

Copenhagen, Denmark, 1–2 September 2016



Expert group meeting to enhance Health 2020 monitoring and reporting

Piecing together the health
information puzzle



WORLD HEALTH ORGANIZATION
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Abstract

The WHO Regional Office for Europe convened the first meeting of the expert group on enhancing Health 2020 monitoring and reporting on 1–2 September 2016. In adopting the Health 2020 policy framework, Member States in the WHO European Region incorporated well-being and other fundamental concepts into measurement and reporting activities. However, the practical application of these concepts is a complex and ongoing process. The aims of this meeting were to provide advice for further enhancing Health 2020 reporting on well-being, to identify priority concepts within Health 2020 for which additional monitoring and reporting are required, and to articulate mixed-methods approaches to gathering health information. This report outlines the recommendations made by the expert group in relation to these objectives.

Keywords

TARGETS
HEALTH INDICATORS
MEASUREMENT
MONITORING
QUALITATIVE DATA

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ISBN 978 92 890 5258 0

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Abbreviations

EHII	European Health Information Initiative
EVIPNet	Evidence-informed Policy Network
HEN	Health Evidence Network
OECD	Organisation for Economic Co-operation and Development
TOR	terms of reference
WHC	Women's Health Committee

Executive summary

The WHO Regional Office for Europe convened the first meeting of the expert group on enhancing Health 2020 monitoring and reporting on 1–2 September 2016. While the Regional Office has made significant advances in how it conceptualizes well-being, operationalizing its measurement and reporting is a complex process. Fully achieving the aims of Health 2020 requires diverse types of evidence capable of describing the nuanced concepts enshrined within it. These types of evidence might include, for instance, narrative approaches, historiographical research, anthropological methodologies and other qualitative methods.

The expert group meeting's three main objectives were to:

1. further develop the Regional Office's strategy for well-being measurement and reporting;
2. identify the Health 2020 concepts for which additional measurement and reporting are required; and
3. articulate methods for and approaches to gathering health information, including nontraditional methods.

Expert group members gave presentations that highlighted qualitative and quantitative modes of measuring and reporting on well-being, and explored ways in which this may be performed at country and local levels. During group-work sessions they also discussed concepts and values within Health 2020 that should be further explored and reported on.

The expert group made the following five key recommendations for next steps.

1. Perform a mapping exercise of available subjective well-being indicators.
2. Continue to develop qualitative approaches to well-being measurement and reporting.
3. Investigate how well-being might be reported at country and local levels.
4. Revisit key Health 2020 concepts, review their definitions and link them to the Sustainable Development Goals.
5. Commission a review that provides an overview of the latest research on two key Health 2020 concepts: **community resilience** and **empowerment**.

Members agreed that a subsequent meeting will be held in spring 2017 to review the progress made on the recommendations.

Introduction

The WHO Regional Office for Europe convened the first expert group meeting to enhance Health 2020 monitoring and reporting on 1–2 September 2016 (see Annex 1 for the programme, including a list of speakers and their presentations). A diverse group of experts attended the meeting, from fields such as public health, medical humanities, social sciences, statistics and epidemiology, and policy (see Annex 2).

Dr Claudia Stein (Director) and Dr Nils Fietje (Research Officer), Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, welcomed the participants. Mr Nick Fahy was elected as Chair of the meeting, and Mr Omid Fekri as Rapporteur. Participants were invited to declare any conflicts of interest; none were noted and the programme was adopted.

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3. articulate methods for and approaches to gathering health information, including nontraditional methods.

Developing the Regional Office's strategy for well-being measurement and reporting

Health 2020, the European policy framework for health and well-being, supports actions for health across government and society (1). Traditionally, WHO focused its attention on measuring death, disease and disability. In recent years, however, a new paradigm began to shift WHO's focus to health and well-being; this called attention to the need for different types of evidence gathered from narrative approaches, historiographical research, anthropological methodologies and other qualitative methods. Health 2020 is enabling this shift by placing well-being, which is at the core of WHO's definition of health, at the centre of health policy-making.

