

Second meeting of focal points of the Small Countries Health Information Network (SCHIN)

Monaco
12 October 2016



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ABSTRACT

The second meeting of focal points of the Small Countries Health Information Network (SCHIN) was convened by the WHO Regional Office for Europe within the context of the Third High-level Meeting of Small Countries on 12 October 2016, in Monaco. The aim of the meeting was to discuss developments since the last meeting, to follow up on the work items agreed at the first meeting, and to agree on further action points. The outcome of the meeting was an update of the action plan, and agreement on how to proceed with statistical methods for rolling averages to deal with the statistical challenges of having only a few cases, and to address a core set of health indicators in 2017.

KEYWORDS

HEALTH INFORMATION SYSTEMS
INFORMATION DISSEMINATION
INFORMATION MANAGEMENT
INFORMATION SERVICES

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Design and layout: 4PLUS4.dk

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ABBREVIATIONS

BoD	burden of disease
CARINFONET	Central Asian Republics Information Network
EBoDN	European Burden of Disease Network
EHII	European Health Information Initiative
EVIPNet	Evidence-informed Policy Network
HFA	Health for All
HIS	health information system(s)
HSPA	health system performance assessment(s)
IHME	Institute for Health Metrics and Evaluation
KPI	key performance indicator(s)
SCHIN	Small Countries Health Information Network

EXECUTIVE SUMMARY

Seven months after the establishment of the Small Countries Health Information Network (SCHIN), the second meeting of the focal points of SCHIN was convened by the WHO Regional Office for Europe within the context of the Third High-level Meeting of Small Countries on 12 October 2016, in Monaco.

At the first meeting, participants had agreed upon the scope and purpose of the Network, the terms of reference and modus operandi, and had identified priority actions and agreed on a joint action plan. At the second meeting, participants discussed new developments and achievements on action points since the first meeting in March 2016, and updated the action plan.

Participants discussed the following topics during the meeting:

- the SCHIN publication in *Public health panorama*, the journal of the WHO Regional Office for Europe;
- methodological options for reporting rolling averages to cope with the statistical challenges typically present in small countries, such as small numbers of annual cases;
- recent developments in health system performance assessments (HSPA); and
- the presentation of the Evidence-informed Policy Network (EVIPNet) and potential engagement of SCHIN with EVIPNet Europe.

The expected outcomes were:

- agreement on modalities of data reporting for small countries, using rolling averages;
- agreement on next steps for a joint indicator list on HSPA;
- an agreed approach to HSPA and engagement with EVIPNet Europe;
- agreement on an updated action plan for SCHIN; and
- a meeting report summarizing the discussion, conclusions and new action points.

All expected outcomes of the meeting were achieved. One objective of SCHIN, as part of the European Health Information Initiative (EHII), is to develop methods and tools for reducing the burden of reporting for Member States. This is particularly an issue for small countries with limited human resources. The group therefore also discussed the development of a core set of health indicators that take into consideration existing monitoring frameworks. The Central Asian Republics Information Network (CARINFONET), another EHII network, is in the process of finalizing such a set of core and additional



indicators. The CARINFONET Steering Group will agree the final versions in March 2017. The SCHIN focal points decided to base development of SCHIN's indicators on CARINFONET's experiences and indicator sets after they become available.

INTRODUCTION

The second meeting of the focal points of SCHIN was convened by the WHO Regional Office for Europe in the context of the Third High-level Meeting of Small Countries on 12 October 2016 in Monaco (see Annex 1 for the programme). Meeting participants included representatives from seven out of the eight members of SCHIN – Andorra, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino.

Participants were welcomed by Dr Claudia Stein (Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe) and Dr Neville Calleja (Director, Department of Health Information and Research, Ministry of Health, Malta), Chair of the Network for the period 2016–2018.

Christian Gapp was elected as rapporteur. The agenda and programme were adopted.

Objectives of the meeting

The meeting focused on discussion of recent developments in the European Region, publication by the Network, methodological issues, HSPA in small countries, and the use of evidence for policy-making. The objectives of the meeting were:

1. to update focal points on recent developments in health information in the Region;
2. to review the findings of the mapping exercise of existing HSPA indicators and identify next steps toward a joint indicator list;
3. to review the results of rapid HSPA and consider the possibility for assessments using the support tool developed by WHO;
4. based on concepts and scenarios prepared by the WHO Secretariat, to select the most suitable methodological option for reporting using rolling averages; and
5. to inform focal points of the scope and purpose of EVIPNet Europe and agree on how SCHIN could best engage with the network.



