World Health Organization
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Developing indicators for the Health 2020 targets

First meeting of the expert group
Utrecht, the Netherlands, 18–19 June 2012

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ABSTRACT

An expert meeting was held in Utrecht in June 2012 to provide advice to the WHO Regional Office for Europe on the selection of indicators to enable monitoring of progress towards the six overarching Health 2020 targets. The expert group was asked to advise on a "menu" of indicators that are widely available among European Member States and that permit the monitoring of progress towards achievement of the Health 2020 targets; specifically to advise on developing a set of indicators to monitor progress towards a reduction in inequalities and an enhancement of well-being; to propose a process and action plan by which the Regional Office may best use indicators to monitor progress towards the Health 2020 targets; and to advise on how to support further harmonization and improvement of the quality and availability of existing European health indicator sets in a sustainable way. A summary of the deliberations will be presented to Member States for discussion at the Regional Committee's sixty-second session in Malta in September 2012.

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Executive summary

Health 2020, the new European health policy, aims to improve the health and well-being of populations, reduce health inequities, and ensure people-centred health systems. Through an extensive process of consultation with Member States, six overarching regional targets have been proposed.

An expert meeting on developing indicators for the Health 2020 targets was held in Utrecht in June 2012. The aim of the meeting was to provide advice to the WHO Regional Office for Europe on the selection of indicators to enable monitoring of progress towards the six Health 2020 targets. The meeting had four specific objectives:

- to advise on a “menu” of indicators that are widely available among European Member States and that permit the monitoring of progress towards achievement of the Health 2020 targets;
- specifically to advise on developing a set of indicators to monitor progress towards a reduction in inequalities and an enhancement of well-being;
- to propose a process and action plan by which the Regional Office may best use indicators to monitor progress towards the Health 2020 targets;
- to advise on how to support further harmonization and improvement of the quality and availability of existing European health indicator sets in a sustainable way.

Each of the Health 2020 targets was discussed by the group and a set of indicators was proposed. Considering the general characteristics of the indicator set, the experts agreed that there should be a set of core (level 1) indicators for which data should be available across the European Region. In addition, countries would be encouraged to expand this list and make use of additional (level 2) indicators available to them. Whenever relevant and possible, indicators should be reported by sex, age, socioeconomic status and vulnerable groups. Moreover, whenever relevant and possible, indicators should be displayed at both national and subnational levels.

The experts advised that the indicators recommended for target 1 (reduce premature mortality in Europe by 2020) should be aligned with global target-setting efforts in the field of noncommunicable diseases (NCDs). As the global process is still ongoing and the indicators have not yet been finalized, the experts agreed that overlapping indicators for Health 2020 should be defined quite broadly. This will facilitate alignment with the ultimate global NCD indicators, while leaving enough room to incorporate issues of specific interest to (parts of) the European Region.

The experts agreed that life expectancy should be the main indicator for target 2 (increase life expectancy in Europe), and should be calculated at different ages and disaggregated by sex. Measurement of healthy life years was recommended only as an additional indicator as associated data are not readily available in non-European Union (EU) countries.

Several indicators were suggested by the experts for target 3 (reduce inequities in health in Europe) on social determinants; most importantly an indicator on poverty. Furthermore,

disaggregation of the indicators related to the other targets is an important means of measuring progress towards this target.

The WHO Regional Office for Europe has launched an initiative on measurement and target-setting for well-being in Europe through an international expert group. This group advises on the definition, concept and measurement of health-related well-being and will meet for the second time on 25 and 26 June 2012. While awaiting the well-being expert group's definition, this forum made some preliminary recommendations for indicators related to target 4 (enhance the well-being of the European population), such as self-reported health (disaggregated by sex and age) and morbidity indicators.

The experts suggested several indicators related to coverage and sustainability of health care systems for target 5 (ensure universal coverage and the right to health). For many of these indicators, however, data availability is problematic, and this is therefore an area where the expert group felt that further data collection would be important. More work is needed to ensure that the indicators related to this target reflect not only the right to health care but also the broader concept of the right to health.

The experts noted that for target 6 (national targets or goals set by Member States), in addition to monitoring whether targets are being developed, it is also important to identify whether these targets have an implementation plan and a monitoring strategy. Responsibilities in the field of health care may be transferred to subnational levels; this should be taken into account when monitoring progress for this target.

The WHO Regional Office for Europe is in the process of proposing a monitoring framework for indicators and targets. This will be presented to Member States at the next Regional Committee in an information document. It outlines how existing routine processes may be used for reporting, thus reducing the reporting burden on countries. Responsibility for analysis and reporting of regional averages lies with WHO. The experts endorsed the focus on using existing data collections, and made some preliminary comments on the monitoring framework; for example, the importance of collecting good meta-data was emphasized.

There are a number of long-term health information activities, particularly at the EU level, that are unfortunately now being terminated. Useful tools, methods and standards have been developed within these activities: these should not be discarded but should be put to further use. Furthermore, the experts recommended sharing knowledge and expertise with countries that are still developing their health information systems, and emphasized the benefit of a common European health information system in terms of a diminished administrative burden for Member States and improved data quality.

