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Progress report on indicators for Health 2020 targets

This report provides an overview of progress made with regard to implementing, streamlining and enhancing the Health 2020 monitoring framework, in line with resolution EUR/RC63/R3.

It is submitted to the 68th session of the WHO Regional Committee for Europe in 2018.

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Introduction and background

1. At the 63rd session of the WHO Regional Committee for Europe in 2013, Member States adopted a resolution on indicators for Health 2020 targets (EUR/RC63/R3). The resolution sets out the core and additional indicators to be used by the WHO Regional Office for Europe to monitor regional progress on the six adopted goals for Health 2020. Based on the resolution, the Division of Information, Evidence, Research and Innovation published the Health 2020 monitoring framework, which informs a number of key health information products produced by the Regional Office, including the flagship European health report, the annual updates on core health indicators in the WHO European Region and the country-level profiles on health and well-being.
2. As well as setting out the core indicators for Health 2020, the resolution requested the Regional Office to continue working with its expert groups and Member States in developing further innovative ways of monitoring and reporting on other areas relevant to Health 2020. In particular, Member States requested that the Regional Office should refine the mechanisms by which key values-based Health 2020 concepts are monitored and reported (see document EUR/RC63/8). Concepts such as well-being, resilience and empowerment, whose subjective nature makes them difficult to capture using only quantitative approaches, are nevertheless of fundamental importance both to the success of Health 2020 and, latterly, to the United Nations Sustainable Development Goals (SDGs).
3. As requested in resolution EUR/RC63/R3, this report provides a summary of the progress made with regard to implementing, streamlining and enhancing the Health 2020 monitoring framework.

Action taken and progress made

4. Under the umbrella of the WHO European Health Information Initiative (EHII), the Regional Office has worked systematically to support the integration and sharing of existing knowledge, expertise and good practices in the area of health information, with a particular focus on Health 2020. EHII is a multipartner network, coordinated by the Division of Information, Evidence, Research and Innovation, and is the Regional Office's principal vehicle for integrating and harmonizing health information within the Region.
5. Fundamental to all progress made in relation to the indicators for Health 2020 targets was the finalization of the measurement framework detailed in the publication *Targets and indicators for Health 2020*. Although Member States had approved a list of 19 core and 18 additional indicators to measure progress made towards the six targets (see Annex 1), they also requested WHO to propose core and additional indicators for "objective well-being" in addition to the indicators already set. This task was completed in April 2014 through the expert groups on well-being and Health 2020 indicators and presented to the Regional Committee the same year, thus paving the way for a suite of publications which have focused on providing routine, robust and comparable information on health and well-being at the national and regional levels for Member States.

Reporting on progress towards Health 2020 targets

6. At the Regional Committee in 2016, the 53 Member States of the WHO European Region adopted the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making through resolution EUR/RC66/R12. Resolution EUR/RC63/R3 is largely operationalized through Action area 1 of the Action Plan, which establishes EHII as the framework for coordinating and implementing the activities outlined in the plan. EHII membership has grown rapidly, and it now has 37 participants (as of January 2018), mostly WHO Member States (28 of the 37), along with several non-State actors and charitable foundations, the European Commission and the Organisation for Economic Co-operation and Development (OECD). The EHII Steering Group meets three times a year to review progress and to implement its workplan on the growing number of activities related to health information in the Region.

7. Almost the entire WHO European Region is now involved in health information activities through subregional and thematic health information networks that are part of the EHII framework. To date, several new subregional and thematic health information networks have been established to support Member States' efforts to harmonize health information and to exchange experiences on specific topics. Forty-four Member States within the European Region participate in and contribute to at least one of the health information networks, including 14 in the European Burden of Disease Network; nine in a new health information network set up within the South-eastern Europe Health Network; eight in the Small Countries Health Information Network; and five in the Central Asian Republics Information Network. A new health information network, the Action Network on Measuring Population and Organizational Health Literacy, has also been established under the aegis of EHII and the leadership of the Austrian Government.

