and persons with disabilities) also be included in the JMF? The expert group notes that there could be challenges with the indicator's measurement and comparability: in some countries, the median cut-off is defined as 60%.	C. 3.1.f. Gini coefficient	World Bank and Eurostat databases
H2020-SDG	H2020	No disaggregation	C. 4.1.b. Availability of social support	Gallup World Poll
H2020-SDG	H2020	No disaggregation	C. 5.1.a. Private household out-of-pocket expenditure as a proportion of total health expenditure	WHO
H2020-SDG	H2020	No disaggregation	C. 5.1.c. Total expenditure on health (as a percentage of GDP)	WHO

Table 1: Contd

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications, and proposed (if any) consultation question	Indicator	Data source
H2020-SDG	H2020	No disaggregation	A. 5.1.b. Percentage of people treated successfully among laboratory-confirmed pulmonary tuberculosis [cases] who completed treatment	WHO
H2020-SDG	H2020	Disaggregate by: sex	A. 4.1.d. Educational attainment of people age 25+ who have completed at least secondary education	United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS)
H2020-SDG	H2020	No disaggregation	A. 5.1.c. Government expenditure on health as a percentage of GDP	WHO
SDG-NCD	NCD	Disaggregate by: age, sex Types of cancer as per IARC list: 1. Prostate 2. Lung 3. Colorectal 4. Bladder 5. Stomach 6. Breast 7. Corpus uteri 8. Cervix uteri Use data from established networks	2. Cancer incidence, by type of cancer, per 100 000 population	IARC/ established networks
H2020	H2020	Disaggregate by: sex	C. 2.1. Life expectancy at birth	WHO
H2020	H2020	Recommend to consult Member States to report by country Question for consultation: Should the indicator be reported by WHO Europe by country and not by regional average? Currently it is only reported aggregated.	C. 4.1.a. Life satisfaction	Gallup World poll via UNDP
H2020	H2020	No disaggregation	C. 6.1.a. Establishment of process for target-setting documented (mode of documenting to be decided by individual Member States)	WHO
H2020	H2020	Report only for age 65 Disaggregate by: sex	A. 2.1.a. Life expectancy at birth and at ages 1, 15, 45 and 65	WHO
H2020	H2020	Disaggregate by: sex	A. 2.1.b. Healthy life years at age 65	WHO
H2020	H2020	No disaggregation	A. 4.1.b. Percentage of people aged 65+ living alone	United Nations Economic Commission for Europe (UNECE)

Table 1: Contd

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications, and proposed (if any) consultation question	Indicator	Data source
NCD	NCD	Report age- and sex-specific	16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day	WHO
NCD	NCD	Specify whether self-reported or programme-based in metadata. If available, report both.	25. Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies	WHO
NCD	NCD	Disaggregate by: sex	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily	WHO
NCD	NCD	Report age- and sex-specific No disaggregation	7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate intensity activity per week, or equivalent)	WHO
SDG	SDG	No disaggregation	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group	Population Division, Department of Economic and Social Affairs (DESA); United Nations Population Fund (UNFPA)
H2020-SDG-NCD	SDG	Include for specific diseases such as: <ul style="list-style-type: none"> • Measles (1 dose by 2nd birthday) • Rubella (1 dose by 2nd birthday) • Polio (3 doses by 1st birthday) • HepB (as defined within the national programme) • HPV (as defined within the national programme) 	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	WHO
SDG	SDG	No disaggregation	3.c.1 Health worker density and distribution	WHO
SDG	SDG	No disaggregation	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	WHO