Introduction

An expert meeting on developing indicators for the Health 2020 targets was convened by the WHO Regional Office for Europe in Utrecht on 18 and 19 June 2012. The meeting was hosted by the National Institute of Public Health and the Environment of the Netherlands (RIVM). The main purpose of the meeting was to advise on the final "menu" of indicators for the six Health 2020 targets that will be presented to Member States.

The agenda of the meeting is attached as Annex 1. The participants (Annex 2) were welcomed to the meeting by Dr Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation, on behalf of the Regional Director, Mrs Zsuzsanna Jakab, and also by Dr Peter Achterberg of RIVM. Dr Hugh Markowe was elected chairperson and Ms Kate O'Neill and Dr Marieke Verschuuren were elected rapporteurs.

Session 1. The Health 2020 targets – the need for monitoring and indicators

Purpose, objectives and expected outcomes of the meeting

Purpose

Dr Stein described the core functions of WHO, which include monitoring and assessing health trends, shaping the health research agenda and articulating evidence-based policy options. Within the Regional Office, this is the responsibility of the Division for Information, Evidence, Research and Innovation in close collaboration with all other technical divisions. The Division aims to bring together evidence for health, appraise it and translate it into policy, as well as to support Member States in evaluating similar policy developments and the impact of policy on health outcomes.

The Member States of the European Region are in the process of adopting a new public health policy, Health 2020, to improve the health and well-being of their populations. Using the best available data and evidence, implementation of the policy across the countries of the Region should reflect this purpose, and this end result should be achieved in a transparent way.

Through an extensive process of consultation among Member States targets have been established in the three areas of Health 2020:

- burden of disease and risk factors
- healthy people, well-being and determinants
- processes, governance and health systems.

Six overarching targets have been proposed, which will be reported as regional averages:

- reduce premature mortality in Europe by 2020
- increase life expectancy in Europe

- reduce inequities in health in Europe
- enhance the well-being of the European population
- universal coverage and the right to health
- national targets/goals set by Member States.

Progress in achieving the targets will be reported regularly by the Regional Director; this necessitates monitoring of indicators at country level to inform such regional targets. For this purpose, health information routinely collected by countries should be used to the greatest possible extent and new data collection should be avoided where possible.

In addition, the WHO Regional Office for Europe has launched an initiative on measurement and target-setting for well-being in Europe through an international expert group. This group advises on the definition, concept and measurement of health-related well-being and will meet for the second time on 25 and 26 June 2012 in Paris, hosted by the Organisation of Economic Co-operation and Development (OECD).

The main purpose of the Utrecht expert meeting was to provide advice on the selection of indicators to enable monitoring of progress towards the six Health 2020 targets; these will be presented to Member States for discussion.

Objectives

The key objectives were:

- to advise on a menu of indicators that are widely available among European Member States and that permit the monitoring of progress towards achievement of the Health 2020 targets;
- specifically to advise on developing a set of indicators that monitors progress towards a reduction in inequalities and an enhancement of well-being;
- to propose a process and action plan by which the WHO Regional Office for Europe may best use indicators to monitor progress towards the Health 2020 targets;
- to advise on how to support the further harmonization and improvement of the quality and availability of existing European health indicator sets in a sustainable way.

Expected outcomes

The meeting had several expected technical and strategic outcomes. Technical outcomes included:

- a recommendation of whether core and optional or a compulsory menu of indicators should be selected;
- provision of a finalized menu of indicators for targets 1, 2, 5 and 6;
- advice on a shortlist of potential indicators for target 3;

- guidance on how to move the indicator work on well-being (target 4) forward.

Strategic outcomes included:

- advice on a process/monitoring framework for indicators and targets;
- advice on actions to harmonize and improve European health indicator sets.

Discussion

The general points of departure for the Health 2020 indicator set were addressed. Dr Stein explained that the six overarching targets had been put forward by Member States in a recent Standing Committee of the Regional Committee; therefore, the group should refrain from reformulating the targets at this point. However, the experts could still make recommendations related to precise quantifications. In addition, if quantifications and indicators were already addressed in other global target-setting efforts, they should not be repeated in the Health 2020 targets.

The experts made several initial comments.

- Some targets overlap conceptually – particularly targets 1 and 2: if there is a decrease in premature mortality, life expectancy will increase. Dr Stein clarified that the overarching targets may overlap but the content and quantification is more specific and allows for further distinction between targets.
- Information on the selected indicator list should be included in the Health 2020 short document.
- Existing and ongoing work should be integrated in the Health 2020 indicators.
- Expected changes over time for certain indicators may be too small to be reflected in monitoring progress towards the Health 2020 targets, as the policy framework has quite a short time span from a health monitoring perspective.
- Indicators that can drive action and development may not always be the most robust indicators from a scientific point of view.
- Whenever relevant and possible, there should be comprehensive disaggregation of indicators by age, sex and socioeconomic strata, and they should be displayed at both national and subnational levels.
- It should be possible to link an indicator to more than one target.

It was noted that due to the short time frame in which the meeting was organized, several invited experts from eastern European countries could not attend. This led to an over-representation of EU Member States within the group, which therefore needed to remain mindful of the fact that the proposed indicator list must be representative of and available for the whole European Region.

