

# Targets and indicators for Health 2020 progress report and next steps

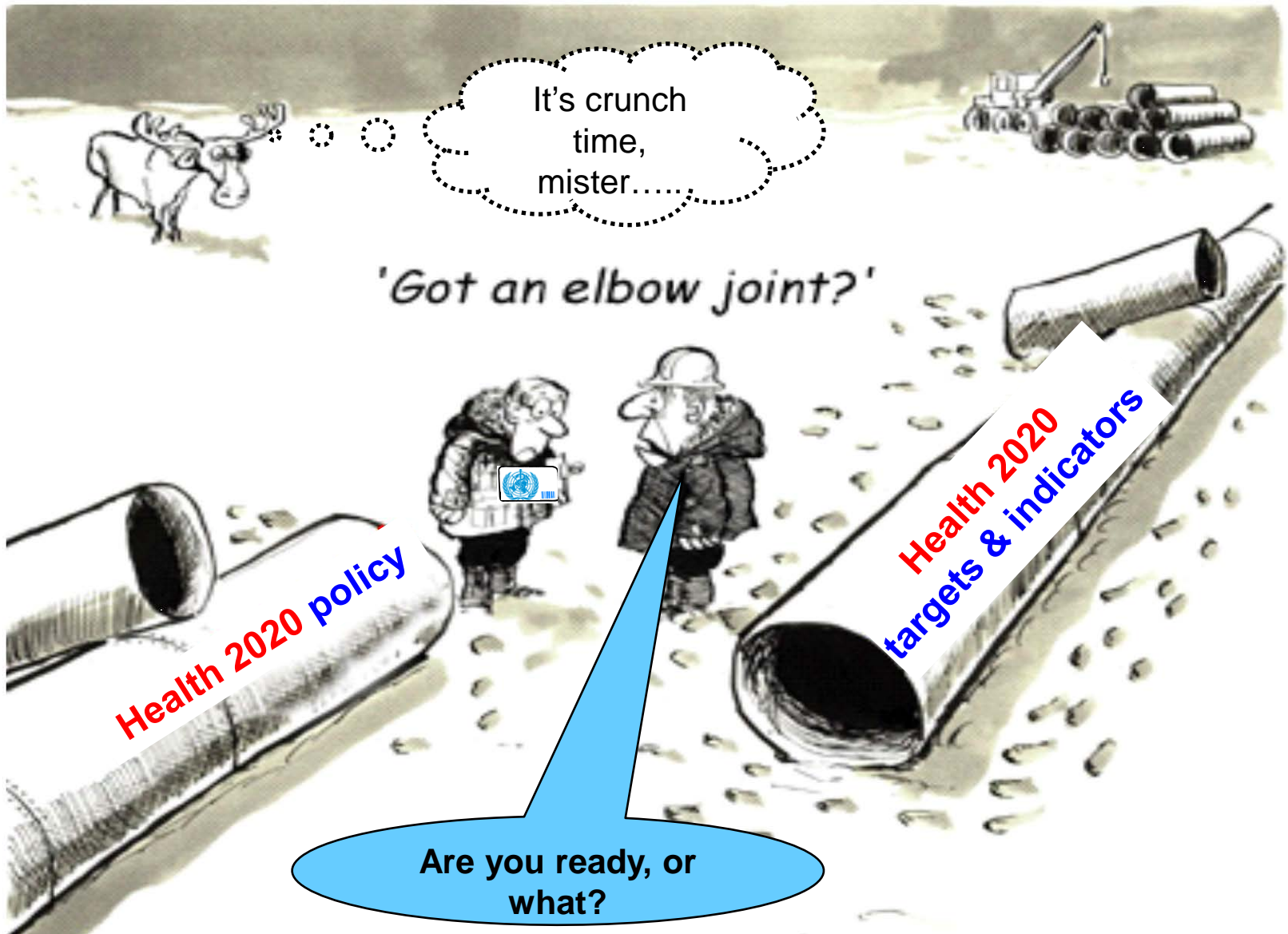
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# Standing Committee of the Regional Committee 'Working Group on Targets' for Health 2020

