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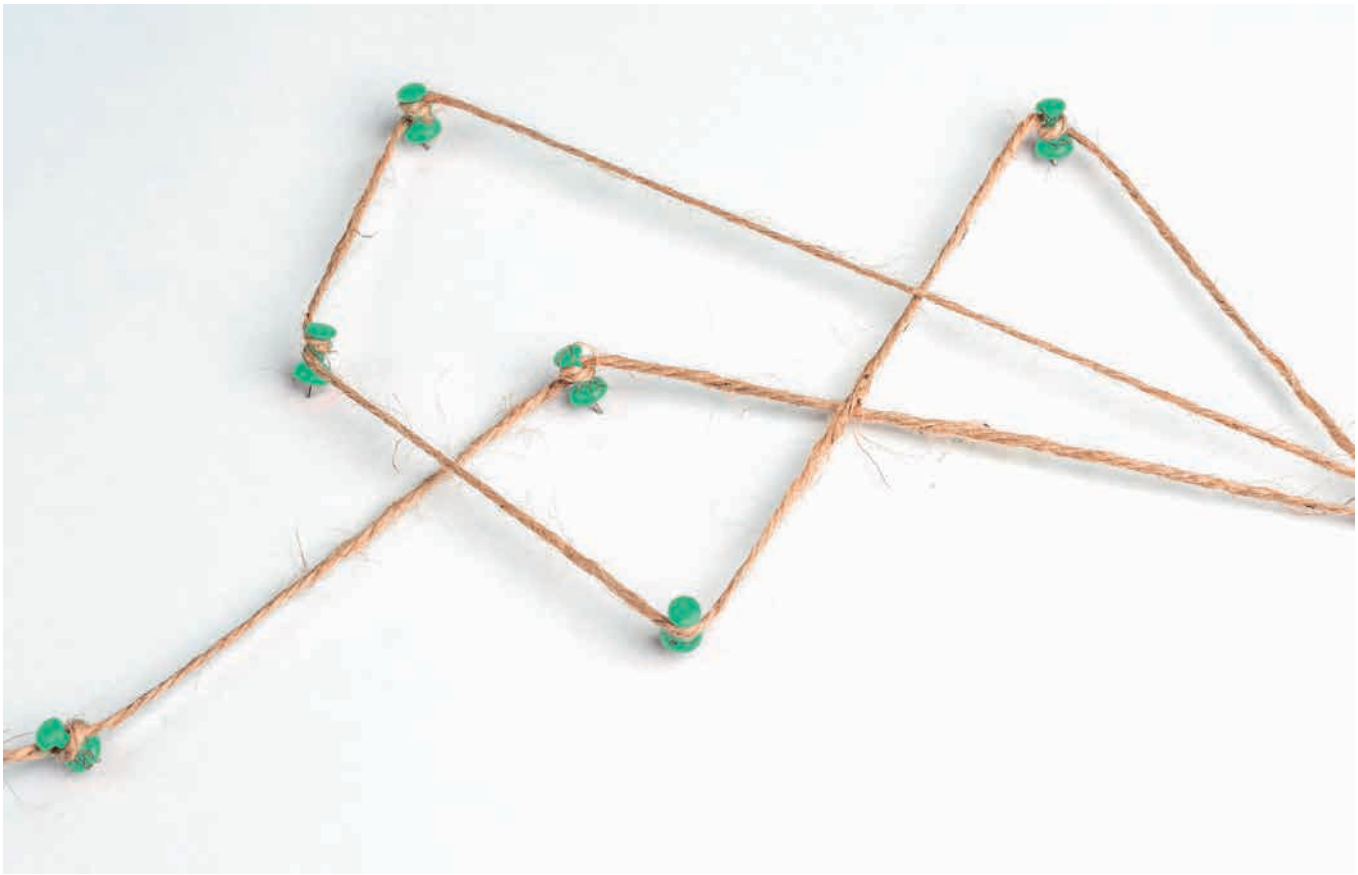

Third Meeting of the Focal Points of the Small Countries Health Information Network (SCHIN)

Malta
27 June 2017

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ABSTRACT

The third meeting of the focal points of the Small Countries Health Information Network (SCHIN) was convened by the WHO Regional Office for Europe within the context of the Fourth High-level Meeting of Small Countries on 27 June 2017. The aim of the meeting was to discuss developments since the previous meeting, update focal points on the work done since the last meeting, and to agree on further action points. Meeting outcomes included agreement on the application of the rolling averages methodology, agreement on next steps to be taken with regard to establishing a health system performance assessment (HSPA) indicator set and updating the work plan.