Introduction to the Health 2020 targets and placeholder menu of indicators

The expert group considered whether there should be a list of compulsory and one of voluntary indicators.

Main points of agreement

- There should be a set of core (level 1) indicators for which data should be available across the European Region, with the opportunity for countries to expand this list and make use of additional (level 2) indicators available to them. Member States should report for core indicators and refer to the expanded list if resources are available.

- There needs to be a dimension of accountability: the list of core indicators could provide this.

Session 2. Populating the menu of indicators for the Health 2020 targets

Dr Marieke Verschuuren gave an overview of possible indicators, outlining the target areas for which the expert group were to provide thoughts and ideas for potential indicators in this session. WHO databases, such as the Health for All database, are the most suitable data sources given their potential regional coverage; however, missing or more appropriate indicators may be available from other sources such as EU or OECD databases.

Target 1. Reduce premature mortality in Europe by 2020

Health 2020 area:	Burden of disease and risk factors
Quantification 1:	1.5% relative annual reduction in overall mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020

Main points of agreement

- The indicators recommended for this target should be aligned with global target-setting efforts in the field of NCDs. However, the global process is still ongoing and the indicators have not yet been finalized. Therefore, indicators for Health 2020, which overlap with preliminary global NCD indicators, should be defined quite broadly. This will facilitate alignment with the ultimate global NCD indicators, while leaving enough room to incorporate issues that are of specific interest to (parts of) the European Region.

- Alcohol consumption was seen as an important risk factor by the experts. Heavy episodic drinking was suggested as an indicator, but this is difficult to measure and comparable data are not readily available at the European level. Total alcohol consumption (based on production, import and export figures) should therefore be considered as an alternative.

- The Health Behaviour in School-aged Children (HBSC) survey should be considered a source of data on drinking behaviour in children and young people.

- There is a need for an indicator on the prevalence of overweight and obesity. Data based on health examination surveys (HES) are scientifically more robust, but in the current financial situation in Europe it seems unrealistic to expect that all Member States will be able to collect measured data on a regular basis. Self-reported data from regular health interview surveys (HIS) could serve as a proxy.

- There was strong support from the group to include an indicator on infant mortality.

- The prevalence and incidence of major NCDs should also be considered. In particular, diabetes should be represented by an indicator on morbidity rather than mortality, as this underrepresents the problem.

Discussion

- At the EU level, there are promising developments regarding EU-wide exercises. In 2014, the first full wave of the European Health Interview Survey (EHIS) will take place. A legal base for this wave is currently being developed. A pilot for a European Health Examination Survey (EHES) has been carried out in a number of EU countries, and an application for a full-scale EHES is now being prepared for the EU research funds. These developments can serve as inspiration for non-EU countries, which have plans to develop a national HIS or HES.

Health 2020 area:	Burden of disease and risk factors
Quantification 2:	Achieved and sustained elimination of selected vaccine-preventable diseases (polio, measles, rubella, prevention of congenital rubella syndrome)

Main points of agreement

- The group agreed to remain with the placeholder indicator here: percentage of children vaccinated against measles, polio and rubella.

Main points of disagreement

- There was some discussion about the use of the percentage of children vaccinated against measles, polio and rubella as an indicator. A member of the WHO Secretariat suggested using a surveillance indicator such as the number of outbreaks instead. However, such data are notoriously unreliable and are collected for a different purpose.

Discussion

- It was considered that rather than reporting only a regional average, the differences between groups of countries should be reported; the latter would be more informative.

Health 2020 area:	Burden of disease and risk factors
Quantification 3:	30% reduction in road traffic accidents by 2020

Main points of agreement

- The experts recommended using a broader indicator on mortality due to external causes (all ages), which can be then further disaggregated by specific external causes. This will allow analysis not only of road traffic accident data but also of other important causes. As a minimum the monitoring of mortality due to the following specific external causes is recommended:
    - suicides
    - road traffic accidents
    - accidental poisoning
    - accidental falls
    - homicide/assault
    - alcohol-related harm.
- This indicator thus also covers mental health to some extent, and can aid a life-course approach.

Discussion

- Concern was raised about the quantification of this target. Road traffic accident mortality is not the leading contributor to mortality from external causes across the Region. It was suggested that the quantification might be revisited.
- There was a suggestion that an indicator on mortality due to gender-related violence could be added. The experts considered that data for such an indicator might not be readily available and that the contribution of this specific cause to premature mortality is very limited.

Target 2. Increase life expectancy in Europe

Health 2020 area:	Healthy people, well-being and determinants
Quantification:	Continued increase in life expectancy at current rate coupled with (1) 50% or (2) 25–30% reduction in the difference in life expectancy between European populations by 2020

Main points of agreement

- The expert group agreed that a 50% reduction in the difference in life expectancy between European populations by 2020 was unrealistic. It might be more appropriate and realistic to

link the expected percentage of reduction to the life expectancy gradient in Europe. This can easily be computed. Previous experience shows that policies have not been very successful in increasing life expectancy while reducing inequalities. It was agreed that more technical work was needed in order to quantify this indicator.