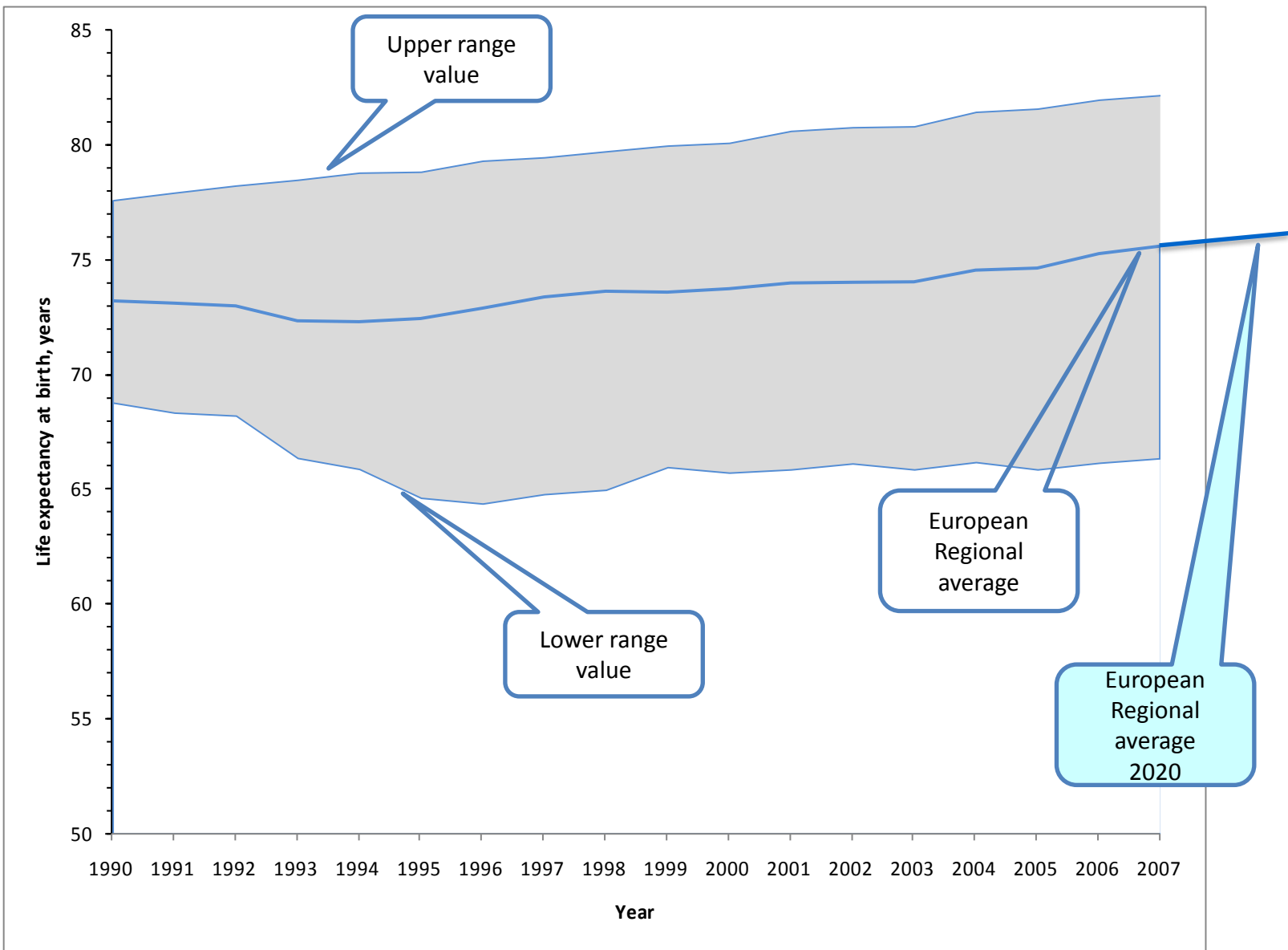
- Andorra (former SCRC Chair)
- Poland
- Sweden (Chair of the Working Group & SCRC)
- Turkey
- Ukraine
- United Kingdom
- The Former Yugoslav Republic of Macedonia (former SCRC Chair)