8. During 2016 and 2017, participants from 30 Member States attended the Autumn School on Health Information and Evidence for Policy-making and/or the Advanced Course. These flagship capacity-building courses, which focus on Health 2020 monitoring, continue to receive high-level ministerial support from host Member States and consistently receive high scores in course evaluations. The Autumn School curriculum is continuously reviewed and revised to reflect health information developments in the Region (such as health information management in emergencies, in collaboration with the emergency programme in the Regional Office, and the measurement and analysis of disease burden), and the Advanced Course is adapted to respond to the specific interests of each cohort. A more detailed evaluation of the 2017 Advanced Course highlights the positive impact of these courses on promoting and building collaboration among Member States.

9. Capacity-building has also taken the form of workshops held in individual Member States on specific topics, including health information system assessment (the former Yugoslav Republic of Macedonia); quality assurance and analysis of mortality statistics (Georgia, Republic of Moldova); and the European Health Information Gateway and its tools (Russian Federation).

10. After collaborating with individual Member States to analyse national data, the Regional Office has produced twin publications that report on the health situation in the Region with a focus on Health 2020 targets and indicators: country profiles of health and well-being and highlights on health and well-being. Five sets of publications have been published to date (for Bulgaria, Georgia, Greece, Republic of Moldova and Slovenia).

Demand is increasing for the collaborative production of these twin publications, and four more sets (for Malta, Russian Federation, Serbia and Turkey) are in preparation for 2018.

11. In 2017 an updated analysis of the qualitative Health 2020 policy indicators reported remarkable progress by Member States in aligning national policies with Health 2020 and in introducing accountability mechanisms to implement Health 2020. Moreover, the Regional Office is preparing the European health report 2018, which will not only describe the health situation and trends within the Region but also discuss examples of specific actions that Member States and the Regional Office can undertake to fully implement the Action Plan.

12. The Region's essential health indicators and in particular the Health 2020 indicators have also been reported in the annual core health indicators of 2016 and 2017, as well as through electronic tools, such as the European Health Statistics mobile app and the European Health Information Gateway. The Gateway has rapidly expanded the data integrated into the Regional Office's Data Warehouse, including new data sets for a wide range of topics, such as antimicrobial resistance, child and adolescent health, emergency preparedness and nutrition. These developments are the result of collaboration within the Regional Office under the leadership of the Gateway coordinating team within the Division of Information, Evidence, Research and Innovation; they have increased the integration of information at the Regional Office and its transparent dissemination to both Member States and the public. Several upgrades have made it easier to search the Gateway and visualize the information. For example, the Health for All explorer is a new tool that enables an integrated search and exploration across more than 1500 indicators in the Health for All database. Since its public launch in March 2016, use of the Gateway has tripled through promotions, such as campaigns and video tutorials, as well as a country workshop on the use of the Gateway and its tools (Russian Federation). Further enhancements to the Gateway and its portfolio of tools are planned for 2018.

13. The Regional Office has acted to support the harmonization of health-related indicators in the WHO European Region. Under the supervision of the EHII Steering Group, the first phase of a mapping exercise was completed; the aim was to identify and compare items in the six indicator sets most commonly used in the Region. Based on these results, a subgroup of the EHII Steering Group will advise on the second phase of the mapping exercise, which will comprise a detailed analysis of the most commonly used indicators in the Region to identify core characteristics that can help to harmonize the definitions of health-related indicators. Coordination provided by the EHII Steering Group will ensure complementarity with the similar exercises by the European Commission's Joint Action on Health Information and the Commonwealth of Independent States' health information network.

14. In line with its commitment set forth in the resolution, the Regional Office has also continued to engage with international organizations in the area of health information and coordination. Together with the European Commission and OECD, the Regional Office presented a technical briefing at the 67th session of the Regional Committee; this briefing highlighted the ongoing collaboration between the Regional Office, the European Commission and OECD, and the opportunities they have identified to increase their cooperation. Member States provided feedback on which aspects of the collaboration they find most useful. They expressed strong satisfaction at the level of collaboration and appreciation for the efforts already made to reduce the reporting burden and to harmonize and integrate health information in Europe.

15. The Regional Office, in collaboration with the Maltese Ministry for Health, the European Commission and HIMSS-CHIME International, delivered the highly successful E-Health Week conference in Malta in May 2017, which was held during the Maltese Presidency of the Council of the European Union. The Division of Information, Evidence, Research and Innovation brought together staff from several divisions to deliver a number of conference sessions that focused on public health, highlighting the impact of data on individual health and the role of e-health in strengthening evidence-based information for health policy.