- The core indicator here should be life expectancy. The expert group decided to include life expectancy at birth and also at ages 1, 15, 45 and 65. The last category is an indicator relevant to healthy ageing and this will reflect a life-course approach. Life expectancy should be disaggregated specifically according to sex.

- Differences both between and within countries should be addressed.

- It was also suggested that healthy life years (or disability-free life expectancy) might be used as an indicator from age 50, since the disability estimates for younger ages are not completely reliable. However, healthy life years data are only available for the EU and European Environment Agency (EEA) Member States; therefore this can only be used as an additional indicator.

- This target could potentially provide the opportunity to include morbidity indicators.

Discussion

- A life-course approach is an important aspect of Health 2020 and there should be a reference to healthy ageing within this target. It was suggested that an indicator on the percentage of the population over 65 years of age could be included as a crude descriptive measure of older age. An indicator on the old-age dependency ratio was also suggested.

- Due to the desire to have a limited set of indicators the expert group concluded that there should be an expectation that basic demographic information will be produced routinely by Member States, including age distribution of the population.

Target 5. Universal coverage and the "right to health"

Health 2020 area:	Processes, governance and health systems
Quantification:	Funding systems for health care to guarantee universal coverage, solidarity and sustainability by 2020

Main points of agreement

- Inclusion of the percentage of children vaccinated against measles, polio and rubella was suggested as an indicator for this target as well as for target 1, representing access to health care services and coverage.

- Out-of-pocket expenditure on health is heavily impacted by universal coverage schemes and provides information about social protection for health. There was strong support for inclusion of this indicator; where possible it should be broken down into expenditure on specific health areas – such as preventative services, long-term care and chronic disease – to get a better picture of the effect of out-of-pocket expenditure on coverage and access.

- There was support for adding an indicator on overall health expenditure; for example, as a percentage of gross domestic product (GDP) and/or per capita. Such indicators are readily available for the European Region and are a standard measure for the sustainability of health care systems.
- The addition of indicators on human resources (such as numbers of physicians, nurses and hospital beds) and utilization (such as average length of stay) was suggested. These are essential elements of sustainability and data are readily available in the Health for All database.
- The expert group agreed on the addition of an indicator on low birth weight. These data are readily available across the Region.
- The experts also considered a number of potential other indicators that would require further data collection. These included:
    - number of countries reporting disaggregated data;
    - coverage of cancer screening programmes – such as whether population-based screening programmes for breast and cervical cancer exist. (Such data are available at the EU level, but not for the wider European Region. This information might, however, be added to the joint EU-WHO-OECD data collection on health care statistics.)
- Another recommendation was to include an indicator to measure the implementation of essential public health operations (EPHOs). Countries are undertaking self-assessments, but there would need to be a second evaluation and it would also be necessary to define a quantitative indicator.
- It was suggested that a qualitative indicator documenting the existence of multisectoral governance for the health function at all relevant levels of government could also address this target.

Main points of disagreement

- Concern was raised about the fact that higher expenditure does not necessarily translate to better coverage or universal access. It was argued that these indicators are standard indicators for the financial sustainability of health care systems.

Discussion

- There was broad support for adding an indicator on insurance coverage. However, as only OECD currently collects this information it is not readily available for most Member States. On the other hand, the experts wondered whether it would be very difficult or time-consuming for Member States to provide these figures to WHO. As a proxy, an indicator on the existence of legislation on universal coverage was suggested. But such data are not readily available either.
- The possibility of adding an indicator on “unmet needs” was discussed. Data for this are, however, only readily available at the EU level from the EU Statistics on Income and

Living Conditions (EU-SILC), and there are some methodological issues related to these data. The 2014 EHIS will contain a question on unmet needs due to financial restrictions.

- The addition of an indicator on maternal health was suggested – such as percentage of births unattended by medical personnel – since maternal health is strongly linked to access, especially in urban areas. Data availability for this is poor, however.

- Concern was raised that the discussion was focusing solely on health care expenditure, running the risk of translating the right to health into the right to care. One suggestion was to look at resources to achieve full health, and hence the right to health. These could include the proportion of population living at risk of poverty or the proportion of population reaching a particular level of education.

- Another suggestion was to add an indicator on whether the right to health has been recognized in national policies and legislation. An inventory on this exists, but there is no regular data collection. It is possible that this could be collected regularly through the special United Nations rapporteur on the right to health.

- It was noted that indicators for which Member States have to confirm whether they have a certain policy or essential operation might not be that meaningful; Member States might just "tick the box".

- There were suggestions for adding indicators on whether Member States evaluate their own health systems and whether there is legislation on patients' rights.

- It was noted that in some cases low vaccination coverage does not reflect poor access, but poor acceptance of (some) childhood vaccinations.

- It is important to note that this is an area where the expert group felt that further data collection would be important.

Target 6. National targets/goals set by Member States

Health 2020 area:	Processes, governance and health systems
Quantification:	Establishment of national target-setting processes and formulation of targets

Main points of agreement

- An indicator on national health policies could be defined, through which Member States would have to indicate whether they:

    - have no policy document related to a WHO policy framework;

    - are now developing such a document for the first time (based on Health 2020);

    - have a history of national policies based on the frameworks, and a national policy based on Health 2020 is now being elaborated.

