

**On the road to Health 2020 policy targets:
Monitoring qualitative indicators.
An update.**





**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

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Executive summary

Member States approved the Health 2020 policy at the 62nd session of the WHO Regional Committee for Europe in 2012. Subsequently, Member States agreed on a set of targets and indicators and a monitoring process for the policy at the 63rd session of the Regional Committee in 2013, with 2010 set as the baseline. Core and additional indicators were defined to measure progress towards six targets of Health 2020 implementation. Most of the indicators are quantitative, drawing on already established data collection mechanisms. In addition, the monitoring framework also expands beyond quantitative information in a novel way to also include qualitative indicators for monitoring policy development and implementation. The purpose of these policy indicators is to track progress towards the implementation of Health 2020 and to be a measure of accountability for WHO and policy-makers alike.

A data collection process was therefore established to regularly assess the progress of policy developments and implementation in Member States. The questionnaire has previously been administered twice, yielding information about the health policy developments for 2010, 2013 and 2016. Member States used a web-based system to report on the following three qualitative Health 2020 policy indicators:

- indicator (11) 3.1.e: national and/or subnational policy addressing the reduction of health inequities established and documented;
- indicator (18) 6.1.a: establishment of a process for target-setting documented; and
- indicator (19) 6.1.b: evidence documenting establishment of: (a) national health policies aligned with Health 2020, (b) an implementation plan and (c) an accountability mechanism.

Forty-three European Member States (81%) representing different geographical subregions, languages and population sizes in the WHO European Region replied to the questionnaire. Twenty-nine countries provided information for the 2010 baseline, the 2013 and the 2016 follow-up. This now enables an analysis of how the development and implementation of health policies in the European Region has evolved by the midpoint of its implementation period between 2010 and 2020.

By 2016, 98% of the responding countries reported having a policy or strategy to address the reduction of health inequities, an increase of 10 percentage points since 2010. Further, 88% of countries reported that they had defined targets or indicators for Health 2020, which is 15 percentage points higher than in 2010. Lastly, 93% of countries indicated that they had a national health policy aligned with Health 2020, 35 percentage points more than in 2010. In addition to having aligned policies, increased shares of countries reported having implementation plans (86%) and accountability mechanisms (89%), both increasing since 2010 by 40 percentage points and 44 percentage points, respectively.

Overall, these results suggest that by the midpoint of the Health 2020 implementation period countries have already transformed national health policies in the European Region, with increasing numbers of Member States adopting and implementing its principles and approaches. In 2016, countries already have policies in place to tackle key priorities of Health 2020 for addressing health inequities and their social determinants and improving health and well-being. Major expansion has also been observed on new policy developments, as indicated by their increasing number but also by the broadened areas of application, which include disadvantaged groups and a healthy start in life, as well as addressing social determinants of health such as poverty, expanding universal health coverage and improving the environment.

An increasing share of countries report that they are setting targets and indicators at the national and subnational levels (88% in 2016, a 15 percentage point increase from 2010). Moreover, policies are being implemented (86% of countries in 2016) and accountability mechanisms are being put in place (89% of countries in 2016). Altogether, the results suggest that Health 2020 implementation has been incorporated into national policies to improve health and well-being and that it is generating new action in the Member States.

Member States of the WHO European Region are now in the second half of the implementation period of the Health 2020 policy framework. This is a time of further strengthening of the values and principles of Health 2020 in policy-making for health and well-being while taking into account global and European challenges such as migration and global emergencies. At the same time, Member States will also commence national implementations of the global Agenda 2030 for sustainable development and the associated Sustainable Development Goals.

By embracing Health 2020's values and principles, such as whole-of-government and whole-of-society approaches to policy-making, catalysing intersectoral action for health and well-being, supporting development of resilient communities and promoting healthy lives across all ages, WHO European Member States have already put in place the principles and systems that recognize health and well-being's cross-cutting nature in the aspirations of Agenda 2030 for sustainable development.

With this, the European Member States and the European Region have, during the implementation period of Health 2020, ensured that they are better prepared and have a head start in tackling the complexities and the breadth of the Sustainable Development Goals. At the same time, the continued implementation of Health 2020 will ensure that health and well-being continue to be systematically improved through the comprehensive lens of the Health 2020 policy framework.

Introduction

In 2010, the Health 2020 policy was forged at the 60th session of the WHO Regional Committee for Europe. Member States approved the Health 2020 policy at the 62nd session of the WHO Regional Committee for Europe in 2012. Subsequently, Member States agreed on a set of targets and indicators¹ and a monitoring process for the policy at the 63rd session of the Regional Committee in 2013, with 2010 set as the baseline. Core and additional indicators were defined to measure progress towards six targets of Health 2020 implementation. Most of the indicators are quantitative, drawing on already established data collection mechanisms. In addition, the monitoring framework also expands beyond quantitative information in a novel way to also include qualitative indicators for monitoring policy development and implementation. The purpose of these policy indicators is to track progress towards the implementation of Health 2020 and to be a measure of accountability for WHO and policy-makers alike. The WHO resolution called for regular monitoring and reporting by the WHO Regional Office for Europe.

To minimize the burden of data requests to monitor the implementation of Health 2020, the Regional Office is using existing indicator collection processes for this monitoring. Whenever possible, sources such as the European Health for All database, mortality and population databases and other international sources are used to obtain data for the required indicators.

There are, however, three qualitative Health 2020 indicators which are not included in routine data collections: the existence of policies to address the reduction of health inequities, the establishment of target-setting processes and the establishment and implementation of policies aligned with Health 2020. The indicators cover the Health 2020 headline targets on reducing inequities in Europe (social determinants target) and on national targets and goals set by Member States.

In 2014, the Regional Office conducted the first survey among Member States to collect information for these indicators, for the baseline year (2010) and the first comparison year (2013). The analysis of the survey was published in *Qualitative indicators for monitoring Health 2020 policy targets*², and the progress towards all Health 2020 targets was discussed in *The European health report 2015*³. Moreover, the information on Health 2020 indicators was made accessible in the WHO European Health Statistics mobile application⁴, and the European Health Information Gateway⁵.

To further assess progress, the survey was repeated in 2017 and collected information for an additional comparison year, 2016. The collection was again performed through the web-based, bilingual mechanism that was used in the previous exercise to collect this information. The data collection period formally started in the second week of January 2017 and was extended until the

¹ 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>

² Qualitative indicators for monitoring Health 2020 policy targets, Copenhagen: WHO Regional Office for Europe; 2014.

http://www.euro.who.int/_data/assets/pdf_file/0004/259582/Qualitative-indicators-for-monitoring-Health-2020-policy-targets-Eng.pdf

³ The European health report 2015: Targets and beyond – reaching new frontiers in evidence, Copenhagen: WHO Regional Office for Europe; 2015.

