

Information document

Monitoring framework for Health 2020 targets and indicators



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This Information document outlines options for the reporting and monitoring of Health 2020 targets and indicators, which are being developed as requested by the Standing Committee of the WHO Regional Committee for Europe (SCRC). It describes the requirements, potential approaches and challenges in five brief sections on mechanisms for reporting by Member States; platforms for reports from Member States; synthesis of reporting by the WHO Regional Office for Europe; accountability; and the monitoring framework. With the assistance of an international expert group, the Regional Office is preparing a draft list of indicators, on which Member States will be consulted in due course.

Mechanisms for reporting by Member States

1. Existing reporting mechanisms should be used as far as possible. These include annual and biannual reporting to the Health for All and other databases held at the WHO Regional Office for Europe, including joint data collection with Eurostat and the Organisation for Economic Co-operation and Development (OECD). It will be incumbent upon the Regional Office to monitor and harvest the information from the databases and ensure appropriate synthesis, analysis and presentation of these to Member States.

Platforms for reports from Member States

2. Member States should not have to provide additional information except where non-routine data are required (potentially for targets 4 and 6). Where indicators are not routinely collected and reported to WHO (through either the national reporting system or regular surveys) estimates from WHO headquarters or joint United Nations efforts that are accepted by Member States could be used. In addition, the WHO Regional Office for Europe will hold discussions with Member States to determine what options might be pursued to achieve this. The SCRC will be consulted continuously.

3. Existing platforms – particularly the annual Health for All data collection – should be used until a single office-wide platform merging all existing databases has been established by the Regional Office's Division of Information, Evidence, Research and Innovation: this is envisaged for early 2013. The joint data collection with Eurostat and OECD feeds into these mechanisms, so additional reporting will not be required.

4. Over the course of the coming years, however, this platform will be replaced by an integrated health information system for the European Region that is being established in collaboration with the European Commission and OECD. The WHO Regional Office for Europe's vision for this system is to launch it initially with the core indicators required for Health 2020 monitoring and reporting, as these have been agreed by all Member States. Further discussions on this important issue will take place with the European Commission and OECD, with the aim of agreeing a common way forward; in due course the scope may be expanded to reflect opportunities, options and eventual agreements. For instance, the Regional Office is currently analysing how existing platforms can be transferred to an electronic infrastructure for the new system and will be reporting regularly to Member States on this.

5. For indicators for which data are not currently routinely collected (such as national target-setting efforts and well-being) existing mechanisms should be used nonetheless. The WHO Regional Office for Europe therefore proposes the following.

- Qualitative indicators may be collected from Member States by Regional Office technical programmes through brief questionnaires largely requiring a “yes/no” response; a narrative can be provided, if so desired. WHO technical units should canvass their technical counterparts in countries for this.
- Well-being indicators, which are being developed over the course of 2013 and which will include a mix of routinely reported data and self-reported information, will require additional reporting. Existing mechanisms (such as surveys by Gallup International or other groups which conduct surveys annually in all European countries) should be explored for this purpose. The WHO Regional Office for Europe is currently investigating these options (which should not pose any additional burden, including a financial one, on countries) with such providers. The Regional Office will be consulting

in depth and on a regular basis with Member States and governing bodies on the approach to data collection and the various provider options in this area. The providers will report this information to the Regional Office, which in turn will consult with Member States; this consultation could be undertaken through the existing annual Health for All efforts. This year's European health report also provides a roadmap on this process with technical partners.

6. The detailed practicalities and a framework in table format (see Table 1) will be further elaborated and finalized for the SCRC meeting in November 2012.

Synthesis of reporting by the WHO Regional Office for Europe

7. The WHO Regional Office for Europe proposes to provide a synthesis of all data received through the existing mechanisms every two years in a special section of the planned new publication *European Health Statistics* (provisional name only). Prior to publication, the Regional Office will engage in extensive written consultation with Member States.

8. This report may take the form of detailed analysis of the data and presentation in tables and graphs. This would be displayed as:

- regional averages;
- subregional averages (including countries belonging to the European Union (EU) before May 2004 (EU15), those joining the EU after this date (EU12), Commonwealth of Independent States (CIS) countries, and other potential subgroupings);
- ranges of highest and lowest values.

9. The data may also be presented in detailed interpretative text and executive summaries.

10. The biennial reporting is to be complemented by an abridged annual report on the Health 2020 indicators by the WHO Regional Director (RD) for Europe to Member States at the Regional Committee through the RD's report, providing a further platform for direct consultation and feedback. Analysis as outlined above is proposed. Every two to three years express statements will be made by the RD on progress towards the quantified targets for the European Region. The SCRC held in May of each year could function as a further consultation platform on the results in preparation for the RD's report at the Regional Committee.

11. It is envisaged that major milestone reporting on Health 2020 targets and indicators will be done in the context of the European health report, which is published every three years; this will also permit further detailed analysis and discussion. This year's report will provide the baseline, reflecting data from 2010. Subsequently, the first milestone report would thus be in 2015, followed by one in 2018 and a final report in 2020.

12. The WHO Regional Office for Europe is revitalizing the *Highlights on Health* series, which outlines country profiles; progress will be visible immediately through this medium. In addition, the Regional Office is bringing back the brief annual publication on core indicators for all European countries, with varying themes every year.

13. The Regional Office will publish the information in the above reports using various media, including the WHO web site.

Accountability

14. The WHO Secretariat is working to elaborate a process that outlines what actions are to be taken in the following instances:

- Member States do not regularly report on all indicators;
- the targets as proposed do not appear to be on track to be achieved.

15. A draft proposal could be taken to the SCRC in November for discussion.

The monitoring framework

16. A detailed framework as outlined below in Table 1 will be populated with all indicators and presented at the November SCRC for discussion and decision. This framework outlines the data collection mechanisms, consultation events, reporting formats and time lines for all targets and indicators.

Table 1. Excerpt from an eventual detailed framework for all indicators

Target	Key target areas	Level 1 indicator (placeholder only)	Level 2 indicator (placeholder only)	Number of countries reporting	Data collection mechanism	Consultation with Member States	Reporting format	Time line for reporting
1. Reduce premature mortality in Europe by 2020	1. 1.5% ^a relative annual reduction in overall mortality from the four major noncommunicable diseases (NCDs)(cardiovascular disease, cancer, diabetes and chronic respiratory disease) until 2020	1a. Standardized mortality per 100 000 from the four major NCDs, segregated by causes of death and gender	1b. Overall and premature mortality from the four major NCDs, segregated by gender	43	Health for All database through existing annual mechanism (WHO prompt)	In Health for All context May SCRC Additional written consultation Information document at Regional Committee	Direct to countries (existing) RD's report European Health Statistics European health report	2013 2014 2015

^a to be aligned with global NCD target-setting efforts