
Qualitative indicators for monitoring Health 2020 policy targets



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Qualitative indicators for monitoring Health 2020 policy targets

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Executive summary

Member States approved the Health 2020 policy at the 62nd session of the WHO Regional Committee for Europe in 2012. Subsequently, Member States agreed on a set of target indicators and a monitoring process for the policy at the 63rd session of the Regional Committee in 2013, having set 2010 as the baseline. A data collection process to assess the progress of policy developments and implementation in Member States between 2010 and 2013 was established in April 2014. WHO developed a web-based system in which Member States reported on the following three qualitative Health 2020 policy indicators:

- indicator (11) 3.1: national and/or subnational policy addressing the reduction of health inequities established and documented;
- indicator (16) 6.1a: establishment of a process for target-setting documented; and
- indicator (17) 6.1b: evidence documenting establishment of: (a) national health policies aligned with Health 2020, (b) an implementation plan and (c) an accountability mechanism.

Countries also included information on their areas of application and submitted policy documentation.

Thirty-seven Member States (70%), representing different geographical subregions, languages and population sizes in the WHO European Region, answered the questionnaire. Thirty provided information for the 2010 baseline and the 2013 follow-up.

Ninety percent of countries reported having a policy or strategy to address the reduction of health inequities, either stand-alone or included elsewhere, already in 2010, having more frequently a focus on disadvantaged groups and on a healthy start in life. By 2013, the fraction of stand-alone policies had increased, but the focus also included elements of addressing poverty and improving the environment. In addition, 40% of Member States indicated that they had established a national or subnational target-setting process in 2010 increasing to 56% by 2013. Further, nearly 40% of countries said that they have a comprehensive health policy aligned with Health 2020, 25% an adopted implementation plan and 20% an accountability mechanism in 2010. By 2013, these figures had increased to nearly 65%, 50% and 55%, respectively.

Overall, the results suggest that Health 2020 is transforming national health policies in the European Region, with increasing numbers of Member States adopting and implementing its principles and approaches. Countries have already in place policies to tackle key priorities of Health 2020 for addressing health inequities and their social determinants and improving health and well-being. In a few years, progress has also been observed on new policy developments, as indicated by their increasing number but also by the broadened areas of application, including traditional approaches on disadvantaged groups and a healthy start in life, to addressing social determinants of health such as poverty, expanding universal health coverage and improving the environment. Increasing numbers of countries setting targets at the national and subnational levels were also reported, while policies are implemented and accountability mechanisms are put in place. Altogether, the results also suggest that Health 2020 implementation is reaching momentum and generating new action in Member States.

Introduction

In 2010, the Health 2020 policy was forged at the 60th session of the WHO Regional Committee for Europe. Member States subsequently approved the policy at the 62nd session of the Regional Committee in 2012. The process of monitoring the Health 2020 targets started formally in 2013 when Member States approved a process and a set of indicators to measure progress made in the region on the six targets of the Health 2020 policy, at the 63rd session of the Regional Committee. The WHO resolution called for regular monitoring and reporting by the WHO Regional Office for Europe.

To minimize the burden of data requests, the Regional Office is using existing indicator collection processes for this monitoring. Whenever possible, data collection such as the European Health for All database, mortality and population databases and other international sources are used to obtain data for the required indicators. However, no collection process was available for three qualitative indicators: the existence of policies to address the reduction of health inequities, the establishment of target-setting processes and the establishment and implementation of policies aligned with Health 2020. The indicators cover the Health 2020 headline targets on reducing inequities in Europe (social determinants target) and on national targets and goals set by Member States.¹ The collection of information on these indicators required a specific effort, including the submission of documents providing evidence (such as a policy document, a strategy document or a parliamentary decree) to support answers. To this end, the Regional Office set up a secure, electronic web-based mechanism in which Member States were requested to answer a few questions on the indicators. The system was developed in English and Russian. As Member States agreed to develop the Health 2020 policy in 2010 at the 60th session of the Regional Committee, that year was proposed as the baseline for monitoring the policy. The questionnaire therefore requested information for the 2010 baseline and further asked about the situation in 2013 to assess progress made during that period. The data collection period formally started on the first week of April 2014 and extended until the end of May 2014. As a reference, Annex 1 contains a copy of the questionnaire as it appears in the web-based data collection system.

This document analyses and reports the country replies to three qualitative questions on Health 2020 policy indicators provided for 2010 and 2013, including more details in the areas of their application as selected by Member States.

Results

Reporting

A total of 37 of the 53 Member States (70%) of the WHO European Region replied to the questionnaire, including members of the European Union before 2004 (EU15) and after 2004 (EU13), countries in the former USSR, members of the South-eastern Europe Health Network not included in the previous groups and other countries, including the small ones with population less than 1 million (Table 1). All but three country replies were submitted through the dedicated electronic system, the others being sent by electronic email, including questionnaire and attachments. Further, except for three country replies that were submitted in Russian, English was used. Overall, 33 Member States provided questionnaire replies and documentary evidence on their policies, while four submitted the questionnaire only. All country replies provided

¹ Targets and indicators for Health 2020, version 2. Copenhagen: WHO Regional Office for Europe; 2014.

answers to the full questionnaire. Moreover, one country among the 37 was able to provide data for all indicators requested for the year 2010 but not for 2013, and six others submitted data only for 2013. Thus, paired analyses for both years were conducted for 30 countries. Further, in an effort to maximize information according to single year assessments, 31 countries were included for the year 2010 and 36 for 2013.