<http://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2015/ehr2015>

⁴ The European health statistics mobile application, accessed 21 May 2017, <http://www.euro.who.int/en/data-and-evidence/the-european-health-statistics-app>

⁵ The European Health Information Gateway, accessed 21 May 2017, <https://gateway.euro.who.int>

end of February 2017. As a reference, Annex 1 contains a copy of the questionnaire as it appears in the web-based data collection system.

This document analyses and reports the country replies to three qualitative questions on Health 2020 policy indicators provided for 2010, 2013 and 2016. Data analysis was performed on information that was collected in the first questionnaire round (for 2010 and 2013), including responses that were received after the deadline and were therefore not included in the previous analysis (two additional replies for 2010, and four additional replies for 2013). This information was joined with the responses to the latest questionnaire where Member States reported information for 2016.

Response to the questionnaire

A total of 43 of the 53 Member States (81%) of the WHO European Region replied to the questionnaire for the year 2016. This is a higher response rate than for the questionnaire in the previous data collection round (75%). Table 1 shows the breakdown of responses by subregional country groups.

All replies in this data collection round were submitted through the web-based system. Seven countries replied in Russian, and the remaining 36 in English. All responding countries provided answers to the main questions of the questionnaire; only one country did not answer the sub-question on the type of measures to reduce health inequities, and two countries did not answer the sub-question on the type of alignment with Health 2020. Where required, all replies included evidence of national documentation.

When comparing the responses across all three years, only 29 countries had provided information about all three time points. Therefore, a paired analysis was done for these 29 countries. In addition, all responses were included in single-year analyses: 33 for 2010, 40 for 2013, and 43 for 2016.

Table 1. Member States responding to the Health 2020 qualitative indicators questionnaire according to subregion (2010, 2013 and 2016)

Region/Subregions*	2010	2013	2016	Replied for all three time points
WHO European Region	33	40	43	29
EU members joined before May 2004 (EU15)	7	10	12	7
EU members joined after May 2004 (EU13)	9	13	13	9
Commonwealth of Independent States (CIS)	7	6	8	5
Central Asian Republics Information Network (CARINFONET)	3	2	3	2
South-eastern Europe Health Network (SEEHN)	8	10	9	7
Small countries (population less than 1 million)	5	6	5	4

* Countries may belong to more than one subregion.

WHO established a document repository at the Regional Office for all files submitted by Member States as evidence documenting their responses. It could be used to further analyse the policies in Member States.

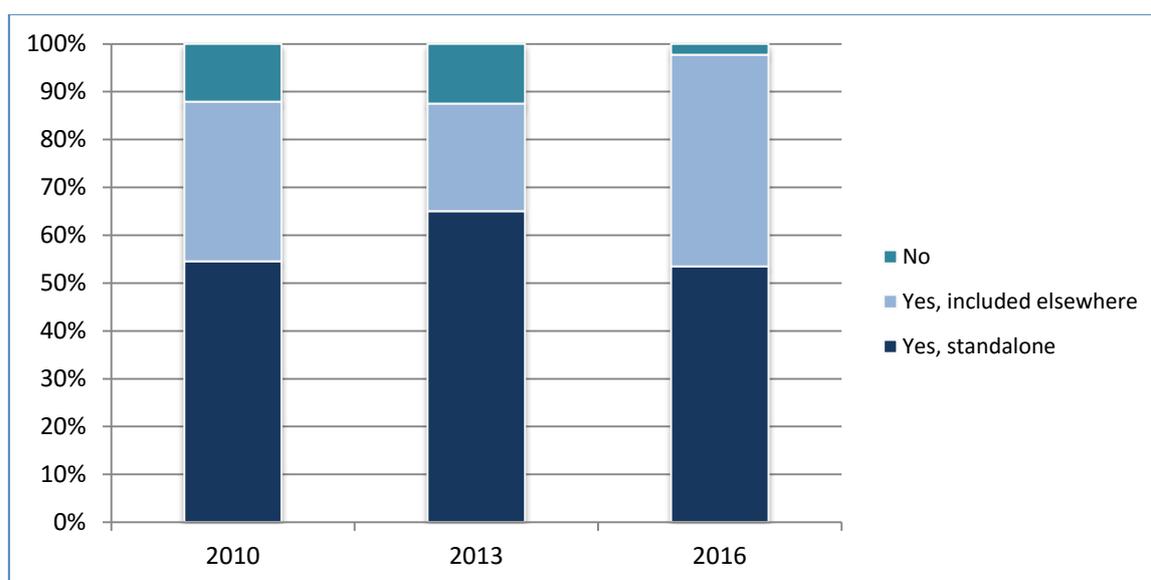
Indicator (11) 3.1.e. National and/or subnational policy addressing the reduction of health inequities established and documented

Existence of policies and strategies to address health inequalities and social determinants of health

The aim of this indicator is to capture whether health inequities and social determinants of health are addressed in one form or another, in accordance with the strategic goals of Health 2020. The responses to the question are summarized below, first for all countries and then for those that provided both baseline and follow-up data.

When analysed independently, 88% of countries reported having a policy or strategy addressing the reduction of health inequities and/or the social determinants of health in both 2010 (of 33 countries) and 2013 (of 40 countries), with 55% indicating that they had a specific health policy or strategy to address them for 2010 and 65% for 2013 (Figure 1). By 2016, the proportion had increased to 98% of 43 countries reporting having such a policy or strategy, of which 54% were health-specific policies.

Figure 1. All country replies on the existence of a national or subnational policy or strategy addressing health inequities or social determinants of health (2010: n = 33, 2013: n = 40; 2016: n = 43)



Replies were also analysed for the 29 countries that provided information for all three time points (Table 2) in a paired analysis. The proportion of countries that reported having a policy or strategy to address health inequities or social determinants of health was 93% in 2010 and 2013, and this increased to 97% in 2016. This proportion includes those countries that had incorporated health inequities or social determinants of health either into a standalone policy or addressed this in another policy.

The responses for 2016 show that the Member States address health inequities and social determinants of health either using a standalone policy (45%) or by including them in another policy (52%). This almost equal split indicates that the Member States use varying approaches to policy-making in order to achieve the same aims and address similar challenges.

Table 2. Paired country replies on the existence of a national or subnational policy or strategy addressing health inequities or social determinants of health (2010, 2013 and 2016)

Policies or strategies exist on health inequities or social determinants of health	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
No, but planned for the future	7%	2	7%	2	3%	1	- 4
Yes, included elsewhere	34%	10	21%	6	52%	15	+18
Yes, standalone	59%	17	72%	21	45%	13	-14

Elements in national policies to address health inequities and social determinants of health

Since there are many different approaches or measures that can be taken to address health inequities or social determinants of health, another aspect of the assessment explored the various elements existing in the national health policies and strategies to deal with them. Table 3 presents an overview of all the replies according to the type of measures considered, with emphasis on those addressed by the Health 2020 policy.