Table 1: Contd

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications, and proposed (if any) consultation question	Indicator	Data source
SDG	SDG	Source from childhood obesity surveillance initiative (COSI) Specify in metadata age group for which data is available if not age 5. No disaggregation	2.2.2 Prevalence of malnutrition (weight for height > +2 or < -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	WHO
SDG	SDG	No disaggregation	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	WHO
SDG	SDG	Disaggregate by: sex	8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training (EU28 collect + ILO [International Labour Organization] collects. for 2005 onwards for 44 Member States)	International Labour Organization (ILO)
H2020-SDG	SDG	No disaggregation	3.2.2 Neonatal mortality rate	United Nations Children's Fund (UNICEF)
SDG	SDG	Disaggregate by key populations where possible (otherwise Member States should submit metadata footnote)	3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	The Joint United Nations Programme on HIV/AIDS (UNAIDS)
SDG	SDG	No disaggregation	3.3.2 Tuberculosis incidence per 100 000 population	WHO
SDG	SDG	No disaggregation	3.3.4 Hepatitis B incidence per 100 000 population	WHO

The distribution of recommended indicators across the SDGs, Health 2020 and NCD Action Plan is shown in Fig. 2. Table 2 summarizes the public health domains covered by the common set of indicators.

Fig. 2. Intersection and distribution of recommended indicators across three frameworks

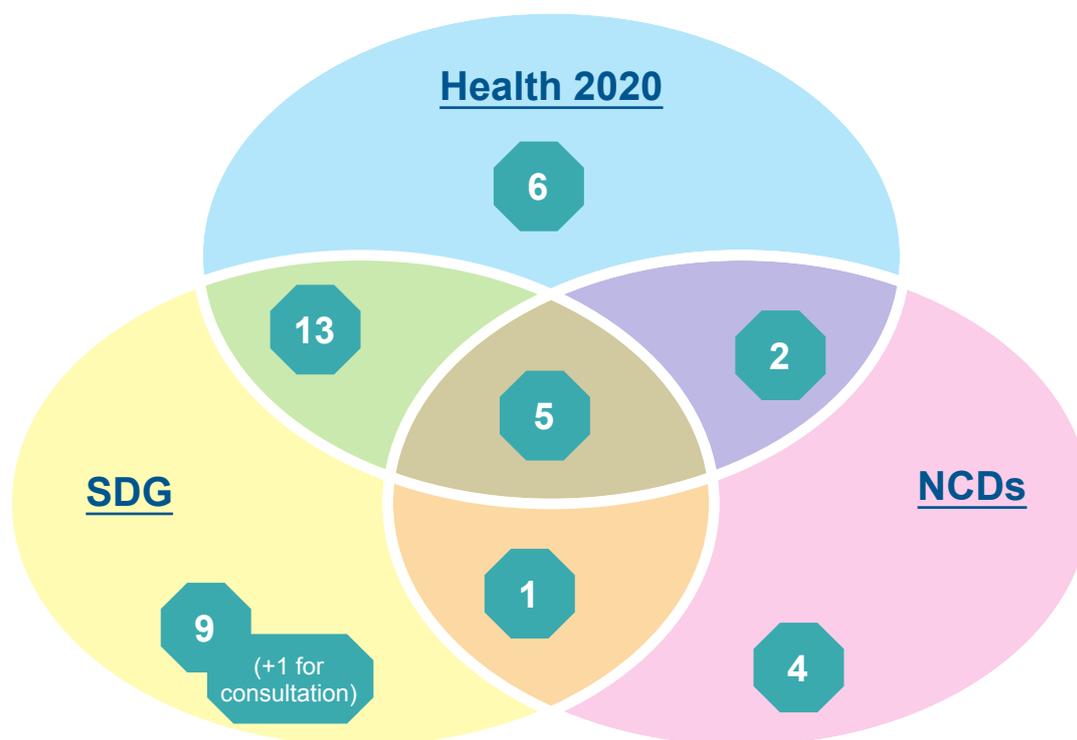


Table 2: Public health domains covered by the common set of indicators

Domain	Category	Number of indicators
Mortality and health expectancies (8 indicators)	Life expectancy	2
	Premature mortality from NCDs	1
	Maternal mortality	1
	Neonatal mortality	1
	Healthy life expectancy	1
	Mortality of children	1
	Mortality (general)	1
Health behaviours and risk factors (9 indicators)	Physical activity	2
	Nutrition	2
	Overweight and obesity	2
	Alcohol	1
	Smoking	1
	Adolescent birth rate	1
Social determinants of health (5 indicators)	Educational attainment	2
	Youth education	1
	Unemployment	1
	Reducing income inequality	1