Table 1. Member States responding to the Health 2020 qualitative indicators questionnaire according to subregion, 2010 and 2013

Region	2010	2013
EU13	10	13
EU15	7	9
Countries in the former USSR	5	5
South-eastern Europe Health Network	5	5
Other countries (including small ones)	4	4
Total replies	31	36

WHO established a document repository at the Regional Office with all the files submitted by Member States as evidence documenting their responses. It could be used to further analyse the policies in Member States.

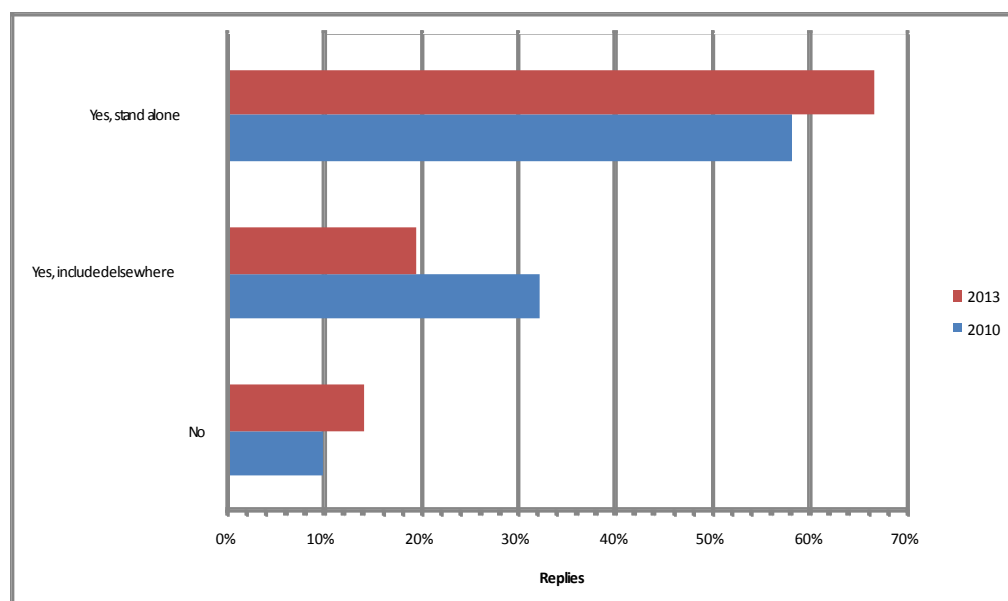
Indicator (11) 3.1. National and/or subnational policy addressing the reduction of health inequities established and documented

Existence of policies and strategies to address health inequalities and social determinants of health

A specific aim of the indicator is to capture whether health inequities and social determinants of health are addressed in one form or another, in accordance with the strategic goals of Health 2020. The responses to the question are summarized below, first for all countries and then for those that provided both baseline and follow-up data, respectively.

When analysed independently, 90% of 31 countries reported having a policy or strategy addressing the reduction of health inequities and/or the social determinants of health in 2010, with 58% indicating that they had a specific health policy or strategy to address them (Fig. 1). In 2013, the proportion remained high, with 86% of 36 country replies mentioning having a policy or strategy requiring measures on health inequities or social determinants of health issues, of which 67% were health-specific policies.

Fig. 1. All country replies on the existence of a national or subnational policy or strategy addressing health inequities or social determinants of health, 2010 ($n = 31$) and 2013 ($n = 36$)



Replies were also analysed for the 30 countries that provided information for both 2010 and 2013 periods (Table 2) as paired analyses. The proportion that reported having a policy or strategy to address health inequities or social determinants of health was about 90% in both years. However, slightly more countries had a stand-alone health policy or strategy in 2013 (70%) than in 2010 (57%). Only one country in this group remained without a policy or strategy for addressing health inequities or social determinants of health in both years.

Table 2. Paired country replies on the existence of a national or subnational policy or strategy addressing health inequities or social determinants of health, 2010 and 2013

Policies or strategies exist on health inequities or social determinants of health	2010 ($n = 30$)		2013 ($n = 30$)	
	%	n	%	n
No	10%	3	10%	3
Yes, included elsewhere	33%	10	20%	6
Yes, stand-alone	57%	17	70%	21

Elements in national policies to address health inequities and social determinants of health

Since there are multiple approaches or measures to address health inequities or social determinants of health, another aspect in the assessment included the various elements existing in the national health policies and strategies to deal with them. Table 3 presents an overview of all the replies according to the type of element considered, with emphasis on those addressed by the Health 2020 policy. Overall, the most common elements reported in 2010 to reduce health inequities were focusing on integrating and improving the health of disadvantaged groups and on having a healthy start in life, with 87% and 77% of the replies, respectively. In 2013, the focus on disadvantaged groups and a healthy start in life remained (86% and 75% of replies,

respectively) but an increasing and diversified emphasis on tackling poverty (81%), improving the physical environment (81%) and enhancing human rights (75%) was also reported.