Overall, the most common elements reported in 2010 to reduce health inequities focused on integrating and improving the health of disadvantaged groups (88% of replies) and on having a healthy start in life (76%). In 2013, this focus on disadvantaged groups and a healthy start in life remained (83% and 73% of replies, respectively) but there was also an increasing and diversified emphasis on tackling poverty (83%), improving the physical environment (78%) and enhancing human rights (75%). In 2016, an overall increase in the use of all the measures is observed, with an additional increased emphasis on healthy workplace (81%), and universal health coverage (84%).

Table 3. All country replies on the elements existing in national health policies and strategies to reduce health inequities or address social determinants of health (2010, 2013 and 2016)

Measures considered	2010 (n=33)		2013 (n=40)		2016 (n=43)		Percentage point difference between shares of replies in 2010 and 2016
	%	n	%	n	%	n	
Healthy start in life for all	76%	25	73%	29	93%	40	+17
Healthy workplace	61%	20	65%	26	81%	35	+21
Human rights, social resilience and empowerment	58%	19	75%	30	86%	37	+28
Improve the health of disadvantaged groups	88%	29	83%	33	91%	39	+3
Not specified	–	0	3%	1	2%	1	+2
Other	27%	9	35%	14	26%	11	- 2
Physical environment	73%	24	78%	31	86%	37	+13
Poverty/economic disadvantage	67%	22	83%	33	84%	36	+17
Universal health coverage	58%	19	65%	26	84%	36	+26

Table 4 shows the analysis of responses from the 29 countries that provided replies for all three time points. There was diverse and high emphasis on all measures in 2016, with the highest emphasis on healthy start in life (93%), human rights (93%), physical environment (93%), healthy workplace (90%) and universal health coverage (90%). Compared with the baseline year 2010, four of these five elements were also those whose use increased by more than 20 percentage points: healthy workplace, human rights, physical environment and universal health coverage.

Table 4. Paired country replies on elements existing in national health policies and strategies to reduce health inequities (2010, 2013 and 2016)

Measures considered	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
Healthy start in life for all	79%	23	79%	23	93%	27	+14
Healthy workplace	62%	18	76%	22	90%	26	+28
Human rights, social resilience and empowerment	62%	18	90%	26	93%	27	+31
Improve the health of disadvantaged groups	90%	26	97%	28	90%	26	-
Other	31%	9	41%	12	24%	7	-7
Physical environment	72%	21	90%	26	93%	27	+21
Poverty/economic disadvantage	69%	20	93%	27	83%	24	+14
Universal health coverage	59%	17	72%	21	90%	26	+31

Indicator (18) 6.1.a. Establishment of a process for target-setting documented

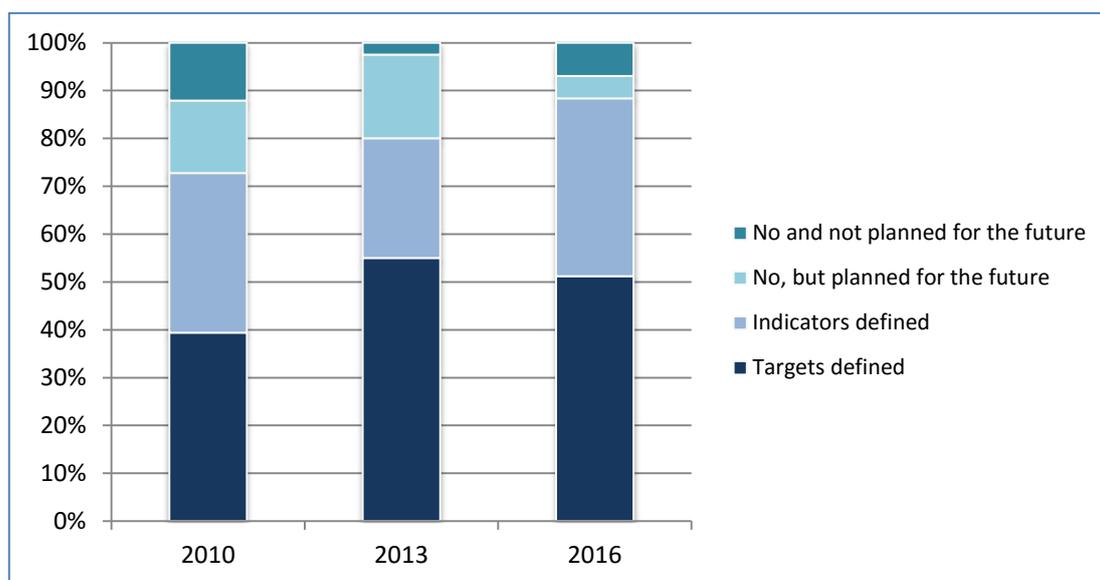
National processes of target-setting for health and well-being

One aim of the Health 2020 regional monitoring is to determine how countries have progressed towards establishing national goals, targets and specific indicators to monitor their advance in achieving the Health 2020 vision. Figure 2 summarizes the responses to the question on the existence of national or subnational processes of target-setting for health and well-being. The overall results showed that the proportion of countries that had defined targets or indicators steadily increased across the years, from 73% in 2010 to 80% in 2013, and to 88% in 2016.

Some 40% of countries had defined targets in 2010 and an additional 33% had defined indicators without specific targets. By 2016, the percentage of Member States with target-setting processes had increased to 51% and the share of those countries that had defined indicators increased slightly to 37%.

Further analysis was carried out on responses from only those countries that provided information for all three time points. This produced very similar results in terms of the number of countries that reported having a process of target-setting in place or having defined indicators to measure them: 72% in 2010, 83% in 2013, and 93% in 2016 (Table 5).

Figure 2. All country replies on the existence of a national or subnational process of target-setting for health and well-being (2010: n = 33, 2013: n = 40; 2016: n = 43)



Both the percentage of countries with indicators and the percentage of countries with defined targets had increased by 10 percentage points from 2010 to 2016. Meanwhile, the percentage of countries that did not yet have a process or did not plan at all to define the process of setting targets and indicators dropped from 28% in 2010, to 17% in 2013, and to 7% in 2016. Only two countries indicated in 2016 that there were no plans to set up such a process. This most likely indicates that Member States have been actively setting targets and indicators for health and well-being, with only few countries left in the initial planning stages.

Table 5. Paired country replies on the existence of a national or subnational process of target-setting for health and well-being (2010, 2013 and 2016)

Target- setting process exists	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
No and not planned for the future	10%	3	3%	1	7%	2	- 3
No, but planned for the future	17%	5	14%	4	0%	0	- 17
Indicators defined	31%	9	31%	9	41%	12	+10
Targets defined	41%	12	52%	15	52%	15	+10

Indicator (19) 6.1.b. Evidence documenting: (a) establishment of national health policies aligned with Health 2020, (b) an implementation plan and (c) an accountability mechanism

Alignment of national policies with Health 2020

As Member States in the WHO European Region develop policies and strategies to improve health and well-being, it is important to know whether these national policies have been aligned with the Health 2020 vision. The alignment means having a comprehensive national health policy or another strategy that includes improving universal health coverage, reducing the major causes of the burden of disease, addressing major health determinants of health and well-being and strengthening health systems.