Overview and background

Health 2020 provides a mandate for Member States and the Regional Office to measure well-being in both its objective and subjective forms. The Regional Office took considerable care to define well-being within the Health 2020 policy framework, and held numerous expert group meetings and consultations to arrive at targets, indicators and working definitions (2,3,4,5). All 53 Member States in the WHO European Region adopted these in 2013.

Member States now report on one subjective and five objective well-being indicators within the Health 2020 framework (6). However, Member States recently requested that the Regional Office expand beyond the single subjective well-being indicator of life satisfaction, and investigate ways to enhance the measurement and reporting of well-being. These efforts reflect Health 2020's aspiration to promote a comprehensive approach to health.

Doing justice to this approach, and balancing and broadening the quantitative perspectives that have traditionally been the domain of WHO, requires qualitative research from the humanities and social sciences. In recent years, the Regional Office has made significant progress in advancing this work. For instance, it outlined its vision for evidence in the 21st century in its flagship *European Health Report 2015* (7). It also initiated a project on the cultural contexts of health, which aims to enhance public health policy-making through a nuanced understanding of how cultural contexts affect health and well-being (8,9).

Much of this work, however, has focused on conceptualizing well-being. In order to fully realize the potential of Health 2020 and to enhance its monitoring and reporting, other concepts from the Health 2020 values base also require assessment. The Regional Office convened this expert group to provide recommendations on how to enhance well-being reporting, identify other priority concepts within Health 2020, and articulate additional methods and approaches that would aid these activities.

The work of this expert group falls under the umbrella of the European Health Information Initiative (EHII) (10). The EHII strives to strengthen the health information that underpins policy-making in the Region. At the time of the meeting, there were 26 partners within the EHII, including Member States, WHO collaborating centres, national institutions, and organizations such as the Commonwealth, the European Commission, the Organisation for Economic Co-operation and Development (OECD) and the Wellcome Trust.

The EHII focuses on six key areas:

1. gathering, developing and analysing information that deepens the understanding of health and well-being, with a focus on indicators;
2. enhancing access to and dissemination of health information;
3. building capacity;
4. strengthening health information networks;
5. supporting the development of health information strategies; and
6. communication and advocacy.

Refining subjective well-being indicators

At the expert group meeting, representatives from Gallup, the OECD and the World Values Survey presented their research on the quantitative measurement of subjective well-being, demonstrating the wide range of research currently being conducted on this topic.

Although life satisfaction is generally considered to be the single most important subjective well-being indicator, how to measure it in greater detail is still the subject of much debate. A recent OECD stocktake exercise of subjective well-being data collections undertaken by national statistical offices showed considerable variability among additional subjective well-being indicators in the realms of positive and negative affect, eudaimonia and domain-specific evaluations. Moreover, national statistics offices have varying capacity to implement and collect data for these indicators.

This lack of homogeneity means that it is often difficult to make detailed international comparisons in relation to the many subdimensions of subjective well-being. For instance, the content and presentation of measurement response scales across countries can vary for affective experiences measured “yesterday” versus “in the last four weeks”. Such methodological differences among countries and surveys can introduce one form of noncomparability. Additional challenges might include translating items effectively across all languages, as translation is a source of potential cultural bias.

The fact that no single subjective well-being survey provider covers all Member States in the Region poses a particular challenge for the Regional Office. The annual Gallup World Poll comes closest, capturing subjective well-being data for 50 out of the 53 Member States. The European Union Statistics on Income and Living Conditions ad hoc module on well-being captures data from just over half. The World Values Survey collects data for less than half, but as its global questionnaire began in 1981 it has a much longer time series than any other subjective well-being survey.

