

# European Health Information Initiative

Seventh Meeting  
of the European  
Health Information  
Initiative Steering  
Group

Copenhagen,  
Denmark  
21–22 March 2017





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## Abstract

The WHO European Health Information Initiative (EHII) Steering Group held its seventh formal meeting in Copenhagen, Denmark, on 21–22 March 2017. During the meeting, the Steering Group received updates on continuing actions and reports of new work, and offered advice on EHII strategies and the Action Plan for 2017–2018. Launched in 2012 with start-up funding from the Ministry of Health, Welfare and Sport of the Netherlands, EHII is a multimember network committed to improving the health of the people of the WHO European Region by improving the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity and harmonize data collection and reporting. Through these objectives, EHII contributes to integrating health information activities.

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## Abbreviations

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<b>CARINFONET</b>	Central Asian Republics Information Network
<b>CCH</b>	Cultural context of health
<b>DG SANTE</b>	Directorate-General for Health and Food Safety
<b>DIR</b>	Division of Information, Evidence, Research and Innovation
<b>EBoDN</b>	European Burden of Disease Network
<b>EC</b>	European Commission
<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>EHFG</b>	European Health Forum Gastein
<b>EHII</b>	European Health Information Initiative
<b>EIP</b>	Evidence-informed policy
<b>EPH</b>	European Public Health
<b>ERIC</b>	European Research Infrastructure Consortium
<b>EU-HLS</b>	European Health Literacy Survey
<b>EUPHA</b>	European Public Health Association
<b>EUROSTAT</b>	Statistical Office of the European Union
<b>EVIPNet</b>	WHO Evidence-informed Policy Network
<b>FRIHOI</b>	Federal Research Institute for Health Organization and Informatics
<b>HEN</b>	Health Evidence Network
<b>HIS</b>	Health Information System
<b>HFA</b>	WHO Europe Health for All indicators
<b>ICT</b>	Information and communication technologies
<b>IHME</b>	Institute for Health Metrics and Evaluation
<b>IS4H</b>	Information Systems for Health
<b>JDC</b>	Joint OECD/WHO/EUROSTAT Data Collection
<b>JHAQ</b>	Joint Health Accounts Questionnaire
<b>JMF</b>	Joint monitoring framework
<b>KT</b>	Knowledge translation
<b>NBD</b>	National burden of disease
<b>NCDs</b>	Non-communicable diseases
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PAHO</b>	Pan-American Health Organization
<b>RD</b>	Regional Director
<b>RIVM</b>	National Institute for Public Health and the Environment, Netherlands
<b>SCHIN</b>	Small Countries Health Information Network
<b>SDGs</b>	Sustainable development goals
<b>SEEHN</b>	South-Eastern Europe Health Network
<b>SG</b>	EHII Steering Group
<b>SPG</b>	WHO Europe Statistical Policy Group
<b>ToR</b>	Terms of Reference

The purpose of the meeting was to review progress on the work and work plan of EHII, critically evaluate work commissioned by EHII, identify the optimal organization of work in progress, and identify and approve new projects.

On the final day of the 66th session of the WHO Regional Committee for Europe (RC66), all 53 Member States adopted a European Action Plan to strengthen the use of evidence, information and research for policy-making. This commitment to take concrete actions includes aligning those actions to the EHII framework.

The EHII network membership has tripled in the past year and included 30 members at the time of the meeting. The newest members are the WHO Member States of Czechia, Slovenia and Romania. Three organizations, the European Centre for Disease Prevention and Control (ECDC), EuroHealthNet, and the Institute for Health Metrics and Evaluation (IHME), joined the meeting for the first time.

The Steering Group reviewed progress under the EHII Action Plan. A report on the exercise to map existing health indicator data sets in the European Region was a major focus of discussion during the meeting. The result was a recommendation to establish an expert working group to guide the direction of the mapping exercise and to make recommendations to the Steering Group regarding the establishment of a set of European core indicators. Steps to establish the expert working group were also identified.

The meeting achieved its prime objectives of:

- updating participants on the background, activities and contributions of members of the EHII;
- revising the Action Plan for the EHII (including advocacy and communication activities);
- establishing a Working Group on European Health Indicators focused on identifying a set of core indicators; and
- promoting EHII products and activities and engaging with a broad-based public health audience.

The next Steering Group meeting will be held virtually in June 2017 and the next in-person meeting will take place in Copenhagen in 2018. Steering Group members noted that the meeting was very productive and that the EHII network is making valuable contributions to improving health information in the European Region.

The EHII is a WHO network committed to improving health by improving the information that supports policy (1). Its vision is to create an integrated, harmonized health information system (HIS) for the entire WHO European Region. Its mission is to improve the information that informs health policy by fostering international cooperation in the exchange of expertise, building capacity and harmonizing data collection.

The EHII works in six key areas:

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

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## Introduction to the meeting

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The EHII Steering Group held its seventh meeting in Copenhagen, Denmark, on 21–22 March 2017. The Chair of the Steering Group – Ms Annemiek van Bolhuis, Director of Public Health and Health Services, National Institute for Public Health and the Environment (RIVM), Netherlands – opened the meeting by welcoming and thanking all meeting participants. The meeting was co-chaired by Dr Anna Korotkova of the Federal Research Institute for Health Organization and Informatics, Russian Federation.

Dr Claudia Stein – Director of the Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe and host of the meeting – began the meeting with a brief round of introductions by the participants. The Steering Group (SG) members and observers were then thanked for their generous support of the EHII and continued commitment to in-kind work.

Agreement was reached on preliminary agenda items. Professor Patricia Tidmarsh was appointed rapporteur, and the provisional agenda and programme were adopted. After participants were reminded of the requirement to declare any conflicts of interest, none were declared. A protocol for Web-ex participants to request the floor was established.

Participants were then briefed on the purpose and expected outcomes of the meeting, after which the WHO Secretariat presented updates on its activities.

### **Purpose of the meeting:**

1. Review progress with the work and work plan of the EHII
2. Critically appraise commissioned work
3. Identify new areas of work.

### **Expected outcomes of the meeting:**

1. Revised Action Plan with a two-year time table
2. Concrete suggestions for EHII activities with possible commitments for contributions from participants
3. Formulation of next steps for the EHII Steering Group.

The WHO Secretariat updated participants on the progress, developments and many achievements since the last meeting in March 2016. EHI now has thirty members and continues to grow. New member states are Czechia, Slovenia and Romania. Two new organizational members, EuroHealthNet and the Institute for Health Metrics and Evaluation (IHME), and one new observer, the European Centre for Disease Prevention and Control (ECDC), were introduced to the Steering Group (SG). The WHO Secretariat reported on:

- the development of a joint monitoring framework for Health 2020/SDG/NCD global action plan for Member States;
- intersectoral work on establishing measurement related to the cultural context of health and well-being;
- improvements to health information access;
- knowledge translation;
- improvements to the European Health Information Gateway;
- recent publications and reports; and
- capacity building, networking and strategic activities.

### **Measurement – development of information for health and well-being with a focus on indicators**

The high burden of reporting remains a key concern of Member States in this area. In response, the WHO Secretariat is pursuing two strategic actions. First, the Regional Director (RD) established a Gatekeeper Function for data collections and surveys conducted by the WHO Regional Office for Europe, coordinated by the WHO Europe Statistical Policy Group (SPG) and chaired by the Director, Division of Information, Evidence, Research and Innovation (DIR). The preliminary work involved a survey of technical units which was used to create an inventory of data collections. After reviewing the inventory, SPG established criteria for approving data collections as well as a new review process through which data collections must be mandated by resolution or other international agreement. The Gatekeeper Function was first instituted at the beginning of 2016. The Regional Office's technical units submitted requests for approval of data collections and only 26 were approved (compared to 45 surveys received by Member States the year before). The process is now being reviewed and will be fine-tuned in 2017.