Domain	Category	Number of indicators
Morbidity – NCDs and communicable diseases (7 indicators)	Tuberculosis	2
	Vaccination	1
	Hepatitis B	1
	HIV	1
	Cancer	2
Health systems (4 indicators)	Health expenditure	3
	Health worker density	1
Well-being (3 indicators)	Social support	1
	Life satisfaction	1
	People aged 65+ living alone	1
Environmental health (2 indicators)	Air quality	1
	Sanitation	1
Health policy (2 indicators)	Health 2020 target-setting	1
	International Health Regulations	1
Total		40

Closing and next steps

The Chair briefly recapped the recommendation of 40 indicators for the JMF with a summary table provided by the Secretariat. Dr Claudia Stein concluded the meeting by thanking the Chair for the effective leadership, thanking the expert group for their clear recommendations, thanking the meeting's Austrian hosts for their kind hospitality and thanking the Minister of Health and Women's Affairs for her strong support.

The outcome of the meeting will be presented to the Standing Committee of the Regional Committee in November 2017. The proposed common set of indicators will be circulated to Member States for consultation in the first half of 2018 together with a detailed background document, then presented to the Standing Committee of the Regional Committee and adapted according to the comments from the Member States. The final proposal for the JMF will be submitted for consideration by the 68th WHO Regional Committee for Europe in September 2018.

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Annex 1

Table of indicators recommended for the common set of indicators of the joint monitoring framework

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
H2020-SDG-NCD	Fully aligned (all three frameworks)	<p>Include the indicator in JMF</p> <p>Disaggregate by: age, sex</p>	C. 1.1.a. Standardized overall premature mortality rate (age 30 to 69) for 4 NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease) (*variation in ICD codes for chronic respiratory disease)	<p>3.4.1. Mortality rate attributable to cardiovascular disease, cancer, diabetes, or chronic respiratory disease.</p> <p>(Indicator alignment)</p>	<p>1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</p> <p>(Indicator alignment)</p>
H2020-SDG-NCD	SDG	<p>Include the indicator in JMF with the SDG definition; use the age group 15+</p> <p>Disaggregate by: age, sex</p>	C. 1.1.b. Age-standardized prevalence of current tobacco use among people aged 18 years and over	<p>3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older.</p> <p>(Thematic alignment)</p>	<p>10. Age-standardized prevalence of current tobacco use among persons aged 18+ years</p> <p>(Indicator alignment)</p>
H2020-SDG-NCD	Fully aligned (all three frameworks)	<p>Include the indicator in JMF</p> <p>Use the name of indicator as in Health 2020 for the indicator in the JMF</p> <p>Without disaggregation</p>	C. 1.1.c. Total per capita alcohol consumption among people aged 15+ years within a calendar year	<p>3.5.2. Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year</p> <p>(Thematic alignment)</p>	<p>3. Total alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol</p> <p>(Indicator alignment)</p>
H2020-NCD	H2020-NCD aligned	<p>Include the indicator in JMF</p> <p>Report whether measured or self-reported and explain in metadata</p> <p>If countries have both measured and self-reported, then they should report both.</p> <p>Disaggregate by: sex, age, education</p>	C. 1.1.d. Age-standardized prevalence of overweight and obesity in persons aged 18+ years	N/A	<p>14. Age-standardized prevalence of overweight and obesity in persons aged 18+ years</p> <p>(Indicator alignment)</p>
H2020-SDG	H2020	<p>Include the indicator in JMF with the H2020 definition</p> <p>Disaggregate by: age, sex</p>	C. 3.1.d. Unemployment rate, disaggregated by age	<p>8.5.2. Unemployment rate by sex, age group and persons with disabilities</p> <p>(Indicator alignment)</p>	N/A