Table 3. All country replies on the elements existing in national health policies and strategies to reduce health inequities or address social determinants of health, by year

Measures considered	2010 (n = 31)		2013 (n = 36)	
	%	n	%	n
Healthy workplace	61%	19	67%	24
Healthy start in life	77%	24	75%	27
Poverty	64%	20	81%	29
Environment	71%	22	81%	29
Disadvantaged groups	87%	27	86%	31
Universal health coverage	61%	19	67%	24
Human rights	61%	19	75%	27
Other	16%	5	22%	8

Table 4 shows the analysis of paired country replies. The most common element reported in national health policies to reduce health inequities or tackle social determinants of health in 2010 was the focus on disadvantaged groups (87%). Nevertheless, important increases of more than 20% points were reported on existing policies focusing on poverty (90%) and human rights (87%) between 2010 and 2013. Other frequent elements that increased more than 10 percentage points were related to environment and universal health coverage.

Table 4. Paired country replies on elements existing in national health policies and strategies to reduce health inequities, by year

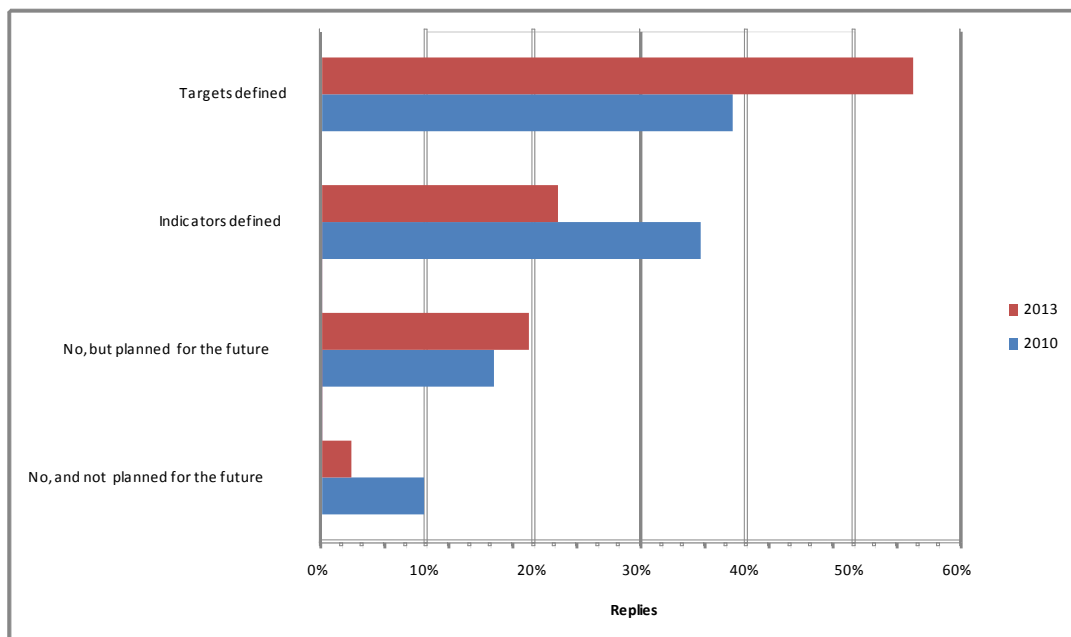
Measures considered	2010 (n = 30)		2013 (n = 30)	
	%	n	%	n
Healthy workplace	63%	19	73%	22
Healthy start in life	77%	23	77%	23
Poverty	67%	20	90%	27
Environment	70%	21	87%	26
Disadvantaged groups	87%	26	93%	28
Universal health coverage	60%	18	73%	22
Human rights	63%	19	87%	26
Other	17%	5	27%	8

Indicator (16) 6.1a. Establishment of a process for target-setting documented

National processes of target-setting for health and well-being

An aim of the Health 2020 regional monitoring is to determine how countries have progressed towards establishing national goals, targets and specific indicators to monitor their advance in achieving the Health 2020 vision. Fig. 2 summarizes the responses to the question on the existence of national or subnational processes of target-setting for health and well-being. The overall results showed that nearly 40% of countries had defined targets and an additional 35% had defined indicators to achieve without specific targets in 2010. At the 2013 follow-up, the fraction of Member States with targets setting processes increased to 56%.

Fig. 2. All country replies on the existence of a national or subnational process of target-setting for health and well-being, 2010 ($n = 31$) and 2013 ($n = 36$)



The paired country comparison produced very similar results in terms of the 50% frequency of reports on target-setting processes in 2013 and the 10% point increase observed between 2010 and 2013 (Table 5). The fraction of countries with indicators remained at around 30% in both years. An additional 20% indicated their plan to have such process in place in the future.