The second strategic action for addressing the burden of reporting is to investigate – and with the Member States' agreement, to develop and implement – a joint monitoring framework (JMF) which

will eventually consolidate, into a minimum joint set of common indicators (2), the three major monitoring frameworks: Health 2020 targets and indicators; Global Goals for Sustainable Development (SDGs); and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs). To investigate the possibility of establishing a JMF, DIR conducted a mapping exercise that identified both indicator and thematic alignment across the three frameworks. The results were that thematic alignment was: 76% between the Health 2020 targets and indicators and SDGs; 33% between the Health 2020 targets and indicators and NCDs; and 56% between the SDGs and NCDs. With these results, the Regional Committee will discuss the adoption of a framework concept for a JMF in 2017. If adopted, the Regional Office will work to propose a set of common indicators to populate the JMF for submission to an expert group for evaluation and validation. The validated indicator set will be then submitted for consultation, review and adoption by Member States and eventually the Regional Committee in 2018.

Interest in understanding and measuring the effects of the cultural context of health (CCH) and well-being is growing throughout Europe. The WHO Secretariat's related work uses a multisectoral and multidisciplinary research approach. Accordingly, a WHO Expert Group

## Box 1. Culture matters: using a cultural contexts of health approach to enhance policy-making<sup>1</sup>

This policy brief has been developed in response to the increasing awareness among policy-makers and the public health community of the important relationship between culture and health. Incorporating cultural awareness into policy-making is critical to the development of adaptive, equitable and sustainable health care systems, and to making general improvements in many areas of population health and well-being.

By exploring the three key public health areas of nutrition, migration and environment, this policy brief demonstrates how cultural awareness is central to understanding health and well-being and to developing more effective and equitable health policies.

Consequently, it argues that public health policy-making has much to gain from applying research from the health-related humanities and social sciences.



Cultural Contexts of Health and Well-being

Policy brief, No. 1

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Culture matters: using a cultural contexts of health approach to enhance policy-making



<sup>1</sup> Culture matters: using a cultural contexts of health approach to enhanced policy-making. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/data-and-evidence/cultural-contexts-of-health/culture-matters-using-a-cultural-contexts-of-health-approach-to-enhance-policy-making-2017>, accessed 20 April 2017).

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on the Cultural Context of Health and Well-being was established and has held three meetings, the last of which was held jointly with and hosted by UNESCO. In addition, a two-year project to create an evidence base for key Health 2020 concepts, such as subjective well-being, community resilience and empowerment, has been funded by the Robert Wood Johnson Foundation. The WHO Secretariat recently commissioned and published a CCH report on the use of narrative research in the health sector. Two additional HEN reports on community resilience and empowerment are in preparation. The 66<sup>th</sup> Meeting of the Regional Committee included a technical briefing on CCH. The Regional Office was invited to give a presentation on CCH at the recent World Health Summit, and culture and health will be a major topic at the next World Health Summit. As part of efforts to expand WHO's work on CCH, the University of Exeter's Centre for Medical History, United Kingdom, was designated WHO Collaborating Centre on Culture and Health until 2020. The Centre is funded by the Wellcome Trust and University of Exeter.

#### *Action points*

- Bring the framework concept of a JMF to the Member States for consultation, review and adoption at the 2018 Regional Committee meeting
- Advance development of well-being indicators and other Health 2020 concepts
- Present CCH as a major topic at the World Health Summit

#### **Access – enhanced access to and dissemination of health information**

The WHO Secretariat continues to improve and diversify its approaches to delivering health information. Launched in October 2016, the Health for All Explorer is an online tool for searching across all HFA databases. Its new data visualization tools include bubble charts, exportable line graphs, maps, and innovative opportunities to interact with data in order to view dynamic change over time and place. The Explorer is part of the updated WHO European Health Information Gateway and data warehouse. The Gateway provides curated, reliable health data and information in formats that are easy to understand, compare and extract. The Gateway and Health for all Explorer are available in both English and Russian.

In collaboration with ministries of health, the Regional Office has produced in-depth reports on national health status with a focus on the

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Health 2020 targets and indicators and chapters on well-being. These two reports – entitled “Profile of health and well-being” and “Highlights of health and well-being” (a summary of the country profiles written especially for policy-makers) – were published for three countries over the past 12 months. Reports for Bulgaria, Georgia, Malta and the Russian Federation are scheduled for 2017. In addition, the University of Applied Sciences, Hamburg and DIR have reached an agreement to work jointly on Country Profiles and Highlights on Health.

The peer-reviewed, theme-based journal, Public Health Panorama, continues to be published quarterly with theme-based issues in English and Russian. The theme for the September 2016 issue was health information for policy. The Health Evidence Network (HEN) continues to produce summaries on the best available evidence for policy decision-making. Its peer-reviewed reports are now listed in PubMed.

#### *Action point*

- Publish Country Profiles and Highlights for Bulgaria, Georgia, Malta and Russian Federation

### **Capacity building**

Each year, DIR organizes the Autumn School of health information and evidence for policy-making for Member States. Seven to eight months after the school ends, DIR offers a follow-up Advanced course. Attendees are nominated by their ministries and their expenses are paid by WHO. Collaboration with other international organizations to produce content for the Autumn School and Advanced course has been discussed. The Autumn School and Advanced course receive high-level support from the ministers of health. The fourth Autumn School, held in Bucharest, Romania, was opened by the Secretary of State for Health of Romania. The Ministry of Health, Labour and Social Affairs of Georgia will host the 2017 Autumn School, and a module for small countries is under consideration for the 2018 Autumn School. The next Advanced course will be offered in Bosnia and Herzegovina in June 2017.

In the autumn of 2017, the WHO Collaborating Centre at Durham University will complete a study on whether and how evidence is used in policy-making at the country level. The WHO Secretariat and Steering Group will assess the study and its methodology and bring it for discussion to the Steering Group.



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### *Action points*

- Organize and conduct the fifth Autumn School and Advanced course
- Review the Durham University study on the use of evidence in policy-making

### **Networks – strengthening of health information networks**

The WHO Secretariat reported that the networks are carrying the burden of much of the work of the EHII and provided brief updates on four networks and one new collaboration:

- The Small Countries Health Information Network (SCHIN), an initiation of the Minister of Health, Malta, has eight members and held its second meeting in Monaco. Agreement was reached on using rolling averages to report selected indicators with small values.
- The Central Asian Republics Information Network (CARINFONET) has been revitalized and is developing joint reporting. The network is finalizing a list of 29 joint core indicators for the Central Asian Republics.
- The Evidence-Informed Policy Network (EVIPNet) is a rapidly growing network – now including 19 Member States – that promotes the systematic use of research evidence in policy-making by institutionalizing knowledge translation (KT) through the establishment of KT teams at the country level. The network offers tools that answer the specific policy questions of Member States. SCHIN has expressed interest in the EVIPNet’s activities.
- The newest European network is the European Burden of Disease Network (EBoDN). The network is chaired by Professor John Newton of Public Health England and co-chaired by Netherlands; the Institute of Health Metrics and Evaluation (IHME) is a hosting partner in this network. Its first meeting, held in London in September, 2016, was attended by 10 countries and hosted by Public Health England. Agreement on its Terms of Reference and work plan has been reached, and a manual to conduct national burden of disease (NBD) studies is in preparation.
- IHME and WHO executed a Memorandum of Understanding in 2015 and will collaborate on burden of disease assessments in the European Region. Multiple countries have therefore completed, are conducting or are planning on conducting NBD studies. Therefore, as methods for assessing NBD are developed and

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refined, it is important to harmonize methods and offer trainings on NBD studies. In response, the Institute for Health Metrics and Evaluation (IHME) and WHO executed a Memorandum of Understanding that was signed in 2015 and will collaborate on burden of disease assessments in the European Region, thereby improving international comparisons. NBD will also be included in Country Profiles and Highlights and NBD training was incorporated in the 2016 Autumn School.