Notwithstanding the issues of data availability and comparability, progress is being made and a body of work on which to build exists. The current challenge is to make the data and evidence useful and relevant

to policy-making. Thus, making subjective well-being data meaningful in specific country contexts requires a minimum level of local adaptation and supplementation with other qualitative methods, such as narrative approaches or historical and anthropological studies.

Expert group members agreed on the value of performing an initial mapping exercise and review to assess the availability, quality and relevance to Health 2020 of additional quantitative subjective well-being indicators that are already being widely reported. This preliminary exercise would allay the concerns of Member States regarding the burden of reporting, which they have expressed on numerous occasions.

The mapping exercise could build on the ongoing OECD stocktake of subjective well-being data collections, but would need to be expanded to cover all 53 Member States, as well as key nonofficial data collections with extensive country coverage in the Region (such as the Gallup World Poll, the World Values Survey, the European Social Survey, the European Quality of Life Survey, etc.). Once completed, the expert group would review the findings and consider whether this information could be used to expand Health 2020's subjective well-being indicators and data.

Integrating qualitative evidence to enhance our understanding of subjective well-being

Expert group members specializing in qualitative methods for measuring subjective well-being provided an overview of the field, their research and case studies illustrating the complementary insight that qualitative approaches can provide.

The humanities and social sciences offer powerful methods for understanding well-being. The collection of detailed, accessible and insightful narratives, for instance, can reveal how well-being is perceived and experienced by different populations. Collecting these narratives can also give voice to groups that are very difficult to reach through standard household survey methods, some of whom may be among the most vulnerable and marginalized in society (for example, institutionalized individuals, homeless people, recent migrants and asylum seekers, etc.).

Qualitative approaches emphasize that well-being is produced through social and cultural practice, and therefore requires multiple types of assessment. The Lancet Commission on Culture and Health highlighted the systematic absence of attention placed on the role of culture in health (11), and called for health services that are mindful of cultural contexts. Qualitative methods can assist in contextualizing and interpreting quantitative well-being data, and can thus better articulate cultural influences on people's experiences. Furthermore, they can explore how cultural factors enhance the health and resilience of communities, thereby helping to inform research priorities.

“Constructions of well-being are intrinsically connected to the places in which they are generated and the research methods by which they are produced.” – Professor Sarah C. White (12)

Ethnographic, anthropological, historical and literary approaches ensure rigour while providing additional insight into a particular population's experience of well-being. These methodologies aid in interpreting and contextualizing results, but can also contribute to the framing and structuring of the surveys themselves.

Narrative methods in particular can help bridge knowledge gaps left by traditional forms of health information and survey data. A recent Health Evidence Network (HEN) synthesis report on the use of narrative research in the health sector presents several case studies that illustrate how narrative research can convey the individual experience of illness and well-being, and thereby complement (and sometimes challenge) epidemiological and public health evidence (see Box 1) (13). The report argues that narrative (storytelling) is an essential tool for illuminating and reporting on the cultural contexts of health – the

practices and behaviours that groups of people share and which are defined by customs, language and geography.

Box 1. An excerpt from *Cultural contexts of health: the use of narrative research in the health sector*

Narrative research on well-being raises philosophical questions about what well-being is. Bauer and colleagues have argued that eudaimonic well-being has a narrative dimension, reflecting the ongoing construction of identity in context and linking to Aristotelian notions of the good life (virtuous, restrained, meaningful).¹ Hayward and Taylor challenged dominant biomedical models of rehabilitation after illness or trauma, emphasizing not merely the recovery of muscle power or functional skill but the ability to engage meaningfully in society and gain fulfilment by contributing to it.² At this level of abstraction, well-being is perhaps the same construct in all cultures – but the more concrete answer to what is meaningful and what is fulfilling will vary (and must be explored).

