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Briefing note on the expert group deliberations and recommended common set of indicators for a joint monitoring framework

This briefing note on the expert group deliberations and recommended common set of indicators for a joint monitoring framework (JMF) describes the process by which the set of indicators was arrived at, the reporting procedure to be used under the JMF, details of the next steps towards implementation of the JMF, and the implications of adoption of the framework. The list of indicators is contained in the Annex to this document. The WHO Regional Committee for Europe is requested to review and consider adopting the common set of indicators at its 68th session.

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Background and purpose

1. In order to address concerns raised by Member States on the burden of reporting to WHO and other international bodies, Member States at the 67th session of the WHO Regional Committee for Europe (RC67) in September 2017 agreed in resolution EUR/RC67/R3 to adopt a joint monitoring framework (JMF) for reporting on indicators under the Sustainable Development Goals (SDGs), Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013–2020 (background information on the proposals was contained in document EUR/RC67/Inf.Doc./1 Rev.1).

2. The development of the JMF consists of several phases:

(a) the establishment of an expert group to identify a common set of indicators for the JMF, which were submitted to Member States for consultation in 2018 to be subsequently submitted for adoption at RC68;

(b) the development of a reporting template by the WHO Regional Office for Europe to be used by Member States to implement the JMF;

(c) regular reporting by the Regional Office through the European Health Information Gateway; and

(d) a mechanism for forwarding JMF data to WHO headquarters for inclusion in the WHO Global Health Observatory, with subsequent submission to the United Nations for monitoring and reporting on progress on SDG 3.

3. If adopted at RC68, the JMF – with a common set of indicators for Health 2020, the SDGs and NCDs – will aid in reducing the burden of reporting and streamlining data collections in the Region. In addition, the JMF will help Member States prioritize data collection efforts and align their national SDG monitoring targets with international monitoring.

4. In accordance with resolution EUR/RC67/R3, 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 Global Action Plan for the Prevention and Control of NCDs 2013–2020. The expert group agreed on criteria for the inclusion of indicators from these three frameworks in a common set, and proposed a list of 40 indicators for inclusion on this basis (listed in the Annex to this document) along with additional consultation questions. The expert group deliberations and outcomes of the meeting are available in the meeting report.[1]

5. An update from the expert group meeting was well received by the Standing Committee of the Regional Committee for Europe (SCRC) in November 2017. The proposal was circulated to Member States in several rounds for consultation and is now submitted for review and adoption by Member States at RC68.

[1] Details of the meeting and composition of the expert group are contained in the meeting report, available at: http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/publications/2018/developing-a-common-set-of-indicators-for-the-joint-monitoring-framework-for-sdgs,-health-2020-and-the-global-ncd-action-plan-2017.

The recommended common set of indicators for the JMF

Indicator inclusion criteria

6. The expert group discussed and agreed on the criteria for inclusion of indicators in the JMF, using the example of the inclusion criteria that had been previously adopted by Member States for the Health 2020 monitoring framework. An additional criterion, on the need for the indicators to be relevant for policy action, was added. The final inclusion criteria are as follows:

(a) indicator data should be available for a majority of countries (at least 35 out of 53 or 66%);

(b) data should preferably be routinely reported;

(c) indicators using estimates should be avoided where possible;

(d) there should be minimal doubts about the validity and reliability of the indicator;

(e) the indicator must be comparable across the Region;

(f) data should be accompanied by metadata;

(g) the indicator should be present in at least two of the three frameworks, with exceptions;

(h) all reported rates should be age-specific;

(i) where possible and available, data reported for the indicator should be disaggregated by age, sex, socioeconomic status, vulnerable group, subnational level;

(j) the indicator should be a measure and a driver of policy action.

7. Reducing the burden of reporting was the overarching mandate for the expert group and the following decisions were made with this mandate in mind.

(a) The inclusion criterion that most often applied in the consideration of the burden of reporting was data availability. Other criteria most often discussed in this regard were:

- indicators that use routinely collected data should be preferred to indicators using other sources of data or estimates, with exceptions;
- qualitative indicators measuring policy should be excluded, with exceptions;
- the recommended disaggregation of reported data needs to be based on the availability of the data.

(b) In instances where the metadata of two indicators overlapped, and one indicator was a complete subset of the other, the indicator with the broader definition was recommended for inclusion in the JMF, and the expert group recommended disaggregation that would also enable monitoring of the indicators with narrower definitions.

(c) In instances where indicators were not fully aligned, the expert group reviewed the metadata for these indicators and use of the most complete and comparable indicator definition was recommended.

8. At the end of the review of the indicators that aligned across at least two frameworks, the expert group decided to also review the indicators that existed in only one framework.