#### *Action points*

- Joint WHO Regional Office for Europe and IHME missions to countries and trainings events
- Inclusion of NBD in Country Profile and Highlight publications

#### **Strategy – support for health information strategy development**

Support for health information strategies has advanced on several fronts. The Regional Committee Action Plan and Resolution on Evidence-Informed policy (EIP), adopted by its 53 Member States, identifies four key action items (3):

- strengthening health information systems, harmonizing health indicators, and establishing an integrated health information system for the European Region;
- establishing and promoting national health research systems to support the setting of public health priorities;
- increasing country capacities for the development of evidence-informed policies (knowledge translation); and
- mainstreaming the use of evidence, information and research in the implementation of Health 2020 targets and indicators and other major regional policy frameworks.

The Action Plan requires 22 concrete actions for Member States and 22 concrete actions for the WHO Secretariat. The EHII was identified as the framework within which the Action Plan should be implemented. In response, DIR has completed a review of its units' work to ensure that all activities are strategically aligned with the EHII's six key areas and EIP's four action areas. This implementation plan will be submitted to the Regional Director for approval.

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The WHO Secretariat is advocating for the EHII framework and related actions with Member States that have not become EHII members yet. The value of the EHII was affirmed by participants at the 2016 European Health Forum Gastein (EHFG) and again at the European Public Health (EPH) “All for Health, Health for All” conference. At the EHFG, a lightning talk explicitly called for the harmonization of indicators for the European Region and close collaboration among international organizations involved in health information. At the EPH conference, the WHO Secretariat was involved or presented in seven different conference events, including the plenary session.

Support tools and health information assessments for countries are also important elements of the WHO Secretariat’s strategic work. When Member States requested a practical tool to assess health information systems and strengthen health information strategies, a 17-country working group was convened by the WHO Secretariat. The working group developed a tool that was adapted from WHO Health Metrics Network tools for the European context. The result is a Regional Office support tool for assessing health information systems and developing and strengthening health information strategies (4). The tool is available in both English and Russian and it has been piloted in three countries. Revision of the tool based on pilot feedback is anticipated in the near future; however, such revision is dependent on resources that are not currently available. Demand by Member States for the support tool continues and the piloted version of the tool continues to be used and provide value.

The area of eHealth is also of strategic importance to health information systems. The eHealth & Innovation Unit in DIR works with ministries and public health institutes to understand and improve the horizontal flow of health information. In 2016, a global eHealth survey was conducted, and a separate analysis was done for all European Member States. The results are available in the WHO Europe publication “From innovation to implementation – eHealth in the WHO European Region (5). Major findings in the report include confirmation of the strategic importance of eHealth to national policy-makers, recognition that eHealth is more than a technology acquisition, and the identification of funding as the biggest barrier to the adoption of eHealth. The WHO Secretariat will be a co-organizer of 2017 eHealth Week, an annual conference of the European Commission (EC). This year, the event will be held in Malta.

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### *Action points*

- Align the work of the DIR units with the EHII framework and the Regional Committee's Action Plan
- Revise the support tool to assess health information systems and develop and strengthen health information strategies and in-country assessments
- eHealth week

### **Communication and advocacy**

The WHO Secretariat reported on the EHII web space, and thanked the European Commission, Directorate-General for Health and Food Safety (DG SANTE) for hosting the communication exchange platform. The platform has been operational since January 2017 and is moderated by DIR. A brief orientation about the platform was provided to the Steering Group, followed by a discussion of its best uses. SG co-chairs agreed to use the platform to distribute all Steering Group documents, and to continue to use email to inform Steering Group members of additions or revisions to Group documents on the platform. Comments on the context and features of the platform are continuously welcomed.

### **Pan American Health Organization (PAHO) – Information Systems for Health (IS4H)**

Mr Marcelo D'Agostino, Senior Advisor, Knowledge Management Health Information and Analysis, Department of Communicable Diseases, Health Analysis, presented PAHO's information system framework and related maturity model. The framework is designed to work at the roots of data management and is derived from systems models that prioritize data governance strategies and policies to make existing systems interoperable. eGovernment is the overarching concept. The framework acknowledges the need to work with legacy systems and to ensure interoperability between both structured and unstructured data. Expected outcomes from employing IS4H include better data, documented processes, renewed policies, improved human resource skills, and better investments which, in turn, lead to more effective and better informed policy decisions. The associated IS4H maturity model (IS4H-MM) is a system assessment process that follows the ISO 15504 generic assessment process standard. The model provides three assessment profiles: self-assessment, collaborative assessment, and PAHO/WHO full-assessment. IS4H-MM recognizes

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the different levels of development and maturity in the region and avoids unfair comparisons. The five maturity levels are designed not only to evaluate information systems but to identify an agreed path to more mature and interoperable, interconnected systems.

The name of the initiative, “information systems for health”, prompted a discussion of using this nomenclature or “health information systems” (see discussion below during Secretarial update).

### **Joint Operational Framework for EHII**

The framework has been agreed to and can be used as a document in the 6<sup>th</sup> EHII meeting report.

### **Topics of discussion during WHO Secretariat update**

The importance and role of nomenclature used to describe health information and health information technology was discussed by the Steering Group. It was mentioned that there are more than 50 different ways to define the use of technology in health. This lack of clarity in language can be confusing for all public health stakeholders. Standardizing the definitions will help Member States to understand the differences between similar terms, and to help distinguish how different organizations use the same term. PAHO’s adoption of “information systems for health” instead of “health information systems” was discussed as an alternative way to refer to health information systems. “Information systems for health” as well as “information for health” stress the intersectoral and diverse nature of information and knowledge required to measure and monitor health and well-being. The discussion resulted in a commitment to revisit these nomenclature issues at a later time and prompted commitments to bring EHII to a broader audience within and outside of the public health community.

The theme of standardization and harmonization of language was echoed within discussions of monitoring frameworks and indicators. The WHO Secretariat’s indicator mapping exercise of Health 2020, the SDGs and the NCD global monitoring frameworks is similar to exercises being conducted by other national and international groups. The desire to merge European Region efforts to identify duplicate, overlapping, indicators across all European Region monitoring

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frameworks was routinely expressed. The WHO Secretariat's mapping exercise, and its relationship to the Joint OECD/WHO/EUROSTAT Data Collection (JDC) and the mapping exercise of six European frameworks presented later in this report, created an opportunity to discuss the benefits and limitations of different approaches to the standardization and harmonization of indicators. Regardless of the methodology, the need to standardize and harmonize indicators, and the call for related international cooperation, was consistent throughout the meeting.