Reducing the reporting burden and streamlining indicators

16. The Regional Director for Europe has established a gatekeeper function at the Regional Office to reduce the number of data requests to Member States. At the beginning of each year, all technical divisions submit their plans for data requests to the EURO Statistical Policy Group, which advises the Regional Director in her decision on the number and nature of requests going forward, based on agreed criteria. One important criterion the divisions must fulfil is the documented necessity of such a request in a governing body resolution. While this has reduced the number of survey requests from the Regional Office, there is still a significant number of requests from WHO headquarters and other organizations.

17. The Regional Office has also engaged with Member States to streamline their reporting to international organizations; specifically, by taking steps to identify a common set of indicators for the Region. In accordance with resolution EUR/RC67/R3, adopted at the 67th session of the Regional Committee in September 2017, the Regional Office convened an expert group in November 2017 to review and propose a common set of indicators for a joint monitoring framework for Health 2020, the SDGs and the Action Plan for the Prevention and Control of Noncommunicable Diseases. The expert group agreed on criteria to determine which indicators from these three frameworks should be included in a common set, and then proposed a list of 40 indicators for inclusion along with additional consultation questions. An update from the expert group meeting was well received by the Standing Committee of the Regional Committee (SCRC) in November 2017. The proposal was circulated to Member States for consultation in the first quarter of 2018 and is being recommended for adoption by Member States at the 68th session of the Regional Committee for Europe.

Enhancing Health 2020 monitoring and reporting

18. Health 2020 has initiated a shift towards a values base that emphasizes the core ideals of fairness, sustainability, quality, transparency, accountability, gender equality, dignity and the right to participate in decision-making. This values-based public health approach, which advocates people-centred health systems, promotes health throughout the life-course, and strives to achieve equity and health for all, is re-engaging public health with the full complexity of the subjective, lived experience of people and communities.

19. Such a shift has inevitably challenged traditional, quantitative forms of evidence gathering, such as routine health information or household survey data, which are not well placed to capture situated, experiential forms of knowledge. Although quantitative data are

essential, on their own they are often insufficient in interpreting the information and promoting the acceptance of evidence-based practices and policies.

20. Member States therefore requested that an important priority in enhancing the Health 2020 monitoring framework should be to focus on better capturing some of the most important values-based Health 2020 concepts. Chief among these concepts is that of subjective well-being. Although a subjective well-being indicator (life satisfaction) had already been adopted by Member States as part of resolution EUR/RC63/R3, it was agreed that further work was needed to adequately monitor and report on the concept. Although options were discussed at expert group meetings to enlarge the indicator set for subjective well-being, this was deemed to be currently unfeasible, given the heterogeneity across the 53 Member States of the WHO European Region. Instead, experts recommended a focus on qualitative approaches from a variety of academic disciplines which they suggested could significantly contribute to gathering and interpreting subjective well-being data. A WHO Health Evidence Network (HEN) synthesis report, *Cultural contexts of health: the use of narrative research in the health sector* (2016), describes how narrative research on well-being "...offers great potential for exploring the cultural nuances of quantitative well-being metrics, refining those metrics and informing the debate on how and to what extent well-being can meaningfully be compared across cultures".

21. To further enhance the Regional Office's ability to measure and report on Health 2020, and to continue updating the evidence and knowledge bases on health information, additional HEN synthesis reports were commissioned. These explore the viability of reporting on other key values-based Health 2020 concepts, as recommended during a series of expert group meetings held in 2016 and 2017. Based on the best available evidence, the reports propose both quantitative and qualitative monitoring strategies for measuring and reporting on:

- community resilience;
- community empowerment;
- life-course approach implementation; and
- whole-of-society approach implementation.

22. The HEN reports contain a list of policy considerations outlining approaches that could be implemented to measure these concepts. Where possible, key domains and indicators are suggested, as are ways in which the analysis of metadata across these dimensions could be supplemented by qualitative participatory case studies to support the engagement of communities facing marginalization or high levels of adversity.

23. In addition, as requested by Member States in resolution EUR/RC63/R3, the Regional Office has commissioned pilot work which explores how narrative research can add value to the way it monitors and reports on well-being within Member States of the European Region without adding to their reporting burden.