THE THIRD HIGH-LEVEL MEETING OF SMALL COUNTRIES AND RECENT DEVELOPMENTS

In her opening remarks, Dr Claudia Stein informed participants that during the Third High-level Meeting the Regional Director repeatedly stressed the importance of SCHIN and health information. Dr Stein had presented full updates on developments relevant for the Region and the small countries at the High-level Meeting. Those items of particular relevance for the Network were as follows.

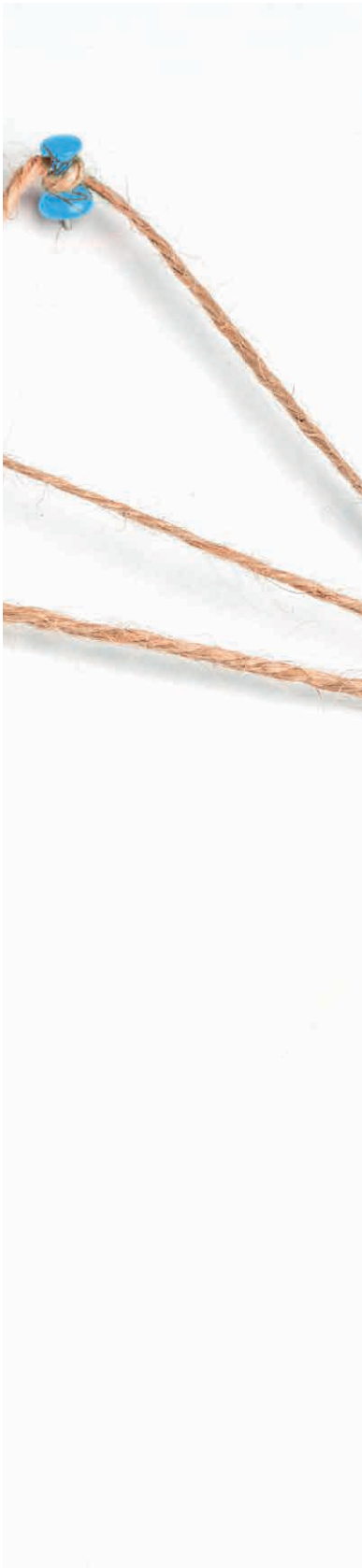
- At the recent 66th WHO Regional Committee for Europe, the 53 Member States had adopted resolution EUR/RC66/R12 for a European action plan to strengthen the use of evidence, information and research for policy-making to fulfil the goals of the Health 2020 policy framework.¹
- The Minister of Health of Malta had presented the activities of SCHIN at the 19th European Health Forum Gastein.
- The new European Burden of Disease Network (EBoDN) had been launched in September 2016 in London. The network is jointly convened by WHO and the Institute for Health Metrics and Evaluation (IHME) and Public Health England will chair the network for the first two years. The objective of EBoDN is to enhance collaboration among countries with similar aims in conducting national and subnational burden of disease (BoD) studies, and to enable effective knowledge exchange between BoD experts.

¹ The full text of the Resolution can be download at <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/resolutions/eurrc66r12-action-plan-to-strengthen-the-use-of-evidence,-information-and-research-for-policy-making-in-the-who-european-region>.

- The functionality of the Health Information Gateway had been extended and is accessible through the WHO web presence and mobile apps.²
- The family of Health for All databases (HFA), an integral component of the Gateway, now includes groupings for small countries.³

² See <http://gateway.euro.who.int/en>.

³ See <http://gateway.euro.who.int/en/hfa-explorer/>.



REPORT ON HEALTH INFORMATION SYSTEMS (HIS) IN SMALL COUNTRIES IN *PUBLIC HEALTH PANORAMA*

An article entitled Health information systems in small countries of the WHO European Region: report from the Small Countries Health Information Network was published in the September 2016 issue of *Public health panorama*.⁴ The article is a comparative analysis of HIS in SCHIN countries. Figs. 1 and 2 show the results as presented in the article.