More commonalities than differences were found in the well-being narratives of older people from both white British and immigrant groups in the United Kingdom. In the context of a project examining use of assistive technologies for healthy living for elderly people, ethnography, narrative interviews and photo-elicitation were carried out to assess 40 older people with multiple health and social care needs.³ Of the 40 participants, 20 agreed for their case narrative to be reproduced on the study website.⁴

A key finding was that chronic illness prevented people from doing the things that mattered to them and that gave them meaning and identity. While the specifics of what mattered were culturally framed, the feelings of loss and hopelessness at losing the connection to what mattered were common across the cultural groups studied, and so-called assisted living technologies rarely restored this connection.

This study and similar work in the Netherlands⁵ and Spain⁶ highlight the limitations of the biomedical model of telehealth and telecare (which focuses on how technology can support monitoring, surveillance and the pursuit of safety, arguably at the expense of the well-being of its intended user). As Sayer has observed, “A key characteristic of pain and suffering is that they are not merely states of being, but of frustrated becoming, or continuous yearning for relief and escape”⁷ (13).

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The expert group unanimously agreed that qualitative approaches from a variety of academic disciplines, including those in the humanities and social sciences, can significantly contribute to gathering and

reporting subjective well-being data. Members suggested that this reporting begin at the country level and involve engagement and co-creation with national stakeholders.

Investing in country-specific, localized well-being reporting

The expert group considered the presentations and discussion on quantitative and qualitative methods of reporting, and arrived at the strong consensus that the Regional Office could proceed with developing more localized and country-specific strategies for reporting on well-being. A local context in reporting fosters stronger engagement on issues specific to Member States, and more clearly resonates with decision-makers.

Furthermore, national (and subnational) reporting can highlight cultural contexts and nuances, helping to give a voice to minorities or vulnerable populations. This local reporting could be incorporated into existing publications, such as the *Highlights on health and well-being* country profile series. It should draw on the full range of academic expertise in qualitative methodologies to ensure the rigour and credibility of the reporting.

As localized reporting would require a greater time investment from the Regional Office and Member States, the expert group considered ways to streamline the process and take advantage of pre-existing resources. Its members saw networks such as the WHO Evidence-informed Policy Network (EVIPNet) as crucial in providing country-level links to relevant expertise, and in offering a platform for knowledge translation activities. They also noted that further capacity-building partnerships would be beneficial, including with nongovernmental organizations, the private sector and other United Nations agencies.

Recommendations

1. Perform a mapping exercise of available subjective well-being indicators. The results of this exercise will assist the expert group in arriving at a more informed conclusion on which additional quantitative indicators are required to comprehensively measure well-being.
2. Continue to develop qualitative approaches to well-being measurement and reporting in collaboration with the expert group on the cultural contexts of health.
3. Investigate how well-being might be reported at the country and local levels in a manner that does not increase the burden of reporting on Member States. This could be incorporated throughout relevant reporting opportunities.
4. Establish a link with EVIPNet to facilitate dialogue and the exchange of best practice among Member States, and pursue other partnerships with relevant stakeholders that enable participatory approaches.

Identifying priority Health 2020 concepts for measurement and reporting

In adopting the Health 2020 policy framework, Member States committed to the values of universality, solidarity and equal access as the pillars for organizing and funding their health systems. Health 2020 champions fairness, sustainability, quality, transparency, accountability, gender equality, dignity and the right to participate in decision-making about one's health.

The degree to which Health 2020 dovetails with the 2030 Agenda for Sustainable Development is illustrated by the fact that 76% of its indicators are aligned with those of the 2030 Agenda's Sustainable Development Goals. This demonstrates that Health 2020 was ahead of its time, and perfectly positions it to contribute to the global development agenda.

Introduction to the Health 2020 values base

Both Health 2020 and the 2030 Agenda rely on a values base containing numerous concepts that are inconsistently defined and poorly understood, making them difficult to measure. The conceptual approach to health has broadened considerably over the past decades, and yet information systems are underequipped for operationalizing ways to monitor these new health concepts.

