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Options for reducing the reporting burden on Member States and proposal for a joint monitoring framework

This document contains:

- background information, which includes a summary of consultations undertaken with Member States on options for reducing the reporting burden;
- a detailed breakdown of the five proposed options for establishing a joint monitoring framework for the WHO European Region, amended on the basis of the feedback received in the consultation process; and
- a full description of the approach to be undertaken to establish the joint monitoring framework.

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Background

1. The WHO Regional Office for Europe organized a technical briefing on aligning the monitoring framework for Health 2020 in the WHO European Region with the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development (EUR/RC66/TD/1) at the 66th session of the WHO Regional Committee for Europe (RC66). During the briefing, Member States suggested that a set of potential approaches for reducing their reporting burden under three major international monitoring frameworks – Health 2020, the SDGs and the Noncommunicable Diseases Global Monitoring Framework – be drawn up by the Secretariat for consideration at RC67.

2. In response to that request, the Regional Office drafted a proposal comprising five options for reducing the reporting burden of Member States in the European Region and invited countries to review and comment on the proposal through a double-round consultation process held from February to April 2017 (inclusive). The five options, presented in detail in this document, are:

- option 1 to streamline indicators and develop a common set of indicators;
- option 2 to align the reporting timelines of the three frameworks for reporting to the Regional Office;
- option 3 to pool or merge data collections;
- option 4 to streamline indicators and align reporting times (options 1 and 2 combined);
- option 5 to streamline indicators, align reporting times and pool or merge data collections (options 1, 2 and 3 combined).

Consultation process

3. Fifteen Member States¹ participated in the consultation process, all 15 Member States agreed on the need:

- (a) to reduce the reporting burden;
- (b) to streamline indicators; and
- (c) to develop a common set of indicators for the WHO European Region.

4. A breakdown of responses from Member States is summarized below:

- (a) a total of 56 comments were received from 14 Member States;²
- (b) 18 comments (32%) consisted of feedback on determining what approach to use for developing the joint monitoring framework;
- (c) 38 comments (68%) addressed the implementation of the framework and how to nationalize the indicators for monitoring;

¹ Armenia, Austria, Czech Republic, Estonia, Finland, Germany, Ireland, Netherlands, Portugal, Romania, Slovakia, Slovenia, Sweden, Switzerland and Turkey.

² Armenia responded with no comments.

- (d) although there was no clear consensus on one preferred option, 10 Member States explicitly indicated either option 4 or option 5, with the following breakdown:
 - five Member States favoured option 4;
 - three Member States preferred option 5; and
 - two Member States had no strong preference for either option;
- (e) one Member State proposed that, since option 5 expands option 4 with the additional pooling or merging of data collections by the Regional Office to reduce the number of questions and indicators collected, it could be implemented using a phased approach.

Proposed next steps

5. In view of the support expressed for the establishment of a joint monitoring framework, the Division of Information, Evidence, Research and Innovation (DIR) of the WHO Regional Office for Europe proceeded to plan for the implementation of option 4 as phase one. The initiating actions would be:

- (a) to establish an expert group to identify a common set of indicators; and
- (b) to align reporting timelines through the Statistical Policy Group gatekeeper function.

6. This first phase would be followed by the implementation of option 5, as phase two, by merging or pooling data collections through the Statistical Policy Group gatekeeper function.

7. This phased approach is described in more detail in Table 1.

8. Member States are requested to endorse the approach outlined in this document, through the adoption of draft resolution EUR/RC67/Conf.Doc./4 Rev.1, at the 67th session of the Regional Committee for Europe in September 2017.

Options for reducing the reporting burden on Member States

9. DIR noted that although the mapping exercise and the proposed joint set of minimum common indicators are critical to reducing the reporting burden, Member States would continue to be affected by other reporting and data collection processes and estimated that Member States receive more than 30 data collection requests per year from WHO (that is, from both WHO headquarters and the Regional Office). These requests come from a wide range of sources, including routine administration, surveys, civil registration and censuses. Further, given their commitments to reporting on progress towards achieving the SDGs, Member States would also be required to report on health-related Sustainable Development Goal indicators, using different mechanisms. The options below outline potential ways to reduce the reporting burden on Member States in the European Region.