Fig. 1 shows the coverage of health information. Some categories are only covered by a single country, which could be as a result of specific national circumstances. Other categories are covered by many countries, which could support each other and learn from each other's experiences to increase coverage. The low coverage of health examination surveys and primary care is particularly striking.

Fig. 2 focuses on the strengths of the HIS in the SCHIN countries and is a first comparative assessment. The participants expressed the need to carry out an in-depth analysis based on the current findings in order to develop a cohesive approach for HIS development that is also capable of strengthening national health information systems.

Action point:

1. Malta will take responsibility for updating the health performance analysis (Fig. 2).

⁴ The journal can be downloaded at http://www.euro.who.int/__data/assets/pdf_file/0007/317608/Full-Volume2-Issue3-september-2016.pdf?ua=1 (accessed 26 January 2017).

Fig. 1. Availability of HIS in SCHIN countries

	AND	CYP	ICE	LUX	MLT	MNC	MNE	SNM
Cancer register	Shaded	Shaded	Shaded	Shaded	Shaded	White	Shaded	White
Cardiovascular [coronary events]	White	White	Shaded	White	White	White	Shaded	White
Causes of death	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Cerebrovascular disease	White	White	White	White	White	White	Shaded	White
Communicable diseases	Shaded	Shaded	Shaded	Shaded	Shaded	White	Shaded	White
Congenital anomalies	White	White	White	White	Shaded	White	White	White
Dementia	White	White	White	White	Shaded	White	White	White
Diabetes	White	Shaded	White	White	White	White	Shaded	White
Financial and administrative data, including human resources	Shaded	Shaded	White	Shaded	White	Shaded	Shaded	Shaded
Health behaviour in School Children survey	White	White	Shaded	White	Shaded	White	White	White
Health examination survey	White	White	White	White	White	White	Shaded	White
Health interview survey	Shaded	Shaded	Shaded	Shaded	Shaded	White	Shaded	White
Hospital discharges	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	White
Injuries/accidents	White	Shaded	Shaded	Shaded	Shaded	White	White	White
Maternity and birth	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	White
Medicines	White	White	Shaded	White	White	White	White	Shaded
Primary care	White	White	Shaded	White	White	White	Shaded	Shaded
Rare diseases	White	White	White	White	Shaded	White	White	White
Screening	Shaded	Shaded	Shaded	Shaded	Shaded	White	Shaded	White
Transplants	White	Shaded	White	White	Shaded	White	Shaded	White
Vaccination	Shaded	White	Shaded	Shaded	Shaded	White	Shaded	Shaded

AND: Andorra; CYP: Cyprus; ICE: Iceland; LUX: Luxembourg; MLT: Malta; MNC: Monaco; MNT: Montenegro; SNM: San Marino. Shaded boxes represent availability of data.

(Source: Azzopardi-Muscat N, Vassallo P, Calleja N, Usava A, Zambon F, Stein C (2016). Health information systems in small countries of the WHO European Region: report from the Small Countries Health Information Network. Public Health Panorama 2(3):279–284.)

Fig. 2. Strengths and challenges of SCHIN member countries in sustaining quality HIS

	AND	CYP	ICE	LUX	MLT	MNC	MNE	SNM
Strengths								
National health information strategy								
Close collaboration with statistical offices and other sectors								
European Union or national legal framework for health information								
Good link between health information and policy								
National coverage with high level of data completeness								
Small but dedicated group of health information practitioners								
Challenges								
Absence of long tradition in HIS								
Weak culture of integration and using health information								
Lack of staffing and technical capacity								
Bureaucratic procedure								
Difficulties with data collection								
Lack of economies of scale								
Disproportionate burden of reporting to international bodies								
Small numbers, large fluctuations and wide confidence intervals								
Lack of legislation for use of health information								
Underutilization of registers for reporting and policy								
Safeguarding data protection								

HIS: Health information system

AND: Andorra; CYP: Cyprus; ICE: Iceland; LUX: Luxembourg; MLT: Malta; MNC: Monaco; MNE: Montenegro; SNM: San Marino. Shaded boxes represent availability of data.

(Source: Azzopardi-Muscat N, Vassallo P, Calleja N, Usava A, Zambon F, Stein C (2016). Health information systems in small countries of the WHO European Region: report from the Small Countries Health Information Network. Public Health Panorama 2(3):279–284.)