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
H2020-SDG	H2020	<p>Include the indicator into JMF with H2020 definition</p> <p>Disaggregate by: urban/rural</p>	C. 4.1.c. Percentage of population with improved sanitation facilities	<p>6.2.1. Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water</p> <p>(Indicator alignment)</p>	N/A
H2020-SDG	H2020	<p>Include the indicator in JMF with H2020 definition (infant)</p> <p>Disaggregate by: sex</p> <p>Include also neonatal mortality into the JMF, with the SDG definition (this indicator is listed below in SDG list)</p>	C. 3.1.a. Infant mortality per 1000 live births, disaggregated by sex	<p>3.2.2. Neonatal mortality rate (deaths per 1000 live births)</p> <p>(Indicator alignment)</p>	N/A
H2020-NCD	H2020-NCD aligned	<p>Include the indicator in JMF, report age-specific.</p> <p>Report whether measured or self-reported and explain in metadata</p> <p>If countries have both measured and self-reported, then they should report both.</p> <p>Disaggregate by: overweight/obesity, sex, 11/13/15 years</p>	A. 1.1.d. Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-score relative to the 2007 WHO growth reference median, respectively)	N/A	<p>13. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex)</p> <p>(Indicator alignment)</p>
H2020-SDG	H2020-SDG	Include the indicator in JMF	A. 5.1.a. Maternal deaths per 100 000 live births	<p>3.1.1. Maternal deaths per 100 000 live births</p> <p>(Indicator alignment)</p>	N/A

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/ target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
H2020-SDG-NCD	H2020	<p>Include the indicator in JMF with the H2020 definition</p> <p>Disaggregate by: cause of death, age, sex</p> <p>Causes of death:</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease • Cardiovascular disease • Diabetes • Cancer • Suicide • Road traffic accidents • Violence, homicide, assault • Falls • Poisoning • Maternal 	A. 1.1.a. Standardized mortality rate from all causes, disaggregated by cause of death	<p>3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>(Thematic alignment)</p>	<p>1. Probability of death</p> <p>Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</p> <p>(Thematic alignment)</p>
H2020-SDG	H2020	<p>Include the indicator in JMF, with the H2020 definition</p> <p>Disaggregate by: sex</p>	C. 3.1.c. Proportion of children of official primary school age not enrolled	<p>4.2.2 Participation rate in organized learning (one year before the official primary entry age)</p> <p>(Thematic alignment)</p>	N/A
H2020-SDG	H2020	<p>Include in JMF, as per H2020 definition (Gini)</p> <p>Question for consultation: Should the SDG indicator 10.2.1 (Proportion of people living below 50% of median income, by sex, age and persons with disabilities) also be included in the JMF? The expert group notes that there could be challenges with the indicator's measurement and comparability: in some countries, the median cut-off is defined as 60%</p>	C. 3.1.f. Gini coefficient	<p>10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality</p> <p>(Thematic alignment)</p>	N/A

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
H2020-SDG	H2020	Include the indicator in JMF with H2020 definition	C. 4.1.b. Availability of social support	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable 8.b.1 Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP (Thematic alignment)	N/A
H2020-SDG	H2020	Include the indicator in JMF, with H2020 definition	C. 5.1.a. Private household out-of-pocket expenditure as a proportion of total health expenditure	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (Thematic alignment)	N/A
H2020-SDG	H2020	Include in JMF, with H2020 definition	C. 5.1.c. Total expenditure on health (as a percentage of GDP)	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States (Thematic alignment)	N/A

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/ target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
H2020-SDG	H2020	Include in JMF, with H2020 definition	A. 5.1.b. Percentage of people treated successfully among laboratory-confirmed pulmonary tuberculosis [cases] who completed treatment	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population) (Thematic alignment)	N/A
H2020-SDG	H2020	Include in JMF, with H2020 definition Also include SDG 8.6.1 in JMF (this indicator is listed below in the SDG list)	A. 4.1.d. Educational attainment of people age 25+ who have completed at least secondary education	4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Thematic alignment) 8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training (as discussed second day: EU28 collect + ILO collects for 2005 onwards for 44 Member States)	N/A
H2020-SDG	H2020	Include in JMF, with H2020 definition (keep all three expenditure indicators)	A. 5.1.c. Government expenditure on health as a percentage of GDP	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States (Thematic alignment)	N/A