#### *Action points*

- Prepare a concept note for distribution and review at the next Steering Group meeting in June 2017
- Consider submitting proposals for the EUPHA conference and pre-conference workshops
- Consider the use of presentations on shared space for advocacy purposes
- When appropriate, SG members to indicate their EHII membership and links to the EHII on their websites
- Promote EHII products

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## Box 2. Pan-American Health Organization – IS4H Project

Building on existing actions, and considering its renewed framework on Information Systems for Health (IS4H), PAHO is presenting a project proposal for the implementation of National Information Systems for Health Strategic Plans in countries in the Americas. Its goal is to implement a better decision- and policy-making mechanism in the countries through health systems that ensure universal, free, and timely access to quality and open data and strategic information using the most cost-effective information and communication technology (ICT) tools.

The main objective of this project is to introduce a renewed vision that helps to establish a general framework of operation and a common understanding of the specific components of IS4H. The project seeks to define and implement strategies, policies and standards for interoperable and interconnected systems, and best practices in health data management for improving decision-making and well-being under

the framework of four overarching strategic approaches: 1) universal access to health and universal health coverage; 2) health in all policies; 3) eGovernment; and 4) open and big data initiatives. This proposal takes into consideration existing projects, systems and structures; therefore, it will be based on the assumption of incremental strengthening.

The Organization is committed to working with countries in these priority areas:

- Implementation of a renewed and holistic framework for IS4H in the Americas, with identification of components which can be taken forward jointly by several countries.
- Development and implementation of the Regional Strategic Plan for advancing public health through interoperable IS4H.
- Identification of electronic medical records and hospital management systems as short-term IS4H priorities for countries.

- Development of a regional Plan of Action and proposal that address identified priority actions, for presentation to national Cabinets and potential funders, in order to facilitate, resource allocation and resource mobilization.
- Negotiations aimed at placing health and IS4H on the eGovernment agenda.
- Updating legislation for, and associated with, IS4H, using model legislation, legal briefs, and/or examples from countries.
- Development of instruments, such as an IS4H self-assessment tool, regional guidelines, and standards for interoperability, privacy, confidentiality and security.
- Development of National Health Information architecture.
- Updating countries on IS4H situation assessments.
- Implementation of formal collaboration mechanisms for information sharing among countries.

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## Update on the European Burden of Disease Network (EBoDN)

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Professor John Newton, Chief Knowledge Officer, Public Health England and chair of the EBoDN, discussed the purpose, actions, environment and future of the EBoDN. In many European countries, the burden of disease is studied by one or two people so the network is a means to support these people. The group will meet once per year and will support actions, identify opportunities for training, and promote access to data. Seventeen countries have expressed interest in the network and ten countries were represented at its first meeting. The EBoDN is co-hosted by the IHME and is working to produce and distribute a national manual on burden of disease. The network is interested in developing new outputs for burden of disease studies, such as future projections, sub-national studies, the identification of diseases amenable and not amenable to interventions, and the addition of economic dimensions to the burden of disease analysis. Working within a network and with IHME has resulted in a change in transparency for burden of disease studies. The result will be more and better work in this area.



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## Report on the Small Countries Health Information Network (SCHIN)

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Dr Neville Calleja, Director, Health Information and Research, Ministry for Energy and Health, Malta, and chair of SCHIN, reported on SCHIN's recent activities. SCHIN, comprised of eight countries with populations of less than 1,000,000, held its first meeting in March 2016. Dr Calleja described some of the resource challenges that small countries have in adapting health policies to their unique needs, as well as opportunities. For example, small countries are well-positioned to adopt and implement policy, and to work closely with communities and achieve political cohesion, faster than their larger neighbours.

SCHIN originally identified its purposes as:

- dealing with numerous shared data challenges;
- focusing on ways to reduce multiple, uncoordinated data requests to Member States;
- the harmonization of valid comparable data and joint reporting on indicators;
- establishing a minimum data set for small countries; and
- facilitating participation in the European Health Information Initiative (EHII).

Since its first meeting in 2016, SCHIN has actively pursued its agenda and objectives and achieved the following major milestones:

- conducted a survey and published a report in Public Health Panorama on the availability and features of health information systems in eight member states;
- reached agreement on reporting indicators with a small number of occurrences in small countries as rolling averages;
- undertook work to identify a core set of indicators for small countries that will build on CARINFONET's work on core indicator selection;
- undertook work to identify a joint indicator list tailored to small country health system performance assessment;
- proposed the terms of reference for a WHO Collaborating Centre on Small Countries;
- agreed to pilot membership in EVIPNet after 2018; and
- created and updated an action plan for SCHIN.

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Currently, SCHIN's extensive work agenda includes:

- a mapping exercise of the availability and reliability of existing indicators (to be presented by Malta in Monaco and through a Panorama article);
- identifying priority areas with a view to a mini assessment framework for small countries (at a later stage);
- WHO Europe exploring the development of a three-year rolling average option in existing HI databases; and
- WHO Europe exploring the adoption of a three-year reporting cycle.

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## Update on the results of the BRIDGE Health project – The ERIC and Joint Action on Health Information

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Dr Herman Van Oyen, Director, Public Health and Surveillance, Belgium, provided an update on the BRIDGE Health project. BRIDGE Health was a thirty-month project funded by the European Commission aimed at working toward a European health information and data generation network by promoting the coordination and convergence of existing key projects in health information. Challenges to linking health information to policy in Europe include: dispersed, incomplete and difficult to access information; and differences in the quality and comparability of information. A wide variety of health information activities are funded through ad hoc projects which often results in a discontinuity in knowledge generation. Furthermore, the information and knowledge generated from these projects lacks coordination. A European Research Infrastructure Consortium on Health Information (ERIC) has been identified as the most feasible organizational construct to support joint actions on health information.

The ERIC would operate under strict Member State governance. The proposed governance structure has decision-making, executive and operational layers to form a sustainable structure. The ERIC would function as a network of networks including: national nodes that would bring together, within each Member State, all actors involved in health information; and domain-specific nodes, with international research networks focusing on specific issues related to health or health information. ERIC would be at the core of health information in the EU which would enable health information issues to be addressed systematically and sustainably with legal status. ERIC's core activities would be to generate, manage, exchange and translate knowledge.

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The Joint Action on Health Information is not a continuation of BRIDGE Health, in the sense that it is driven by research groups. Rather, it is a project that is driven by Member States and is working toward a sustainable EU health information system. Its work and goals include:

- the status of health information systems through, for example, the mapping of health information systems through a peer-review process;
- mapping health information usage in policy and linking usage to HIS strategies;
- innovation in health information for public health policy development;
- strengthening the health information capacity of EU countries through education and training programs;
- the development of health information support tools and methods;
- proof of concept of ERIC on health information;
- the optimization of health information through research; and
- the interoperability of health information systems and supporting digital assets.

Mr David Morgan, Head of Health Accounts, Directorate for Employment, Labour and Social Affairs, OECD, offered a review of recent developments and future actions on health information at the OECD. In particular, the Steering Group was provided a summary of the January 2017 OECD Health Ministerial Meeting. The OECD Health Ministers meet approximately every six years to exchange information on major health policy issues, and to develop strategies for future work through mandates which have a direct impact on OECD data collections.