- The group suggested also asking Member States whether they have an implementation plan and an accountability system (such as a reporting system).
- Targets may also be achieved through other/existing national policies that are not necessarily directly related to Health 2020.
- The experts recommended adding an indicator on the percentage of indicators monitored and reported according to the Health 2020 framework.
- Additional consideration needs to be given to the level of citizen participation in decision-making processes.

Discussion

- When developing indicators around national health policies it must be noted that in some Member States responsibilities are divided, such as in those with regional and federal governments where policies are made not only at the national but also at subnational levels. This should be taken into account.

Session 3. Measurement of health-related well-being and inequalities

Dr Claudia Stein presented the recently launched WHO Regional Office for Europe initiative on measurement and target-setting for well-being. This includes an alliance of partners such as the European Commission, OECD, representatives of Member States, academics and researchers. These partners have formed an expert group that is advising WHO on a definition and framework for well-being (to be finalized in the upcoming meeting in June 2012) and on quantification, measurement and target-setting for well-being.

Dr Peter Achterberg, who chairs the well-being expert group, spoke about the ongoing work in relation to well-being, which needs to take a life-course approach ranging from the well-being of children to that of the elderly. In selecting indicators, a “settings approach” may be helpful. For example, when looking at well-being in the community, indicators referring to suicides and homicides could be used.

It is important to recognize well-being as providing an important mechanism to create an integrated vision of health, with an opportunity to link to governance and ensure that health remains on all policy agendas.

Target 4. Enhance the well-being of the European population

Health 2020 area:	Healthy people, well-being and determinants
Quantification:	To be determined

Main points of agreement

- The group needs to await a concrete definition and approach outlined by the well-being expert group before it can consider a robust set of indicators.
- Health is a component of well-being. It is important that WHO looks at what well-being can do for health and considers what it is about well-being that impacts on health.
- Well-being is geographically and politically specific and its understanding may differ across the European Region.
- Nevertheless, the expert group felt that the following indicators would be generally relevant:
    - self-reported health (disaggregated by sex and age);
    - morbidity indicators (possibly as additional indicators);
    - proportion of people not reporting mental health problems – these data are only collected in EU countries;
    - participation of people with mental illness in employment.

Discussion

- EHIS experiences of measuring psychological well-being show that cultural differences may lead to problems with the validity of results, particularly in eastern European countries, where people are not used to answering such questions. There will also be cultural differences regarding which domains of well-being are considered important.

Target 3. Reduce inequities in health in Europe (social determinants target)

Health 2020 area:	Healthy people, well-being and determinants
Quantification:	Reduction in the gap in health status between population groups experiencing social exclusion and poverty and the rest of the population

Main points of agreement

- The expert group strongly recommended the use of disaggregated data for this target. Indicators related to the other targets should also be disaggregated whenever relevant and possible by age, sex and socioeconomic strata, and should be computed at subnational

level. Rural and urban differences were also mentioned as relevant, but no routine data exist on this.

- There is no gender-specific target and so it is extremely important that gender inequities are acknowledged here. There was a specific reference to the lower life expectancy in males.

- There was a strong call for an indicator on poverty. Suggestions included income distribution and data on populations at risk of poverty. Data for such indicators are readily available in the EU but not in the other European countries. However, most other European countries regularly carry out labour force surveys, which could be used as a basis for collecting indicators on income distribution.

- The expert group recommended the use of the GINI coefficient. Although there may be controversy surrounding this indicator it was considered more robust than other measures that are available.

- There was also a recommendation to include a qualitative indicator documenting establishment of a national policy that addresses health inequities.

- The United Nations Human Development Index (HDI) was recommended; this indicator reflects trends in health and social reforms.

- Health-related indicators were suggested, such as infant mortality, homicide and suicide, and teenage pregnancies; these also serve as indicators for other targets.

- The expert group also recommended examination of a number of additional areas for indicators:

    - health of the elderly
    - gender-based violence
    - long-term unemployment among young people
    - early child development
    - social inclusion among older people.

- It was agreed that reporting on the indicators should use a gradient approach rather than comparing the worst off versus the best off.

Main points of disagreement

- It is important to note that there was some disagreement regarding the inclusion of the United Nations HDI.

- There was a suggestion that an indicator on abortions could be included; however, there was disagreement surrounding this. It was noted that in some countries abortion is illegal and reporting on such will be politically sensitive.

Discussion

- This year marked the start of a new EU-funded project on health inequities, developing methods for measuring inequities (headed by Johan Mackenbach, Erasmus University, the Netherlands). Based on this work it was recommended that countries could link mortality data with census data, for example. Generally there are no technical problems related to such linkages, but there may be legal (data protection) and political problems.

- Under the Spanish EU presidency, a document was produced on social determinants, including a set of indicators that might be of inspiration here. In particular, the indicators on the percentage of children at risk of poverty (below 60% of median disposable income) and the percentage of early school leavers were recommended. It was argued that early school leavers could be in employment and that a more suitable indicator would be percentage of early school leavers not in education or employment; however, these data are not widely available across the European Region.