# Process of target setting

1. In May 2011, SCRC and Member States endorsed process and formed SCRC Targets Working Group which is leading the process;
2. 'Long-list' of 51 high-level targets for each major area of Health 2020 proposed by technical divisions of WHO/EURO;
3. SCRC group reduced the number of target proposals to a 'short-list' of 21, based on agreed criteria;
4. 21 short-listed targets went for consultation with Member States;
5. SCRC group reviewed the comments made and reduced short-list further to 16;
6. High Level Forum in Brussels (April 2012) proposed 6 overarching regional goals/targets;
7. SCRC (May 2012) endorsed 6 overarching regional goals/targets;
8. RC will decide today whether it endorses the SCRC proposal.

# Targets should....

- Be few in number;
- Cover the three main areas of Health 2020:
  - Burden of disease and risk factors,
  - Healthy people, wellbeing, and determinants (life expectancy, inequalities, vulnerable groups),
  - Processes, including governance and health systems
- Be in line with global efforts (e.g. NCD action plan);
- Build on the target setting efforts of Health for All and Health 21;
- Be described by WHO as a REGIONAL, not national targets (although national efforts are anticipated).



# Criteria for selection of targets

## Targets should:

- Be SMART (specific, measureable, achievable, relevant, timely) and have good balance of outcome and process targets;
- Cover all age groups and countries;
- Have been derived from clearly stated methods;
- Use existing health information to maximum extent possible;
- Not repeat targets from existing target setting efforts (e.g. MDGs, Parma Declaration, etc)

# Setting targets for Health 2020 – proposal for the Regional Committee

Health 2020 area	Overarching' targets	POSSIBLE content & quantification
1. Burden of disease and risk factors	1. Reduce premature mortality in Europe by 2020	1. <b>1.5%</b> relative annual reduction in overall mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020 2. Achieve and sustain <b>elimination</b> of selected vaccine preventable diseases (polio, measles, rubella, prevention of Congenital Rubella Syndrome) 3. <b>30%</b> reduction in road traffic accidents by 2020
2. Healthy people, wellbeing and determinants	2. Increase life expectancy in Europe	Continued Increase in life expectancy at current rate coupled with <b>1) 50%</b> or <b>2) 25%</b> reduction in the difference in life expectancy between European populations by 2020
	3. Reduce inequities in health in Europe (social determinants target)	Reduce the gap in health status between population groups experiencing social exclusion and poverty and the rest of the population.
	4. Enhance well-being of the European population (to be further elaborated during 2012/13)	To be developed
3. Processes, governance and health systems	5. Universal coverage and “right to health”	Funding systems for health care guarantee universal coverage, solidarity and sustainability by 2020
	6. Member States set national targets/goals	National target setting processes established and targets formulated



# What makes a good indicator for Health 2020?

We asked the experts...



- High validity and reliability;
- Available for most countries;
- One indicator that serves several targets;
- Data accompanied by meta-data;
- All rates age-standardized;
- Indicator data reported disaggregated, i.e. by age, gender, ethnicity, socio-economic strata, vulnerable groups, sub-national;
- Comparable across the region.