The January 2017 Ministerial Meeting identified a new direction and mandate for health policy and reform: person-centred care. Additionally, an in-depth evaluation by the OECD Health Committee proposed both strengthening indicators and indicator comparability to ensure their effectiveness in impacting policy. The Health Committee also proposed expanding existing data collections into new areas, particularly patient-reported indicators. Person-centred care will create a new generation of health statistics, including patient-reported indicators. This is described as a bottom-up approach to health statistics and will involve future partnerships with the EC, International Consortium for Health Outcomes Measurement, and the Commonwealth Fund. OECD's framework of health system performance was shared with the Steering Group. The two axes of the framework, equity and efficiency, were also presented.

A brief summary of the successes of the Joint Health Accounts Questionnaire (JHAQ) (OECD/Eurostat/WHO) and OECD/Eurostat/WHO Europe joint data collections was also presented during the update. The two collections cover both health expenditures and non-monetary data. The JHAQ response rate increased to 42 countries in 2016, and the JHAQ is now mandated through EC regulation. The joint questions on non-monetary health care statistics covers expenditures in four areas: health employment and education, health workforce migration, physical and technical resources, and health care activities. The goals of the joint data collections are to reduce data collection burden on countries, promote the consistent use of international standard classifications, and improve the consistency of data reported by international organizations. The process for the joint collections, and recent and future OECD publications on the state of health in the EU, were described. OECD's collaboration with the EU and European

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Observatory on Health Systems and Policies (EOHSP) in publishing country profiles was presented. The differences between the WHO Secretariat's country profile publications and the EU/OECD/EOHSP profiles was explained. While the names of the two publications are similar, they perform different functions for different target audiences. The WHO Secretariat's profiles are in-depth health status analyses with a focus on Health 2020 targets and indicators, and include comparisons to regional averages and other Member States. The EU/OECD/EOHSP country profiles are shorter publications that focus on health systems without comparative analysis.

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## Update from the European Commission

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The European Commission (EC) offered brief comments about EC activities relevant to the preceding presentations and discussions. Dr Marleen De Smedt, Adviser to the DG of EC/Eurostat, agreed with the OECD representative on the success of joint data collections. In her view, this is the main instrument for reducing the reporting burden of countries. She said that different organisations could set different indicators, according to their respective mandates and programmes, but most importantly, these indicators should be based on the same underlying data. Together with its partners in the European Statistical System Eurostat is moving from using traditional data collection models to exploring new ideas for data searching, such as web scraping and mobile apps. This requires the expertise of data scientists who have broader skills and different technical knowledge than do statisticians. In addition, the EC is working on SDGs and progressing on an EU set of indicators associated with SDGs for Europe. The UN Statistical Commission has a mandate to develop a set of SDG indicators covering not only health information but also various determinants of health at a global level. This was followed by a brief discussion of how to collaborate on SDGs. In general, the Steering Group expressed the belief that, whether there is a single or multiple European health information platforms, the achievement of harmonizing and standardizing indicators will be possible.

Mr Philippe Roux, Head of Unit for Health-Determinants at DG SANTE, presented an update on EC activities and his thoughts on joint action on health information for the purpose of sustainability and relevance. The “Joint Action on Health Information towards a sustainable EU health information system that supports country knowledge, health research and policy-making” was approved in the 2017 Annual Work Programme of the Health Programme. It will have a budget of four million Euros to co-fund Member State initiatives over the 2017–2020 period, to improve the sustainability and policy relevance of health information in the EU. The Commission has sent an official request to each country’s Permanent Representation to the EU asking them to nominate one competent authority from their country by 11 May.

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Mr Roux stressed that that Member State representatives expressed strong support for building on the mapping exercise already started by the EHII, as a basis to streamline on-going health information generation activities in the EU. At the same time, Member States planning to participate in the Joint Action proposed that the Joint Action could collaborate with the EHII to complete the mapping exercise. The European Commission suggested that this could potentially involve:

- examining the sources of indicators, including characteristics such as frequency, lag, statistical reliability and representativeness;
- analysing Member State policy priorities and their links to current indicators to identify data gaps (For example, a policy area deemed important requires more intense data collection in order to be better understood. Efficiency may, therefore, not necessarily be achieved by decreasing the number of indicators by the same proportion in all areas. In addition, identifying data gaps would also help judge the relative importance of data production in areas where data are currently collected.); and
- analysing how cost-effectively different indicators may be produced.

Mr Roux concluded by saying that strong collaboration between the Joint Action and EHII could be beneficial for all and would lead to a better system of health information in Europe.



Dr Mariken Tijhuis (RIVM), Dr Marieke Verschuuren (RIVM) and Mr Greg Williams (Manchester University) presented their report on the mapping exercise conducted by the WHO Collaborating Centre for Health Indicators at the University of Manchester and the National Institute for Public Health and the Environment, Netherlands. The requirements for this exercise, first identified in March 2015 as part of the EHII work plan, were: defining the parameters of the mapping exercise; mapping available indicators; scoping the usefulness, feasibility and quality of the available indicators; and making recommendations for a WHO European health and well-being indicator framework. In July 2016, a conceptual model/framework for the starting point of the exercise was agreed to. The overall aim for aligning the indicators is to reduce the reporting burden for Member States and improve data sharing and country comparisons. The scope of the exercise focused on the overlaps between six main indicator sets used in Europe: Health for All, H2020, NCD global action plan, European Core Health Indicators, Joint Action Framework for Health, and OECD. The identification of overlaps may form the starting point for the identification of a set of core indicators to be used across Europe.

The exercise identified 3,216 individual indicators. These were then sorted into clusters using a two-level conceptual framework. The framework was then expanded into four levels of increasing specificity. Overlap was defined as a conceptual pairing occurring in at least five out of six of the indicators sets being evaluated. The Steering Group was asked to comment on whether the indicator sets included in the mapping exercise should be expanded, and whether the conceptual approach used to identify a possible common core set of indicators was best.

Engagement in and discussion of the presentation was very good. Members discussed the benefits of adding the indicators from the EUROSTAT database related to health and the SDGs to the mapping, as well as the purpose and benefits of a common core set. Members reiterated the primary purposes of this exercise and the related goals for Member States, that is, to reduce the burden of reporting and to standardize and harmonize the ways in which the same or similar indicators are used by the three major international organizations. The latter is necessary for valid county comparisons and interoperability. Standardization and harmonization are also

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required to ensure that users of the data, including Member States, understand the meaning of the data. Different approaches to achieving these goals were discussed. A recurring theme was whether the identification of overlapping indicators – resulting in a core set of indicators for the European Region – or a comparison of disaggregated data and data sources – resulting in a single comprehensive list of collected data – is the better approach to achieving these goals.

At the conclusion of the discussion, the Chair recommended the formation of a working group to review work and identify next steps. The WHO Secretariat agreed to draft the Terms of Reference (ToR) for this working group and suggested a composition that included experts in indicator development from the OECD, EC and the WHO Regional Office for Europe as well as EHII members. Responses from the OECD and EC observers were positive. The ToR will need to be finalized prior to establishing the working group. The ToR will be circulated and reviewed before the June meeting of the EHII SG so that a decision can be made as soon as possible.

#### *Action points*

- The WHO Secretariat, in consultation with the OECD and EC, will draft the ToRs for an expert working group that will use the results of the first draft of the mapping and identify next steps
- The EHII Steering Group will comment on the ToRs in due course.
- The expert working group will report back to the Steering Group at a later stage.

A fully updated EHII action plan can be found in Annex 1. The following section focuses only on those items that were prominently discussed.