WHO COLLABORATING CENTRE IN MALTA

Malta updated the SCHIN focal points on the status of the proposed WHO collaborating centre on health matters in small countries. The negotiations between the Ministry of Health of Malta and the University of Malta are ongoing. The first official draft of the terms of reference were to be finalized in November 2016. The objective of the collaborating centre is to support WHO on work in small countries, HIS and the use of evidence for policy-making in small countries. As Malta is going to hold the presidency of the Council of the European Union, which allocates resources, in the first half of 2017, the centre is envisioned to become operational in 2018.

The participants discussed the potential benefits of a collaborating centre dedicated to small countries, as follows.

- The centre would make available specific scientific literature, such as epidemiological studies, from small countries.
- Since the number of studies in small countries is limited, grey literature should be taken into account as an additional source of information.
- Together with SCHIN, the centre would facilitate the bringing together of experts from small countries working on similar topics.
- Online resources and tools will be developed by the centre, as well as process-oriented tools and trainings. In this context, it was proposed that a specific training session on the needs of small countries should be included in the 2017 Autumn School on Health Information and Evidence for Policy-Making organized by the Division of Information, Evidence, Research and Innovation.

Action point

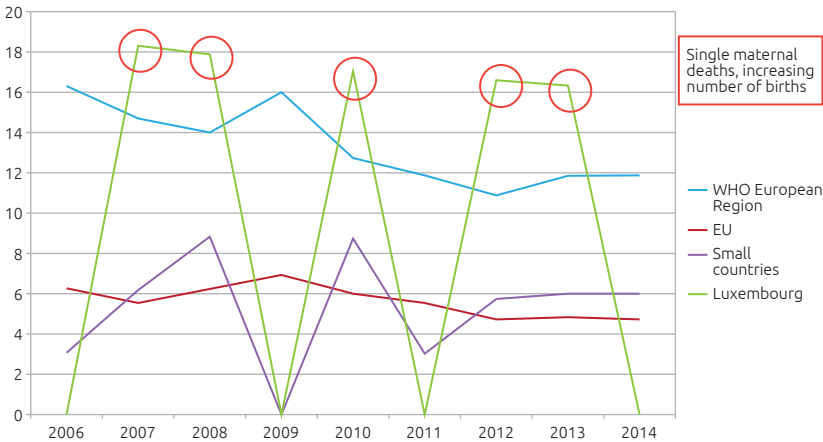
1. Malta will share the first official draft of the terms of reference for the collaborating centre with the Division of Information, Evidence, Research and Innovation and the Division of Policy and Governance for Health and Well-being at the Regional Office.



METHODOLOGICAL OPTIONS FOR THE USE OF ROLLING AVERAGES

At their first meeting in March 2016 the SCHIN focal points had discussed common challenges unique to small countries in the area of health data collection, analysis and reporting. In particular, data from small countries at times consist of only a small number of annual data points, which results in year-to-year fluctuations and difficulties in comparing data with that from countries with a greater number of data points. The use of denominators that are suited to bigger populations or numbers of cases was also an issue (see Fig. 3). Following the discussion, the WHO Secretariat had been asked to develop a concept note on the use of rolling (moving) averages to be discussed at the second meeting of the SCHIN focal points.

Fig. 3. Maternal mortality rate, per 100 000 live births, example for data from one small country (Luxembourg) in relation to the averages for small countries, the European Union and the WHO European Region. For the example single country the number of maternal deaths is zero in 2009, 2011, and 2014 and one in the remaining years. The number of live births rises from 5514 in 2006 to 6070 in 2014.



Source: WHO European Health for All Database (HFA-DB).

The draft concept note and options for moving averages had been distributed to the SCHIN focal points prior to the meeting. It featured a practical approach to resolving the issue of small numbers and set out options in three areas for discussion:

1. selecting a time frame (3-year and/or 5-year averages);
2. describing types of calculations (standard moving averages, weighted moving averages); and
3. reporting on SCHIN indicators.

Participants considered the approach presented in the concept note to be a solid basis for actual actions. In addition to 3-year and 5-year moving averages, longer time intervals up to 10 years were considered, but with the information available it was decided not to include longer time intervals at present. The participants decided first to quantify the size of the issue by analysing which Health 2020 indicators have 10 or fewer annual data points, including composite indicators and rates, before finally deciding on a joint method for using rolling averages.

