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Next steps in  
the countdown  
to 2020: marking  
progress

While this report shows the wealth of health information available in the WHO European Region, considerable measurement challenges remain:

- relevant data to measure progress are not available for all countries;
- definitions vary between countries and disease classifications are not homogeneously applied; and
- vital-event registration varies in population coverage and is not yet compulsory in all countries in the Region.

The WHO Regional Office for Europe is committed to assisting Member States to enhance their progress in reporting and monitoring health information with the implementation of Health 2020.

One of the major challenges to the implementation and impact of Health 2020 is the availability of data at the country level to monitor progress. The overarching targets and their indicators were selected for data availability, as well as their importance in achieving Health 2020. Information either routinely or regularly collected in most European countries can supply data on most indicators listed for the targets. Nevertheless, differences in definitions, population coverage and data quality hamper comparisons. As progress will be measured at the regional level, these difficulties will be multiplied, but limitations do not make comparisons meaningless.

The Regional Office supports countries with tools and instruments to enhance the collection, analysis and reporting of health information at the country level. As mentioned, it is working with the European Commission and OECD to establish a single integrated health information system for Europe, covering all 53 Member States (Box 26).

Key challenges include:

- addressing the range of data sources and norms/standards, from vital statistics to household surveys, so that these contain common ways to disaggregate data by social or other strata, and enable the monitoring of health inequalities within and across countries;
- establishing how to allocate all 53 countries within meaningful sub-European aggregations or subregional trends, since the current subregional groups (EU12, EU15 and CIS – see Annex 1) do not include 14 Member States;
- increasing the validity and reliability of data reported to the Health

- for All database (6) from across all 53 countries, in the light of collaborative work with Member States and other regional entities;
- improving the measurement and reporting of the overall burden of disease, including morbidity and other conditions particularly addressing mental health;
  - collecting, linking and making accessible data across health and other sectors, to support the health-in-all-policies approach and intersectoral analysis, policy-making, monitoring and evaluation;
  - making progress on surveillance and outbreak monitoring, as well as compliance with the International Health Regulations (105), across the European Region and via connections with other regions (through governance for health and tackling communicable diseases);
  - developing a road map to address these challenges and achieve solutions, identifying collaborators, resources and processes, and a research agenda to support joined-up action.

**Box 26.****Roadmap to an integrated health information system for Europe**

Since 2011, the European Commission and the WHO Regional Office for Europe have worked together to establish an integrated health information system for all 53 countries in the European Region. Initial steps already completed include:

- analysis and mapping of all databases and data collections in both agencies;
- establishment of new partnerships, including with OECD; and
- the development of a roadmap to create a single platform for European health information.

The next steps include detailed situation analyses for countries and a plan for the integration of key core indicators into the platform.

This integrated system will in time reduce the reporting burden of countries, which often submit information to several agencies. It will also serve as a one-stop-shop for health information in Europe.

This work is well under way, as is the development of a health information strategy for the Region. During the 2012 session of the Regional Committee, the Regional Office and OECD signed a joint action plan that includes concrete collaboration in several areas of public health, including health information.

Chapter 1 provides a detailed account of the health status of European populations. The indicators shown, however, are largely those describing mortality rather than summary measures of population health (such as DALYs). The latter combine information on fatal and non-fatal outcomes, providing a more comprehensive picture of the burden of disease. The Regional Office aims to work more closely with Member States to enhance the use of such summary measures, which include elements of disability and morbidity in addition to mortality.

The increasing inequalities in health described in this report add urgency to the need to obtain a better understanding of the pathways to health and well-being and their distribution across the European Region and within countries. This will also include the ability to better attribute the share and degree of impact of an intervention on health (from within the health sector and from other sectors), and the associated reduction in health inequalities.

A major challenge is measuring well-being in the context of health and eventually setting a target level for it. As Chapter 3 outlines, many actors have tackled these questions in an intersectoral sense, and WHO is working with its partners to resolve this in the context of health. Chapter 3 also provides a detailed roadmap that will culminate in proposed indicators for well-being in 2013.

Reducing the fragmentation and increasing the sustainability of health information systems across Europe are additional challenges. The expert meeting on indicators convened by the Regional Office in

June 2012 (60) identified several different initiatives carried out over the years, particularly in the EU, to harmonize definitions, methods and collection of indicators, including the European Community Health Indicators (58), the WHO Environment and Health Information System (106) and the European Health Examination Survey (107). Financial constraints threaten many of these data collection efforts. Working closely with the European Commission, the Regional Office will support approaches to build on existing infrastructures and work towards a single integrated European health information system.

The experts convened by the WHO Regional Office for Europe (60) made some key comments and recommendations to support this approach that the Regional Office, Member States and key partners could take forward.

- Build on existing and ongoing health information activities. Several long-term health information activities, particularly at the EU level, are unfortunately being terminated. These activities have produced useful tools, methods and standards; they 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 are needed to increase the participation of countries from all parts of the European Region.
- Emphasize the benefits of a common health information system that will reduce the administrative burden for Member States and improve data quality and interpretation.

As part of work to support improved monitoring and reporting, the WHO Regional Office for Europe will encourage Member States to share their experience in working towards each of the Health 2020 targets, including best practices and success stories, and how methods and approaches worked in particular contexts.

In addition, the Regional Office works with Member States and partners to enhance the use of new technologies and innovations, particularly in the area of e-health. Secure and relevant information exchange within the European context needs to be supported, while staying in line with data-protection laws, patients' rights and accountability.

Information and evidence are only as good as their use by policy-makers. The Regional Office supports new initiatives to translate evidence into policy, including EVIPNet, the WHO Evidence-Informed Policy Network (108). This platform, which has been successful in other WHO regions, provides workshops and tools for countries to formulate, address and resolve policy questions using the best available evidence. The Regional Office officially launched EVIPNet Europe with four Member States in central Asia in October 2012; it has received much support from participants and partners, including various United Nations organizations and donor agencies (108).

The WHO Regional Office for Europe will complete its work to develop indicators for the Health 2020 targets, including well-being, over the coming months through its expert groups and in close collaboration with Member States. A web-based country consultation and detailed discussions with governing bodies will precede the submission of final proposals to the Regional Committee in September 2013.

*The European health report 2012* is only the starting point of a journey that Member States in the European Region will take. It provides a platform for discussion and a basis for accountability and measurement of progress in implementing Health 2020 in the Region. *The European health report 2012* facilitates tracking of the impact of Health 2020 on health and well-being in Europe; future reports will use it as a baseline to measure success.