The summary of responses for all countries indicates that 58% of countries had a policy aligned with Health 2020 in 2010, with 37% of countries having comprehensive health-specific ones (Figure 3). In 2013, the number of countries with aligned policies increased to 78%, with 63% having comprehensive policies. In 2016, 93% of countries reported having policies aligned with Health 2020, with 63% having comprehensive policies. The proportion of countries reporting policies aligned with Health 2020 in 2016 is 35 percentage points higher than in 2010. Only three countries reported not having aligned policies.

Figure 3. All country replies on the alignment of their national policies with Health 2020 (2010: n = 33, 2013: n = 40; 2016: n = 43)

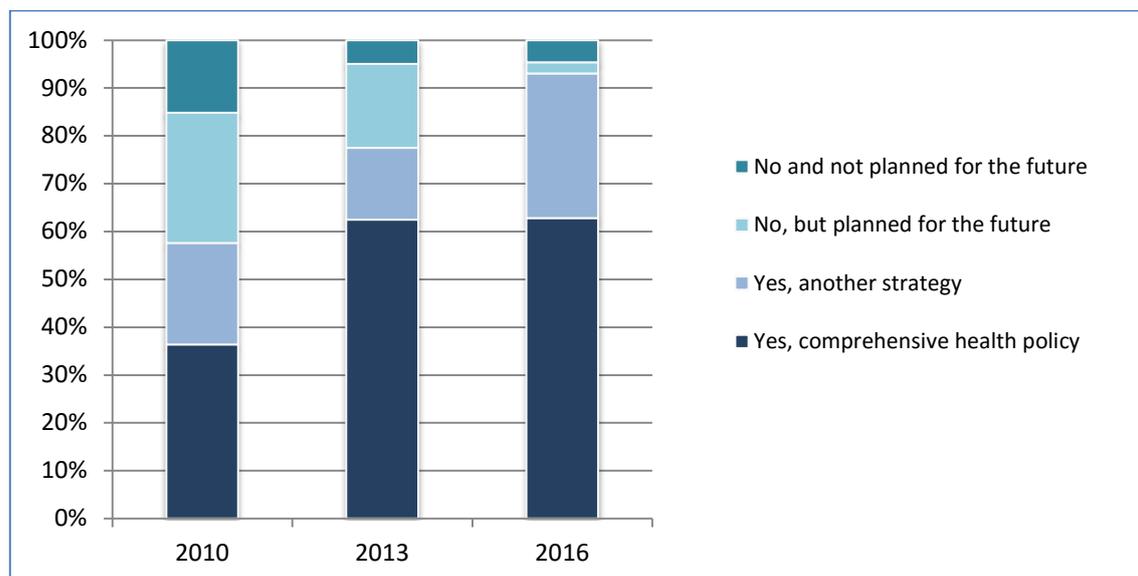


Table 6 summarizes the comparison of responses from only those countries that replied for all three time points. The results show that 59% had a policy aligned with Health 2020 in 2010. In 2013, the availability of aligned policies increased to 86%, with comprehensive policies nearly doubling to 69% of responses. Similarly, in 2016, 90% of countries reported having policies aligned with Health 2020, with the share of comprehensive policies at 66% of responses. The proportion of countries with policies aligned with Health 2020 increased by 31 percentage points from 2010 to 2016. Three countries did not have an aligned policy in 2016, which is a marked decrease from 12 countries in 2010.

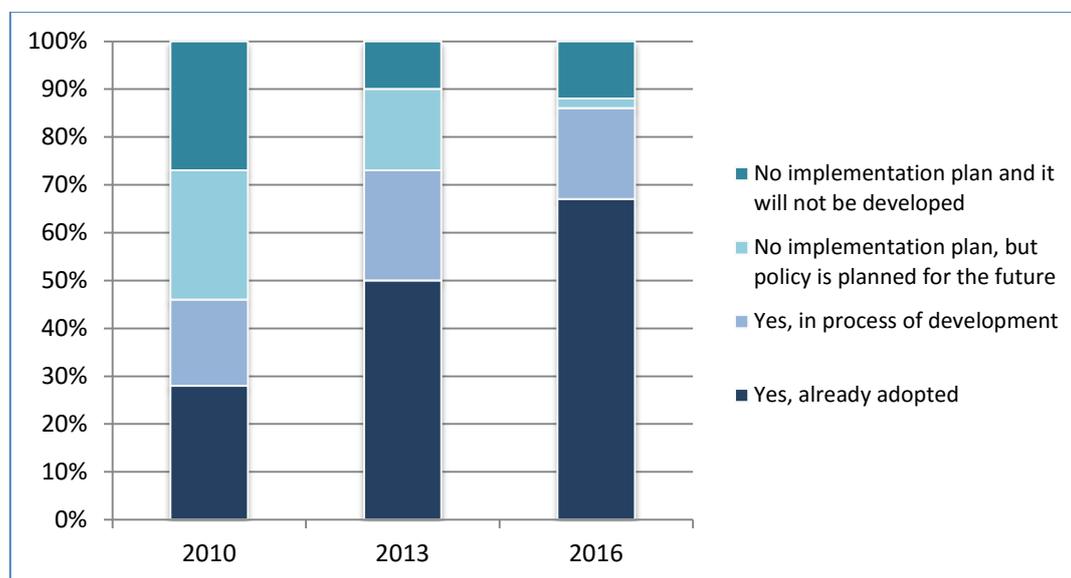
Table 6. Paired country replies on the existence of national and subnational policies and strategies aligned with Health 2020 (2010, 2013 and 2016)

Having policy aligned with Health 2020	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
No and not planned for the future	14%	4	3%	1	7%	2	- 7
No but planned for the future	28%	8	10%	3	3%	1	- 24
Yes, another strategy	21%	6	17%	5	24%	7	+3
Yes, comprehensive health policy	38%	11	69%	20	66%	19	+28

Plans for implementing policy

As countries develop national and subnational policies aligned with Health 2020 for addressing health and well-being, the follow-up question is whether those policies have already been implemented or are in the process of being implemented. Figure 4 presents all country responses on this aspect. The proportion of countries that had an implementation plan or were in the process of having one, steadily increased over the years, with 46% in 2010, 73% in 2013, and 86% in 2016. Similarly, the proportion of countries with implementation plans already adopted rose from 28% in 2010, 50% in 2013, and 67% in 2016. By comparison, the share of countries that reported a policy was planned (and therefore an implementation plan would follow) declined from 27% in 2010 to 17% in 2013 and 2% in 2016. This is most likely a result of the increased implementation of policies.

