

## TECHNICAL EDITORIAL

# European Health Information Initiative: an activity hub at the forefront of serving countries in evidence-informed policy-making



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This issue of *Public Health Panorama* highlights the importance of sound health information and evidence for policy-making. There are no two ways about it: without valid information and data, as well as strong electronic information systems for health at the country level that support the collection, analysis and interpretation of such information and data, policy-makers are “driving blind” and have no way of assessing whether their policies are effective. At a time when an increasing volume of fake news and other false information is available to every individual at the push of a button or tap of a screen, solid evidence and the ability to interpret information correctly are needed more than ever.

The Member States of the WHO European Region have recognized this and in 2016 adopted the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region (1). The Action Plan is the only one of its kind among WHO regions, and is a testament to the commitment of European countries to provide the best evidence for the most effective health policies. Moreover, given the increasing burden on countries of reporting through multiple frameworks to different international organizations, Member States in the European Region have recently adopted a core set of indicators, which combines the indicators for the United Nations Sustainable Development Goals, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases

2013–2020. This joint monitoring framework will substantially reduce the reporting burden for our Member States.

All activities in the Action Plan are directed through the WHO European Health Information Initiative (EHII). EHII is a WHO network committed to improving the information that underpins health policies in the European Region (2). While many European countries have strong information systems for health, there are significant inequalities between and within countries in terms of reporting on health and well-being. As Sir Michael Marmot so poignantly observed, “where health is poorest, health information tends to be poorest” (2); this means that we effectively underestimate inequalities in health as measured by health information systems. As long as this situation continues and health information systems in the Region remain fragmented, we are not serving our people sufficiently.

For the last six years, EHII has therefore sought to rectify this situation by bringing together decision-makers from more than 40 countries and international organizations to support the integration, harmonization and sharing of existing knowledge, expertise and good practices in health information, research and innovation. EHII is the coordinating force for health information in the Region. Its outputs, including data, policy information, country information and, increasingly, qualitative and analytical content, are easily located on the

Regional Office's new Health Information Gateway. The network also supports countries in the implementation of new and disruptive digital solutions in health information, such as big data, artificial intelligence and blockchain technologies, all of which are the responsibility of health information professionals.

This issue of *Panorama* covers a wide range of subjects pertaining to health information, ranging from the establishment of electronic health systems (e-Health, also called digital health), to the enhancement of information content through different modes of collection (electronic health cards, registries and surveillance systems), all the way to the interpretation and understanding of health information through health literacy. The papers in this issue outline the ways in which developments in health information have been received by – and have had an impact on – policy in a variety of European countries with different health information traditions and practices. They describe the journey these countries have taken to establish information systems and enhance their content while being frank about the difficulties and challenges entailed.

*Panorama People* presents the voices of four very different actors in health information. Two ministers from different parts of the Region describe their challenges and success stories, while two high-level academics discuss topics such as the use of health information to improve health equity and the measures that can be taken to increase the use of sound evidence and information for policy-making.

This special issue emphasizes the importance of health information in efforts to monitor and improve the health and well-being of the population. In the case of the European Region, several initiatives led by the WHO Regional Office for Europe are in place to ensure that progress and challenges in relation to health can be analysed and monitored. In order to improve national capacity for the generation and use of relevant health information and evidence to address country-specific questions and issues, the Regional Office organizes two flagship courses each year: the Autumn School on Health Information and Evidence for Policy-making and the associated Advanced Course. These courses bring together data experts and policy-makers from the same country, thus fostering the link between data and policy. The Health for All family of databases is the Regional Office's most important information source for monitoring and assessing key health policy areas through indicators that cover basic demographics, health status, health determinants and risk factors, as well as health-care resources and expenditures, among others (3).

The information is easily accessible through the Health Information Gateway, the Regional Office's one-stop-shop for health and policy information. In addition, the Regional Office publishes *Core Health Indicators in the WHO European Region* annually, thus providing a good barometer for monitoring progress towards the achievement of Health 2020 targets in the Region (4). Another flagship publication is the European health report, which the Regional Office publishes every three years. It reports on the progress made towards implementing Health 2020 and highlights the key achievements as well as the challenges faced by the Region in achieving the agreed goals (5). This is complemented by the production of country profiles on health and well-being, which provide a comparative situation and trends analysis, describing recent data on mortality, morbidity and exposure to key risk factors, and place a special emphasis on Health 2020 indicators, including well-being.