Currently, the Health 2020 monitoring framework includes more traditional indicators such as those on mortality and lifestyle, as well as less frequently used indicators and approaches such as those on well-being and health inequalities. However, Health 2020 contains many other innovative approaches that are key to the policy, but not yet maturely reflected in the monitoring framework (see Box 2). An important task for the expert group was therefore to consider potential ways to expand the Health 2020 monitoring framework to more comprehensively reflect the Health 2020 values base.

Box 2. Concepts within the Health 2020 policy framework

- Life-course approach
- Community resilience
- Empowerment
- Accountability
- Transparency
- Supportive/enabling environments
- Sense of belonging/control
- Social inclusion and cohesion
- Whole-of-society and whole-of-government approaches
- People centredness
- Participatory and responsible governance
- Fit-for-purpose health systems
- Adaptive policies

Key concepts from the Health 2020 values base

One of the four priority areas outlined in Health 2020 is **investing in health through a life-course approach**. The health outcomes of individuals and communities depend on the interaction of multiple protective and risk factors throughout people's lives (14). Through the Minsk Declaration, Member States in the Region acknowledged that the life-course approach encompasses actions that are taken early, taken appropriately to transitions in life and taken together as a whole society (15). As such, the approach confers benefits to the entire population across the lifespan, as well as to future generations.

About half of Health 2020 indicators can be said to relate to the life-course approach. However, the Minsk Declaration highlights several other areas that are not well captured by the current measurement framework, such as quality of mental health care and unmet needs in health services. Additional research and consultation is required in order to find both qualitative and quantitative methods for more robustly measuring these aspects of the life-course approach.

Creating resilient communities and supportive environments is another key Health 2020 priority area. Community resilience is often described as the ability to prepare for, withstand and recover from adversity. Yet some researchers and organizations are now opting to describe community resilience not just as the act of "bouncing back", but as the art of "bouncing forward" (see Box 3).

Box 3. Resilience in young refugees

Professor Alonzo Plough explained to the group that in the past, and particularly within the literature on disaster recovery, resilience was conceptualized as the ability of an individual or community to “bounce back” from an adverse event and resume normal functioning.¹ Recently, however, researchers have begun highlighting that resilience can also entail the capacity to “bounce forward”, thereby emphasizing positive post-traumatic growth and adaptation.²

In the context of the current refugee crisis in Europe, conceptualizing resilience as the art of bouncing forward is particularly relevant in relation to young refugees. Some systematic reviews suggest that young refugees are at serious risk of developing a range of health and development problems associated with their pre- and post-migration experiences of loss, terror and disruption.^{3,4} However, some researchers take issue with this tendency to focus on the role of post-traumatic stress disorder in relation to these issues. They point out that such a focus pathologizes what are often normal stress responses, and downplays the agency of the affected group or individual and their ability to catalyse change.

A focus on resilience can empower young refugees rather than labelling them as passive victims. While they may not have the option to bounce back, given what is often a complete disruption of normal life, they are nevertheless survivors with social potential who can inspire others with their ability to bounce forward. Acknowledging them as such is of great social importance.⁵

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The Robert Wood Johnson Foundation, for instance, is pioneering efforts in the United States of America to make community resilience a central public health goal. As part of its Culture of Health Action Framework, the Foundation is developing scientifically valid national measures to gauge resilience that can in turn spur action by governments and partners across other sectors. Its innovative indicators include voter participation, housing affordability, youth safety and adverse childhood experiences. However, the concept of community resilience continues to evolve in the public health literature and, as a consequence, requires other (or better) measurement constructs.

Empowerment is another fundamental concept within the Health 2020 values base, and a key driver for tackling inequity. On an individual level, empowerment refers primarily to a person’s ability to make decisions and have control over their personal life. Collectively, empowerment involves people acting together to gain greater influence and control over the determinants of health and the quality of life in their community (16). In order to enhance community empowerment, governments must look to participatory approaches that:

- increase social ties and networks;
- build capacity, skills, knowledge and experience; and
- promote participation and empowerment.

Taken together, such approaches have a range of health and non-health benefits (see Box 4).