It was pointed out that small numbers and data quality are two separate issues. For example, patients treated in Monegasque health care facilities are often French citizens; thus health statistics do not necessarily reflect numbers for the population of Monaco. Quality issues are probably quite diverse amongst countries. Nevertheless, some municipalities of comparable population size, such as the city of Vienna, have already defined health targets and gained experiences from which SCHIN countries could benefit. Based on these experiences the WHO Secretariat offered to plan quality assessments in the future on a bilateral basis for countries interested in identifying quality issues.

Before being able to make a final decision on methods and procedures, the focal points agreed on two action points.

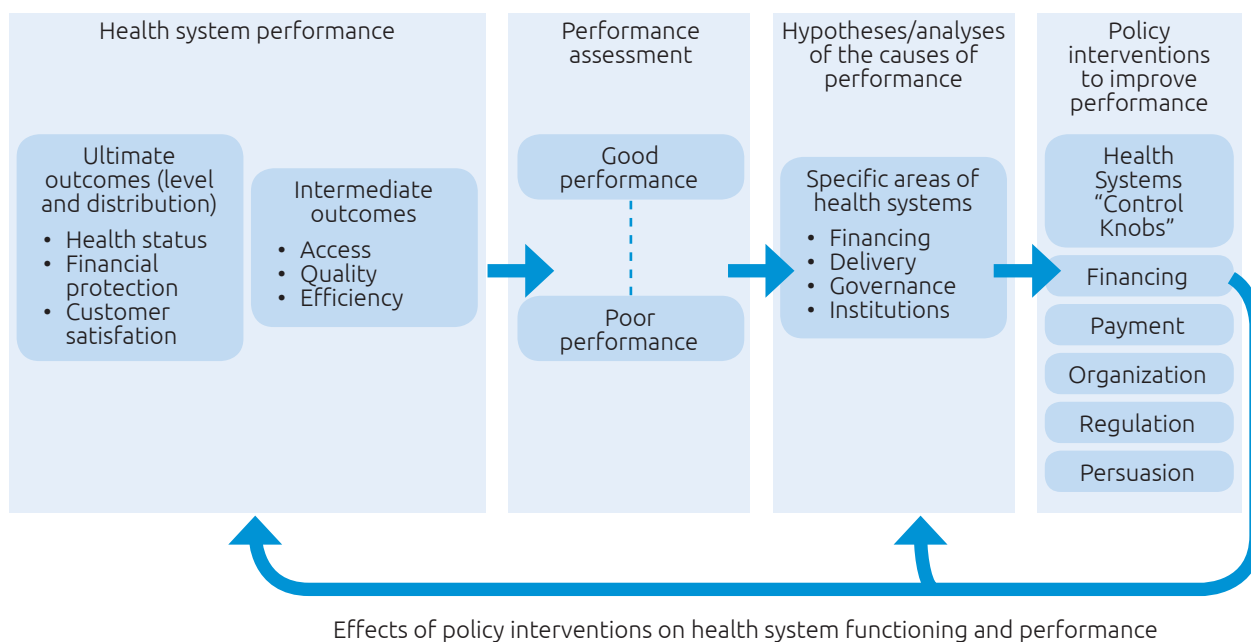
Action points

1. The WHO Secretariat will identify all Health 2020 indicators that have 10 or fewer annual data points in any of the SCHIN countries.
2. Quality assessments may be planned bilaterally by WHO and an interested country.

HSPA – EXPERIENCES FROM MALTA

Malta presented their framework for the use of HSPA for policy-making (Fig. 4). HSPA are especially of interest in relation to monitoring progress and the effect of policies, as effective monitoring is often linked to funding for projects or activities, for example by the European Union or the Organisation for Economic Co-operation and Development. Malta's HSPA framework revolves around three pillars and embraces a life-course approach: drivers (financing, resources, stewardship), intermediate goals (quality, responsiveness, access, efficiency), and goals (determinants of health, health status).