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
SDG-NCD	NCD	<p>Include in JMF, NCD definition</p> <p>Age, sex</p> <p>Types of cancer as per IARC list</p> <ol style="list-style-type: none"> 1. Prostate 2. Lung 3. Colorectal 4. Bladder 5. Stomach 6. Breast 7. Corpus uteri 8. Cervix uteri <p>Use data from established networks</p>	Not applicable	<p>3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being</p> <p>(Thematic alignment)</p>	<p>2. Cancer incidence, by type of cancer, per 100 000 population</p> <p>(Thematic alignment)</p>
H2020	H2020	Include in JMF	C. 2.1. Life expectancy at birth	N/A	N/A
H2020	H2020	<p>Include in JMF, recommend to consult Member States to report by country</p> <p>Question for consultation: Should the indicator be reported by WHO Europe by country? Currently it is only reported aggregated.</p>	C. 4.1.a. Life satisfaction	N/A	N/A
H2020	H2020	Include in JMF	C. 6.1.a. Establishment of process for target-setting documented (mode of documenting to be decided by individual Member States)	N/A	N/A
H2020	H2020	Include in JMF, but only for age 65	A. 2.1.a. Life expectancy at birth and at ages 1, 15, 45 and 65	N/A	N/A
H2020	H2020	Include in JMF	A. 2.1.b. Healthy life years at age 65	N/A	N/A
H2020	H2020	Include in JMF	A. 4.1.b. Percentage of people aged 65+ living alone	N/A	N/A
NCD	NCD	Include in JMF, age and sex-specific	N/A	N/A	16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
NCD	NCD	Include in JMF, specify whether self-reported or programme-based in metadata. If available, report both.	N/A	N/A	25. Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies
NCD	NCD	Include in JMF	N/A	N/A	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily
NCD	NCD	Include in JMF, Age-specific and sex-specific	N/A	N/A	7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)
SDG	SDG	Include in JMF	N/A	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group	N/A
H2020-SDG-NCD	SDG	Include for specific diseases, such as: <ul style="list-style-type: none"> • Measles (1 dose by 2nd birthday) • Rubella (1 dose by 2nd birthday) • Polio (3 doses by 1st birthday) • HepB (as defined within the national programme) • HPV (as defined within the national programme) 	N/A	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	24. Vaccination coverage against hepatitis B virus monitored by number of third doses of HepB vaccine (HepB3) administered to infants
SDG	SDG	Include in JMF	N/A	3.c.1 Health worker density and distribution	N/A
SDG	SDG	Include in JMF	N/A	3.d.1 IHR capacity and health emergency preparedness	N/A

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications and proposed (if any) consultation question	Health 2020 indicator	Alignment H2020 to SDG indicator/target and type of alignment	Alignment H2020 to NCD indicator and type of alignment
SDG	SDG	Include in JMF, source from COSI Specify in metadata the age group for which data are available if not age 5.	N/A	2.2.2 Prevalence of malnutrition (weight for height > +2 or < -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	N/A
SDG	SDG	After 3.9.1 (SDG19) was not included, group decided to include 11.6.2 in JMF	N/A	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	N/A
SDG	SDG	During discussion it was decided to add another SDG indicator: 8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training (EU28 collect + ILO collects for 2005 onwards for 44 Member States)	N/A	8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training	N/A
H2020-SDG	SDG	During discussion it was decided to also include in JMF the neonatal mortality rate (initially, infant mortality was included, but neonatal mortality was added after discussion of the SDG list)	N/A	3.2.2 Neonatal mortality rate	N/A
SDG	SDG	Include in JMF, disaggregated by key populations where possible (otherwise Member States should submit metadata footnote)	N/A	3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	N/A
SDG	SDG	Include in JMF	N/A	3.3.2 Tuberculosis incidence per 100 000 population	N/A
SDG	SDG	Include in JMF	N/A	3.3.4 Hepatitis B incidence per 100 000 population	N/A