KEYWORDS

HEALTH INFORMATION SYSTEMS
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ABBREVIATIONS

CARINFONET	Central Asian Republics Information Network
EHII	European Health Information Initiative
EVIPNet	Evidence-informed Policy Network
HIS	Health information system(s)
HSPA	Health system performance assessment(s)
SCHIN	Small Countries Health Information Network
SCI	Small Countries Initiative
SPG	Statistical Policy Group

EXECUTIVE SUMMARY

The third meeting of the focal points of the Small Countries Health Information Network (SCHIN) was held on 27 June 2017 within the context of the Fourth High-level Meeting of Small Countries.

At the second meeting, participants had discussed statistical methods for rolling averages for indicators with a small numbers of cases, and considered the adoption of a core set of health indicators in 2017.

Participants discussed the following topics during the meeting:

- application of the rolling averages methodology and the indicators it is to be used for;
- data collection difficulties in small countries including issues with population denominators and death certification;
- next steps in the development of a joint indicator set for small country health system performance assessment (HSPA) and criteria for their selection;
- updates regarding the health information system (HIS) rapid support tool.

The expected outcomes from the meeting were:

- selection of the most suitable methodological option for reporting using rolling averages, based on work prepared by the WHO Secretariat to be submitted to the Regional Director for decision;
- agreement on the methodology and next steps for defining the joint indicator set;
- agreement on an updated work plan for SCHIN;
- a meeting report summarizing the discussion, conclusions and new action points.

All expected outcomes of the meeting were achieved.

INTRODUCTION

The third meeting of the focal points of SCHIN was convened by the WHO Regional Office for Europe within the context of the Fourth High-level Meeting of Small Countries on 27 June 2017 (See Annex 1 for the programme). Meeting participants included representatives from all eight Members of SCHIN – Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino.

The participants were welcomed by Dr Claudia Stein (Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe) and Dr Neville Calleja (Director, Department of Health Information and Research, Ministry of Health, Malta), Chair of the Network for the period 2016–2018.

Dr Beatrice Farrugia was elected as rapporteur. The agenda and programme were adopted.

Objectives of the meeting

The meeting focused on methodological options for the use of rolling averages in data reporting and discussing the establishment of a core indicator set for HSPA in small states. The overall objectives of the meeting were:

1. to update focal points on recent developments in health information in the Region;
2. to discuss and select the most suitable methodological option for reporting using rolling averages, based on work prepared by the WHO Secretariat;
3. to discuss and agree on the methodology and next steps for defining the joint indicator set.

THE FOURTH HIGH-LEVEL MEETING OF SMALL COUNTRIES AND RECENT DEVELOPMENTS

During the opening remarks, the WHO Secretariat followed up on comments made during the panel discussion at the 'SCHIN – small countries at the forefront' session earlier that morning regarding the importance of being connected with other networks and other initiatives. It was also emphasized that the best way to maintain such connections is through the European Health Information Initiative (EHII)[1]. Participation in the network is associated with little burden or cost for participating countries, yet it gives them the opportunity to influence initiatives and create impact. The WHO Secretariat urged those Member States present to consider full membership of the EHII.

The WHO Secretariat also commented on the Icelandic health information model, discussed during the morning session, which uses local data for local action and takes data to the people. The Secretariat reflected that SCHIN could learn a lot from this model and invited the focal points to consider how this concept could be systematized and applied in the SCHIN context. This would help Member countries to empower each other and bring the whole region forward.

1 European Health Information Initiative (EHII) [webpage]. Copenhagen: WHO Regional Office for Europe; 2017 (www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii)

DISCUSSION AND AGREEMENT ON THE USE OF ROLLING AVERAGES IN SMALL COUNTRIES

The Chair then proceeded to move to the first technical item on the agenda. He thanked the WHO Secretariat for their work on the concept note on rolling averages, which SCHIN members found very useful. The WHO Secretariat then delivered a brief presentation outlining the benefits of applying rolling averages and the different options under consideration. Focal points were then invited to discuss the statistical goals of applying rolling averages; the candidate indicators they could be applied to (example indicator in Fig. 1); the thresholds for applying a rolling average to an indicator; and the possible options for piloting the application of rolling averages to small states' data reporting within or outside of the Health For All Explorer on the European Health Information Gateway. These options are shown in Table 1 below.