Table 1. Options for reducing the reporting burden on Member States in the European Region

Description	Current situation	Proposed action(s)
Option 1 Streamline indicators	Member States are requested to report on numerous indicators under various frameworks and data collection mechanisms; these include Health 2020, the Global Monitoring Framework on Noncommunicable Diseases (NCDs) and the European Health for All database (HFA-DB). Some additional indicators are required for reporting on the Sustainable Development Goals (SDGs).	A joint reporting framework would comprise a single common set of mandatory indicators covering the three major frameworks (Health 2020, the Global Monitoring Framework on NCDs and a priority list for SDGs). The joint reporting dataset would replace separate reporting for the three frameworks.
Pros	<ul style="list-style-type: none"> the number of indicators would decrease a single reporting time instead of three reporting times the main focus would be on the agreed list of indicators indicators generated from routine data sources could be prioritized 	
Cons	<ul style="list-style-type: none"> prioritization of indicators would be required and some indicators could be dropped a significant amount of country consultation would be needed to make changes to indicator lists already adopted 	
Description	Current situation	Proposed action(s)
Option 2 Coordinate reporting times	The timing of reporting occurs at different times of the year, with peaks at the beginning and the end of the year. Data collection requests are not formally coordinated, with each Regional Office division issuing requests based on its own timelines.	A joint reporting framework would comprise a single common set of mandatory indicators covering the three major frameworks (Health 2020, the Global Monitoring Framework on NCDs and a priority list for SDGs). The joint reporting dataset would replace separate reporting for the three frameworks.
Pros	<ul style="list-style-type: none"> Regional Office planning would be improved coordination with Member States would be better there would be more time for quality assurance of data collection tools Member States would be better prepared to answer data requests time management would be easier, resulting in an increased response rate 	
Cons	<ul style="list-style-type: none"> Regional Office timelines for data collection would need to be reviewed and coordinated stricter time and quality management of requests might not be welcomed by all Regional Office sections or divisions new timelines might not be suitable for some Regional Office divisions 	
Description	Current situation	Proposed action(s)
Option 3 Pool or merge data collections	Member States are requested to report on numerous indicators under various frameworks and data collection mechanisms; these include Health 2020, the Global Monitoring Framework on Noncommunicable Diseases and the European health for all database (HFA-DB). Some additional indicators are required for reporting on the SDGs.	A joint reporting framework would comprise a single common set of mandatory indicators covering the three major frameworks (Health 2020, the Global Monitoring Framework on NCDs and a priority list for SDGs). The joint reporting dataset would replace separate reporting for the three frameworks.
Pros	<ul style="list-style-type: none"> fewer data collection requests would be sent to Member States the number of indicators would decrease tools and questionnaires would be of better quality 	
Cons	<ul style="list-style-type: none"> reducing the number of questions or merging the various questionnaires might be difficult for some Regional Office divisions 	

Description	Current situation	Proposed action(s)
Option 4 Streamline indicators and coordinate reporting times		A minimum joint common set of indicators would be developed on the main reporting frameworks (Health 2020, SDGs and NCDs) and data collection requests would be sent to Member States two or three times a year.
Pros	<ul style="list-style-type: none"> • option preferred by Member States • the number of indicators would decrease • one reporting time per year instead of three • focus would be on the agreed list of indicators • Regional Office planning would be improved • coordination with Member States would be better • there would be more time for quality assurance of data collection tools 	
Cons	<ul style="list-style-type: none"> • a multistep process would need to be developed, building on the global indicator proposals • Regional Office timelines for data collection would need to be reviewed and coordinated • prioritization of indicators would be required and some indicators would be dropped (significant country consultation would be needed to make any changes to indicator lists already adopted) • stricter time and quality management of requests might be difficult for some Regional Office sections or divisions • new timelines might not be suitable for some Regional Office divisions 	
Description	Current situation	Proposed action(s)
Option 5 Streamline indicators, coordinate reporting times and pool or merge data collections		Data collection requests would be sent to Member States once a year.
Pros	<ul style="list-style-type: none"> • the number of indicators would decrease • timing and coordination would be synchronized • quality of submissions would improve 	
Con	<ul style="list-style-type: none"> • extensive internal coordination would be required 	