Data and information are needed to inform policy-making, programme interventions, and monitoring and evaluation. But even if available, they may not be fit-for-purpose (6), or the knowledge of how to enter evidence into the policy-making process may be lacking, hindering effective integration of that evidence into policy (7). Countries with limited resources cannot afford to be without sound, integrated information for health and should therefore aim to strengthen their local capacities to generate, analyse, disseminate and translate health information (8). In this issue, a range of articles emphasize the fact that generating health information is but one side of the coin. Whether it is a case of health information generated in outpatient and inpatient health-care facilities in Armenia (see the contribution of Davtyan and colleagues), the health information system related to HIV infections in Ukraine (see the contribution of Kovtun et al.), or the work conducted by the Action Network on Measuring Population and Organizational Health Literacy (M-POHL Network) (see the contribution of Dietscher et al.), these efforts all ultimately aim at making a difference to health outcomes.

One key conclusion is that national and regional efforts need to be strengthened in the implementation of context- and target-specific knowledge translation mechanisms which ensure that sound and reliable health information is systematically and transparently applied in policy and practice. EHII is supporting its member countries in this field through the work of the WHO Evidence-informed Policy Network (EVIPNet) Europe (9), which aims to increase and institutionalize country capacity in knowledge translation.

To enhance their use, health information systems need to be dynamically interlinked with the policy sphere (10).

Knowledge brokers, such as EVIPNet Europe, support evidence-to-policy processes by moving across organizations and disciplines to build multipartner networks and bring health information, research and policy closer together (11). Countries committed to strengthening the use of health information in policy and practice should further invest in fostering knowledge-brokering skills, and establish structures, mechanisms and country teams – the EVIPNet knowledge translation platforms – that sustain capacities and increase the application of evidence in specific situations (12). At the same time, the platforms ensure that a wider environmental shift occurs wherein a move towards evidence becomes normalized whenever strategic policy decisions are made (13).

The Health Evidence Network (HEN) (14) also plays an important role both in fostering the use of evidence and in supporting countries with its evidence synthesis reports, including by covering the work of networks such as M-POHL (15), as reported on in the second article of this issue. HEN synthesis reports have long been recognized as a core source of evidence for public health decision-making in the European Region. They summarize what is known about a particular policy issue, the gaps in the evidence and areas under debate. Based on the synthesized evidence, HEN proposes options for policy-makers to consider when developing their own policies and interventions. So far, more than 80 HEN synthesis reports have been published, on a diversity of health topics ranging from migration and health to governance, cultural contexts of health, health information and evidence-informed policy-making. To support the work of M-POHL, an evidence synthesis of health literacy policy in the WHO European Region (distribution, organizational levels, antecedents, actors, activities and outcomes, along with the factors influencing effectiveness) was conducted. To the reader of this issue of *Public Health Panorama*, the reports on mechanisms and tools for use of health information for decision-making (16) and on best practices and challenges in promoting better integration of health information systems (17) will be of particular interest. Another notable example is the HEN synthesis report on the use of narrative research in the health sector, which received recognition as “highly commended” in the public health category at the 2017 British Medical Association medical book awards (18).

M-POHL, which operates under the umbrella of EHII, illustrates the importance of populations and organizations being able to understand and interpret health information and evidence. While the network has a very strong measurement aspect, it also highlights the need to obtain qualitative information, in order to enable people and organizations to use

evidence effectively and to the best advantage of their health. In this context, qualitative approaches from the humanities and social sciences are uniquely positioned to reveal truths beyond hard numbers and can provide valuable insights into less tangible drivers of health and well-being. Statistical data can be enriched by qualitative evidence that:

- explores the ways in which cultural factors might be used to enhance health literacy across the Region;
- facilitates multidimensional, cross-sectoral, and culturally-specific approaches to enhancing health literacy; and
- informs research priorities by enabling the identification of gaps in knowledge, including perhaps the selection of further indicators in the future.

One of the main conclusions of this issue is that the future of health and health information is digital. Some examples of changes in this direction include the establishment of health information and e-health/digital health systems for different settings and literally all health issues. The modernization of health information systems and the introduction of digital health solutions, such as big data, artificial intelligence, and blockchain technologies, are changing the ways that health care is delivered and that health information is captured, analysed and transformed into policy. New digital technologies and innovative, user-centred systems will also have an impact on the quality and timeliness of public health data. There are opportunities and risks as former “health information systems” evolve into “information systems for health”, integrating diverse functions from various sectors. The four interviews in *Panorama People* shed light on the quickly developing situation from different angles.

The European Region has a unique opportunity to catalyse and maximize the use of health information, innovation, and digital tools and systems to improve the health and well-being of its population, by making the right policy decisions, including the introduction of digital health literacy and knowledge translation skills. The Regional Office, through EHII, has embraced the challenges and is working with its Member States to support them in the implementation of the Action Plan and the joint monitoring framework. After all, where health information is poor, health is poor and inequalities persist. It is a core mission of the Regional Office to play its part in using health information, evidence and digital health to reduce those inequalities.

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<sup>1</sup> All references were accessed on 11 March 2019.