Table 5. Paired country replies on the existence of a national or subnational process of target-setting for health and well-being, 2010 and 2013

Target-setting process exists	2010 ($n = 30$)		2013 ($n = 30$)	
	%	n	%	n
No and not planned for the future	10%	3	3%	1
No but planned for the future	17%	5	20%	6
Indicators defined	33%	10	27%	8
Targets defined	40%	12	50%	15

Indicator (17) 6.1b. Evidence documenting: (a) establishment of national health policies aligned with Health 2020, (b) an implementation plan and (c) an accountability mechanism

Alignment of national policies with Health 2020

As Member States in the WHO European Region develop policies and strategies to improve health and well-being, it is important to know whether these national policies are aligned with the Health 2020 vision. The alignment means having a comprehensive national health policy or another strategy, including improving universal health coverage, reducing the major causes of the burden of disease, addressing major health determinants of health and well-being and strengthening health systems. The summary of responses for all countries indicates that 58% of countries had a policy aligned with Health 2020 in 2010, with 40% of countries having comprehensive health-specific ones (Fig. 3). In 2013, the number of countries with aligned

policies increased to 75%, with 64% being comprehensive policies. This represents an increase of 24 percentage points for comprehensive policies compared with 2010. A further 20% of Member States mentioned their future plans to develop or adjust their strategies to be better aligned with Health 2020.

Fig. 3. All country replies on the alignment of their national policies with Health 2020, 2010 ($n = 31$) and 2013 ($n = 36$)

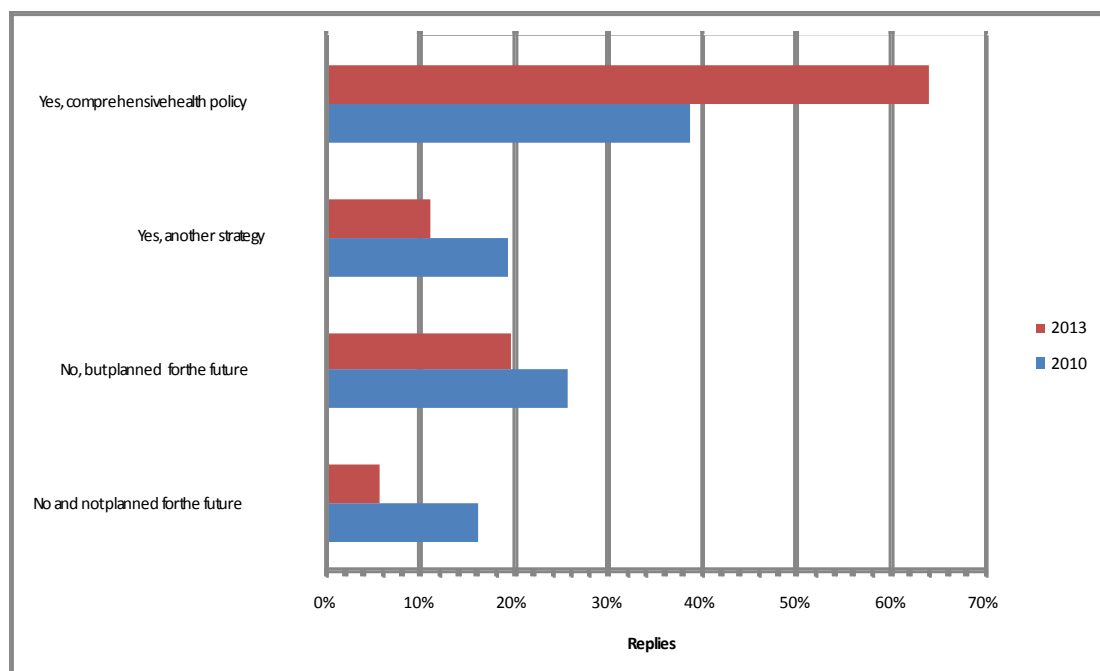


Table 6 summarizes the paired country comparison. The results show that 57% had an aligned policy with Health 2020 in 2010. However, the availability of aligned policies increased to 80% in 2013, with comprehensive policies nearly doubling and reaching 67% of responses. Thirteen countries did not have a policy aligned with Health 2020 in 2010 versus only six in 2013.