Regarding the statistical goals of applying rolling averages, The Chair emphasized the importance of improved benchmarking against larger Member States and drew attention to previous incidents in the past when small states had experienced negative backlash after publications quoting a single indicator data point gave an unfavourable and misleading impression of the situation in a small state. He expressed satisfaction that the OECD and Eurostat have become aware of this issue and was hopeful that harmonization in the application of rolling averages by SCHIN members would pave the way for the scientific community to embrace this methodology and result in a clear indication of emerging trends and more meaningful comparisons with larger states.

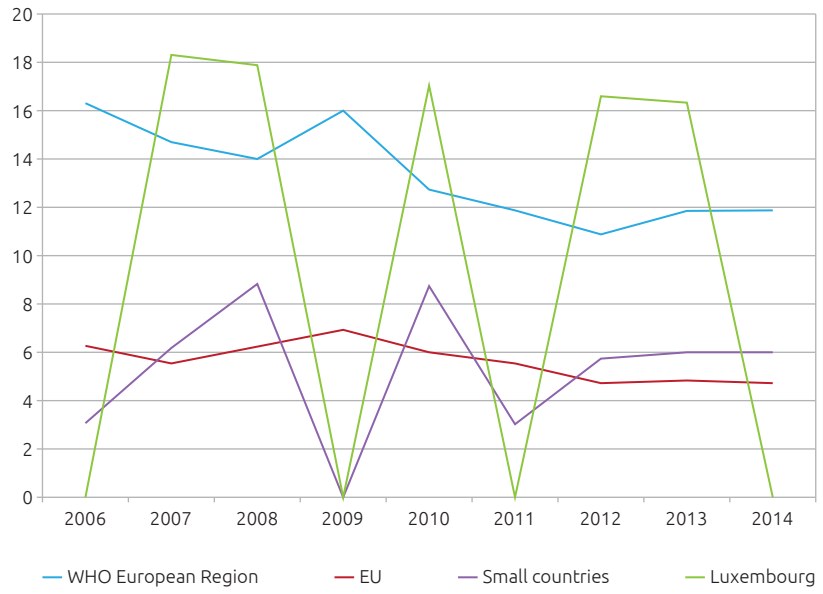
Table 1: Options for selecting a time frame and calculation method for indicators

Degree of annual fluctuation	Threshold	Type of moving average
Relative change (rate, ratio, percentage)	Greater or equal 30%	5-year moving average
	Less than 30%	3-year moving average
Absolute change (number of cases)	More than doubled or halved	5-year moving average
	Less than doubled or halved	3-year moving average

Focal points then discussed other statistical goals for moving averages, which showed overlap but were not the same for all Member countries. Apart from increased comparability of data with that from larger states and minimization of the impact of fluctuations, the ability to monitor trends within a country and avoid anomalies in the data were also mentioned as goals. Some Member countries pointed out that there will always be a limit

to the extent of comparability even between small states themselves as the context of the 'small small states' and 'large small states' is very different. In spite of this, focal points agreed that it would not make sense to subdivide and partition their efforts.

Figure 1: Example of indicator with high fluctuation. Maternal mortality rate per 100 000 live births



Source: Health for All Explorer, http://gateway.euro.who.int/hfa-explorer

The importance of the periodicity of the data and distinguishing between 'real' values and estimates was also pointed out. Focal points from some SCHIN countries, including Monaco, Andorra and Luxembourg, commented that they encounter difficulties in data collection resulting from their significant proportion of residents that are not country nationals and/or a significant number of people who commute into their country for work each day. This leads to difficulties in determining their population denominator as well as issues relating to the certification of deaths. WHO Secretariat and the Chair agreed that the latter issue merited further discussion and should be addressed at the next meeting.

The WHO Secretariat also brought up the issue of the European standard population used by WHO and noted that revisions to the standard population were being considered by the WHO Europe Statistical Policy Group (SPG). The SPG is a high-level group of directors at WHO Europe who guide statistical developments in the Regional Office. Discussion of this issue was put forward as a substantive item for the next meeting.