24. A meeting of the expert group to enhance Health 2020 monitoring and reporting was held on 9 February 2018 to review the HEN reports currently in draft (community resilience, community empowerment and life-course approach implementation), to discuss the ongoing pilot report on well-being, and to help the Regional Office prepare for a Member State consultation, which took place in February and March 2018.

Results of the Member State consultation

25. During this consultation, several options for reporting on well-being, community resilience and community empowerment were presented to Member States for comment (see Annex 2). With regard to the latter two concepts, Member States were asked to rank the options presented in the order in which the Regional Office should pursue them, based on their feasibility of implementation. With regard to well-being, Member States were invited to comment on the feasibility of the approach to enhance subjective well-being monitoring and reporting by using narrative methods.

26. In total, six countries engaged with the Member State consultation. Member States were positive about the work on enhancing Health 2020 monitoring and reporting, and emphasized the need for it to continue. Although Member States were split evenly when it came to ranking the options for measuring community empowerment and community resilience, four general points emerged from the feedback. These are presented below, along with a response from the WHO Secretariat.

- *The need to ensure the quality, comparability and/or availability of both quantitative and qualitative data was emphasized.* Quantitative data would be validated by the WHO Secretariat, and thus comparable across the WHO European Region. The qualitative data are not necessarily intended for purposes of comparison between countries (although this might be possible), but to provide more depth and insight on the given concepts at the national level.
- *Pursuing this project would be resource intensive.* While this is true, the WHO Secretariat will seek external funding (voluntary contributions) to support this work. The Robert Wood Johnson Foundation and the Wellcome Trust have already provided financial support.
- *The reporting burden was raised as a concern, and the need to create an integrated set of indicators that function across related concepts was highlighted.* The WHO Secretariat is keenly aware of the need to minimize the reporting burden of Member States. Routinely collected indicators will be preferred. Qualitative analysis will be conducted by the WHO Secretariat in conjunction with WHO collaborating centres and other partners.
- *Piloting various aspects of this work was recommended.* The WHO Secretariat agrees that piloting the work outlined in the proposal is an important step in refining the approach and demonstrating feasibility. Subject to adequate funding, WHO will explore the possibility of preparing pilot reports on the various concepts under discussion for Member States' consideration.

27. Finally, a proposal was made by a Member State to also consider health literacy as a candidate for the development of an enhanced monitoring and reporting approach; this proposal was strongly endorsed by several other Member States at the SCRC meeting in May 2018 in Geneva, Switzerland. It will be discussed at the next meeting of the expert group to enhance Health 2020 monitoring and reporting, scheduled for November 2018.

Challenges

28. Identifying funding for the enhancement of routine health information reporting at WHO has proven to be a challenge. While there is considerable donor interest in the new concepts of Health 2020, few potential donors are willing to provide additional funding for the strengthening of routine health information work at the Regional Office, which causes problems for the team in the Division and, as a consequence, has an impact on the deliverables within their workplans. The new emphasis on data in the Thirteenth General Programme of Work 2019–2023 is seen as an opportunity to remedy this situation. A further challenge is posed by the differing constitutional mandates of the international organizations aiming to harmonize health information; while the collaboration between the Regional Office, the European Commission and the OECD is both strong and increasing, the different mandates of the institutions pose limitations on some of the joint products requested by Member States. So far, however, the organizations have been successful in finding common ground.

29. Many, if not all the values-based Health 2020 concepts, including the ones selected for enhanced measurement and reporting, are multilevel, multidimensional and dynamic in nature. Some, such as well-being, also have an important subjective component to them, which is often contingent on cultural contexts. While a mixed-methods approach, which includes quantitative and qualitative data, will add significant value to the ability of the Regional Office to report meaningfully on these concepts, scaling up such an approach without adding to the burden of reporting by Member States will be a challenge. It will be vital, therefore, to employ the technical support of WHO collaborating centres in these endeavours, as well as making sure that the use of existing information for health is maximized.