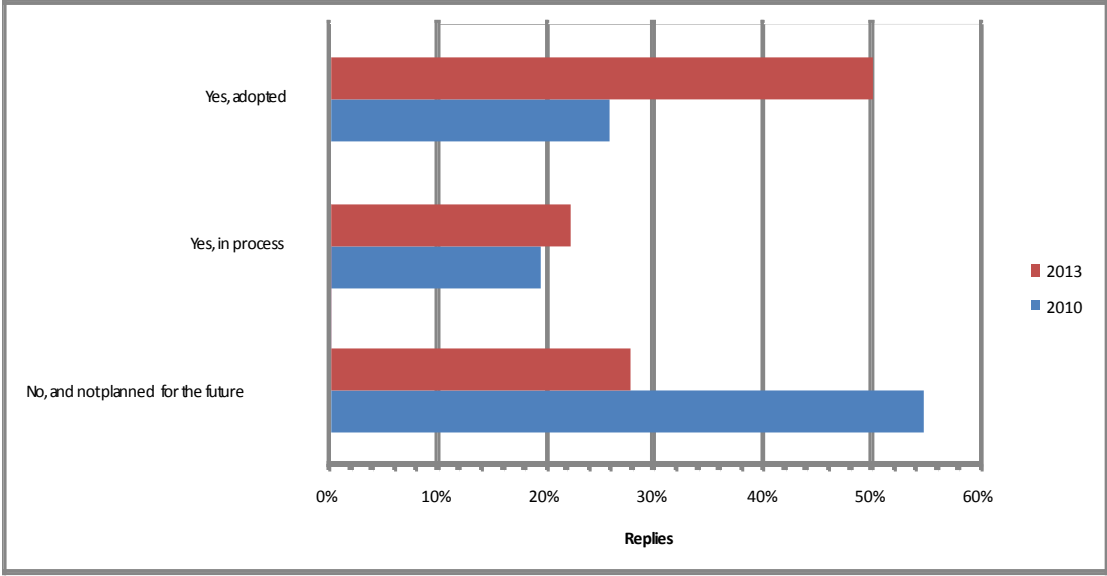
Table 6. Paired country replies on the existence of aligned national and subnational policies and strategies with Health 2020, 2010 and 2013

Having policy aligned with Health 2020	2010 ($n = 30$)		2013 ($n = 30$)	
	%	n	%	n
No and not planned for the future	5	3	3%	1
No but planned for the future	27%	8	17%	5
Yes, another strategy	20%	13	27%	4
Yes, comprehensive health policy	37%	11	67%	20

Plans for implementing policy

As countries develop national and subnational policies aligned with Health 2020 for addressing health and well-being, the follow-up question is whether they have already been implemented or in the process of being implemented. Fig. 4 presents all country responses on this aspect. In 2010, 45% of countries had an implementation plan or were in the process of having one, with nearly half of them being adopted. By 2013, country implementation plans had already been adopted in 50% and were in process in 22%.

Fig. 4. All country replies on the existence of an implementation plan for national policies aligned with Health 2020, 2010 (*n* = 31) and 2013 (*n* = 36)



Paired analysis showed that 43% of countries had an implementation plan for national and subnational policies aligned with Health 2020, and 23% had already adopted it in 2010 (Table 7). In 2013, 76% of the countries had an implementation plan and 53% had adopted it.

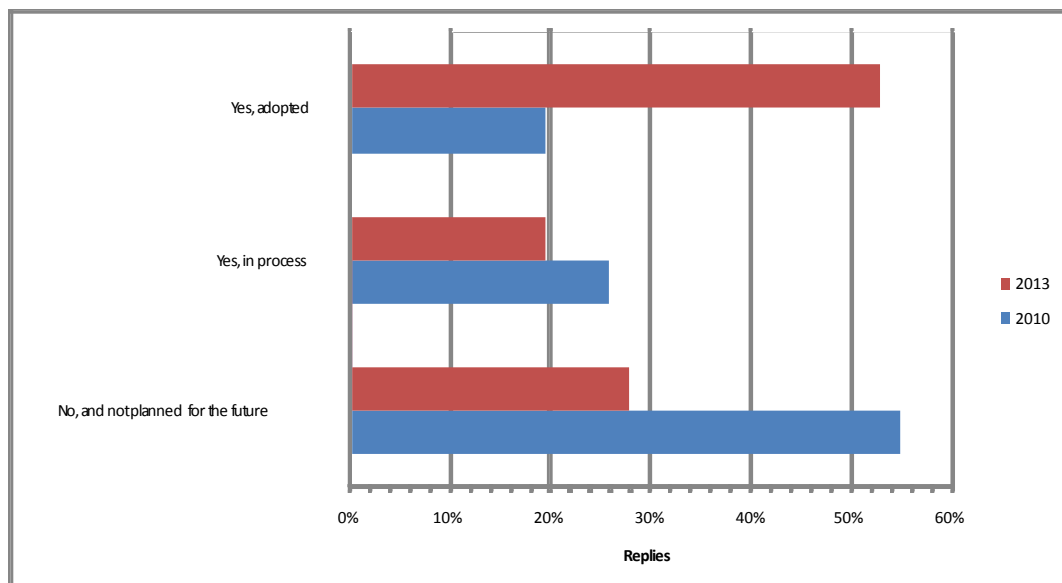
Table 7. Paired country replies on the existence of an implementation plan for national policies aligned with Health 2020, 2010 and 2013

Implementation plan in place	2010 (<i>n</i> = 30)		2013 (<i>n</i> = 30)	
	%	<i>n</i>	%	<i>n</i>
No and not planned for the future	57%	17	23%	7
Yes, adopted	23%	7	53%	16
Yes, in process	20%	6	23%	7

Country accountability mechanisms

A further related question on developing and implementing national and subnational policies aligned with Health 2020 is to determine whether an accountability mechanism is in place. This denotes, for example, the country setting targets, presenting progress reports to parliament and an independent evaluation, among other means. The overall country replies showed that 45% of countries mentioned having an accountability mechanism, either adopted (19%) or in the process of being adopted (26%) in 2010 (Fig. 5). The fraction of countries with accountability mechanisms adopted or in process increased to 72% in 2013, with the share of countries that had adopted such mechanisms particularly high (53%).