Box 4. Health and non-health benefits of empowerment

In his presentation to the group, Dr Glenn Laverack shared evidence suggesting that engaging with groups can be an effective method for promoting participation and empowering communities, and can lead to a wide range of benefits such as cost-effectiveness, reductions in mortality and improvements in health.¹ Group engagement is not always a planned feature of large-scale responses to health challenges, and yet interventions that enable people to move from preoccupation with individual concerns to involvement in broader, community-managed actions can foster their capacity to work together, participate and empower themselves to resolve issues.

For instance, women in Western Samoa helped to create a community-centred network of women's health committees (WHCs). The WHCs aimed to develop skills and competencies in weaning practices and sanitation, which, due to diarrhoeal diseases, had been identified as the main causes of infant mortality. The Samoan Government supported the WHCs through resource allocation, training and regular visits from health workers.

The WHCs initiated village sanitation regulations to which all families had to conform. The programme not only brought about improvements in women's health, but also bolstered women's local authority by improving their ability to organize, mobilize and raise funds for other projects. The WHCs became an influential group in the community and were increasingly involved in addressing a range of local concerns.²

Similarly, women's groups in a poor rural population in Nepal were able to reduce neonatal and maternal mortality by participating in the process of defining, analysing and articulating their concerns around childbirth. Participation in the women's groups strengthened social networks and improved social support among women, as well as between women and health-care service providers. This led to a greater sense of cohesion and solidarity, and to an improvement in maternal and child health outcomes.³

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Although ways for measuring individual and community empowerment exist, these have not yet been systematically integrated into WHO's regional monitoring frameworks. These methods are needed, as are generic empowerment indicators that can be adapted at the country level.

Expanding the Health 2020 monitoring framework

The expert group underlined that, in measuring the above concepts and others from the Health 2020 values base, several principles are important to consider. First, any agreed-upon measures should have revelatory power – that is, they should unearth new meaning. Second, because performance ranking alone is often counterproductive, monitoring activities must be contextualized. As measurement is not solely a technical task but also a social practice, social considerations should be taken into account throughout the scoping, implementation and review processes.

For measurement activities to be meaningful and achievable, the overall number of measures should impose a minimal reporting burden on Member States. They could also be adaptable. The expert group discussed the possibility of taking a dual approach, in which measurement strategies are identified at the regional level while a more flexible set of measures is made available for Member States to choose from according to their context.

The expert group reiterated that a mixed-methods approach taking into account the social, cultural and epidemiological factors at play is essential to measuring and reporting on concepts from the Health 2020 values base in a robust and meaningful way (see Box 5). Advancement of this work on Health 2020 concepts requires input from academia, practitioners, the media and private sectors. Platforms such as the HEN synthesis reviews and EVIPNet may offer modes of publishing and translating its findings.

Although the expert group supported the strengthening of Health 2020 reporting through key concepts, its members reminded the Regional Office that such concepts evolve over time. They highlighted the importance of reviewing the key Health 2020 concepts as originally defined in the Health 2020 glossary, updating them as necessary and linking them to the Sustainable Development Goals. An updated glossary should also attempt to illustrate how various terms interconnect or overlap (for example, social inclusion and cohesion; accountability and transparency, etc.).

Box 5. The added value of mixed-method approaches

It is now clear that social, economic and physical environments are among the most important determinants of health and well-being.¹ Yet, as Professor Mary Dixon-Woods explained, well-intentioned efforts to improve these environments may fail without the kinds of evidence that are best suited to understanding both outcomes and processes. Very often, using qualitative and quantitative methods together in integrated designs is the most effective approach.