30. A particular challenge to enhancing the monitoring and reporting of Health 2020 concepts is the concern that these should not add to the already considerable reporting burden of Member States. A fundamental criterion for inclusion of any proposed future indicators, therefore, is that the data for these indicators must be routinely available, and that no additional data collection would be required at the country level. The Regional Office will obtain additional quantitative data by consulting open-access databases and indices, including Eurostat, the World Bank governance database, the Gender Development Index, the CIVICUS Civil Society Index, the City Resilience Index, the World Values Survey and others. With regard to the collection of qualitative information, this will require input from relevant experts to develop qualitative participatory case studies, focus-group discussions with marginalized populations or semi-structured interviews with other special-interest groups. These experts will either be individually contracted by the Regional Office or the work will be conducted with the technical support of WHO collaborating centres.

Conclusion and plans for the future

31. With the expansion of EHII, it is hoped that all Member States will eventually join the initiative and provide their input to harmonizing health information in the Region. EHII has sparked new activities and networks, such as the Action Network on Measuring Population and Organizational Health Literacy, established under the leadership of the Ministry of Health of Austria. The Regional Office will continue to enhance the European Health Information Gateway to include innovative features, and is working with a university in Germany to

establish a WHO collaborating centre for the roll-out of country profiles and highlights on health for all countries in the Region. The Regional Office has conducted a detailed quantitative and qualitative evaluation of the annual training courses and will be using the recommendations to review and enhance the courses.

32. With regard to the work on enhancing Health 2020 monitoring and reporting, the Regional Office will continue its work to incorporate qualitative methods into its existing publications, particularly at the country level, in order to contextualize the quantitative indicators on which it already reports. These new forms of evidence, which will take advantage of methodologies and approaches from the humanities and social sciences, will help create a more holistic understanding of health and well-being in the 21st century, and will also equip the Regional Office to support its Member States to better report on, and implement, the SDGs. A further expert group meeting to enhance Health 2020 monitoring and reporting is scheduled for November 2018. This meeting will consider ways of implementing the recommendations made by Member States during the consultation process and at the Regional Committee. The expert group will also continue to systematically review other values-based Health 2020 concepts and develop options for measuring these based on the best available evidence.

Annex 1. Core and additional indicators for monitoring Health 2020 policy targets¹

Area/target	Quantification	Core indicators	Data source (no. of Member States for which the source holds data)	Additional indicators	Data source (no. of Member States for which the source holds data)
Health 2020 area 1. Burden of disease and risk factors Overarching or headline target 1. Reduce premature mortality in Europe by 2020	1.1. A 1.5% relative annual reduction in overall premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases until 2020	(1) 1.1.a. Age-standardized overall premature mortality rate (from 30 to under 70 years) for 4 major noncommunicable diseases (cardiovascular diseases (ICD–10 ^a codes I00–I99), cancer (ICD–10 codes C00–C97), diabetes mellitus (ICD–10 codes E10–E14) and chronic respiratory diseases (ICD–10 codes J40–47)) disaggregated by sex; diseases of the digestive system (ICD–10 codes K00–K93) also suggested but to be reported separately	HFA ^b (42)	(1) 1.1.a. Standardized mortality rate from all causes, disaggregated by age and sex	HFA (42)
		(2) 1.1.b. Age-standardized prevalence of current (includes both daily and non-daily or occasional) tobacco use among people aged 18 years and over	Source used by the comprehensive global monitoring framework for noncommunicable diseases (HFA) (50)	(2) 1.1.b. Prevalence of weekly tobacco use among adolescents	HBSC ^c study (38)
		(3) 1.1.c. Total (recorded and unrecorded) per capita alcohol consumption among people aged 15 years and over within a calendar year (litres of pure alcohol), reporting recorded and unrecorded consumption separately, if possible	Source used by the comprehensive global monitoring framework for noncommunicable diseases (Global Health Observatory) (50)	(3) 1.1.c. Heavy episodic drinking (60 g of pure alcohol or around 6 standard alcoholic drinks on at least 1 occasion weekly) among adolescents	ESPAD ^d (34)

¹ Numbers in parenthesis denote the number of the indicator. Some indicators are for more than one target, hence the numbering is not sequential. In total, there are 19 core indicators, and 18 additional indicators.