Annex 2 Agenda and Programme

Agenda

1. Welcome and opening remarks by the WHO Regional Office for Europe
2. Introduction of participants and objectives of the meeting
3. Review of, discussion on, and recommendations for the criteria to be used to determine inclusion of indicators into the joint monitoring framework
4. Review of the alignment of indicators in the three monitoring frameworks²
5. Discussion on, and recommendations for, inclusion of indicators into the common set of indicators based on whether:
 - the indicator is fully aligned in all three frameworks
 - the indicator is aligned thematically in all three frameworks
 - the indicator is aligned in two of the three frameworks
6. Wrap-up and closing remarks by the WHO Regional Office for Europe

Programme

Monday, 20 November 2017

Time	Item
08:30–09:00	Registration
09:00–09:40	Opening <ul style="list-style-type: none"> • Welcome and opening remarks by Ministry of Health and Women, Austria, and WHO Secretariat • Group photo • Election of Chairperson and Rapporteur • Adoption of agenda and programme
09:40–10:10	Purpose, objectives and expected outcomes of the meeting <ul style="list-style-type: none"> • Presentation (WHO Secretariat) • Discussion

² In operative paragraph 2 of resolution EUR/RC67/R3, Member States agreed ‘to adopt a joint monitoring framework for the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 that is based on existing reporting requirements’.

Time	Item
10:10–11:10	<p>Criteria for inclusion of indicators into the joint monitoring framework and number of indicators</p> <ul style="list-style-type: none"> • Review of criteria based on Health 2020 monitoring framework (WHO Secretariat) • Discussion and adoption of criteria for inclusion in the JMF • Recommendation for number of indicators to be put forward for consultation to Member States in the JMF
11:10–11:30	Coffee break
11:30–13:00	<p>Alignment of indicators in the three monitoring frameworks³</p> <ul style="list-style-type: none"> • Review of alignment (WHO Secretariat) • Discussion
13:00–14:15	Lunch break
14:15–14:45	<p>Discussion and recommendations on indicators to be put forward for consultation to Member States.</p> <p>(a) the indicators that are <u>fully aligned in all three frameworks</u></p> <ul style="list-style-type: none"> • Review of indicators based on criteria for inclusion • Discussion and recommendation on indicators to be put forward for consultation to Member States.
14:45–15:45	<p>(b) the indicators that are <u>aligned thematically in all three frameworks</u></p> <ul style="list-style-type: none"> • Review of indicators based on criteria for inclusion • Discussion and recommendation on indicators to be included • What indicator definition and metadata should be used? • Should the indicator be included in core or additional set
15:45–16:00	Coffee break
16:00–17:30	<p>(c) the indicators that are <u>aligned in two of the three frameworks</u></p> <ul style="list-style-type: none"> • Review of indicators based on criteria for inclusion • Discussion and recommendation on whether any of these should be included; • Criteria for selecting indicators from only <u>two</u> frameworks, if recommended; • Recommendation of indicators to be put forward for consultation to Member States.

³ In operative paragraph 2 of resolution EUR/RC67/R3, Member States agreed ‘to adopt a joint monitoring framework for the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 that is based on existing reporting requirements’.

Tuesday, 21 November 2017

Time	Item
09:00–09:15	Summary of discussions of the previous day
09:15–10:30	(c) the indicators that are aligned in two of the three frameworks – continued
10:30–10:45	<i>Coffee break</i>
10:45–12:00	(c) the indicators that are aligned in two of the three frameworks – continued
12:00–13:00	Conclusions <ul style="list-style-type: none"> • Summary of deliberations and review of indicator list (rapporteur) • Concrete next steps (WHO Secretariat) • Closing remarks (Chair and Secretariat)
13:00–14:30	Lunch and departures

Annex 3

List of participants

Austria

Mag. Dr Robert Griebler
Health and Society
Austrian Public Health Institute
Email: robert.griebler@goeg.at
Tel: + 43 1 515 61 177