Regarding periodicity, the Chair also brought up the issue of how to handle missing data when applying rolling average methodology, as this was also relevant to the indicator set discussion. He put forward a suggestion that Member States could have a rotating focus, reporting different indicators each year in a cyclical manner. This suggestion could be examined further in a future meeting and would also need to be taken up with the EHII as the issue is also relevant for other countries.

The focal points then proceeded to discuss candidate indicators for the use of rolling averages. The Chair invited the country representatives to debate the basis for selection of indicators to which a rolling average should be applied and whether this should be by choice, possibly opening one up to the accusation of selectively manipulating the data, or through the application of quantitative criteria or thresholds. The WHO Secretariat commented that a hard and fast rule may be helpful as indicator variability often changes from year to year. All focal points agreed that applying pre-determined criteria would be the better option.

Regarding the selection of indicators for the application of rolling averages, focal points agreed that the number of cases would be used to decide which indicators would have a rolling average applied. The previously suggested cut-off of less than 10 cases was accepted by all Member countries with the proviso that this could be adjusted after piloting, if necessary. It was also agreed that rolling averages would be applied when one or more SCHIN Member countries has less than 10 cases for a specific indicator. The WHO Secretariat further specified, with agreement from focal points, that a rolling average would be applied if any country falls below 10 for selected indicators in either gender. The Chair noted that this should not create any problems as countries with rates ≥10 would not be disadvantaged by the application of a moving average. Additionally, it would be advisable to retain the possibility to exclude certain indicators from the rolling average in special circumstances such as acute events.

Regarding the decision on whether to apply three-year or five-year rolling averages, focal points agreed that this should be based on the rate and not absolute numbers, due to denominator fluctuations experienced by certain countries. After discussion, all focal points agreed that a combination of three-year and five-year rolling averages could be used, according to the specific indicator. Rolling averages using data for more than five years should be avoided due to the risk of masking trends. In cases where the relative change in an indicator is equal to or greater than 30%, a five-year rolling average would be applied. In cases where the relative change is less than 30%, a three-year rolling average would be applied.

The WHO Secretariat also invited focal points to consider how to handle situations where an indicator qualifies for the application of a rolling average one year but not the following year, as it would be difficult to justify applying the rolling average intermittently.

Regarding piloting the application of rolling averages, the WHO Secretariat explained that the intention is to pilot for at least one year and this can be done with existing data. Piloting will be carried out using both three-year and five-year rolling averages and the results can then be compared. A 30% variation from one data point to the next available data point in a single SCHIN country or an average of 30% variability across all SCHIN countries will be used as a cut-off to decide where to apply the rolling averages. The plan is to finish the piloting by the end of summer and come to a decision by the end of the year.

Use of rolling averages in small countries

Main agreements:

1. Rolling averages will be applied when one or more SCHIN Member country has less than 10 cases of either gender for a specific indicator
2. Five-year rolling averages will be applied in situations where the relative change in an indicator is equal to or greater than 30%
3. Three-year rolling averages will be applied in situations where the relative change is less than 30%
4. An opt-out from rolling averages for a specific indicator will be possible in special circumstances

Next steps:

1. A pilot of the agreed rolling average methodology by the WHO Secretariat using existing data
2. Focal points to discuss how to handle situations where indicators do not consistently meet the criteria for the application of rolling averages from year to year.

DEVELOPMENT OF A JOINT SET OF INDICATORS FOR SMALL COUNTRIES

The Chair gave an introductory presentation on this topic that provided background about the process utilized by the Central Asian Republics Information Network (CARINFONET)[2] to select indicators, and laid out important considerations for SCHIN such as the number and choice of indicators to be included, the number of dimensions to be considered as well as selection criteria for the indicators.

The Chair then opened the discussion to the focal points.

Montenegro emphasized the importance of agreeing on the main purpose of the core set of indicators so as to have a clear vision of the aims of the exercise. This would also help to identify the thematic groups of indicators to be included. Benchmarking, trend analysis and avoiding fluctuations in data were identified by the focal points as the main aims for the core indicator set.

With regards to the number of indicators that would be included, focal points tentatively agreed that there should be around 30 indicators and not more than 40.

The HSPA dimensions included in the CARINFONET indicator set and national HSPA indicator sets for various countries were discussed as examples. The WHO Secretariat clarified that the CARINFONET subdimensions resulted from CARINFONET's decision to focus on indicators from the Health 2020, Sustainable Development Goals and Noncommunicable Diseases Global Monitoring frameworks. The Chair pointed out that the choice of dimensions will also depend on the country or network situation and priorities.