Figure 4. All country replies on the existence of an implementation plan for national policies aligned with Health 2020 (2010: n = 33, 2013: n = 40; 2016: n = 43)



When comparing the responses only from those countries that replied for all three years, this showed a similar increase in the existence of implementation plans for national policies aligned with Health 2020. In 2010, 45% of countries had an implementation plan for national and subnational policies aligned with Health 2020, and 24% had already adopted one (Table 7). In 2013, 83% of the countries had an implementation plan and 55% had already adopted one. The share of countries with an implementation plan in 2016 increased to 86%, and 66% of implementation plans had already been adopted. This marks a 41 percentage point increase in the

share of countries with an implementation plan between 2010 and 2016. This indicates that the Member States not only have policies aligned with Health 2020, but that their adoption is also followed up with defined implementation plans.

Table 7. Paired country replies on the existence of an implementation plan for national policies aligned with Health 2020 (2010, 2013 and 2016)

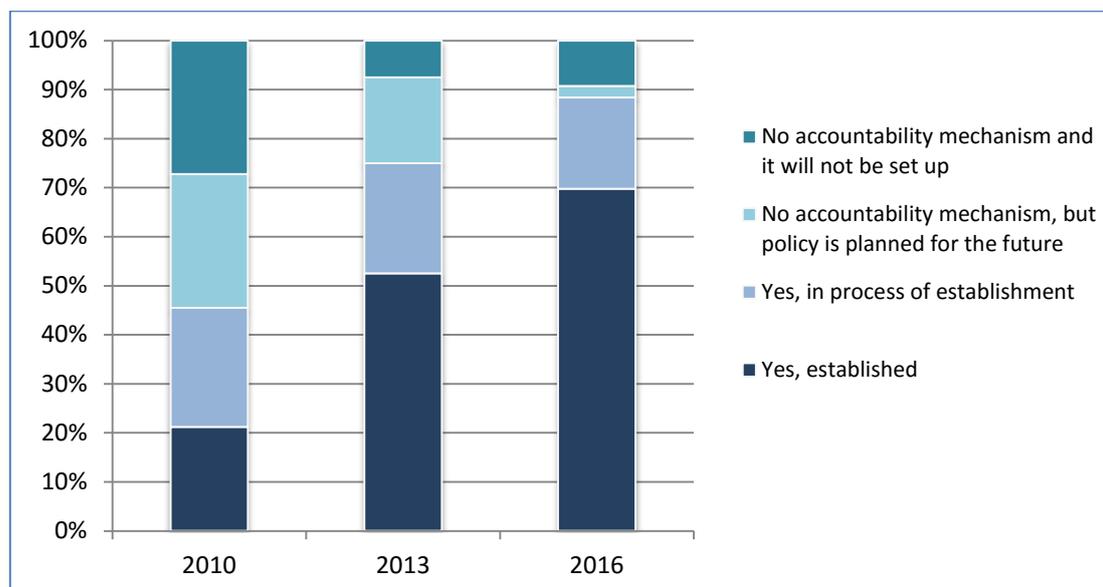
Implementation plan in place	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
No implementation plan	55%	16	17%	5	14%	4	- 41
Yes, in process of development	21%	6	28%	8	21%	6	-
Yes, already adopted	24%	7	55%	16	66%	19	+41

Country accountability mechanisms

A further related question was included to determine whether an accountability mechanism is in place. This is indicated by, for example, the country setting targets, presenting progress reports to parliament and conducting an independent evaluation.

The overall country replies showed that 45% of countries mentioned having an accountability mechanism, either adopted (21%) or in the process of being adopted (24%) in 2010 (Figure 5). The proportion of countries with accountability mechanisms adopted or in process increased to 89% in 2016, with the percentage of countries that had adopted such mechanisms particularly high (70%).

Figure 5. All country replies on the existence of an accountability mechanism for national policies aligned with Health 2020 (2010: n = 33, 2013: n = 40; 2016: n = 43)



Analysis of the responses from countries that replied for all three years further underscores the increase in the existence of accountability mechanisms (Table 8). From 2010 to 2016, there has been a 41 percentage point increase in the share of countries that have established accountability mechanisms or are in the process of doing so. This shows that the Member States are actively reporting and reviewing the impact of their national policies.

Table 8. Paired country replies on the existence of an accountability mechanism for national policies aligned with Health 2020 (2010, 2013 and 2016)

Accountability mechanism in place	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
No accountability mechanism	55%	16	17%	5	14%	4	+41
Yes, in process of establishment	24%	7	24%	7	21%	6	- 3
Yes, established	21%	6	59%	17	66%	19	+45

Approaches for aligning national policies with Health 2020

The final question related to aligning national policies and strategies with Health 2020 aimed to identify how this is approached in each country. This can be done, for example, by:

- addressing improved governance for health and taking a whole-of-government approach;
- addressing the reduction of health inequities or tackling the social determinants of health;
- adopting participatory approaches for policy development;
- clearly featuring investment in a life-course approach and improving personal health and well-being skills and resilience;
- addressing major national health threats and challenges;
- addressing universal health coverage and patient-centred health care and public health services;
- including a whole-of-society approach, increasing social capital and empowerment; and
- implementing supportive environments conducive to health and well-being.

Overall, country responses indicated that, in 2010, the most common approaches for alignment were to address major health challenges and threats (67%), health inequities (61%) and foster participation among stakeholders (64%) (Table 9). In 2013, countries reported increasing consideration of Health 2020 approaches in all aspects, but the same ones seen in 2010 were still among the most common, with the addition of universal health coverage. By 2016, use of the approaches continued to increase, but the most frequently used ones were topped by improving governance/whole-of-government approach, and improving universal health coverage/patient-centred care. The latter two also have the largest increase in the share of responses between 2010 and 2016.

Further analysis of responses from countries that replied for all three years is summarized in Table 10. It shows that the most common approaches in 2010 were addressing major health challenges, health inequities and fostering participation with frequencies of 60% or more. In 2013, all approaches received increased attention, having been reported by nearly 70% or more countries. By 2016, all approaches to align policies with Health 2020 were reported by more than 70% of responding countries, with the exception of the whole-of-society approach which had dropped to 59% of responding countries.

Throughout the period of Health 2020 implementation between 2010 and 2016, the largest increases were seen in the emphasis on improved governance and whole-of-government approach, and work towards universal health coverage and patient-cantered health care.