For example, a cluster randomized controlled trial conducted to evaluate a sanitation programme in rural India found that increasing latrine coverage did not result in reduced exposure to faecal contamination, diarrhoea, soil-transmitted infection or child malnutrition, mainly because even when households acquired latrines they did not use them reliably.² It was a qualitative study combining interviews and field observations that ran alongside the trial that helped to explain why.³

The qualitative study found that rural people had justifications for continuing to practice open defecation despite owning a latrine, and that defecation patterns were highly gendered and socially patterned. Women who had latrines chose to continue to practice open defecation because it allowed them to gather with female friends and relatives, disconnect from household chores and escape household stresses. Thus, in this case, an intervention that seemed to be a straightforward means of improving well-being was in fact perceived by the community as interfering with it.

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At a subsequent meeting, the expert group could review the findings and prioritize Health 2020 concepts for future reporting through both qualitative and quantitative means. For now, it proposed a set of principles that may eventually be applied to the indicators chosen to measure the priority concepts of the Health 2020 values base (see Box 6).

Box 6. Proposed principles for prioritizing key Health 2020 concepts

- Any new measures should add value and have revelatory power.
- Any new data collection should impose a minimal reporting burden on Member States.
- New measures should strategically align with Health 2020.
- Concepts should have a capacity to foster inclusivity.
- Concepts should be tractable to measurement.
- New measures should have a scientific basis (established through validity and reliability testing).
- Data that is generated should stimulate meaningful action.
- New indicators should transcend the traditional biomedical approach to health (such as by incorporating qualitative methods).
- Concepts should be underpinned by longevity.
- Constructs and concepts should be sound and comparable across Member States.

Recommendations

1. Expand Health 2020 reporting in ways that highlight key concepts from its values base.
2. Commission a review, possibly in the form of a HEN publication, that provides an overview of the latest research on two key Health 2020 concepts: community resilience and empowerment.
3. Revisit key Health 2020 concepts, review their definitions and link them to the Sustainable Development Goals.
4. Reconvene the expert group once the recommended outputs are complete in order to revisit the prioritization of additional Health 2020 concepts to report on.

Conclusion

The Regional Office received clear recommendations from the expert group on ways to enhance Health 2020 reporting. The expert group will reconvene in 2017 to review the results of the mapping

exercise of available subjective well-being measures, as well as the updated glossary of key concepts from the Health 2020 values base.

In the interim, the expert group recommended that the Regional Office continue its work to incorporate qualitative methods of well-being measurement and reporting into its existing publications, particularly at the country and local levels, in order to contextualize the quantitative indicators it already reports on. These new forms of evidence, which should take advantage of methodologies and approaches from the humanities and social sciences, are necessary to create a more holistic understanding of health and well-being in the 21st century.

This meeting was the first in a series that will continue to explore innovative ways of measuring and reporting on health and well-being within the Region. The recommendations from the expert group will be used to establish a roadmap for the Regional Office to accomplish this goal.

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Annex 1. Action plan

Action plan				
Timeline	Activity	Product(s)	Contributors	Description of contributions
Actions for 2017				
In preparation	Review available subjective well-being indicators to assess the availability, quality and relevance to Health 2020 of additional quantitative subjective well-being indicators that are already being widely reported.	Background document: map of subjective well-being indicators in the WHO European Region	1) WHO Secretariat 2) Organisation for Economic Co-operation and Development (OECD)	1) Draft terms of reference (TOR), manage consultant and coordinate research support. 2) Provide link to OECD's ongoing stocktake of subjective well-being data collections.
In preparation Concept note ready by April 2017 Report ready by May 2018	Produce a pilot country-level well-being report using qualitative and quantitative information for health.	Highlights on health and well-being report for a selected country	1) WHO Collaborating Centre, University of Exeter, United Kingdom 2) WHO Secretariat	1) Liaise with WHO colleagues, expert group members and country representatives, and produce a pilot Highlights on health and well-being report. 2) Provide research and process support.
In preparation TOR ready by April 2017 Report ready by Nov 2017	Commission a synthesis review of the qualitative and quantitative techniques and approaches commonly used to measure and report on community resilience.	Health Evidence Network (HEN) evidence review on measuring community resilience	1) WHO Secretariat 2) Expert group	1) Draft TOR and support the production of the report. 2) Provide input on experts and literature review.
In preparation TOR ready by April 2017 Report ready by Nov 2017	Commission a synthesis review of the qualitative and quantitative techniques and approaches commonly used to measure and report on empowerment.	HEN evidence review on measuring empowerment	1) WHO Secretariat 2) Expert group	1) Draft TOR and support the production of the report. 2) Provide input on experts and literature review.
April 2017	Organize a virtual meeting of the expert group to provide an update on progress, review outputs and recommend further actions.	Action plan for 2018; meeting report of the expert group	1) WHO Secretariat 2) Expert group	1) Prepare meeting and provide logistical support. 2) Attend meeting and provide input.