The Maltese delegate elaborated further on the implications of the number of dimensions chosen. Having only a few dimensions would allow for greater depth of representation of these dimensions as several indicators for each dimension could be included, but important aspects of the health system might be excluded (less breadth with greater depth). On the other hand, including more dimensions

2 CARINFONET sets standard for subregional health information networks [webpage]. Copenhagen: WHO Regional Office for Europe; 2015.

would mean that each dimension is represented by only a few indicators which may not give a full, robust impression of the reality of that dimension (greater breadth with less depth). A third option that could be considered would be to have rolling dimensions with different dimensions being collected each year over a 3–5-year period (sacrificing some data points but having a fuller picture overall).

Other suggestions that emerged in the ensuing discussion included having a core set of dimensions and a number of rolling dimensions, and starting with a core set of dimensions and expanding the number of dimensions gradually to facilitate the implementation process until the methodology becomes established.

It was also suggested that the priorities of the Small Countries Initiative (SCI) could be used as a focus for orienting the choice of dimensions so as to align the HSPA dimensions with small states' priorities. The WHO Secretariat agreed that this would be a good idea as it would orient HSPAs in small countries to provide the data and evidence required by policy-makers for the same policy priorities identified by the SCI.

The focal points then discussed the criteria to be used to select the indicators. Important considerations were to utilize indicators that are already available and routinely collected and to consider the political importance of the indicator.

The Chair proposed that an online survey be conducted between SCHIN Member countries to identify commonalities in policy priorities and provide some guidance towards consensus on the choice of indicators. Malta has agreed to lead this survey initiative. A subgroup of the focal points can then meet online to discuss specific technical issues and agree on an indicator set that suits all Member countries using the draft CARINFONET indicators as a starting point. The resultant proposal can then be discussed with all focal points via teleconference, with the aim of presenting the results of this process at the next Small Countries Meeting in Iceland. The WHO Secretariat kindly offered WHO facilitation and use of their WebEx system for the teleconference.

Development of a joint set of indicators for small countries

Main agreements:

1. Number of indicators included should be around 30 and not more than 40
2. Member State and SCI priorities to serve as a guide for orienting HSPA dimensions
3. Common policy priorities will be identified using an online survey and used to agree on a draft indicator set

Next steps:

1. Online survey to be conducted under the leadership of the SCHIN Chair between SCHIN Member countries to identify common policy priorities and guide choice of indicators
2. Sub-group of focal points to meet online to discuss technical issues and agree on an indicator set
3. Proposed indicators to be discussed with all focal points via teleconference
4. Results to be presented at the next Small Countries Meeting in Iceland

REVIEW OF THE WORK PLAN

Regarding the HIS assessment using the rapid support tool (Point 3.1 of the work plan; see Annex 2), five countries have piloted the tool. Dr Stein updated focal points on developments in the support tool, which is currently being revised using feedback from the pilot. This is being done with a view to using the tool to conduct bilateral HIS assessments. She explained that this format, which involves assessment by peers, is recommended over a pure self- assessment, which has proven challenging in other areas of WHO in the past, including in the area of the International Health Regulations. The assessment would also benefit from WHO's involvement and oversight. Once tool revisions are completed, the tool will be put before the EHII and sent to Member States for them to decide how the assessments will be carried out.

The possibility of carrying out capacity-building on peer HIS assessment will be taken forward by WHO Europe for all Member States.

CONCLUSIONS AND NEXT STEPS

The third meeting of the SCHIN focal points achieved the stated objectives. Action points for the focal points and the WHO Secretariat were identified and formed the basis of the updated workplan.

Following discussion in the group, Iceland was unanimously accepted as Chair of the network for mid-2018 to 2020.