Area/target	Quantification	Core indicators	Data source (no. of Member States for which the source holds data)	Additional indicators	Data source (no. of Member States for which the source holds data)
		(4) 1.1.d. Age-standardized prevalence of overweight and obesity in people aged 18 years and over (defined as a body mass index (BMI) ≥ 25 kg/m ² for overweight and ≥ 30 kg/m ² for obesity), where possible disaggregated by age and sex, reporting measured and self-reported data separately	Source used by the comprehensive global monitoring framework for noncommunicable diseases (HFA) (46)	(4) 1.1.d. Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score ^e and +2 Z-score relative to the 2007 WHO growth reference median, ^f respectively)	HBSC study (38)
	1.2. Achieved and sustained elimination of selected vaccine-preventable diseases (poliomyelitis (polio), measles and rubella) and prevention of congenital rubella syndrome	(5) 1.2.a. Percentage of children vaccinated against measles (1 dose by second birthday), polio (3 doses by first birthday) and rubella (1 dose by second birthday)	HFA (51)		
	1.3. Reduction of mortality from external causes	(6) 1.3.a. Age-standardized mortality rates from all external causes and injuries, disaggregated by sex (ICD-10 codes V01-V99, W00-W99, X00-X99 and Y00-Y98)	HFA and HFA-MDB ^g (42)	(5) 1.3.a. Age-standardized mortality rates from motor vehicle traffic accidents (ICD-10 codes V02-V04, V09, V12-V14, V19-V79, V82-V87 and V89)	HFA and HFA-MDB (36)
				(6) 1.3.b. Age-standardized mortality rates from accidental poisoning (ICD-10 codes X40-X49)	HFA-MDB (42)

Area/target	Quantification	Core indicators	Data source (no. of Member States for which the source holds data)	Additional indicators	Data source (no. of Member States for which the source holds data)
				(7) 1.3.c. Age-standardized mortality rates from alcohol poisoning (ICD-10 code X45)	HFA-MDB (35)
				(8) 1.3.d. Age-standardized mortality rates from suicides (ICD-10 codes X60-X84)	HFA and HFA-MDB (42)
				(9) 1.3.e. Age-standardized mortality rates from accidental falls (ICD-10 codes W00-W19)	HFA-MDB (42)
				(10) 1.3.f. Age-standardized mortality rates from homicides and assaults (ICD-10 codes X85-Y09)	HFA and HFA-MDB (41)
Health 2020 area 2. Healthy people, well-being and determinants	2.1. Continued increase in life expectancy at current rate (the annual rate during 2006-2010), coupled with reducing differences in life expectancy in Europe	(7) 2.1. Life expectancy at birth, disaggregated by sex	HFA (42)	(11) 2.1.a. Life expectancy at ages 1, 15, 45 and 65 years, disaggregated by sex	HFA (41)
Overarching or headline target 2. Increase life expectancy in Europe				(12) 2.1.b. Healthy life years at age 65, disaggregated by sex	Eurostat (31)

Area/target	Quantification	Core indicators	Data source (no. of Member States for which the source holds data)	Additional indicators	Data source (no. of Member States for which the source holds data)
Health 2020 area 2. Healthy people, well-being and determinants Overarching or headline target 3. Reduce inequities in health in Europe (social determinants target)	3.1. Reduction in the gaps in health status associated with social determinants in Europe	(8) 3.1.a. Infant mortality per 1000 live births, disaggregated by sex	HFA (42)		
		(7) 3.1.b. Life expectancy at birth, disaggregated by sex	HFA (42)		
		(9) 3.1.c. Proportion of children of official primary school age not enrolled, disaggregated by sex	HFA (46)		
		(10) 3.1.d. Unemployment rate, disaggregated by age and sex	ILOSTAT ^h and Eurostat (ILO 38; EU-SILC ⁱ 30; total 43)		
		(11) 3.1.e. National and/or subnational policy addressing the reduction of health inequities established and documented	Direct reporting by Member States through the annual report of the WHO Regional Director for Europe		
		(12) 3.1.f. GINI coefficient (income distribution)	HFA (40)		
Health 2020 area 2. Healthy people, well-being and determinants Overarching or headline target 4. Enhance the well-being of the European population	Will be set as a result of the baseline of the core well-being indicators, with the aim of narrowing intraregional differences and levelling up	(13) 4.1.a. Life satisfaction, disaggregated by age and sex	Gallup World Poll and Eurostat (Gallup (50); EU-SILC (32); total 50)	4.1.a. Indicators of subjective well-being, either in different domains or by eudaimonia or by affect; to be developed	To be established
		(14) 4.1.b. Availability of social support	HFA (50)	(13) 4.1.b. Percentage of people aged 65 years and over living alone	UNECE ^j (28)
		(15) 4.1.c. Percentage of population with improved sanitation facilities	HFA (51)	(14) 4.1.c. Household final consumption expenditure per capita	World Bank (48)