### **Development of information for health and well-being with a focus on indicators**

The cultural context of health (CCH) and how to measure it, particularly as it relates to the Health 2020 monitoring framework, is a major initiative of the WHO Secretariat with many concurrent activities. A well-being report template, developed by the University of Exeter, is in preparation. Two reports from the Health Evidence Network will cover the measurement of community resilience and empowerment. As a result of such outreach and networking activities, CCH will be a major topic at the next World Health Summit.

Several indicator mapping projects within and outside of the EHII were reported. The mapping exercise conducted by the University of Manchester and RIVM stimulated a discussion that ended with an agreement on steps to establish an expert Working Group to further the work already completed and to move toward the identification of a set of common core indicators for the Regional Office, EC and OECD.

### **Enhanced access to and dissemination of health information**

The WHO Secretariat is in negotiations to establish a Collaborating Centre for the purpose of country profile development. *Country Profiles and Highlights on health and well-being* for Bulgaria, Georgia, Malta and Russian Federation are in production.

The Steering Group discussed the need for broader access to EHII and EHII products including audiences outside of public health and at all levels of public health work. A concept note on how to proceed with this goal will be presented by EuroHealthNet at the next Steering Group meeting in June 2017.

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## **Capacity building**

The Autumn School and Advanced course are very successful. Future locations and topics were discussed by the Steering Group. Collaboration between the WHO Regional Office, OECD and EC to collaborate on producing modules continues to be proposed; however, concrete steps have not yet been identified. IHME is working with the WHO Secretariat to produce a burden of disease module for these capacity building activities.

## **Strengthening of health information networks**

SCHIN has become a very active network. Future activities include collaboration with EBoDN, EVIPNet and CARINFONET.

## **Support for health information strategy development**

Revision of the *Support tool to assess health information systems and develop and strengthen health information strategies* is a priority for the WHO Secretariat and Member States.

## **Communication and advocacy**

Promotion of the EHII needs to be a priority for the Steering Group. Several possible avenues have been identified and added to the action plan. Steering Group members will also consider submitting proposals for the upcoming EUPHA conference and pre-conference. Participation in the EUPHA conference would also promote Key Area 2 (see below).

Table 1 summarizes the main action points discussed during the meeting.

**Table 1: Summary of main action points**

EHII Key Area	Action	Lead	Completion
<b>1.</b>	<b>Development of information for health and well-being with a focus on indicators</b>		
	Well-being report template in preparation	University of Exeter	2018
	Two HEN reports on community resilience and empowerment in preparation	WHO Secretariat	2017
	Establishment of Working Group on mapping European health indicators as a starting point for the development of a set of common core indicators for WHO Europe, EC and OECD	WHO Secretariat	2017
<b>2.</b>	<b>Enhanced access to and dissemination of health information</b>		
	<i>Country profiles and Highlights on health and well-being for BUL, MDA, MLT, GEO, RUS</i>	WHO Secretariat	2017
	Establishment of WHO Collaborating Centre in country profile development	WHO Secretariat	2018
	Concept note: explore broader access, dissemination and use of EHII outcomes to wider public health audience	EuroHealthNet	2017
<b>3.</b>	<b>Capacity building</b>		
	Concept note: development of a network for European surveys on health literacy	Austria	Spring 2017
	Autumn School in Georgia	WHO Secretariat	Autumn 2017
	Consider module on small countries for Autumn School	WHO Secretariat	2018
	Review study on good use of evidence for policy by WCC at Durham University	EHII SG	2017
<b>4.</b>	<b>Strengthening of health information networks</b>		
	Explore whether other members are willing to champion a Baltic health information network	WHO Secretariat	2017
	SCHIN – seek collaboration with EBoDN	Malta, Chair	2017
	SEEHN – country champion to move this forward	Romania	2017
<b>5.</b>	<b>Support for health information strategy development</b>		
	Revision of support tool for MS assessment of health information systems and development and strengthening of health information strategies	Regional Office, RIVM, WHO Secretariat	Autumn 2017
	Technical Briefing on Big Data for RC67	WHO Secretariat	2017
<b>6.</b>	<b>Communication and advocacy</b>		
	Consider use of presentations on shared space for advocacy purposes	EHII SG	Ongoing
	Members indicate their EHII membership and links to EHII on their websites	EHII SG	Ongoing
	Promote products of EHII	EHII SG	Ongoing
	Consider submitting proposal for EUPHA conference and pre-conference workshops	EHII SG	Spring 2017

### **Request from Austria to the EHII Steering Group on health literacy study**

According to the first European Health Literacy Survey (EU-HLS), literacy across Europe varies significantly. Austria is below the average in relation to health literacy in the eight participating countries. Given the fact that health literacy is a key determinant of health and is important in the implementation of the Health 2020 policy, health literacy is a top priority on the Austrian health care reform agenda with numerous ongoing activities. In order to know whether efforts to improve health literacy are successful, there is a strong need for evidence and more data, ideally in an internationally comparative form. Repeating the European HLS across all countries in the European Region would be an important next step.

Austria requested input from the EHII on the formation of an action network on Health Literacy, and requested Steering Group assistance in the formation of a network and development of a comparative survey of health literacy for the European Region, under the umbrella of the EHII. In response, the Steering Group requested a concept note from Austria for discussion at the next Steering Group meeting.

#### *Action item*

- Concept note on the formation of a network for European health literacy surveys to be discussed at the virtual meeting of the Group in June 2017.

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## Conclusions

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In her concluding remarks, Dr Claudia Stein praised the thoughtful and productive discussions held over the course of the meeting. She thanked participants for their continuing contributions and support to the initiative.

The Chair, Ms Annemiek van Bolhuis, and the co-chair, Dr Anna Korotkova, thanked all participants. Ms van Bolhuis then thanked the WHO Secretariat for its gracious hospitality and its organization of a highly productive meeting.



Participants at the Seventh Meeting of the EHII Network Steering Group. © WHO/Olga Fradkina

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## Annex 1. EHII Action Plan 2017–2018

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

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop Health 2020 monitoring framework	Monitoring framework and indicators	Wellcome Trust	Host and fund well-being indicators meeting in London
Ongoing	Continue developmental work on measurement of well-being and on cultural contexts of well-being and new evidence for the 21st century	Recommendations from expert group meeting for WHO Secretariat to take forward	1) Wellcome Trust  2) University of Exeter (United Kingdom)	1) Joint planning and funding application underway with the Wellcome Trust; expert meeting on cultural contexts of well-being in January 2016; technical briefing for the 66 <sup>th</sup> session of the WHO Regional Committee for Europe;  WHO meeting of expert group to discuss next steps in well-being measurement and evidence for the 21 <sup>st</sup> century in August 2016  2) Designation of new WHO Collaborating Centre, University of Exeter (United Kingdom), in October 2016  Well-being report template in preparation by WHO Collaborating Centre, University of Exeter; and report piloting one country to be provided. Two HEN reports on community resilience and empowerment in preparation
New activities 2015–2017 with agreed contributions	Assess European Health for All database indicators to determine their degree of alignment with public health priorities and information needs and with the current data situation	Proposal for updated list of European Health for All database indicators	1) WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom); National Institute for Public Health and the Environment (RIVM); WHO Secretariat	1) Develop design for evaluation procedure
	Develop proposal for updated list		2) RIVM	2) Provide technical input during evaluation process
Ongoing	Map existing and future developmental work on health information, including indicator development (with a focus on inequalities and the life-course) as a starting point for the development of a set of common core indicators for the WHO Regional Office for Europe, the European Commission and the Organisation for Economic Co-operation and Development (OECD)	Proposal  Mapping exercise	1) WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom); WHO Collaborating Centre for Health Statistics and Analysis, Moscow (Russian Federation); RIVM  2) WHO Secretariat, in consultation with OECD and European Commission, will draft the terms of reference for an expert Working Group that will use the results of the first draft of the mapping and identify next steps; the EHII SG will comment on the ToRs	1) Mapping exercise completed and reported  2) Progress report on establishment of Working Group at next SG meeting in June
Ongoing	Report regularly to EHII Steering Group on cooperation between the Regional Office, European Commission and OECD on health information ( <i>regular activity</i> )	Regular updates at EHII Steering Group meetings	WHO Secretariat; European Commission, Directorate General for Health and Food Safety; OECD	Joint preparation of updates