Table 9. All country replies on the aspects considered for aligning national policies with Health 2020 (2010, 2013 and 2016)

Alignment considered	2010 (n=33)		2013 (n=40)		2016 (n=43)		Percentage point difference between shares of replies in 2010 and 2016
	%	n	%	n	%	n	
A participatory approach was adopted during the development	64%	21	75%	30	84%	36	+20
A whole-of-society approach and increasing social capital and empowerment	36%	12	73%	29	60%	26	+24
Health inequities reduction and/or social determinants of health	61%	20	83%	33	86%	37	+25
Improved governance for health and a whole-of-government approach	36%	12	70%	28	86%	37	+50
Investing in a life-course approach and improving personal health and well-being skills and resilience	55%	18	68%	27	79%	34	+25
Major national health challenges and threats	67%	22	80%	32	86%	37	+19
No policy, and not planned for future	15%	5	5%	2	5%	2	- 11
Not specified	18%	6	10%	4	5%	2	- 14
Supportive environments for health and well-being	52%	17	65%	26	72%	31	+21
Universal health coverage and patient-centred health care/public health services	55%	18	78%	31	88%	38	+34

Table 10. Paired country replies on the aspects considered for aligning national policies with Health 2020 (2010, 2013 and 2016)

Alignment considered	2010 (n=29)		2013 (n=29)		2016 (n=29)		Percentage point change from 2010 to 2016
	%	n	%	n	%	n	
A participatory approach was adopted during the development	66%	19	86%	25	86%	25	+21
A whole-of-society approach and increasing social capital and empowerment	41%	12	79%	23	59%	17	+17
Health inequities reduction and/or social determinants of health	66%	19	90%	26	83%	24	+17
Improved governance for health and a whole-of-government approach	41%	12	72%	21	83%	24	+41
Investing in a life-course approach and improving personal health and well-being skills and resilience	59%	17	76%	22	79%	23	+21
Major national health challenges and threats	69%	20	86%	25	90%	26	+21
No policy, and not planned for future	14%	4	3%	1	7%	2	- 7
Not specified	14%	4	7%	2	3%	1	-10
Supportive environments to health and well-being	52%	15	69%	20	72%	21	+21
Universal health coverage and patient-centred health care/public health services	59%	17	83%	24	90%	26	+31

Limitations

This assessment has limitations. The data for the three time points (2010, 2013, 2016) were collected through two data collections. The first one was conducted in 2014 (for 2010 and 2013), and it was followed in 2017 by a repeat of the same questionnaire (for 2016). The responses from Member States were taken at face value and are presented as reported. There may, however, be differences in individuals who responded to the questionnaires in the two data collections, and how the questions were interpreted. These differences may lead Member States to respond differently to the same question over the years. This could not be accounted for in this analysis.

Slightly more than three quarters of the 53 WHO European Member States responded to the questionnaire in 2017. However, the response rate varies for each of the three requested time points (2010: 33 responding countries, 2013: 40 responding countries; 2016: 43 responding countries).

Although the geographical and country size representation of the responses was diverse, it may have failed to identify other important developments in those countries for which information is missing. In this regard, the Regional Office is encouraging the Member States that did not provide data during this collection to do so in the future, to complement the data for a more comprehensive assessment of the progress of implementing the Health 2020 policy in the European Region.

To take into account all Member States' replies and increase the number of available responses, data were analysed as independent responses by including all responses into single-year analysis. In addition, to better understand the progress or change within countries, an analysis was made on paired replies for 2010, 2013 and 2016 from 29 countries that had responded for all three time points. Comparing these approaches produced similar results, suggesting limited bias from the inclusion of single-year replies.

Health 2020 as a head start and complement to Agenda 2030

A rapid and broad uptake of Health 2020 in Member States had already been reported in the first analysis from 2010 to 2013, just a few years after its forging at the 60th session of the Regional Committee in 2010. By 2016, having passed the midpoint mark of the Health 2020 policy, the implementation is in full swing. Member States are ensuring not only alignment of national policies with Health 2020, but also establishing mechanisms for their monitoring, implementation and accountability. The adoption of Health 2020 policy approaches has become evident and has permeated national policies to enhance their alignment. The fastest expansion has been in the areas of the whole-of-government approach, on improving health governance and on improving universal health coverage.

This is the second data collection effort to provide information on the monitoring of qualitative policy-related indicators for Health 2020 targets. The majority (81%) of WHO European Member States replied to the call for information and used a user-friendly web-based form that enabled them to provide additional documentation with their responses.

Overall, the analysis shows that in 2010 numerous countries already had policies in place to address important health challenges in the European Region that the Health 2020 policy addressed: health inequities and improvements for health and well-being. This suggests that WHO European Member States value the solid principles and approaches established in Health for All and other subsequent regional and global policies promoted since the Declaration of Alma-Ata.

It is also reassuring to record progress on new developments of policies and strategies to address health priorities, as indicated by the increasing number of national and subnational instances reported by countries between 2010 and 2016. Further, it is encouraging that the focus of policies has increased and broadened from providing for disadvantaged groups and having a healthy start in life to considering other important elements such as addressing social determinants of health like poverty, expanding universal health coverage and improving the environment. This also suggests that Health 2020 implementation has full momentum and has generated new action in Member States at the national and subnational levels. There are still, however, many opportunities to continue developing policies and strategies based on the principles of health in all policies.

Great progress has been made in the European Region to establish national or subnational goals and target-setting processes, with more than 88% of Member States reporting them, including 37% selecting specific indicators. Setting targets and defining indicators is essential to monitor achievements in health and well-being and determine how successful national policies have been to reach their goals. Additional plans to expand these processes in Member States at the national or subnational levels were also mentioned.

Another significant aspect reported is the further alignment of national policies with Health 2020, suggesting that Member States have fully embraced the uptake of Health 2020. Moreover, implementation plans for such aligned policies are becoming more common; nearly 86% of countries have a plan in place or have one in process. At the same time, accountability mechanisms are being extensively and increasingly established in Member States, allowing further assessment of policy effectiveness and transparency of investments in health and well-being.

Altogether, the analysis demonstrates that countries have been transforming national health policies in the European Region during the first half of the Health 2020 implementation period, with a considerable and increasing number of Member States adopting and implementing its principles and approaches. The Health 2020 implementation period is characterized by intensified national target-setting processes and accountability mechanisms, implying greater commitment from policy-makers. The Member States are aligning national policies with Health 2020 with a variety of measures: by addressing health inequities and the major health challenges, increasing the use of participatory approaches to promote participation in decision-making, improving health governance and using whole-of-government approaches, and improving universal health coverage. The amalgamation of the measures in the national context will contribute to achieving better health and well-being in Member States and in the European Region.

In addition to transforming national policy-making, Health 2020 has also had an impact on the regional work for health and well-being. Member States have inserted the values and principles of Health 2020 into the resolutions of the WHO Regional Committee for Europe. The broad support of Member States for Health 2020 implementation is reflected in the number of recent European regional action plans and strategies that the Member States have committed to. With the first of its kind *European action plan to strengthen the use of evidence, information and research for policy-making*⁶ and the accompanying resolution, Member States recognized that policies can be better informed and accountability mechanisms can be most effective with well-

⁶ WHO Europe. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016.
<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/working-documents/eurrc6612-action-plan-to-strengthen-the-use-of-evidence.-information-and-research-for-policy-making-in-the-who-european-region>

functioning health information and research systems, and adequate capacity in Member States to use evidence in policy-making. In the unique fourth action area of the plan, Member States directly emphasized the European Region's commitment to mainstreaming the use of evidence, information and research in the implementation of Health 2020 and other major regional policy frameworks. This commitment will further strengthen national policy-making and strengthen the monitoring and accountability mechanisms measuring the impact of policies on population health and well-being. In addition to the regional resolutions on action plans and strategies, Member States have recognized the importance of leadership, intersectoral and participatory government and investment for health and well-being by confirming high-level Ministerial declarations such as the *Paris Declaration 2016*⁷ committing to partnership for the health and well-being of our young and future generations, and the *Minsk Declaration 2015*⁸ on the life-course approach in the context of Health 2020.