Area/target	Quantification	Core indicators	Data source (no. of Member States for which the source holds data)	Additional indicators	Data source (no. of Member States for which the source holds data)
Health 2020 area 3. Processes, governance and health systems	5.1. Moving towards universal coverage (according to the WHO definition) ^k by 2020	(12) 4.1.d. GINI coefficient (income distribution)	HFA (40)	(15) 4.1.d. Educational attainment of people aged 25 years and over who have completed at least secondary education	HFA (32)
		(10) 4.1.e. Unemployment rate, disaggregated by age and sex	ILOSTAT and Eurostat (ILO 38; EU-SILC 30; total 43)		
		(9) 4.1.f. Proportion of children of official primary school age not enrolled, disaggregated by sex	HFA (46)		
Overarching or headline target 5. Universal coverage and the “right to health”		(16) 5.1.a. Private household out-of-pocket expenditure as a proportion of total health expenditure	HFA (53)	(16) 5.1.a. Maternal deaths per 100 000 live births (ICD–10 codes O00–O99)	HFA (49)
		(5) 5.1.b. Percentage of children vaccinated against measles (1 dose by second birthday), polio (3 doses by first birthday) and rubella (1 dose by second birthday)	HFA (51)	(17) 5.1.b. Percentage of people treated successfully among laboratory confirmed pulmonary tuberculosis (TB) cases who completed treatment	Global TB report ^l (46)
		(17) 5.1.c. Total expenditure on health (as a percentage of GDP ^m)	HFA (53)	(18) 5.1.c. Government (public) expenditure on health as a percentage of GDP	HFA (53)

Area/target	Quantification	Core indicators	Data source (no. of Member States for which the source holds data)	Additional indicators	Data source (no. of Member States for which the source holds data)
Health 2020 area 3. Processes, governance and health systems	6.1. Establishment of processes for the purpose of setting national targets (if not already in place)	(18) 6.1.a. Establishment of process for target-setting documented (mode of documentation to be decided by individual Member States)	Direct reporting by Member States through the annual report of Regional Director		
Overarching or headline target 6. National targets/goals set by Member States		(19) 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)	Direct reporting by Member States through the annual report of the Regional Director		

^a International Classification of Diseases, 10th revision.

^b European Health for All database.

^c Health Behaviour in School-aged Children survey.

^d European School Survey Project on Alcohol and Other Drugs.

^e The Z-score indicates how many units (of the standard deviation) a person's BMI is above or below the average BMI value for their age group and sex.

^f de Onis M, Onyango AW, Borghi E, Siyam A, Nishuda C, Siekmann J. Development of a WHO growth reference for school-aged children and adolescents. Bull World Health Organ. 2007;85(9):660–7 (http://www.who.int/growthref/growthref_who_bull.pdf, accessed 8 July 2018).

^g Mortality indicator database of the WHO Regional Office for Europe.

^h Database of labour statistics of the International Labour Organization (ILO).

ⁱ European Union Statistics on Income and Living Conditions.

^j United Nations Economic Commission for Europe.

^k Equitable access to effective and needed services without financial burden.

^l Global tuberculosis report 2015. Geneva: World Health Organization; 2015 (http://www.who.int/tb/publications/global_report/en, accessed 8 July 2018).

^m Gross domestic product.

Annex 2. Options presented for Member State consultation, February–March 2018

Proposed options for monitoring and reporting on community resilience

1. Based on evidence reviewed in a WHO Health Evidence Network (HEN) report commissioned by the WHO Regional Office for Europe, there are three possible options for developing the way community resilience is monitored and reported in the WHO European Region.