The expert group agreed that unaligned indicators should also be considered in order to ensure adequate coverage of all relevant public health areas across the three frameworks in the proposed common set of indicators. Therefore, the expert group's final recommendation also includes a selection of these indicators.

Proposed common set of indicators of the JMF

9. The final recommended list of indicators is presented in the Annex, and is proposed to Member States for adoption. During the discussion by the expert group, two questions were also identified for inclusion in the consultation with the Member States. The feedback from the consultation was implemented in the final recommended list of indicators.

10. The intersection and distribution of recommended indicators across the SDGs, Health 2020 and the Global Monitoring Framework on NCDs are shown in Fig. 1. Table 1 summarizes the public health domains covered by the common set of indicators.

Fig. 1. Intersection and distribution of recommended indicators across the three frameworks

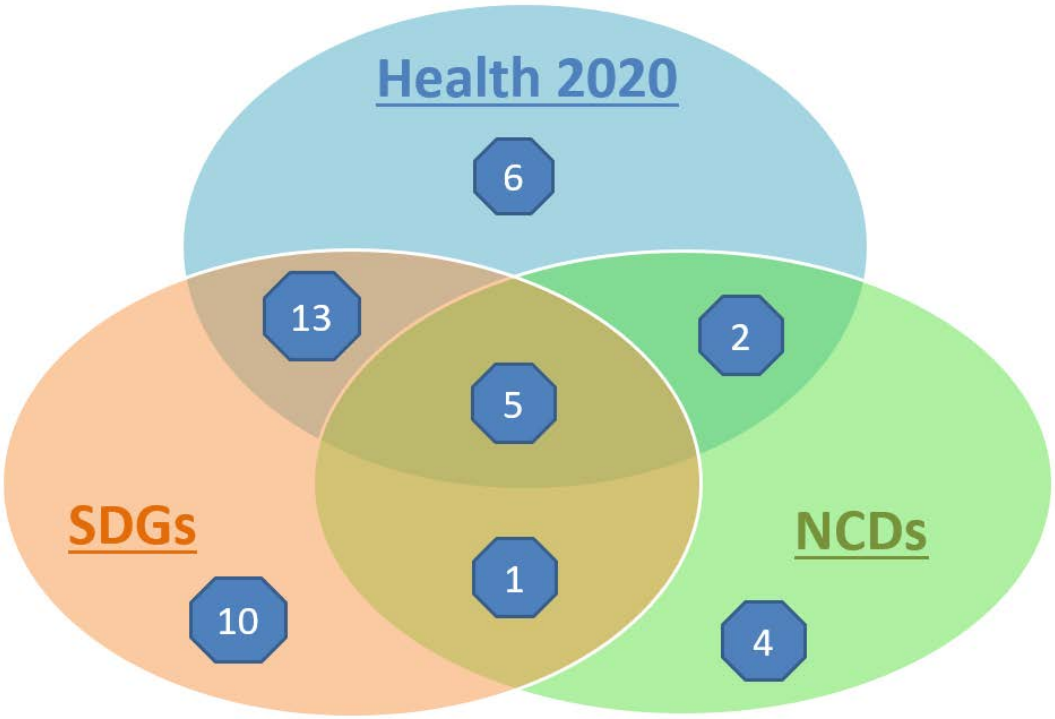

Table 1. Public health domains covered by the common set of indicators

Domain	Category	Number of indicators
Mortality and health expectancies (8 indicators)	Life expectancy	2
	Premature mortality from NCDs	1
	Maternal mortality	1
	Neonatal mortality	1
	Healthy life expectancy	1
	Mortality of children	1
	Mortality (general)	1
Health behaviours and risk factors (9 indicators)	Physical activity	2
	Nutrition	2
	Overweight and obesity	2
	Alcohol	1
	Tobacco use	1
	Adolescent birth rate	1
Social determinants of health (6 indicators)	Educational attainment	2
	Youth education	1
	Unemployment	1
	Reducing income inequality	2
Morbidity – NCDs and communicable diseases (7 indicators)	Tuberculosis	2
	Vaccination	1
	Hepatitis B	1
	HIV	1
	Cancer	2
Health systems (4 indicators)	Health expenditure	3
	Health worker density	1
Well-being (3 indicators)	Social support	1
	Life satisfaction	1
	People aged 65+ living alone	1
Environmental health (2 indicators)	Air quality	1
	Sanitation	1
Health policy (2 indicators)	Health 2020 target-setting	1
	International Health Regulations	1
Total		**41**

Implementation of reporting the common set of indicators of the JMF

11. The expert group also discussed how the JMF would affect reporting into the three individual frameworks, and how the JMF would be used. It was clarified that the JMF would not replace the three existing frameworks to which Member States have committed, and reporting into these should not be discouraged. However, the JMF will reduce the burden of reporting by providing Member States with one point of reporting on the common set of indicators (instead of reporting three times). It can be used by those Member States which are not in a position to report fully into all three frameworks, enabling them to report into a common set of indicators for which comparable data are available in the European Region and which are the most relevant to the Region. The JMF can be used by Member States as a starting point for reporting into the three frameworks.