# General comments by indicator experts

- The final number of **indicators to be kept to a minimum** (~20?);
- Need a set of **core (key or Level 1) and expanded (or Level 2)** indicators. The core level data would be a basic minimum to facilitate Regional level assessments;
- Action should be taken to enhance **collection of non-fatal health outcomes** (morbidity, self-reported health, disabilities);
- Where quantitative information is not available, countries may **report indicator in a qualitative way.**

# Criteria for inclusion of indicators

- Routinely collected, simple and inexpensive to administrate for MS where possible (most often already being processed to international databases);
- Robustness/validity of indicator to measure achievement of targets should be high;
- Indicator should inform policy options [and decisions on priorities];
- Disaggregation at the lowest regional/sub-national level possible to potentiate the monitoring of regional differences within MS;
- Ability to stratify by age, gender, and where possible, by ethnicity, socio-economic strata, vulnerable groups;
- Availability in majority of Member States:

Health 2020 area	'Overarching' or headline targets	Key target areas	Level 1 indicator	Level 2 indicators	Comments and/or reflections
1. Burden of disease and risk factors	1. Reduce premature mortality in Europe by 2020	1. <b>1.5%</b> relative annual reduction in overall mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020	1a. Standardized mortality per 100,000 <b>from all causes (as first indicator) and segregated by causes of death and gender</b>  1b. Prevalence of <b>major risk factors, including those formulated in the global NCD monitoring framework</b>  1c. Infant mortality per <b>1,000 live births</b>	1a. <b>Overall and premature mortality for 4 major NCDs by gender</b> (cardiovascular disease, cancer, diabetes, and chronic respiratory disease)  1b. Daily tobacco smoking in population aged 15 years and over by 2020 ( <i>align with global efforts</i> )  1b. Alcohol consumption ( <i>align with global efforts</i> ) <b>1b. Overweight/obesity</b> ( <i>align with global efforts</i> )	Will require re-quantification based on newly proposed indicators of global efforts and will have examples of absolute numbers  Prevalence/incidence of major <u>NCDs</u> to be considered; currently not reflecting all relevant policy areas (incl. mental health, ageing, etc)

“Placeholder” examples of indicators in report

6 targets & approximately 20 indicators

# Monitoring targets and indicators

## 1. Reporting mechanisms for Member States

- Existing – to maximum extent (incl. HFA);
- Synthesis, analysis & presentation by WHO.

## 2. Platform(s) for reporting from Member States

- Routine collections as already in place;
- For new indicators (qualitative): minimal questionnaires (coordinated by WHO technical units);
- Well-being indicators: explore existing survey mechanisms, consult with Member States.

## 3. Reporting of syntheses

- New WHO EURO publication: European Health Statistics;
- Report of the Regional Director (annual at RC)
- European Health Report (every 3 years)

## 4. Accountability process – WHO to elaborate

# Monitoring targets and indicators a potential framework

Refined mechanism to be proposed at the SCRC in November 2012

Target	Key target areas	Level 1 indicator (placeholder only)	Level 2 indicator (placeholder only)	Number of countries reporting	Data collection mechanism	Consultation with Member States	Reporting format	Time line for reporting
1. Reduce premature mortality in by 2020	1. <u>1.5</u> % * relative annual reduction in overall mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020	1a. Standardized mortality per 100,000 from all causes (as first indicator) and segregated by causes of death and gender	1a. Overall and premature mortality for 4 major NCDs by gender (cardiovascular disease, cancer, diabetes, and chronic respiratory disease)	43	Health for All database through existing annual mechanism (WHO prompt)	In HFA context May SCRC Additional written consultation Information document at RC	Direct to countries (existing)	2013
							RD's report	2014
							European Health Statistics	2015
							European Health Report	2015

# In summary

- 6 overarching targets:
  - Cover all Health 2020 areas;
  - Cover all strategic objectives and policy priorities;
  - Are largely an extension of HFA and Health 21 targets;
  - 2/3 outcomes, 1/3 process targets;
  - Indicators need further development – finalize the ‘menu’ with expert group and Member States over next 6-12 months;
  - Indicators can use routine data collected for most countries;
  - List can be operationalized at country level.

# What needs to be done next?

- Receive feedback from this Technical Briefing on indicator process and monitoring framework;
- Re-convene expert group for refinement of indicators work;
- Hold web-based consultation on revised indicator list early 2013;
- Present final indicator list to SCRC & RC63 for approval;
- Commence the ‘real work’ – support Member States in collecting information and monitoring progress.



Thank you  
-  
for refraining  
from  
'target  
practice'!