Member States of the WHO European Region are now in the second half of the implementation period of the Health 2020 policy framework. This is a period of further strengthening the values and principles of Health 2020 in policy-making for health and well-being while taking into account global and European challenges such as migration and global emergencies. This is also the commencement of the national implementations of the global Agenda 2030 for sustainable development and the Sustainable Development Goals.

By embracing Health 2020's values and principles, such as whole-of-government and whole-of-society approaches to policy-making, catalysing intersectoral action for health and well-being, and supporting development of resilient communities and promoting healthy lives across all ages, WHO European Member States have put principles and systems in place that recognize health and well-being's cross-cutting nature in the aspirations of Agenda 2030 for sustainable development.

The WHO Regional Office for Europe is continuing to support Member States by leading the UN European issue-based coalition on health⁹, to streamline and coordinate the work of the UN and its support to Member States in the implementation of Agenda 2030 and in the achievement of the Sustainable Development Goals.

With this, the European Member States and the WHO European Region have, through the implementation period of Health 2020, ensured that they are better prepared and have a head start in tackling the complexities and the breadth of the Sustainable Development Goals. At the same time, the continued implementation of Health 2020 will ensure that health and well-being continue to be systematically addressed through the comprehensive lens of the Health 2020 policy framework and its values.

⁷ WHO Europe. Draft Declaration: Partnerships for the health and well-being of our young and future generations & draft regional action framework. Copenhagen: WHO Regional Office for Europe; 2016. <http://www.euro.who.int/en/media-centre/events/events/2016/12/paris-high-level-conference/documentation/working-papers/outcome-documents/draft-declaration.-partnerships-for-the-health-and-well-being-of-our-young-and-future-generations>

⁸ WHO Europe. Declaration on the Life-course Approach in the Context of Health 2020. Copenhagen: WHO Regional Office for Europe; 2015. <http://www.euro.who.int/en/media-centre/events/events/2015/10/WHO-European-Ministerial-Conference-on-the-Life-course-Approach-in-the-Context-of-Health-2020/documentation/the-minsk-declaration>

⁹ See further, <http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals-sdgs/the-un-european-coalition-on-health>

Annex 1

Questionnaire on qualitative monitoring of indicators of health 2020 targets in 2016, as shown in the electronic data collection system

Targets and indicators for Health 2020 – reporting for year 2016

Core and additional indicators for monitoring Health 2020 policy targets

The purpose of this questionnaire is to document the availability of certain policies/strategies in Member States. Questions refer to qualitative information for which a yes/no answer is required. The requested answers are related to the year 2016, which represents the follow-up to monitor progress made since 2010, when the Health 2020 policy was approved.

Member State *

Member State

Indicator (11) 3.1e. National and/or subnational policy addressing the reduction of health inequities established and documented

The following question(s) aim to find out if health inequities reduction and/or social determinants of health are addressed in one form or another, in line with the Health 2020 strategic goals. Please attach relevant documents.

'Health inequities' (HI) means unfair distribution of health and well-being outcomes and 'social determinants of health' (SDH) includes all political, social, economic, institutional and environmental factors which shape the conditions of daily life (employment and working conditions, family circumstances, food, housing and infrastructure planning, education, health and social care, etc.); the distribution of power, money and resources (poverty, social protection, taxation etc.) and the empowerment of people and society (individual and social rights, networks, cohesion and capital).

Q1. Is there a national/subnational health policy/strategy addressing the reduction of HI and/or SDH? *

- Yes, there is a national health policy/strategy requiring measures to reduce HI/ tackle SDH – please attach a copy of the relevant document(s)
- Yes, reducing HI/addressing SDH is part of another national/subnational policy/strategy – please specify all and attach the relevant document(s)
- No, there is no such policy/strategy at present, but it is envisaged for the future – please specify and attach draft/plan/other evidence
- No, there is no such policy/strategy at present and there is no currently no intention to develop one in the immediate future

Specification of policies/strategies

Attachment 1 File size is limited to 10MB. [?](#)

Attachment 2 File size is limited to 10MB. [?](#)

Attachment 3 File size is limited to 10MB. [?](#)

Q2. If the response to Q1 was “Yes”, please specify those HI/SDH which have been addressed:

- Measures to provide a healthy start in life for all (incl. family and parenting programmes; early childhood centres and care; all levels of education; youth engagement and employment)
- Measures to provide a healthy workplace (incl. diet, physical activity, safe conditions, etc.)
- Measures to tackle poverty/economic disadvantage (i.e. taxation, social protection, etc.)
- Measures to improve the physical environment for health and well-being (i.e. ensuring a safe and healthy environment, urban and infrastructure planning, access to safe, good quality food and water, etc.)
- Measures to improve human rights, social resilience and empowerment (i.e. community, public and patient participation in decision-making processes and policy, etc.)
- Measures to integrate and improve the health of disadvantaged groups (socially, economically or physically) and/or minority groups
- Measures to provide/improve universal health coverage (access to health and social services for all)
- Other measures (please specify)

Description of other measures



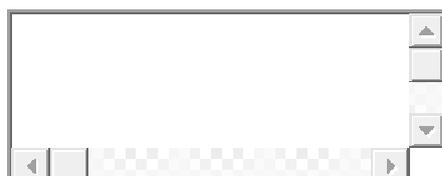
Establishment of process for target-setting documented

The following question aims to find out if there are/will be national goals/objectives, targets and specific indicators, set to monitor the progress of Member States in achieving the Health 2020 vision.

Q1. Is there a national/subnational process of target-setting for health and well-being? *

- Yes, there are health and well-being overall targets/goals/objectives processes set up (please attach evidence)
- Yes, there are specific health and well-being indicators to be achieved (please attach evidence)
- No, there are no target-setting processes or indicators at present but such are planned for the future (please attach evidence)
- No, there are no target-setting processes or indicators at present and no such intention for them in the immediate future

Specification of policies/strategies



Attachment 1 File size is limited to 10MB. 

Attachment 2 File size is limited to 10MB. 

Evidence, documenting: (a) establishment of national policies aligned with H2020; (b) implementation plan; and, (c) accountability mechanism

The following questions aim to find out if there are/will be national policies/strategies aligned with Health 2020, as well as respective implementation plan(s) and accountability mechanism(s). Please list all and attach relevant documents.