Fig. 5. All country replies on the existence of an accountability mechanism for national policies aligned with Health 2020, 2010 ($n = 31$) and 2013 ($n = 36$)



The paired country responses further reflected the independent country data as may be seen in Table 8. In 2010, 43% of countries reported having an accountability mechanism in different stages of adoption; in contrast, by 2013, this proportion had increased to nearly 72% and nearly two thirds of them were already adopted.

Table 8. Paired country replies on the existence of an accountability mechanism for national policies aligned with Health 2020, 2010 and 2013

Accountability mechanism in place	2010 ($n = 30$)		2013 ($n = 30$)	
	%	n	%	n
No and not planned for the future	57%	17	23%	7
Yes, adopted	20%	6	57%	17
Yes, in process	23%	7	20%	6

Approaches for aligning national policies with Health 2020

The final question related to aligning national policies and strategies with Health 2020 was related to how this happens in countries. This meant, for example, addressing improved governance for health and a whole-of-government approach; addressing the reduction of health inequities or tackling the social determinants of health; adopting participatory approaches for policy development; clearly featuring investment in a life-course approach and improving personal health and well-being skills and resilience; addressing major national health threats and challenges; addressing universal health coverage and patient-centred health care and public health services; including a whole-of-society approach and increasing social capital and empowerment; and implementing supportive environments conducive to health and well-being. Overall, country responses indicated that, in 2010, the most common approaches for alignment were addressing major health challenges and threats (65%), health inequities (61%) and fostering participation of stakeholders (61%) (Table 9). In 2013, countries reported increasing consideration of Health 2020 approaches in all aspects, but the same ones of 2010 were the most frequent. However, the largest increases of more than 30 percentage points were in the whole-of-society approach, improved health governance and improved universal health coverage.

Table 9. All country replies on the aspects considered for aligning national policies with Health 2020, 2010 and 2013

Alignment considered	2010 (n = 31)		2013 (n = 36)	
	%	n	%	n
Fostering a participatory approach	61%	19	75%	27
Whole-of-society approach	36%	11	72%	26
Health inequities	61%	19	83%	30
Improved health governance	36%	11	67%	24
Life-course approach	55%	17	67%	24
Addressing major health challenges	65%	20	81%	29
Supportive environments	48%	15	61%	22
Improved universal health coverage	55%	17	7%	27

The paired country results showing the situation and change between 2010 and 2013 are summarized in Table 10. The analysis showed that more traditional aspects of addressing major health challenges, health inequities and fostering participation were the most common ones in 2010 with frequencies of 60% or more. In 2013, all aspects received increased attention, reaching nearly 70% or more levels. This was particularly salient with the whole-of-society approach and improved health governance, when country reported frequency doubled to 70% and over.

Table 10. Paired country replies on the aspects considered for aligning national policies with Health 2020, 2010 and 2013

Alignment considered	2010 (n = 30)		2013 (n = 30)	
	%	n	%	n
Fostering a participatory approach	63%	19	83%	25
Whole-of-society approach	37%	11	77%	23
Health inequities	63%	19	87%	26
Improved health governance	37%	11	70%	21
Life-course approach	57%	17	73%	22
Addressing major health challenges	67%	20	83%	25
Supportive environments	50%	15	67%	20
Improved universal health coverage	57%	17	80%	24

Limitations

This assessment has limitations. Slightly more than two thirds of the 53 WHO European Member States replied. Although their geographical and country size representation was diverse, it may have failed to identify other important developments in those countries for which information is missing. In this regard, the Regional Office is encouraging the Member States that did not provide data during this collection to do so in the future, to allow complementing the data for a more comprehensive assessment of the progress of implementing the Health 2020 policy in the European Region.

To take into account all Member States' replies and increase the number of available responses, data were analysed as independent responses by adding answers from seven countries that submitted data for at least one year, either 2010 or 2013. In addition, to strengthen the specificity of progress or change within countries, paired replies for 2010 and 2013 were analysed from 30 countries. Comparing these approaches produced similar results, suggesting limited bias from the inclusion of single-year replies.

The responses from Member States were taken at face value and are presented as reported; there may, however, be differences in how the questions are interpreted that may lead Member States to respond differently to the same question. This could not be accounted for in this analysis.

Concluding remarks

This is the first effort to provide information on the monitoring of qualitative policy-related indicators for Health 2020 targets. The majority (70%) of WHO European Member States replied to the call for information and used a user-friendly web-based electronic system that enabled them to provide additional documentation on the responses.

Overall, the analysis showed that, in 2010, numerous countries already had policies in place to address important health challenges in the European Region that the Health 2020 policy considered: health inequities and improvements for health and well-being. This suggests that WHO European Member States value solid principles and approaches founded in Health for All and other subsequent regional and global policies promoted since the Declaration of Alma-Ata.