Fig. 4. Linking HSPA to policy – Malta's HSPA framework



In Malta, health care is primarily funded through the public sector; the private sector accounts for only 2% of funds. The Office of the Prime Minister consulted with the Ministry of Health to define sets of key performance indicators (KPI) in the following four areas:

1. access to health services
2. quality of services

3. efficiency
4. healthy life expectancy

The first three KPI are covered by HSPA, whilst healthy life expectancy is a structural indicator of the European Union.⁵

The discussion addressed the issue of various approaches to HSPA and the role of indicators. The WHO Secretariat informed participants that the Divisions of the Regional Office are currently working on a joint approach to HSPA, which had been requested by the Regional Director and which will be made available when finally signed.

Participants expressed strong interest in developing a core set of health indicators. A working group of CARINFONET has defined such a core set and extended set of indicators, which will be finally discussed and probably endorsed by the Steering Group in March 2017.

Action points

1. As soon as the CARINFONET indicator sets are endorsed and cleared for publication, the WHO Secretariat will distribute them to SCHIN members.
2. Using the CARINFONET indicator sets as examples, the SCHIN focal points will discuss, plan and agree on a working group to develop a proposal for a core set of indicators in a virtual meeting, preferably before the next SCHIN meeting in Malta in 2017.

5 For more information, see http://ec.europa.eu/health/indicators/healthy_life_years/index_en.htm (accessed 27 January 2017).

EVIPNET IN THE WHO EUROPEAN REGION

In 2005, the 58th World Health Assembly urged WHO Member States “to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies”. As a result, Evidence-informed Policy Networks (EVIPNet) were created in various WHO Regions.^{6,7} In the European Region, EVIPNet was started seven years later, in 2012, when it could build on experiences and existing tools from the other WHO Regions. At the time of the second meeting of the SCHIN focal points, 19 European Member States, all from the eastern part of the Region, belong to EVIPNet.⁸

EVIPNet Europe applies knowledge translation to foster the use of evidence in policy-making. Knowledge translation addresses the issue that scientific knowledge does not easily translate to changes in policy. It uses an integrated, multisectoral and multidisciplinary approach to bring together researchers, policy-makers, civil society and other stakeholders to address issues jointly in a cycle:

1. policy-informed evidence – in which policy priorities are taken into consideration; and
2. evidence-informed policy – in which the best available evidence is incorporated into policy-making.

Evidence-informed policy-making means using the best available data and research evidence to address existing problems in three steps:

6 For more information on EVIPNet, see <http://www.who.int/evidence/en/> (accessed 27 January 2017).

7 See <http://global.evipnet.org/> (accessed 27 January 2017).

8 For information on EVIPNet in the European Region, see <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/evidence-informed-policy-network-evipnet> (accessed 27 January 2017).

1. agenda setting (clarifying the problem, while paying attention to policy and politics);
2. policy development (solution and options); and
3. implementation (including identification of barriers and facilitators).

When a new country joins EVIPNet Europe, the knowledge translation is institutionalized through the creation of an advisory board at country level, also called a knowledge translation platform. There are WHO country offices in all current EVIPNet Europe member countries, which are involved, and funding is budgeted through biennial collaborative agreements. Amongst SCHIN members, there is a WHO country office in Montenegro only.

Participants discussed the creation of a dedicated advisory body, which is an issue for small countries because of very limited human and financial resources. EVIPNet Europe had faced a similar problem in Estonia, where no capacity was available for an advisory board. EVIPNet Europe adapted to the situation by focusing on specific issues and creating policy briefs. Participants identified a potential benefit for small countries through the adaptation of global evidence to local circumstances and the definition of research gaps, and the use of existing tools and systematic approaches. Malta indicated interest in conducting an EVIPNet Europe pilot after 2017.

Action points

1. The WHO Secretariat may support the identification of a common EVIPNet theme for small countries, to be discussed at the next virtual meeting.
2. The WHO Secretariat will distribute a list of EVIPNet themes and examples of topics on which countries are currently working within SCHIN.



CONCLUSIONS AND NEXT STEPS

The second meeting of the SCHIN focal points achieved the stated objectives. Action points for the focal points and the WHO Secretariat were identified and formed the basis of the updated work plan.