## Key area 2. Enhancing access to and dissemination of health information

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop a basic version of WHO health information and evidence portal	WHO health information and evidence portal (with advanced functionalities)	Netherlands	Funding for first two developmental phases of the portal
New activities 2015–2017 with agreed contributions	Develop next phases of portal, including data warehouse	Updated and improved version of WHO health information/evidence portal and data warehouse was launched in early 2016; new Health for All Explorer developed and launched in October 2016; extensive expansion of the Gateway in 2017, including developing Gateway into information discovery tool	WHO Secretariat; RIVM; WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom)	Technical cooperation during developmental phase, including advice on/review of existing and new functionalities, themes and content
	Develop the concept of country profiles and explore collaboration between the Regional Office, the European Commission and OECD on gathering information, potentially starting with the production of WHO <i>Highlights on health and well-being</i> by the end of 2015	Overview of country profiles in use/ planned  Launch of <i>Public Health Panorama</i> , Health Evidence Network reports	WHO Secretariat; European Commission Directorate General for Health and Food Safety; OECD	Map existing and planned country profiles and their overlaps  Panorama fully established and financial sustainability discussed in Regional Office  Launched <i>Country profiles and Highlights on health and well-being</i> with three Member States (Greece, Republic of Moldova, Slovenia) in 2016; additional 4 Country Profiles (BUL, MLT, GEO, RUS) and <i>Highlights on health</i> to be developed; discussions with a university in Germany to become WHO CC in country profiles development
	Explore broader access, dissemination and use of EHII outcomes by wider public health audience	Concept note based on existing experience of EuroHealthNet	EuroHealthNet	Concept note for distribution and review at the next Steering Committee meeting in June 2017

## Key area 3. Capacity building

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Annual WHO Autumn School on Health Information and Evidence for Policy-making: 2013, 2014, 2015, 2016	Autumn School	1) Netherlands and RIVM	1) Funding for 2013 Autumn School; technical support for developing course programme (2013–2015)
			2) Turkey (2013)	2) 3) 4) 5) Autumn schools hosted and completed
			3) Poland (2014)	
			4) Russian Federation (2015)	
			5) Romania (2016)	
Ongoing		Concept note on the development of a network for European surveys on health literacy	Austria	Present at the next Steering Committee meeting in June

## Key area 3. Capacity building (continued)

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Autumn School 2017 in planning  Explore further collaboration between the Regional Office, the European Commission and OECD on developing joint modules	Autumn School and ideas on possibilities for joint modules, possibly leading to action plan for development  New features are training on WHO health information Gateway and a Burden of disease module (IHME)	WHO Secretariat; RIVM; WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom); host country	Host Advanced School, June 2017; Member States to make proposals by January 2017;  prepare course content including joint modules and stand-alone inputs from different sources, including EUROSTAT; learn from European Union scientific committees' practical examples of evidence-informed policy-making; consider the creation of new modules  Autumn School in GEORGIA agreed for 2017 by Georgia Ministry of Labour, Health and Social Affairs  Consider module on small countries at Autumn School (as of 2018)
New activities 2015–2017 with potential contributions	Develop/adapt standard (e-learning) modules related to contents of Autumn School and/or other health information topics/tools	(E-learning) modules	1) WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom); WHO Secretariat	1) Explore potential for development of a module on health in all policies for online Master of Public Health, Manchester University (United Kingdom)  Module has gone for review and has been agreed for development; completion envisaged for 2018
Timeline to be determined			2) RIVM	2) Consider educational tool to explore different perspectives on public health, as basis for an additional module or workshop  Need to reconnect division responsible with RIVM
	Activities that strengthen evidence-informed policy-making, such as developing tools for monitoring and evaluation, and setting up clearing houses and rapid-response mechanisms; developing repository for evidence-informed policy-making tools	Tools (to be determined)  Regional Office inventory (to be completed ASAP)  Technical Guidance Manual (to be completed ASAP)	WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom); other voluntary contributions requested  Regional Office	Large task requiring dedicated personnel: Member States requested to make proposals; further discussion at meeting in March 2016  Report and methodology being finalized at WHO, to be shared shortly  Regional Office to provide methodology
	Mapping exercise of available tools that strengthen evidence-informed policy-making	Tools specifically geared to the Commonwealth of Independent States and Russian-speaking and other countries  Inventory	FRIHOI with WCC for Health Statistics and Analysis, Moscow (Russian Federation),  European Commission and OECD (to be determined once the Regional Office has provided the methodology)	Study on good use of evidence for policy conducted by WCC at Durham University – to be completed early autumn; review by EHII SG to assess its potential and recommendation for next steps to be taken, if appropriate  Completion of first draft by end-2017
Finalized	1) Establish the European Burden of Disease network  2) Establish a formal link with BRIDGE Health consortium for regular feedback and interaction		1) Regional Office and IHME  2) BRIDGE Health consortium and Regional Office	Network launched in September 2016 with 10 countries; Public Health England as Chair and RIVM as co-chair  BRIDGE chair reporting regularly to EHII Steering Group

## Key area 4. Strengthening of health information networks

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Central Asian Republics Health Information Network (CARINFONET)	Core list of joint indicators	1) Kyrgyzstan	1) Host CARINFONET secretariat during first rotation period
			2) Kazakhstan	2) Host CARINFONET secretariat during second rotation period; work on new joint indicators for five Member States; host Steering Group in 2016
				Process will be considered by SCHIN at their next meeting in June
New activities 2015–2017 with potential contribution	Explore potential for establishing Finnish-Baltic health information network	Finnish-Baltic health information network	Finland	Explore possibilities for establishing network  (to be revisited at a later stage)  WHO Secretariat to investigate whether other members of the network would champion this project
	Explore potential for establishing link between EHII and new network for Russian-speaking countries for health systems and health information	Feedback on potential to establish link between EHII and Russian-speaking network	WHO Collaborating Centre for Health Systems and Public Health, Moscow (Russian Federation)	Explore possibilities for linking new network and EHII (an update to be provided in March 2017)  Formal meeting of ministers of RUS has prepared documents to establish new network in April 2017 with link to EHII
	Map existing health information networks in the Region	Inventory of networks	WHO Collaborating Centre for Health Indicators Manchester University (United Kingdom); other volunteers sought	Review existing inventories (not required at this point)
	Stimulate new networks and work towards a network of networks	New Small Countries Health Information Network (SCHIN), and potentially south-eastern Europe and other networks	Malta	Malta is inaugural Chair of SCHIN and chaired the second meeting in October 2016 in Monaco  Third meeting planned for June 2017; chair to seek close collaboration with EBoDN  Romania to explore whether SEEHN health info network might be championed from their side