10. Option 4, the option preferred by those Member States participating in the consultation process, combines the streamlining of indicators with the further rationalization of the number and timing of data collection requests. A four-step process could be used to implement this option: streamlining indicators; grouping requests; consulting with Member States; and updating databases. Each of the four steps are described below.

Streamlining indicators

11. Indicators from the three frameworks – Health 2020, the Global Monitoring Framework on NCDs and SDGs – would be screened for eventual selection to the minimum joint common set of indicators for reporting. More details on how the indicators would be selected are set out below. In consultation with the Regional Office, Member States would agree on the mechanisms for reporting on NCD and SDG indicators not included in the minimum joint common set.

Grouping requests

12. The Regional Office would gather and send data collection requests twice a year after consultation with Member States on their preferred timing for doing so.

Consulting with Member States

13. The Regional Office would consult with Member States with regard to the full-scale implementation of the joint monitoring framework.

Updating databases

14. The Regional Office would update its databases, meta-data and information platforms to accommodate changes based on the joint common set of indicators, which would be reflected in the different levels of disaggregation (for indicators such as sex, gender, socioeconomic status, urban or rural demographics and so on).

Joint monitoring framework: process and content

15. Table 2 outlines a proposal for establishing a joint monitoring framework and elaborating its content, including timelines, roles and responsibilities. The process can be divided into the four steps described below.

- (a) DIR would propose a set of minimum joint common indicators, based on the outcome of the mapping exercise conducted to identify indicators aligned across the three frameworks. The 37 Health 2020 indicators (see Table A1 in the Annex) would form the basis of the set of common indicators. Thirteen additional indicators from the two other frameworks (see the proposals in Tables A2 and A3 in the Annex) would complete the set of common indicators. The 37 Health 2020 indicators in Table A1 already include or measure 28 SDG indicators or topics (from at least eight SDGs) and more than one-third of the Global Monitoring Framework on NCD indicators and topics. In total, the minimum joint common set would comprise 50 indicators.
- (b) DIR's proposed set of common indicators would be reviewed and validated by a recognized body, which would likely take the form of an expert group assembled for this purpose. The expert group, which would comprise experts nominated by Member States, would define the criteria for including indicators in or excluding indicators from the joint monitoring framework and would review the proposed set of common indicators in accordance with the agreed criteria. The expert group would consult a review of criteria used to develop Health 2020 indicators, for example, on how to prioritize and use routinely reported information. Moreover, the European Commission and the Organisation for Security and Co-operation in Europe would be invited to comment on the proposals and would also be involved in reviewing the proposed set of common indicators.
- (c) Following the review by the expert group, DIR would submit the proposed set of common indicators for consultation, review and adoption by Member States.

- (d) The Regional Office would notify Member States about the joint monitoring framework and the minimum joint common set of indicators through an information circular. The set of joint common indicators would replace Member States' reporting on the health-related indicators under the three frameworks. The circular would also describe a mechanism for reporting on health-related indicators not included in the joint common set, bearing in mind Member States' commitments to report under the SDG and NCD frameworks.