Towards the implementation of the JMF

12. Consultation with Member States in 2018 comprised an online consultation regarding the proposed indicators, and the revised indicators were presented to the SCRC. The resulting common set of indicators is now proposed for adoption at RC68.

13. This will be followed by:

(a) the development of a reporting template by the Regional Office to be used by Member States to implement the JMF;

(b) regular reporting by the Regional Office through the European Health Information Gateway; and

(c) a mechanism for forwarding JMF data to WHO headquarters for inclusion in the WHO Global Health Observatory, with subsequent submission to the United Nations for monitoring and reporting on SDG 3 progress.

Practical implications of the adoption of the joint monitoring framework

14. At the November 2017 meeting of the SCRC, Member States requested clarification of the practical implementation of the JMF, with a view to ensuring that it reduces the reporting burden on Member States and at the same time does not discourage Member States from reporting fully into the three monitoring frameworks. The following principles will be used in the implementation of the data collections:

(a) The data collection schedule for the common set of indicators and for the full sets of indicators for each of the three monitoring frameworks will be published in advance. This will require coordination and planning within various levels of WHO.

(b) Data collection for the common set of indicators will take place through data calls at one or two time points during the calendar year.

- Member States will use an online platform to submit the data required for the common set of indicators. Member States will be able to use the online platform to submit updated data at any time, but will be requested to do so at the latest by the time of the submission deadlines.

- Indicators that are in the custody of other international organizations will be collated from those custodian agencies at one of the two data collection time points.

(c) The updated data for the common set of indicators will be available on the website of the European Health Information Gateway for easy access, and also through an application programming interface for automatic query from statistical software or similar.

(d) The individual data collections for the full sets of indicators of each of the three monitoring frameworks (SDGs, Health 2020 and NCDs) will be conducted as normal, with their full scope of data collection. However, the data collection forms for these frameworks will mark and omit indicators that have already been collected as part of the common set of indicators. Instead, the data from the common set of indicators on the European Health Information Gateway will be used to report into these frameworks.

15. This approach to data collections will ensure that reporting into the common set of indicators will reduce the reporting burden on Member States to a minimum comparable set of indicators that are relevant for the European Region; but at the same time it will not discourage reporting in full into each of the monitoring frameworks by Member States that can do so.

Annex. Proposed common set of indicators of the joint monitoring framework

Indicator's alignment across frameworks	Definition proposed	Recommended type of disaggregation, clarifications, and proposed (if any) consultation question	Indicator	Data source
H2020-SDG-NCD	Fully aligned (all three frameworks)	Disaggregate by: age, sex	C. 1.1.a. Standardized overall premature mortality rate (age 30 to 69 years) for four NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease) (*variation in ICD codes for chronic respiratory disease)	WHO
H2020-SDG-NCD	SDG	Disaggregate by: age, sex	3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	WHO
H2020-SDG-NCD	Fully aligned (all three frameworks)	Use the name of indicator as in Health 2020 for the indicator in the JMF Without disaggregation	C. 1.1.c. Total per capita alcohol consumption among people aged 15+ years within a calendar year	WHO
H2020-NCD	H2020-NCD aligned	Report whether measured or self-reported and explain in metadata If countries have both measured and self-reported, then they should report both. Disaggregate by: sex, age, education	C. 1.1.d. Age-standardized prevalence of overweight and obesity in persons aged 18+ years	WHO

H2020-SDG	H2020	Disaggregate by: age, sex	C. 3.1.d. Unemployment rate, disaggregated by age	International Labour Organization (ILO) statistics
H2020-SDG	H2020	Disaggregate by: urban/rural	C. 4.1.c. Percentage of population with improved sanitation facilities	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)
H2020-SDG	H2020	Disaggregate by: sex	C. 3.1.a. Infant mortality per 1000 live births, disaggregated by sex	WHO
H2020-NCD	H2020-NCD aligned	Report age-specific Report whether measured or self-reported and explain in metadata If countries have both measured and self-reported, then they should report both Disaggregate by: overweight/obesity, sex, 11/13/15 years	A. 1.1.d. Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-score relative to the 2007 WHO growth reference median, respectively)	WHO
H2020-SDG	H2020-SDG	No disaggregation	A. 5.1.a. Maternal deaths per 100 000 live births	WHO

