European Health Information Initiative

Tenth meeting of the European Health Information Initiative Steering Group

**Copenhagen, Denmark
19–20 March 2018**

European Health Information Initiative

**Tenth meeting
of the European
Health Information
Initiative Steering
Group**

**Copenhagen,
Denmark
19–20 March 2018**

Abstract

The WHO European Health Information Initiative (EHII) steering group held its tenth formal meeting on 19–20 March 2018. Launched in 2012 with start-up funding from the Ministry of Health, Welfare and Sport of the Netherlands, the EHII is a multimember network committed to improving the health of the people of the WHO European Region by improving the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity, and harmonize data collection and reporting. With these objectives, the EHII contributes to integrating health information activities. The EHII has rapidly grown to 39 participants at the time of writing the report, mostly Member States but also global institutions, and has consolidated and expanded as the implementation mechanism for the harmonization and integration of health information activities in the Region. The steering group received updates on continuing actions, identified new work and offered advice on EHII strategies and the workplan for 2018.

Cover photo and group photo: © WHO

European Health Information Initiative

Tenth meeting of the European Health Information Initiative Steering Group

Copenhagen, Denmark 19–20 March 2018

Contents

Foreword by the Regional Director

I am pleased to present to you the report of the tenth meeting of the WHO European Health Information Initiative (EHII) steering group which my team hosted at the WHO Regional Office for Europe on 19–20 March 2018 in Copenhagen, Denmark. On this 10th 'anniversary', the EHII looks back on many successful milestones and achievements.

The EHII is a WHO network committed to improving health by improving the information that supports policy-making. Its vision is to integrate and harmonize health information throughout the entire WHO European Region in support of the European health policy, Health 2020, as well as the global Agenda 2030 and the Sustainable Development Goals. Its mission is to improve health information and evidence by fostering international cooperation in the exchange of expertise, in building capacity and in harmonizing information.

In recent years, the EHII has grown exponentially from one single Member State, the Netherlands, who supported this initiative right from the start through generous seed funding. I very clearly recall signing a Letter of Intent with Professor Andre van der Zande, Director-General of the Dutch Institute of Public Health and the Environment (RIVM) in October 2012 where we agreed to establish the EHII for the benefit of all European Member States under the Dutch Partnership Agreement. Since then, the EHII has grown to 39 participants, mostly Member States but also international organizations such as the European Commission and the OECD. The EHII has become the umbrella for numerous other health information and evidence networks, and is the driving and coordination force for health information in our Region.

Since its inception, the progress of the EHII has been impressive. Its work has catalysed the *Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region* which was adopted by the WHO Regional Committee for Europe in 2016; since then, the EHII has become the implementation platform for the action plan. The EHII has produced a support tool for Member States to assess their health information systems and develop health information strategies, has spearheaded the development of our annual flagship training event, the Autumn school of health information and evidence for policy, has laid the groundwork for our new health information portal, the European Health Information Gateway and supports key networks such as the Evidence-informed Policy Network, EVIPNet, and the Small Countries Health Information Network, among others.

This 10th meeting reviewed progress in all these areas, including new work such as a pilot survey on evidence-informed policy-making at the country level, the role of the Regional Office in activities related to big data, and the results of the indicator mapping exercise aimed at harmonizing indicator sets in the European Region. This meeting also saw a change of guard in chairmanship from the Netherlands to Malta while enjoying the continued support of the Russian Federation as Co-chair. I am deeply grateful to these Member States for their commitment to the EHII.

I am proud of the achievements of the EHII at its 10th 'anniversary' but also very appreciative of our Member States who are investing in this initiative, as well as all partners who are giving their time, expertise and funding to this important activity. I would like to encourage all Member States of the European Region to join this initiative and contribute their expertise to the integration and harmonization of health information in our Region.