Finland

Professor Mika Gissler
Research Professor
Department of Information Services
National Institute for Health and Welfare
Email: mika.gissler@thl.fi
Tel: +358 206107279

Germany

Professor Bärbel-Maria Kurth
Head
Department of Epidemiology and Health Monitoring
Robert Koch Institute
Email: KurthB@rki.de
Tel: +49 30187543103

Iceland

Dr Sveinn Magnússon
Director General
Department of the Permanent Secretary
Ministry of Welfare
Email: sveinn.magnusson@vel.is
Tel: +354 545 8100

Kazakhstan

Dr Ainur Aiypkhanova
General Director
Republican Center for Health Development
Ministry of Health
Email: aiaypkh@gmail.com
Tel: +7 702 337 1657

Dr Zhaniya Nurgaliyeva
Head of the Center of Strategic Development and Public Health
Republican Center for Health Development
Ministry of Health
Email: nurgalievazh@gmail.com
Tel.: +77172769131

Malta

Dr Neville Calleja
Director
Health Information and Research
Ministry for Health
Email: neville.calleja@gov.mt
Tel: +356 255 99 000

Netherlands

Dr Marieke Verschuuren
Department for Health Services and Prevention Forecasting, Centre for Health and Society
National Institute for Public Health and the Environment (RIVM)
Email: marieke.verschuuren@rivm.nl
Tel: +31 30 274 8520

Russian Federation

Dr Anna Korotkova
Deputy director on international collaboration issues
Federal Research Institute for Health Organization and Informatics
Ministry of Health
Email: korotkova_anna@mednet.ru
Tel: +7 495 6190070

Turkey

Dr Berrak Bora Başara
Head of Health Statistics Department
General Directorate of Health Research
Ministry of Health
Email: berrak.basara@saglik.gov.tr
Tel: +90 312 585 68 17

Gokalp Kadri Yentur
General Directorate of Health Research
Ministry of Health
Email: gokalp.yentur@saglik.gov.tr

Selen Begum Uzun
General Directorate of Health Research
Ministry of Health
Email: selen.uzun@saglik.gov.tr

INTERNATIONAL ORGANIZATIONS

European Commission

Mr Matthias Schuppe
Policy Officer
DG Health and Food Safety (DG SANTE)
Email: Matthias.SCHUPPE@ec.europa.eu
Tel: +352 43 01-36410

Organisation for Economic Co-operation and Development

Professor Niek Klazinga
Head, Health Care Quality Indicator Project
Health Division
Email: Niek.KLAZINGA@oecd.org
Tel: +31653365124

CONSULTANTS

Ms Patricia Tidmarsh (rapporteur)
Consultant
Email: tidmarsh.pat@gmail.com

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Ms Christine Brown
Programme Manager
WHO European Office for Investment for Health and Development
Email: brownch@who.int
Tel: +39 04 12 79 38 47

Ms Tina Dannemann Purnat
Unit Leader, Health Informatics and Information Systems
Acting Unit Leader and Programme Manager, Health Information, Monitoring and Analysis
Division of Information, Evidence, Research and Innovation
Email: purnatt@who.int
Tel: +45 45 33 69 78

Dr Masoud Dara
Senior Advisor
Division of Communicable Diseases and Health Security
Email: daram@who.int
Tel: +45 45 33 70 63

Ms Olga Fradkina
Programme Assistant
Division of Information, Evidence, Research and Innovation
Email: fradkinao@who.int
Tel: +45 45 33 66 91

Dr Enrique Loyola
Coordinator
WHO European Office for the Prevention and Control of NCDs
Email: loyolaelizondoe@who.int
Tel: +7 495 787 21 51

Dr Joao Joaquim Rodrigues da Silva Breda
Head
WHO European Office for the Prevention and Control of NCDs
Email: rodriguesdasilvabred@who.int
Tel: +7 495 787 21 17

Dr Claudia Stein
Director
Division of Information, Evidence, Research and Innovation
Email: steinc@who.int
Tel: +45 45 33 68 56

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

World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: eucontact@who.int
Website: www.euro.who.int