Priority action points for the small countries

- o Malta will share the first official draft terms of references of the proposed WHO collaborating centre on health matters in small countries with the WHO Secretariat.
- o Malta will update the information on health performance analysis recently published in *Public health panorama*.
- o At the potential virtual meeting in spring, focal points will discuss, plan and agree on a working group to develop a proposal for a core set of indicators before the next SCHIN meeting in Malta in 2017.

Priority action points for the WHO Secretariat

The Secretariat will:

- o identify all Health 2020 indicators that have 10 or fewer annual data points in any of the SCHIN countries; and
- o distribute the CARINFONET indicator sets to SCHIN members as soon as they are endorsed and cleared for publication.

Next meetings

1. The WHO Secretariat will organize a virtual meeting (teleconference or WebEx) in March 2017.
2. The next in-person meeting will take place in Malta on 27 June 2017.

ANNEX 1. PROGRAMME

Wednesday, 12 October 2016

Registration

Welcome and opening remarks

The meeting will be officially opened by the SCHIN chairperson (Dr Neville Calleja, Department of Health Information and Research, Ministry for Health, Malta) and the WHO Regional Office for Europe (Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation)

Selection of the rapporteur
Chairperson

Adoption of the provisional agenda and provisional programme

Update on recent developments in the Region
Dr Claudia Stein, WHO Regional Office for Europe

Discussion on the publication in Public health panorama and progress update on the preparations for establishing a WHO collaborating centre for small states in Malta
Dr Natasha Azzopardi Muscat, Health Service Management, University of Malta

Discussion and agreement on most suitable methodological option for reporting rolling averages

Dr Christian Gapp, Dr Claudia Stein, WHO Regional Office for Europe

Update on recent developments in health information in health system performance assessments (HSPA): HSPA and policy – the Maltese experience

Dr Neville Calleja, Department of Health Information and Research, Ministry for Health, Malta

Presentation of EVIPNet and discussion on engagement of SCHIN with EVIPNet Europe
Tanja Kuchenmüller, WHO Regional Office for Europe

Review of the action plan
Chairperson

Next steps and date of the next meeting
Chairperson

Closing remarks
Chairperson and WHO Secretariat

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ANNEX 3. WORK PLAN

No.	Priority activities	Core deliverables	Priority	Lead/ Responsible	Time frame													
					2016			2017				2018						
					II	III	IV	I	II	III	IV	I	II	III	IV			
1 Information exchange on a regular basis																		
1.1	Formalize exchange of good practice through peer support and WHO support	Use of HIS Support Tool (WHO) at country level Set up sharepoint for SCHIN Set up discussion forum among members? WHO Regional Office for Europe to adapt and evaluate Gatekeeper function	1	All WHO Member States WHO	x													
2 Joint analysis, visualization and decision-making support																		
2.1	Joint reporting and/or establishment of online platform for data exchange	Explore country grouping for SCHIN reporting	1	WHO														
2.2	WHO to enhance reporting of SCHIN countries	WHO to explore rolling average for SCHIN countries Propose concepts/ scenarios for SCHIN Discuss and agree at focal points meeting in Monaco Consider publishing for methodological dissemination Analyse all H2020 indicators that have less than absolute number of 10 for all SCHIN countries	1	WHO WHO All All WHO	x													

No.	Priority activities	Core deliverables	Priority	Lead/ Responsible	Time frame													
					2016			2017				2018						
					II	III	IV	I	II	III	IV	I	II	III	IV			
4 Knowledge translation																		
4.1	Identify knowledge translation needs for SCHIN	Conduct HIS assessment and gap analysis																
4.2	Consider involving SCHIN in EVIPNet Europe	Chair of SCHIN to discuss with EVIPNet lead at WHO Regional Office for Europe Agenda item on EVIPNet at focal point meeting in Monaco	2	Malta WHO	x													
4.3	Link EVIPNet and SCHIN	Review next steps at focal points meeting in Monaco Identify common theme within SCHIN for EVIPNet approach Share existing selection of themes with SCHIN and SCHIN to indicate preferences		WHO & SCHIN focal points WHO & SCHIN focal points					x									
4.4	Creation of mechanism of peer support including study tours and technical support missions																	
5 Capacity building																		
5.1	EVIPNet Europe for SCHIN?	Review at future meetings																
6 Other																		
6.1	Interim teleconference with SCHIN members to discuss high-level meeting and next SCHIN agenda			WHO with Chairs					x									

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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