Priority action points for SCHIN:

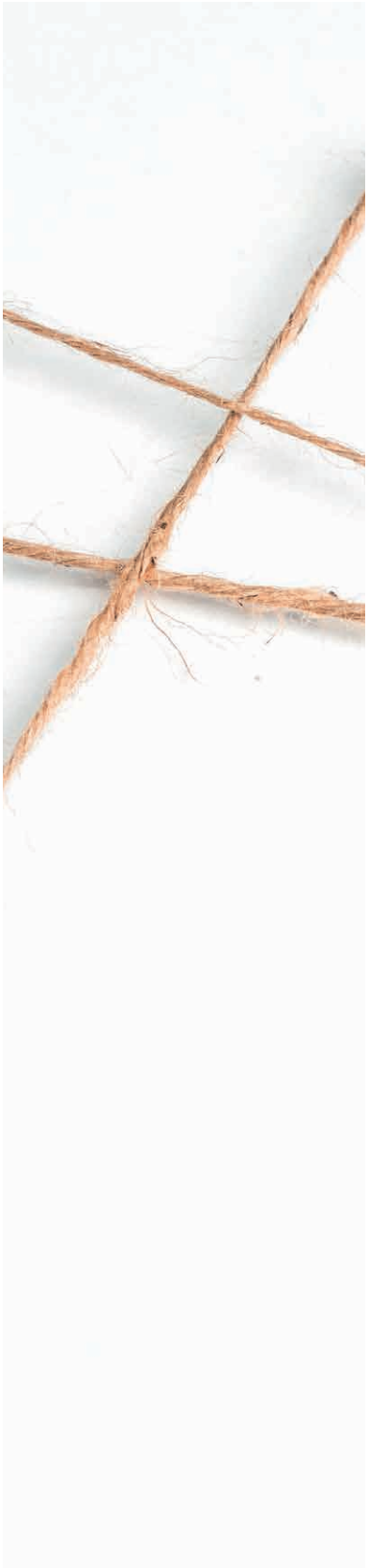
1. Establishment of a subgroup of focal points, led by Malta, to discuss the HSPA indicator set. Malta will send out the first survey on policy priorities around mid-September and the subgroup will meet virtually in early October to discuss the results.
2. The second survey will be sent out by December and the subgroup will meet virtually after the New Year, discuss the results and propose the indicator set.

Priority action points for the WHO Secretariat

1. WHO Secretariat to proceed with piloting the application of rolling averages and keep SCHIN members informed of progress.
2. WHO Secretariat to finalize revisions of the HIS assessment tool and distribute it to Member States.

Next meetings

1. The WHO Secretariat will organize a virtual meeting (teleconference or WebEx) late in the first quarter of 2018 (date to be communicated).
2. The date of the next in-person meeting is yet to be decided; it is proposed to be conducted back-to-back with the next high-level meeting of small countries.
3. Virtual meeting for the subgroup working on the HSPA indicator set are planned for October 2017 and the first quarter of 2018.



Preliminary agenda items for the next meeting:

1. The Icelandic model for knowledge translation at the grass-roots level.
2. Involvement of SCHIN in the Evidence-Informed Policy Network[3] activities.
3. Issues surrounding the determination of population denominators and the certification of deaths.
4. Review of the WHO standard population.

3 Evidence-informed Policy Network (EVIPNet) [webpage]. Copenhagen: WHO Regional Office for Europe; 2017.

ANNEX 1. PROGRAMME

Tuesday, 27 June 2017

Registration

Welcome and opening remarks
The meeting will be officially opened by the SCHIN chairperson (Dr Neville Calleja, Department of Health Information and Research, Ministry for Health, Malta) and the WHO Regional Office for Europe (Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation)

Nomination of the rapporteur

Adoption of the agenda and programme

Update on recent developments in the Region
Dr Claudia Stein, WHO Regional Office for Europe

Discussion and agreement on the use of rolling averages in small countries:

- presentation of the identification of indicators affected by small number statistics in the small countries
  Dr Claudia Stein, WHO Regional Office for Europe
- discussion and agreement on candidate indicators for use of rolling averages
  All participants

Towards the development of a joint set of indicators for small countries:

- experiences from CARINFONET
  Dr Claudia Stein, WHO Regional Office for Europe
- results from mapping the availability of indicators across small countries
  Dr Neville Calleja, Department of Health Information and Research, Ministry for Health, Malta
- discussion and agreement on the methodology for and next steps of defining the joint indicator set
  All participants