Review of the table of indicators

The expert group reviewed the table of recommended indicators, giving general reflections on the indicator set. They agreed on principle criteria for the selection of indicators, which should:

- be routinely collected, simple and inexpensive to administrate for Member States where possible (most often already being processed for international databases);

- have a high level of robustness and validity to measure target achievement;

- inform policy options and reflect their impact, with disaggregation at the lowest regional or subnational level possible to facilitate monitoring of regional differences within and across Member States;

- be able to be stratified by age and sex, and where possible by ethnicity, socioeconomic strata and vulnerable groups;

- be available in the majority of Member States.

The group made the following comments.

- As far as possible the proposed indicators have been selected on the basis of their availability for most countries and are already being collected in international databases.

- The final number of indicators should be kept to a minimum.

- The list of indicators will not be able to reflect all relevant policy areas in a balanced way because of availability and comparability issues (including, for example, mental health, healthy ageing and health system performance).

- Some indicators serve several targets.

- Data submitted to WHO for the indicators should ideally be accompanied by meta-data.

- All rates should be age-standardized.
- It is assumed that basic demographic information, including age distribution of populations, will be included in addition to the indicator set.
- Where possible and available, indicator data should be reported disaggregated by age, sex, ethnicity, socioeconomic strata, vulnerable groups and subnational regions; this will be subject to data availability, which may vary according to the specific indicator.
- Even if rates at the national level for certain indicators are already favourable, indicators should be used for monitoring (and accountability) where possible.
- A set of core and additional indicators is needed. The core data would be a basic minimum to facilitate Region-wide assessments.
- Voluntary reporting on additional indicators should be encouraged, as they are useful to inform national target area evaluations.
- Core indicators need to be comparable across the Region as they will be used for regional target monitoring; additional indicators used at national level require only internal comparability.
- It is advised that action should be taken to enhance collection of non-fatal health outcome data (including morbidity, self-reported health and disabilities) at the broadest European level and consideration be given to inclusion of such indicators (such as prevalence, incidence and burden of disease estimates): use of data from HBSC, EHIS and similar sources should be considered for EU and EEA countries and others where feasible.
- Use of proxy indicators should be considered where a country does not have information for recommended indicators to serve national monitoring and assessment.
- Global efforts sometimes require countries to report beyond routine data – Member States need to flag this as an issue.
- Where quantitative information is not available, countries may report indicators in a qualitative way.

In light of these discussions on indicator selection a detailed table was drawn up documenting the set of indicators recommended by the expert group and any additional comments and recommendations made. This table is attached as Annex 3.

Session 4. Indicators in the European Region – what is available through routine data?

In addition to ensuring that indicators meet the specific, measurable, achievable, relevant and timely (SMART) criteria, the Standing Committee of the Regional Committee (SCRC) Targets Working Group and Member States have taken into account another element when suggesting potential indicators for the Health 2020 targets: they should be readily available from different

sources. Effectively, this would limit, as far as possible, the country burden of collection of additional indicators.

In this regard, Dr Enrique Loyola spoke about indicator and data availability across the European Region, including the WHO Regional Office for Europe and WHO headquarters databases and other data sources. A first review was made to determine the availability of potential indicators according to the preliminary list of target indicators discussed and suggested by the SCRC Targets Working Group and some Member States. It should be noted that most of these potential indicators already exist in WHO databases or other sources.

Having determined their availability, the second step was to establish how frequently the data were collected in countries and reported, and in how timely a manner that reporting was undertaken. In general, indicators related to reducing burden of disease and risk factors, increasing life expectancy and health expenditure have good or fair country coverage (between 70% and 100%) and timeliness (between 12 and 18 months' delay), while those related to health inequalities and well-being are reported less frequently. Moreover, country data availability and quality tends to vary rather systematically.

Finally, when indicators were not available in WHO databases, the use of alternative sources – such as the HBSC survey, demographic and health surveys, the Multiple Indicator Cluster Survey, labour force surveys and others – was assessed to determine the feasibility of collecting additional data. The list of countries where surveys are conducted and the types of survey used opens opportunities for suggesting the inclusion of some questions to address Health 2020-related aspects.

Nevertheless, when defining the list of indicators some challenges must be confronted, including the need to increase data availability in some Member States and to improve the quality of the data (together with the enhancement of international comparability) in others. Furthermore, the cost and difficulty of adding health-related questions to surveys that do not currently contain them should not be underestimated.

Dr Claudia Stein reported that the WHO Regional Office for Europe is in the process of proposing a monitoring framework for indicators and targets. This will be presented to Member States at the next Regional Committee in an information document. It outlines how existing routine processes may be used for reporting, thus reducing the reporting burden on countries. Responsibility for analysis and reporting of regional averages lies with WHO. The document outlines the reporting options, including the European health report, European health statistics and the report of the Regional Director to the Regional Committee, as well as the newly revitalized country profiles (*Highlights on health*).

The experts made some preliminary comments relating to the monitoring framework.

- When Member States deliver data for the Health 2020 targets (which will usually be part of existing data collections, such as for Health for All), the data should be accompanied by good quality meta-data.

- Monitoring activities by Member States might be integrated into health system performance activities.

- It was suggested that innovative visualization tools could be used to monitor progress and report at the same time. This would also provide insights into what is needed and how long

it will take to reach the targets. The WHO Secretariat explained that such tools are in development together with the integrated WHO database platform, which is expected to be launched at the end of 2012.