## Key area 5. Support for health information strategies development

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Support tool launched for Member States to assess health information systems and develop and strengthen health information strategies	Support tool	1) Russian Federation  2) Netherlands; RIVM	1) Co-chair expert group guiding tool development; host two expert group meetings  2) Co-chair expert group guiding tool development
New activities 2015–2017 with agreed contributions	Explore linkage of introduction of Support tool to another event such as the Autumn School or network meetings such as CARINFONET ( <i>regular activity</i> )	Support tool	1) WHO Secretariat  2) EHII Steering Group members	1) Identify opportunities to present tool and summarize in a calendar; prepare basic presentation  2) Inform WHO Secretariat about meetings and events where the tool could be introduced
Finalized	Organize pilot workshop(s) in a few Member States to implement tool; use outcomes to improve and update tool	Piloted and improved tool  Evaluation of exercises in Bulgaria and Republic of Moldova  Revised tool  (four scenario versions: short, medium, longer and self-assessment)	Regional Office  RIVM (with strong collaboration with WHO Secretariat)	Missions to four countries completed to use the tool to review health information systems  Four countries have piloted tool; next steps to convene WG to review feedback received and propose revision by early autumn 2017; consider Joint Action and ERIC as potential synergy for this revision  Consider evaluation and use of tool at Autumn School
Potential new activities 2015–2017	Gather good practice examples from Region of interventions aimed at improving (elements of) national health information systems to supplement support tool		None yet agreed	
By mid-2016		Revised EHII operational framework	EHII Steering Group and BRIDGE Health project secretariat	Steering Group members to peer review the revised support tool, and provide comments electronically
Beginning 2017	Discuss lessons learned from BRIDGE Health project in EHII	Revised support tool		Technical Briefing on Big Data for RC67 agreed
Regional Committee 2017	Provide SG with revised tool for peer review			

## Key area 6. Communication and advocacy

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Set up EHII website	Web pages dedicated to EHII on Regional Office public website  Establish a SharePoint website for the Steering Group	WHO Secretariat  European Commission	In development by WHO Secretariat  EC to share, with WHO and EHII Steering Group, link to stakeholder platform used at the Commission  Platform up and running; need more members to join
New activities 2015–2017 with agreed contributions	Develop communication strategy, including (series of) papers in relevant scientific journals and other media ( <i>high priority</i> )	EHII communication strategy	1) WHO Secretariat  2) Latvia; Turkey; WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom)	1) EHII Special Working Group to draft communication strategy  2) Review draft strategy  To be taken forward in 2017 with DIR communications officer
	Represent and promote EHII at relevant meetings and events ( <i>regular activity</i> )	Presentations, dissemination of EHII materials, discussions with stakeholders, etc.	Steering Group members	Give presentations, disseminate promotional materials, inform interested stakeholders  Indicate their EHII membership and links to EHII on their websites  Promote products of EHII  Submit proposals for EUPHA conference and pre-conference workshops
	Develop standard template for slide presentations on EHII	Presentation template	WHO Secretariat	Basic slide presentation on EHII that can be adapted for different audiences
	Inform Regional Committee about EHII ( <i>regular activity</i> )	Progress updates	WHO Secretariat	Prepare regular updates  Technical Briefing on Big Data agreed for RC 2017
Potential new activities 2015–2017	Organize EHII roadshow and visit potential new members	None yet agreed	None yet agreed	Major activity requiring next secondment
	Create a YouTube channel	Promotional EHII video	WHO Secretariat	Film completed and can be shared soon
	Establish regular EHII newsletter (or another innovative mechanism to communicate)	Newsfeed on website, posts, updated brochure	WHO Secretariat with support from European Public Health Association	Newsletter currently not possible but website and brochure being updated

## Support to WHO Secretariat

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Support WHO Secretariat ( <i>regular activity</i> )	Well-functioning WHO Secretariat	1) Netherlands and RIVM  2) Turkey (in 2017)  3) WHO Collaborating Centre for Health Indicators, Manchester University (United Kingdom) (under discussion)  4) Wellcome Trust  5) Ministry of Health, Germany  6) Robert Wood Johnson Foundation  7) Public Health England	1) One-year secondment of senior staff member to Regional Office (2014–2015); technical support for organization of first EHII Steering Group meeting and financial support for the biennium 2016–2017  2) Secondment of staff member to Regional Office  3) Secondment and student internships  4) Fellowships and grant received  5) Funding provided to WHO Secretariat including Junior Professional Officer (3 years) from Germany  6) Grant from RWJF received  7) Secondment from PHE under serious consideration

## Annex 2. Programme

### Tuesday, 21 March 2017

08:30–09:00	Registration
09:00–09:20	Opening 1. Welcome by Chairperson(s) and WHO Secretariat 2. Introduction round for new participants 3. Election of Rapporteur 4. Adoption of provisional agenda and programme 5. Briefing on background and expected outcome of the meeting
09:20–10:30	Update on recent regional developments relevant for the EHII 1. WHO Secretariat a. New members to EHII b. Adoption of the report of the 6 <sup>th</sup> EHII Steering Group Meeting c. Recent regional developments d. Key areas of the EHII e. Implementation of the Regional Action Plan to strengthen the use of evidence, information and research for policy making ( <i>Tim Nguyen</i> ) f. Annual eHealth conference and role of WHO ( <i>Clayton Hamilton</i> ) g. Overview of activities in the WHO Regional Office for the Americas/Pan American Health Organization (TBC)
10:30–11:00	Coffee break
11:00–12:30	Update on recent EHII developments (continued) 2. The status of the proposal for a Joint Operational Framework for EHII ( <i>Christian Gapp</i> ) 3. Experiences and discussion of the EHII web space usage ( <i>Christian Gapp</i> ) 4. Revision of the WHO support tool to assess health information systems and develop and strengthen health information strategies ( <i>Tina Dannemann Purnat</i> )
12:30–13:30	Lunch break
13:30–15:00	Updates from members and partners 1. Update from European Burden of Disease Network ( <i>John Newton</i> ); 2. Update from Small Countries Health Information Network ( <i>Neville Calleja</i> ) 3. Update from the European Commission (TBD) and the OECD ( <i>David Morgan</i> )
15:00–15:30	Status of the BRIDGE Health project ( <i>Herman Van Oyen</i> )
15:30–16:00	Coffee break
16:00–17:45	1. Progress review and revision of the EHII Action Plan ( <i>all</i> )
17:45–18:00	Wrap up of Day 1 ( <i>Chair and WHO Secretariat</i> )

### Wednesday, 22 March 2017

09:00–09:10	Key action points arising from Day 1 (rapporteur)
09:10–10:30	Mapping the overlap between six main health indicator sets used in Europe ( <i>Marieke Verschuuren</i> ) 1. Presentation and discussion of findings and the draft indicator mapping exercise report
10:30–11:00	Coffee break
11:00–11:30	Mapping the overlap between six main health indicator sets used in Europe (continued) 2. Discussion and recommendations on next steps
11:30–12:15	Any other business
12:15–12:45	Wrap up and next steps ( <i>Chair and WHO Secretariat</i> )
12:45	End of the meeting



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## Annex 3. List of participants

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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.

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### Member States

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Azerbaijan	Greece	Norway	Tajikistan
Belarus	Hungary	Poland	The former
Belgium	Iceland	Portugal	Yugoslav
Bosnia and Herzegovina	Ireland	Republic of Moldova	Republic of Macedonia
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