Table 2. Proposal for establishing and implementing a joint monitoring framework

Process	Content (activities/indicators/ deliverables)	Action by	Timeline
Preparation			
DIR proposes a set of 50 minimum joint common indicators comprising: <ul style="list-style-type: none"> all 37 Health 2020 indicators; the 3 most relevant and unique NCD indicators; and the 10 most relevant SDG indicators not covered by Health 2020. 	Table A1 with all Health 2020 indicators will form the basis for the minimum joint common set of indicators. 28 indicators are common to both Health 2020 and the SDGs. Other indicators to be considered include: <ul style="list-style-type: none"> three important NCD indicators not covered in Table A1 (see Table A2); and the 10 most relevant SDG indicators for the European Region not covered by Health 2020 (see Table A3). 	<ul style="list-style-type: none"> DIR 	<ul style="list-style-type: none"> Q3/2017
The proposed minimum joint common set of indicators is discussed and validated in an expert group meeting.	The proposed minimum joint common set of indicators is submitted to Member States.	<ul style="list-style-type: none"> DIR Expert group on indicators 	<ul style="list-style-type: none"> Q3/2018 Q4/2018
A consultation is conducted with Member States to approve and adopt the minimum joint common set of indicators.	The minimum common set of indicators is adopted for reporting under the three frameworks.	<ul style="list-style-type: none"> DIR Member States 	<ul style="list-style-type: none"> Q1/2018 Q3/2018
Implementation			
DIR prepares a reporting template which includes the common set of indicators and meta-data and an implementation plan with a timeline, promotion and coordination activities and technical support.	Deliverables: <ul style="list-style-type: none"> a reporting template; meta-data of the common set of indicators; and an implementation plan. 	<ul style="list-style-type: none"> DIR 	<ul style="list-style-type: none"> Q4/2018
The Regional Office prepares and disseminates an information circular to notify Member States about the minimum joint common set of indicators and the joint monitoring framework.	Deliverable: <ul style="list-style-type: none"> an information circular. 	<ul style="list-style-type: none"> DIR Regional Director 	<ul style="list-style-type: none"> Q1/2019 Q2/2019

DIR: Division of Information, Evidence, Research and Innovation; NCD: noncommunicable disease; Q: quarter; SDG: Sustainable Development Goal

Annex. Basis of the joint common set of indicators for the joint monitoring framework of the European Region

Table A1. Basis of the minimum joint common set of indicators: Health 2020 indicators

	Domain			Health 2020 indicator
1	Premature mortality from NCDs	C	1.1.a	Standardized overall premature mortality rate (age 30 to 69) for four NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease) (*variation in ICD codes for chronic respiratory disease)
2	Unemployment	C	3.1.d	Unemployment rate, disaggregated by age
3	Sanitation	C	4.1.c	Percentage of population with improved sanitation facilities
4	Mortality of children	C	3.1.a	Infant mortality per 1000 live births, disaggregated by sex
5	Overweight and obesity	C	1.1.d	Age-standardized prevalence of overweight and obesity in persons aged 18+ years
6	Health 2020-specific indicators	C	2.1	Life expectancy at birth
7	Health 2020-specific indicators	C	4.1.a.	Life satisfaction
8	Health 2020-specific indicators	C	6.1.a	Establishment of process for target-setting documented (mode of documenting to be decided by individual Member States)
9	Health 2020-specific indicators	C	6.1.b	Evidence documenting: (a) establishment of national policies aligned with Health 2020; (b) implementation plan; (c) accountability mechanism (mode of documentation to be decided by individual Member States)
10	Smoking	C	1.1.b	Age-standardized prevalence of current tobacco use among people aged 18 years and over
11	Alcohol	C	1.1.c	Total per capita alcohol consumption among people aged 15+ years within a calendar year
12	Education attainment	C	3.1.c.	Proportion of children of official primary school age not enrolled
13	Health 2020-specific indicators	C	3.1.e	National and/or subnational policy addressing the reduction of health inequities established and documented
14	Reducing income inequality	C	3.1.f	GINI coefficient
15	Social support	C	4.1.b	Availability of social support
16	Health expenditure	C	5.1.a	Private household out-of-pocket expenditure as a proportion of total health expenditure
17	Health expenditure	C	5.1.c	Total expenditure on health (as a % of GDP)
18	Vaccination	C	1.2.a	Percentage of children vaccinated against measles, polio and rubella
19	Mortality (general)	C	1.3.a	Standardized mortality rates from all external causes and injuries
20	Smoking	A	1.1.b	Prevalence of weekly tobacco smoking among adolescents