- Good policy examples might be used to help countries reach their targets.
- It was noted that it is conceptually quite difficult for countries to report on national targets while the targets for Health 2020 are set at the regional level.

Session 5. Harmonization and improvement of European health indicator sets

A number of different initiatives have been carried out over the years, particularly in the EU, to harmonize definitions, methods and collection of indicators, including European Community Health Indicators, EHIS, EHES and others. Due to financial constraints, many of these data collections are now under threat. The aim of this session was to discuss how to best benefit from the infrastructures created for and the results obtained from these when working towards a single integrated European health information system.

The experts made some key comments and recommendations.

- Build on existing and ongoing health information activities. There are a number of long-term health information activities, particularly at the EU level, that are unfortunately now being terminated. Useful tools, methods and standards have been developed within these activities: these should not be discarded but put to further use.
- Share knowledge and expertise with countries that are lagging behind; for example, knowledge on conducting surveys is lacking in some eastern European countries. Extra efforts need to be made to increase the participation of eastern European countries.
- Emphasize the benefit of a common health information system in terms of a diminished administrative burden for Member States and improved data quality.

Next steps

It was agreed that:

- a report of the meeting would be prepared by the rapporteurs and circulated for comments and agreement;
- the draft document on the monitoring framework would also be circulated for comments and recommendations by the experts before the end of the week;
- at a later stage the group should pursue a recommendation to discuss which specific indicators should be disaggregated and elaborate on exactly what they should be disaggregated to;
- the WHO Secretariat would prepare a summary of these deliberations for discussions with Member States at the Regional Committee and through the consultation processes.

Annex 1

MEETING AGENDA

Monday 18 June 2012

12:00–13:30 Registration and lunch

13:30–13:45 **Opening**

Welcome by WHO Secretariat and hosts (RIVM)

Election of chairperson and rapporteur

Adoption of agenda and programme

13:45–14:30 **Session 1. The Health 2020 targets – the need for monitoring and indicators**

Purpose, objectives and expected outcomes of the meeting (WHO Secretariat)

Introduction to the Health 2020 targets and placeholder "menu" of indicators (WHO Secretariat)

Discussion

14:30–15:30 **Session 2. Populating the menu of indicators for the Health 2020 targets**

Overview of possible indicators – quality and availability (Marieke Verschuuren, RIVM)

Discussion

- *Given the agreed target framework should there be a mix of compulsory and voluntary indicators?*

Recommendations for WHO

- *What set of indicators for the menu should be put forward to the Regional Committee?*
- *Define a process for monitoring of indicators for Health 2020.*

15:30–16:00 Coffee break

16:00–17:30 **Session 2 continued**

Tuesday 19 June 2012

09:00–10:00 **Session 3. Measurement of health-related well-being and inequalities**

Update on the work of the WHO expert group on measurement and target-setting for well-being (WHO Secretariat)

Discussion

- *What indicators should be proposed to cover social determinants and inequalities? What is their regional coverage?*
- *Brainstorm potential well-being indicators. What is their regional coverage?*
- *Identify points/areas of agreement and disagreement.*

10:00–10:30 Coffee break

10:30–12:30 **Session 4. Indicators in European Region – what is available through routine data?**

Overview of existing indicators for approved Health 2020 targets

Discussion

- *Which existing indicators useful for the Health 2020 targets have the highest coverage of European countries?*
- *Which reporting processes are in place that could be used for the purpose of monitoring the Health 2020 targets?*
- *Will there be any need for new indicators and processes?*

12:30–13:30 Lunch break

13:30–14:30 **Session 4 continued** as appropriate

14:30–16:00 **Session 5. Harmonization and improvement of European health indicator sets**

European efforts to date and proposals for sustainability in health data improvement and indicator development (TBA)

Discussion

- *How to support and harmonize ongoing and future efforts on European health indicators to support Health 2020 and how best to develop the integrated European health information system.*
- *How to link with other groups and initiatives to keep making progress. How to keep the existing expertise and knowledge sharp and effective.*
- *What is the WHO Regional Office for Europe's role in this? How could Member States or others participate?*

16:00 Closure and departure for Schiphol airport

Annex 2

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Annex 3

TABLE OF INDICATORS

Health 2020 area	Overarching or headline target	Quantification	Core indicators	Additional indicators	Comments and/or reflections	Additional issues
1. Burden of disease and risk factors	**1. Reduce premature mortality in Europe by 2020**	1.1. 1.5% relative annual reduction in overall mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020	1.1a. Standardized mortality per 100 000 from all causes, disaggregated by causes of death and sex 1.1b. Prevalence of major risk factors, including those formulated in the global NCD monitoring framework 1.1c. Infant mortality per 1000 live births	1.1a. Overall and premature mortality for four major NCDs (cardiovascular disease, cancer, diabetes, and chronic respiratory disease), disaggregated by sex 1.1b. Daily tobacco smoking in population aged 15 years and over by 2020 *(align with global efforts)* 1.1b. Alcohol consumption *(align with global efforts)* 1.1b. Overweight and obesity *(align with global efforts)*	Will require re-quantification based on newly proposed indicators of global efforts and will need examples of absolute numbers Prevalence/incidence of major NCDs to be considered; these do not currently reflect all relevant policy areas (including mental health, ageing, and so on) Further consultation on other suitable indicator/s to follow	The information in this table should be included in the Health 2020 short document