H2020-SDG-NCD	H2020	Disaggregate by: cause of death, age, sex Causes of death: • Chronic obstructive pulmonary disease • Cardiovascular disease • Diabetes • Cancer • Suicide • Road traffic accidents • Violence, homicide, assault • Falls • Poisoning • Maternal	A. 1.1.a. Standardized mortality rate from all causes, disaggregated by cause of death	WHO
H2020-SDG	H2020	Disaggregate by: sex	C. 3.1.c. Proportion of children of official primary school age not enrolled	United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS)
H2020-SDG	H2020	No disaggregation	C. 3.1.f. Gini coefficient	World Bank and Eurostat databases
SDG	SDG	Disaggregate by: sex, age, persons with disabilities	10.2.1 Proportion of people living below 50% of median income, by sex, age and persons with disabilities	World Bank and Eurostat databases
H2020-SDG	H2020	No disaggregation	C. 4.1.b. Availability of social support	Gallup World Poll
H2020-SDG	H2020	No disaggregation	C. 5.1.a. Private household out-of-pocket expenditure as a proportion of total health expenditure	WHO
H2020-SDG	H2020	No disaggregation	C. 5.1.c. Total expenditure on health (as a percentage of GDP)	WHO

H2020-SDG	H2020	No disaggregation	A. 5.1.b. Percentage of people treated successfully among laboratory-confirmed pulmonary tuberculosis [cases] who completed treatment	WHO
H2020-SDG	H2020	Disaggregate by: sex	A. 4.1.d. Educational attainment of people age 25+ years who have completed at least secondary education	UNESCO UIS
H2020-SDG	H2020	No disaggregation	A. 5.1c. Government expenditure on health as a percentage of GDP	WHO
SDG-NCD	NCD	Disaggregate by: age, sex Types of cancer as per IARC list: 1. Prostate 2. Lung 3. Colorectal 4. Bladder 5. Stomach 6. Breast 7. Corpus uteri 8. Cervix uteri Use data from established networks	2. Cancer incidence, by type of cancer, per 100 000 population	IARC/ established networks
H2020	H2020	Disaggregate by: sex	C. 2.1. Life expectancy at birth	WHO
H2020	H2020	Recommend to consult Member States on reporting by country	C. 4.1.a. Life satisfaction	Gallup World poll via UNDP
H2020	H2020	No disaggregation	C. 6.1.a. Establishment of process for target-setting documented (mode of documenting to be decided by individual Member States)	WHO
H2020	H2020	Report only for age 65 years Disaggregate by: sex	A. 2.1.a. Life expectancy at birth and at ages 1, 15, 45 and 65 years	WHO

H2020	H2020	Disaggregate by: sex	A. 2.1.b. Healthy life years at age 65 years	WHO
H2020	H2020	No disaggregation	A. 4.1.b. Percentage of people aged 65+ years living alone	United Nations Economic Commission for Europe (UNECE)
NCD	NCD	Report age- and sex-specific	16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day	WHO
NCD	NCD	Specify whether self-reported or programme-based in metadata. If available, report both.	25. Proportion of women between the ages of 30 and 49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies	WHO
NCD	NCD	Disaggregate by: sex	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily	WHO
NCD	NCD	Report age- and sex-specific No disaggregation	7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate intensity activity per week, or equivalent)	WHO
SDG	SDG	No disaggregation	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group	Population Division, Department of Economic and Social Affairs (DESA); United Nations Population Fund (UNFPA)

H2020-SDG-NCD	SDG	Include for specific diseases such as: • Measles (1 dose by 2nd birthday) • Rubella (1 dose by 2nd birthday) • Polio (3 doses by 1st birthday) • HepB (as defined within the national programme) • HPV (as defined within the national programme)	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	WHO
SDG	SDG	No disaggregation	3.c.1 Health worker density and distribution	WHO
SDG	SDG	No disaggregation	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	WHO
SDG	SDG	Source from childhood obesity surveillance initiative (COSI) Specify in metadata age group for which data are available if not age 5 years. No disaggregation	2.2.2 Prevalence of malnutrition (weight for height > +2 or < -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	WHO
SDG	SDG	No disaggregation	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	WHO
SDG	SDG	Disaggregate by: sex	8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training (EU28 collect + ILO collects for 2005 onwards for 44 Member States)	ILO
H2020-SDG	SDG	No disaggregation	3.2.2 Neonatal mortality rate	United Nations Children's Fund (UNICEF)

SDG	SDG	Disaggregate by key populations where possible (otherwise Member States should submit metadata footnote)	3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	The Joint United Nations Programme on HIV/AIDS (UNAIDS)
SDG	SDG	No disaggregation	3.3.2 Tuberculosis incidence per 100 000 population	WHO
SDG	SDG	No disaggregation	3.3.4 Hepatitis B incidence per 100 000 population	WHO

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