Review of the work plan
Chairperson

Rotation of chairmanship of SCHIN 2018/19
Chairperson, all participants

Next steps and date of the next meeting
Chairperson

Closing remarks
Chairperson and WHO Secretariat

ANNEX 2.
WORK PLAN

No.	Priority activities	Core deliverables	Priority	Lead/ Responsible	Time frame										
					2016			2017				2018			
					II	III	IV	I	II	III	IV	I	II	III	IV
1	**Information exchange on a regular basis**														
1.1	Formalize exchange of good practice through peer support and WHO support	**Use of HIS Support Tool (WHO) at country level** **Set up sharepoint for SCHIN** **Set up discussion forum among members?**		**All** **WHO Member States**	x										
		WHO Regional Office for Europe to adapt and evaluate Gatekeeper function	1	**WHO**		x									
2	**Joint analysis, visualization and decision-making support**														
2.1	Joint reporting and/or establishment of online platform for data exchange	**Explore country grouping for SCHIN reporting**	1	**WHO**	x										
2.2	WHO to enhance reporting of SCHIN countries	**WHO to explore rolling average for SCHIN countries**	1	**WHO**	x										
		Propose concepts/ scenarios for SCHIN		**WHO**		x									
		Discuss and agree at focal points meeting in Monaco		**All**		x									
		Consider publishing for methodological dissemination		**All**			x								
		Pilot application of rolling averages and keep SCHIN members informed of progress		**WHO**								x			

No.	Priority activities	Core deliverables	Priority	Lead/ Responsible	Time frame										
					2016			2017				2018			
					II	III	IV	I	II	III	IV	I	II	III	IV
		Analyse all H2020 indicators that have less than absolute number of 10 for all SCHIN countries		**WHO**			x								
2.3	Joint HSPA framework for SCHIN countries	**Conduct mapping exercise of existing indicators based on CARINFONET list**	1	**All**					x						
		Discuss feasibility of indicators within SCHIN								x					
		Propose joint indicator set									x				
		Develop joint HSPA framework	1	**Malta**	x	x									
		Establish subgroup of focal points to discuss HSPA indicator set	1	**Malta**						x					
		Send first survey on policy priorities (mid-September)		**Malta**						x					
		First (virtual) meeting of subgroup to discuss survey results		**All**							x				
		Second survey on policy priorities (December)		**Malta**							x				
		Second (virtual) meeting of the subgroup to discuss results and propose indicator set									x				

No.	Priority activities	Core deliverables	Priority	Lead/ Responsible	Time frame										
					2016			2017				2018			
					II	III	IV	I	II	III	IV	I	II	III	IV
3	**HIS assessments and indicator selection**														
3.1	Assess national HIS using rapid assessment first and support tool later	**Sharing, summarizing and publishing of HIS short assessments for *Public health panorama* issue 3/2016** **Present results at Monaco meeting Member States conduct HIS assessments**	1	**Member States with lead of one**	x										
		Update tables in *Public health panorama* paper					x								
		Discuss the above with ministers internally and consider presenting SWOT (strengths, weaknesses, opportunities & threats) analysis at next high-level meeting					x								
		Discuss HIS assessments with countries on bilateral basis		**WHO**			x								
		Finalize revisions of the HIS assessment tool and distribute to Member States		**WHO**								x	x		
4	**Knowledge translation**														
4.1	Identify knowledge translation needs for SCHIN	**Conduct HIS assessment and gap analysis**													
4.2	Consider involving SCHIN in EVIPNet Europe	**Chair of SCHIN to discuss with EVIPNet lead at WHO Regional Office for Europe**	2	**Malta WHO**	x										

No.	Priority activities	Core deliverables	Priority	Lead/ Responsible	Time frame										
					2016			2017				2018			
					II	III	IV	I	II	III	IV	I	II	III	IV
		Agenda item on EVIPNet at focal point meeting in Monaco				x									
4.3	Link EVIPNet and SCHIN	**Review next steps at focal points meeting in Monaco**													
		Identify common theme within SCHIN for EVIPNet approach		**WHO & SCHIN focal points**				x							
		Share existing selection of themes with SCHIN and SCHIN to indicate preferences		**WHO & SCHIN focal points**			x								
4.4	Creation of mechanism of peer support including study tours and technical support missions														
5	**Capacity building**														
5.1	EVIPNet Europe for SCHIN?	**Review at future meetings**													
6	**Other**														
6.1	Interim teleconference with SCHIN members to discuss high-level meeting and next SCHIN agenda			**WHO with Chairs**				x							
	Virtual meeting (teleconference or WebEx) with SCHIN focal points			**WHO with Chairs**								x			

ANNEX 3.
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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
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Kazakhstan
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