Annex 2. Programme

Thursday 1 September 2016

Opening

- Welcome by WHO Secretariat
- Election of Chair and Rapporteur
- Briefing on purpose and adoption of meeting programme

Session 1. Refining WHO subjective well-being indicators

Presentations

- WHO Secretariat: Overview and background of subjective well-being measurement and reporting at WHO Europe
- Carrie Exton: Capturing more detailed quantitative subjective well-being data
- Christian Haerpfer: The challenges of analysing subjective well-being data in Eurasia
- Pablo Diego Rosell: Extended subjective well-being data availability across the WHO European Region

Session 2. Integrating qualitative evidence to enhance our understanding of subjective well-being

Presentations

- Felicity Thomas: Using historical and cultural sources to make qualitative subjective well-being assessments
- Till Mostowlansky: Using ethnographic and anthropological approaches to better understand subjective well-being
- Göran Tomson: Using narrative research in relation to subjective well-being reporting

Group work. Enhancing the Regional Office's strategy for monitoring and reporting on subjective well-being

Points for discussion in groups

- Which additional subjective well-being indicators should be recommended to Member States?
- How might qualitative approaches contribute to gathering subjective well-being data?

Session 3. Recommending actions to improve the Regional Office's subjective well-being measurement and reporting

Summary by rapporteurs from group work

Discussion

- *Recommending new subjective well-being indicators to WHO Europe*
- *How should qualitative evidence affect the reporting of these indicators?*
- *How can WHO report more in-depth on country-level well-being?*

Conclusions of Day 1 (Chair and WHO Secretariat)

Friday 2 September 2016

Opening

- Summary of Day 1 (*Chair*)
- Background and ambitions for Day 2 (*WHO Secretariat*)

Session 4. Introduction to Health 2020

Presentation

- Christoph Hamelmann: Overview and background to Health 2020, the European policy for health and well-being
- Khassoum Diallo: Health 2020 in relation to the 2030 Agenda for Sustainable Development and the Sustainable Development Goals
- Marieke Verschuuren: Key concepts and approaches from the Health 2020 values base
- Mihály Kökény: The life-course approach in the context of Health 2020

Session 5. Exploring key Health 2020 concepts

Presentations

- Alonzo Plough: Community resilience as a public health policy goal
- Glenn Laverack: Understanding and measuring empowerment
- Mary Dixon-Woods: Using multi- and mixed-methods approaches to evaluate health systems

Group work. Prioritizing Health 2020 concepts for measurement

Points for discussion in groups

- Define a list of criteria for the prioritization of concepts
- Recommend a list of up to eight priority concepts from the Health 2020 values base for measurement

Session 6. Developing a roadmap for an enhanced Health 2020 monitoring and reporting framework

Summary by rapporteurs from group work

Discussion

- *Which three concepts from the Health 2020 values base should WHO prioritize for measuring?*
- *How should qualitative evidence affect the reporting of these concepts?*
- *What are the suggested next steps for WHO to develop the monitoring and reporting of the priority concepts?*
- *What are the key actions from the meeting, and how can committee members contribute to the action plan?*

Conclusions of Day 2 (Chair and WHO Secretariat)

Annex 3. List of participants

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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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