- Option 1. A minimum option would be to select 4–5 core indicators to measure social and economic dimensions of resilience at the community level. Key indicators could include access to social networks, family support and civic participation (social domain) and measures of unemployment and poverty or financial insecurity (economic domain). A further set of 5–6 additional indicators could include crime and safety, education and skills, and quality of the built environment. Indicators will be based on routinely collected data, in order not to increase the burden of reporting on Member States.
- Option 2. A pragmatic option would be to combine the minimum data set outlined above with efforts to build good practice in the measurement of health-related community resilience. There is scope to contribute to a learning network where outputs might include compiling a basket of indicators, national and local case studies and shared tools. For instance, the HEN report highlighted the fact that many cities and areas in Europe have started to focus on community resilience and the measurement of vulnerabilities and assets.
- Option 3. An ideal option would be a commitment to the long-term development of a comprehensive measurement framework across key dimensions of community capacity: social, health, political, economic, education and environment. The analysis of metadata across these dimensions would need to be supplemented by qualitative participatory case studies to support the engagement of communities facing marginalization or high levels of adversity. The development of a new European measurement framework for health-related community resilience would support action to strengthen communities in line with Health 2020; however, this option requires significant investment in a programme of research, stakeholder engagement and testing.

Proposed options for monitoring and reporting on community empowerment

2. Three options have been identified, based on the best available evidence and showing how the Regional Office might develop its capacity to monitor and report on community empowerment.

- Option 1. A minimum option would be to select 5–6 routinely collected core indicators. Quantitative indicators relevant to community empowerment that are commonly available at the national level include, for example:
 - the percentage of communities (as defined at a geographical or administrative level through census clusters) with access to a functioning paved road (or the percentage of communities with access to sufficiently developed infrastructure);

- the percentage of single-headed households;
 - the percentage of women in political office or senior management positions;
 - the percentage of communities in which all adult members have completed at least the minimum legal required level of education;
 - the percentage of total government budget transferred to community-based organizations; and
 - the average social network density, for example, the number of formally registered nongovernmental organizations per capita.
- Option 2. A pragmatic option would be to build on the above-mentioned approach by adding a set of additional indicators relevant to civil society, including access to social networks and opportunities created by government for civic spaces. Furthermore, these quantitative data would be supplemented by qualitative approaches focusing on a number of key stakeholders. For instance, marginalized populations in society could be accessed using focus-group discussions, semi-structured interviews and other in-depth techniques. A purposive sampling strategy would help to identify participants by choosing specific characteristics that would allow for a range of perspectives, drawing upon the knowledge and experiences of the respondents. The qualitative data would be collected through the involvement of WHO collaborating centres or by contracting researchers who are qualified to undertake interviewing at individual and group level.
 - Option 3. An ideal option would be to commit to the long-term development of a comprehensive framework for the measurement of community empowerment, using a mixed-methods approach. In addition to the approach mentioned in the pragmatic option, the ideal option would seek to embed the measurement of health-related community empowerment in the public health planning frameworks of Member States, linking to actions to strengthen communities and building on existing assets in order to protect and promote health and well-being.

Proposed options for monitoring and reporting on well-being

3. On the basis of expert recommendations, as well as the best available evidence summarized in the above-mentioned HEN report, it is proposed that the Regional Office use narrative methods to enhance its capacity for monitoring and reporting well-being, and subjective well-being in particular.

4. The narrative research would draw on historical records, cultural sources (such as contemporary literature, art and film), and existing academic research from the health-related humanities and social sciences, in order to:

- interpret and contextualize quantitative data to reduce cultural bias in measuring and reporting on well-being;
- capture and clarify the diverse cultural contexts in which well-being is defined and experienced by particular population subsets; and
- facilitate multidimensional, cross-sectoral and culturally specific approaches to enhancing well-being.

5. A particular focus will be placed on accessing relevant information from three types of studies.

- Historical studies: these are particularly useful for demonstrating the impact of changing economic, political and cultural contexts on the development and delivery of public health services.
- In-depth ethnographic studies: ethnographies pay close attention to lived experience and can reveal factors that enhance or undermine well-being within particular population subgroups.
- Studies of cultural heritage: the examination of cultural heritage can provide important insights into the societal norms and values that influence people's daily choices and the behaviours that have an impact on their health and well-being.

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