It is also reassuring to record progress on new developments of policies and strategies to address health priorities, as indicated by the increasing number of national and subnational instances reported by countries between 2010 and 2013. Further, it is encouraging that the focus of policies has increased and broadened from the more traditional approaches on providing for disadvantaged groups and having a healthy start in life (which are still needed) to considering other important elements such as addressing such social determinants of health as poverty, expanding universal health coverage and improving the environment. This also suggests that Health 2020 implementation is reaching momentum and generating new action in Member States at the national and subnational levels. There are still, however, many opportunities to continue developing policies and strategies based on the principles of health in all policies.

Great progress has been made in the European Region on establishing national or subnational goals and targets-setting processes, since more than 50% of Member States reported them, including selecting specific indicators. Setting targets and defining indicators is essential to monitor achievements in health and well-being and determine how successful national policies have been to reach their goals. Additional plans to expand these processes in Member States at the national or subnational levels were also mentioned.

Another significant aspect reported was the further alignment of national policies with Health 2020, suggesting that Member States are scaling up its uptake. Moreover, implementation plans of such aligned policies are becoming more common, since nearly 75% of countries have a plan in place or have one in process. Simultaneously, extensive and increasing establishment of accountability mechanisms in Member States has been observed, further allowing assessment of policy effectiveness and transparency of investments in health and well-being.

A rapid and broad uptake of Health 2020 has been observed already in Member States just a few years after its forging at the 60th session of the Regional Committee in 2010. The adoption of Health 2020 policy approaches has been evident and permeated national policies to enhance their alignment. The fastest expansion has been in the areas of the whole-of-society approach, on improving health governance and on improving universal health coverage.

Altogether, the results show that Health 2020 policy is transforming national health policies in the European Region, with a considerable and increasing number of Member States adopting and implementing its principles and approaches. Health 2020 has significantly catalysed target-setting processes and accountability mechanisms, implying greater commitment from policy-makers. In addition to the more traditional policy elements, such as addressing health inequities and the major health challenges, the increasing whole-of-society approach with further participation in decision-making, improved health governance and universal health coverage will contribute to achieving better health and well-being in the European Region.

ANNEX 1. QUESTIONNAIRE ON QUALITATIVE MONITORING OF INDICATORS OF HEALTH 2020 TARGETS AS SHOWN IN THE ELECTRONIC DATA COLLECTION SYSTEM

Targets and indicators for Health 2020

Core and additional indicators for monitoring Health 2020 policy targets

The purpose of this questionnaire is to document the availability of certain policies/strategies in Member States. Questions refer to qualitative information for which a yes/no answer is required. The requested answers are related to two periods: the year 2010, when the Health 2020 policy was approved, is considered as the baseline, and the year 2013 represents the follow-up to monitor progress made since 2010. Please provide information for both dates, as applicable.

Member State *

Member State

Reporting for year *

- 2010
- 2013

Indicator (11) 3.1e. National and/or subnational policy addressing the reduction of health inequities established and documented

The following question(s) aim to find out if health inequities reduction and/or social determinants of health are addressed in one form or another, in line with the Health 2020 strategic goals. Please attach relevant documents.

'Health inequities' (HI) mean unfair distribution of health and wellbeing outcomes and 'social determinants of health' (SDH) include all political, social, economic, institutional and environmental factors which shape the conditions of daily life (employment and working conditions, family circumstances, food, housing and infrastructure planning, education, health and social care, etc.); the distribution of power, money and resources (poverty, social protection, taxation etc.) and the empowerment of people and society (individual and social rights, networks, cohesion and capital)

Q1. Is there a national/subnational health policy/strategy addressing the reduction of health inequities (HI) and/or social determinants of health (SDH)? *

- Yes, there is a national health policy/strategy requiring measures to reduce HI / tackle SDH – please attach a copy of the relevant document(s)
- Yes, reducing HI / addressing SDH is part of another national/subnational policy/strategy – please specify all and attach the relevant document(s)
- No, there is no such policy/strategy at present, but it is envisaged for the future – please specify and attach draft/plan/other evidence
- No, there is no such policy/strategy at present and there is no currently no intention to develop one in the immediate future

Specification of policies/strategies

Attachment 1

File size is limited to 10MB. [?](#)

Attachment 2

File size is limited to 10MB. [?](#)

Attachment 3

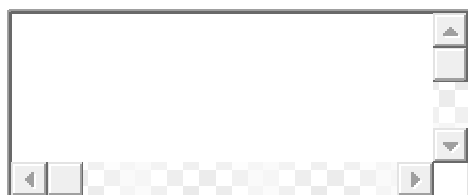
File size is limited to 10MB. 