Q1. Is there a national health/other policy/strategy aligned with Health 2020? *

- Yes, there is a comprehensive national health policy/strategy (including universal health coverage, non communicable diseases, communicable diseases, maternal and child health, health systems strengthening, among others) aligned with Health 2020 – please attach the relevant document(s)
- Yes, there is another national/subnational policy/strategy aligned with Health 2020 – please specify all and attach relevant document(s)
- No, there is no such policy/strategy at present but it is planned for the future – please attach evidence
- No, there is no such policy/strategy at present and no such intention for it in the immediate future

Specification of policies/strategies



Attachment 1 File size is limited to 10MB. [?](#)

Attachment 2 File size is limited to 10MB. [?](#)

Attachment 3 File size is limited to 10MB. [?](#)

Description of other measures



Q2. If the response to Q1 was “Yes”, is there an implementation plan(s) for the above?

- Yes, implementation plan(s) is/are already adopted – please attach evidence
- Yes, implementation plan(s) is/are in a process of development –attach evidence
- No, there is no implementation plan at present and no such will be developed

Attachment 1 File size is limited to 10MB. [?](#)

Q3. If the response to Q1 was “Yes”, is there an accountability mechanism set up (for example, setting targets for the policy(ies) identified, presenting a report on progress to parliament, an independent evaluation, etc.)

- Yes, an accountability mechanism is already established – specify and attach evidence
- Yes, an accountability mechanism is in a process of establishment – specify and attach evidence
- No, there is no accountability mechanism at present and there is no intention to set one up in the immediate future

Specification of accountability mechanism



Attachment 1 File size is limited to 10MB. 

Q4. If the response to Q1 was “Yes”, please specify how your current health or other policy/strategy(ies) is/are aligned with Health 2020

- Improved governance for health and a whole-of-government approach are addressed
- Health inequities reduction and/or social determinants of health are addressed
- A participatory approach was adopted during the development (at least some key stakeholders have been consulted)
- Investing in a life-course approach and improving personal health and well-being skills and resilience are clearly featured
- Major national health challenges and threats are addressed
- Universal health coverage and patient-centred health care/public health services are addressed
- A whole-of-society approach and increasing social capital and empowerment are addressed
- Supportive environments conducive to health and well-being are identified for implementation

Please review all answers before submitting them

Annex 2

Qualitative Health 2020 indicator metadata

The full list of indicators and the process of their development is discussed in *Targets and indicators for Health 2020, version 3* (Copenhagen: WHO Regional Office for Europe; 2016).

Data element	Policies addressing the reduction of health inequities
Indicator name	(11) 3.1.e. National and/or subnational policy addressing the reduction of health inequities established and documented
Abbreviated name	Policies addressing the reduction of health inequities
Data type representation	Percentage (of countries in the Region that have such policies)
Topic	Health governance
Rationale	Determining the presence or absence of national and subnational policies addressing the reduction of health inequities can lead to a better understanding of policy gaps. Taking measures to fill these gaps can lead to improvements in overall health and well-being.
Definition	Health inequities are unfair distributions of health and well-being outcomes. Social determinants of health include all political, social, economic, institutional and environmental factors which shape the conditions of daily life (employment and working conditions, family circumstances, food, housing and infrastructure planning, education, health and social care, etc.); the distribution of power, money and resources (poverty, social protection, taxation, etc.); and the empowerment of people and society (individual and social rights, networks, cohesion and capital).
Associated terms	Policies, reduction of health inequities
Preferred data sources	Member State survey
Other possible data sources	Desk review of country reports and websites
Method of measurement	Survey administered by WHO Regional Office for Europe
Method of estimation	Analysis of responses received
Monitoring and evaluation framework	Input

Method of estimation of global and regional aggregates	Analysis of survey responses
Disaggregation	NA
Unit of measurement	Categorical and dichotomous (Yes/No) indicator at the country level Percentage at the regional level
Expected frequency of data dissemination	Every three years
Expected frequency of data collection	Every three years
Limitations	Dependent on response rate and self-assessment

Data element	Established processes for target-setting
Indicator name	(18) 6.1.a. Establishment of a process for target-setting documented (mode of documenting to be decided by individual Member States)
Abbreviated name	Established process for target-setting
Data type representation	Percentage (of countries in the Region that have such processes)
Topic	Health governance
Rationale	Determining the percentage of Member States with documented target-setting processes provides insight into capacities for monitoring improvement of overall health and well-being.
Definition	Target-setting processes are established national procedures for setting health goals, objectives, targets or indicators aligned with Health 2020. They are documented in Member State reports.
Associated terms	Target-setting
Preferred data sources	Member State survey
Other possible data sources	Desk review of national data, reports and websites
Method of measurement	Survey administered by WHO Regional Office for Europe

Method of estimation	Analysis of responses received
Monitoring and evaluation framework	Input
Method of estimation of global and regional aggregates	Summaries of national data to form regional/subregional results
Disaggregation	NA
Unit of measurement	Categorical and dichotomous (Yes/No) indicator at the country level Percentage at the regional level
Expected frequency of data dissemination	Annual
Expected frequency of data collection	Annual
Limitations	Response rate to the survey will vary

Data element	Documented national policies, implementation plans and accountability mechanisms
Indicator name	(19) 6.1.b. Evidence documenting: (a) the establishment of national policies aligned with Health 2020, (b) an implementation plan and (c) an accountability mechanism
Abbreviated name	Documented national policies, implementation plans and accountability mechanisms
Data type representation	Percentage (of countries in the Region that have such policies, plans and mechanisms)
Topic	Health governance
Rationale	As Member States in the WHO European Region develop policies and strategies to improve health and well-being, it is important to know whether these national policies are aligned with the Health 2020 vision. Alignment entails having a comprehensive national health policy or another strategy which includes a focus on improving universal health coverage, reducing the major causes of the burden of disease, addressing major health and well-being determinants and strengthening health systems.

Definition	Member States must document: (a) the existence of a comprehensive national health policy/strategy (addressing universal health coverage, noncommunicable diseases, communicable diseases, maternal and child health and health systems strengthening, among others) aligned with Health 2020, or another national/subnational policy/strategy aligned with Health 2020; (b) the existence of an implementation plan for the above-mentioned policy/strategy; and (c) the existence or plan to establish an accountability mechanism for the above-mentioned policy/strategy.
Associated terms	Policy, implementation plan, accountability mechanism
Preferred data sources	Member State survey
Other possible data sources	Desk review of Member State data, website or other sources
Method of measurement	Survey administered by WHO Regional Office for Europe
Method of estimation	Analysis of responses received
Monitoring and evaluation framework	Input
Method of estimation of global and regional aggregates	Summaries of national data to form regional/subregional results
Disaggregation	National policy aligned with Health 2020 Implementation plan Accountability mechanism
Unit of measurement	Categorical and dichotomous (Yes/No) indicator at the country level Percentage at the regional level
Expected frequency of data dissemination	Annual
Expected frequency of data collection	Annual
Limitations	Response rate to the survey will vary

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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
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San Marino
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Turkey
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Ukraine
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