Health 2020 area	Overarching or headline target	Quantification	Core indicators	Additional indicators	Comments and/or reflections	Additional issues
		1.2. Achieved and sustained elimination of selected vaccine-preventable diseases (polio, measles, rubella, prevention of congenital rubella syndrome)	1.2a. % of children vaccinated against measles, polio and rubella *(51 countries).*			
		1.3. 30% reduction in road traffic accidents by 2020	1.3a. Standardized mortality rates per 100 000 from all external causes	1.3a. Transport accidents 1.3a. Accidental poisonings 1.3a. Alcohol poisoning 1.3a. Suicides 1.3a. Accidental falls 1.3a. Homicides and assaults		

Health 2020 area	Overarching or headline target	Quantification	Core indicators	Additional indicators	Comments and/or reflections	Additional issues
2. Healthy people, well-being and determinants	**2. Increase life expectancy in Europe**	2.1. Continued increase in life expectancy at current rate coupled with (1) 50% or (2) 25–30% reduction in the difference in life expectancy between European populations by 2020	2.1. Life expectancy at birth	2.1a. Life expectancy at birth and at ages 1, 15, 45 and 65 2.1b. Supplementary: healthy life expectancy (where available – mostly EU and EEA countries)		
	3. Reduce inequities in health in Europe (social determinants target)	3.1. Reduction in the gap in health status between population groups experiencing social exclusion and poverty and the rest of the population	3.1a. % of early school leavers 3.1b. Poverty, including special groups (children, elderly) 3.1c. Infant mortality per 1000 live births 3.1d. Qualitative indicator documenting establishment of national policy	3.1a. % of primary school enrolment 3.1b. % of children at risk of poverty	Consider the following additional indicators: • health of elderly • countries reporting on gender-based violence • long-term unemployment among young people • % of school leavers not in employment or	Indicators should address inequities within and between countries Revise quantification of inequality in life expectancy – explore gradient approach Methodological work is underway to produce inequity data and link with

Health 2020 area	Overarching or headline target	Quantification	Core indicators	Additional indicators	Comments and/or reflections	Additional issues
			addressing health inequities 3.1e. Life expectancy 3.1f. GINI coefficient 3.1g. HDI 3.1h. Suicide and homicide rates 3.1i. Teenage pregnancy rates	 3.1e. Life expectancy by sex and rural/urban split 3.1g. HDI – adjusted for inequities	education (in countries where data available) • income distribution in population • early child development • social inclusion indicator in older people (check availability)	mortality Might HDI be too broad to describe target? Check for poverty data with Worldbank and UNICEF (children); also HBSC and EU-SILC for many countries.
	4. Enhance the well-being of the European population *(to be further elaborated during 2012–13)*	To be developed	4.1a. Prevalence of childhood obesity 4.1b. To be developed (including mental health, ill health, mortality including suicide rates; objective and subjective measures)	 4.1b. Participation rates of people with mental disorders in employment	Existing efforts using objective measures tend to use established health indicators (such as life expectancy); self-reported indicators are problematic but necessary Use existing survey infrastructures (such as Gallup)	

Health 2020 area	Overarching or headline target	Quantification	Core indicators	Additional indicators	Comments and/or reflections	Additional issues
3. Processes, governance and health systems	**5. Universal coverage and the "right to health"**	5.1. Funding systems for health care to guarantee universal coverage, solidarity and sustainability by 2020	5.1a. Private household out-of-pocket expenditure as a proportion of total health expenditure 5.1b. % of children vaccinated against measles, polio and rubella *(51 countries)* 5.1c. % of low birth weight babies (< 2500 g) d. Per capita expenditure on health (as % of GDP)	5.1a. More detail on out-of-pocket expenditure indicator (availability?)	Consider the following additional indicators: • human resources for health indicators • coverage by insurance • number of countries reporting disaggregated data • coverage of cancer screening programmes **This is an area where further data collection would be important**	Qualitative indicator on universal access without discrimination (not currently collected routinely) Consider survey questions in non-EU countries Indicator on existence of a human rights institution with a mandate for health More work required on "right to health" Qualitative indicator on existence of a multisectoral governance for health function at all relevant levels of governance (could relate to specific topics)

Health 2020 area	Overarching or headline target	Quantification	Core indicators	Additional indicators	Comments and/or reflections	Additional issues
						Define quantitative indicator to measure implementation of EPHOs
	6. National targets/goals set by Member States	6.1. Establishment of national target-setting processes and formulation of targets	6.1a. Qualitative indicator documenting both process and formulation 6.1b. Qualitative indicator documenting Health in All Policies 6.1c. Qualitative indicator documenting: (i) establishment of national Health 2020 policy, (ii) implementation plan, (iii) accountability mechanism		Consider replacing "national" with "health" Evaluative /quantitative indicator assessing existence of and improvement with core set?	Additional consideration should be given to the level of citizen participation in decision-making processes

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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