	Domain			Health 2020 indicator
21	Alcohol	A	1.1.c.	Heavy episodic drinking among adolescents *(feasible through age-group disaggregation of adolescents)
22	Mortality from traffic accidents	A	1.3.a.	Standardized mortality rates from motor vehicle traffic accidents
23	Accidental poisonings	A	1.3.b.	Standardized mortality rates from accidental poisonings
24	Suicide rate	A	1.3.d.	Standardized mortality rates from suicides
25	Deaths from homicides	A	1.3.f.	Standardized mortality rates from homicides and assaults
26	Maternal mortality	A	5.1.a.	Maternal deaths per 100 000 live births
27	Overweight and obesity	A	1.1.d.	Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-score relative to the 2007 WHO growth reference median, respectively)
28	Health 2020-specific indicators	A	2.1.a.	Life expectancy at birth and at ages 1, 15, 45 and 65
29	Health 2020-specific indicators	A	2.1.b.	Healthy life years at age 65
30	Health 2020-specific indicators	A	4.1.b.	Percentage of people aged 65+ living alone
31	Alcohol	A	1.3.c.	Standardized mortality rates from alcohol poisoning
32	Household consumption	A	4.1.c.	Household final consumption expenditure per capita
33	Education attainment	A	4.1.d.	Educational attainment of people age 25+ who have completed at least secondary education
34	Health 2020-specific indicators	A	5.1.b.	Percentage of people treated successfully among laboratory confirmed pulmonary tuberculosis who completed treatment
35	Health expenditure	A	5.1.c.	Government expenditure on health as a percentage of GDP
36	Mortality (general)	A	1.1.a.	Standardized mortality rate from all causes, disaggregated by cause of death
37	Mortality (general)	A	1.3.e.	Standardized mortality rates from accidental falls

Source: Targets and indicators for Health 2020. Version 3. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2016/targets-and-indicators-for-health-2020.-version-3-2016>).

A: additional; BMI: body mass index; C: common; GDP: gross domestic product; ICD: International Classification of Disease; NCD: noncommunicable disease.

Table A2. Proposed indicators from the Global Monitoring Framework on NCDs to be included in the minimum joint common set of indicators^a

NCD domain	Indicator
Salt/sodium intake	8 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Physical inactivity	6 Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily
Diabetes and obesity	14 Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m ² for overweight and body mass index ≥ 30 kg/m ² for obesity)
Diet	16 Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day
Cholesterol	17 Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/l or ≥ 190 mg/dl); and mean total cholesterol concentration
Policies	21 Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes
Cancer	25 Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies

Source: NCD global monitoring framework. Geneva: World Health Organization; 2015 (http://www.who.int/nmh/global_monitoring_framework/en/).

^a A maximum of three indicators should be selected; the three indicators proposed by DIR appear in yellow highlight.

Table A.3. Proposed additional SDG indicators relevant to the European Region to be included in the minimum joint common set of indicators^a

SDG domain	Target	Indicator
SDG 3 (including universal health coverage), unfinished MDG business and other health targets	3d	International Health Regulations (2005) total health expenditure as % of GDP
	3c	health worker density
	3.1	(maternal mortality)
	3.2	(neonatal mortality)
	3.2	(under-five mortality rate)
	3.3	tuberculosis/AIDS/hepatitis
	3.9	(mortality rate attributed to household and ambient air pollution)

Source: SDG indicators. Revised list of global Sustainable Development Goal indicators. New York: United Nations Statistics Division; 2017 (<https://unstats.un.org/sdgs/indicators/indicators-list/>).

GDP: gross domestic product; MDG: Millennium Development Goal; SDG: Sustainable Development Goal.

^a A maximum of 10 indicators should be selected; a total number of six indicators proposed by DIR appear in yellow highlight.