The above question aims to find if HI/SDI are addressed by any existing national/subnational health/other policy/strategy (i.e. NCD, environmental, HS, PH, etc.). Please also indicate what type of HI/SDH are being addressed

Q2. If the response to Q1 was "Yes", please, specify those HI/SDH which have been addressed

- Measures to provide a healthy start in life for all (incl. family and parenting programmes; early childhood centers and care; all levels of education; youth engagement and employment)
- Measures to provide a healthy workplace (incl. diet, physical activity, safe conditions, etc.)
- Measures to tackle poverty / economic disadvantage (i.e. taxation, social protection, etc.)
- Measures to improve the physical environment for health and wellbeing (i.e. ensuring a safe and healthy environment, urban and infrastructure planning, access to safe, good quality food and water, etc.)
- Measures to improve human rights, social resilience and empowerment (i.e. community, public and patient participation in decision making processes and policy, etc.)
- Measures to integrate and improve the health of disadvantaged groups (socially, economically or physically) and/or minority groups
- Measures to provide/improve universal health coverage (access to health and social services for all)
- Other measures (please specify)

Description of other measures



Establishment of process for target-setting documented

The following question aims to find out if there are/will be national goals/objectives, targets and specific indicators, set to monitor the progress of Member States in achieving the Health 2020 vision.

Q1. Is there a national/subnational process of target setting for health and wellbeing? *

- Yes, there are health and wellbeing overall targets/goals/objectives process set up (please attach evidence)
- Yes, there are specific health and wellbeing indicators to be achieved (please attach evidence)

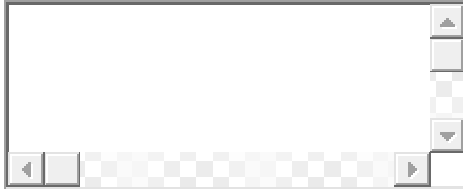


No, there is no target-setting process or indicators at present but such are planned for the future (please attach evidence)




No, there is no target-setting process or indicators at present and no such intention for them in the immediate future


Specification of policies/strategies




Attachment 1

File size is limited to 10MB. 

Attachment 2

File size is limited to 10MB. 

Attachment 3

File size is limited to 10MB. 

Evidence, documenting: (a) establishment of national policies aligned with H2020; (b) implementation plan; and, (c) accountability mechanism

The following questions aim to find out if there are/will be national policies/strategies aligned with Health 2020, as well as respective implementation plan/s and accountability mechanism/s. Please, list all and attach relevant documents.

Q1. Is there a national health/other policy/strategy aligned with Health 2020? *



Yes, there is a comprehensive national health policy/strategy (including universal health coverage, non communicable diseases, communicable diseases, maternal and child health, health systems strengthening, among others) aligned with Health 2020 – please attach the relevant document(s)



Yes, there is another national/subnational policy/strategy aligned with Health 2020 – please specify all and attach relevant document(s)

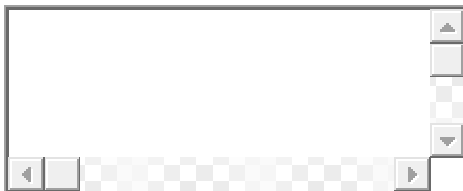


No, there is no such policy/strategy at present but it is planned for the future – please attach evidence




No, there is no such policy/strategy at present and no such intention for it in the immediate future


Specification of policies/strategies




Attachment 1

File size is limited to 10MB. 

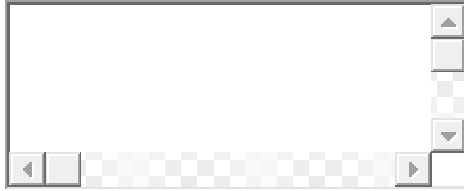
Attachment 2

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Attachment 3

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Description
of other
measures



Q2. If the response to Q1 was "Yes", is there an implementation plan/s for the above?

- Yes, implementation plan(s) is/are already adopted – please attach evidence
- Yes, implementation plan(s) is/are in a process of development –attach evidence
- No, there is no implementation plan(s) at present and no such will be developed

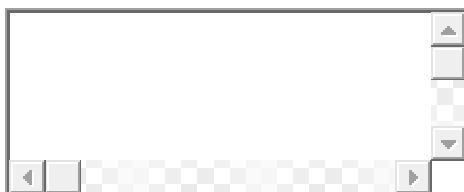
Attachment
1

File size is limited to 10MB. 


Q3. If the response to Q1 was "Yes", is there an accountability mechanism set up (for example, setting targets for the policy(ies) identified, presenting a report on progress to parliament, an independent evaluation, etc.)

- Yes, an accountability mechanism is already established – specify and attach evidence
- Yes, an accountability mechanism is in a process of establishment – specify and attach evidence
- No, there is no accountability mechanism at present and there is no intention to set one up in the immediate future

Specification
of
accountability
mechanism



Attachment
1

File size is limited to 10MB. 

Q4. If the response to Q1 was "Yes", please, specify how your current health or other policy/strategy(ies) is/are aligned with Health 2020

- Improved governance for health and a whole-of-governance approach are addressed
- Health inequities reduction and/or social determinants of health are addressed
- A participatory approach was adopted during the development (at least some key stakeholders have been consulted)
- Investing in a life-course approach and improving personal health and wellbeing skills and resilience are clearly featured
- Major national health challenges and threats are addressed
- Universal health coverage and patient-centered health care/public health services are addressed
- A whole-of-society approach and increasing social capital and empowerment are addressed
- Supportive environments conducive to health and wellbeing are identified for implementation

Please review all answers before submitting them

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.

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