Dr Zsuzsanna Jakab
Regional Director

Abbreviations

Autumn school	Autumn school on health information and evidence for policy-making
BoD	burden of disease
CARINFONET	Central Asian Republics Information Network
CIS	Commonwealth of Independent States
DG	Directorate-General
DIR	Division of Information, Evidence, Research and Innovation
EBoDN	European Burden of Disease Network
EHII	WHO European Health Information Initiative
EHR	European health report
EIP	evidence-informed policy-making
EUPHA	European Public Health Association
Eurostat	Statistical Office of the European Union
EVIPNet	WHO Evidence-informed Policy Network
HBSC	Health Behaviour of School-aged Children
HEN	Health Evidence Network
HIREP-ERIC	European Research Infrastructure Consortium on Health Information for Research and Evidence-based Policy
IHME	Institute for Health Metrics and Evaluation
JMF	Joint monitoring framework
Joint Action	Joint action on health information towards a sustainable EU health information system that supports country knowledge, health research and policy-making
M-POHL	Action Network on Measuring Population and Organizational Health Literacy
NCDs	Noncommunicable diseases
OECD	Organisation for Economic Co-operation and Development
RC	WHO Regional Committee for Europe
RIVM	National Institute for Public Health and the Environment, the Netherlands
SCHIN	Small Countries Health Information Network
SDGs	Sustainable Development Goals
SEEHN	South-eastern Europe Health Network
SG	EHII Steering Group
WHO	World Health Organization
WHO CC	WHO collaborating centre

Executive summary

The tenth meeting of the WHO European Health Information Initiative (EHII) steering group (SG) was hosted by the World Health Organization (WHO) Secretariat on 19–20 March 2018 in Copenhagen, Denmark. Members were informed that the Minister of Health of Israel has officially nominated a representative, making Israel the latest Member State to join the EHII with official membership status. This brought the EHII network membership to 37; at the time of writing, this had increased to 39 members, after Belarus and Slovakia also joined the network.

The meeting provided an opportunity to receive updates from SG participants and the WHO Secretariat, review progress under the EHII workplan and identify new actions. Presentations and discussions were held on a number of topics: the results of a pilot survey on evidence-informed policy-making at the country level, the role of the EHII SG and WHO European Regional Office in activities related to big data, and the results of deliberations of the subgroup meeting on the indicator mapping exercise.

Outcomes from the meeting included: adoption of the report of the ninth meeting of the EHII SG; agreed-upon next steps for the indicator mapping subgroup; revision of the EHII action plan and establishment of two new working groups. One new working group will meet to guide revisions and execution of the survey on evidence-informed policy-making. The other will guide the continuation of work on indicator mapping. The next EHII SG meeting is tentatively scheduled for June 2018 and will be a virtual conference held via WebEx and telephone.

Background

The EHII is a WHO network committed to improving health by improving the information that supports policy-making *(1)*. Its vision is to integrate and harmonize health information throughout the entire WHO European Region. Its mission is to improve the information that informs health policy by fostering international cooperation in the exchange of expertise, in building capacity and in harmonizing information. The EHII is the platform for implementing the actions identified in the *Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (2)*. The EHII works in six key areas:

1. Development of information for health and well-being with a focus on indicators
2. Enhanced access to, and dissemination of, health information
3. Capacity-building
4. Strengthening health information networks
5. Support for health information strategy development
6. Communication and advocacy.

Introduction to the meeting

The WHO EHII SG held its tenth meeting, hosted by the WHO Secretariat in Copenhagen, Denmark, on 19–20 March 2018. The out-going Chair of the SG, Ms Annemiek van Bolhuis, Director of Public Health and Health Services, National Institute for Public Health and the Environment (RIVM), the Netherlands, opened the meeting. Dr Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation (DIR), WHO Regional Office for Europe, thanked Ms van Bolhuis for her strong and engaged leadership and expressed appreciation for her knowledge, understanding and friendship. Ms van Bolhuis expressed confidence in the new Chair and stated that working with the SG had been a pleasure. Dr Stein also expressed thanks to Dr Anna Korotkova, Deputy Director of the Federal Research Institute for Health Organization and Informatics of the Ministry of Health, Russian Federation, for continuing to act as the SG Co-chair. The new Chair, Dr Neville Calleja, Director Health Information and Research, Ministry of Health, Malta, was proposed by the Secretariat and unanimously approved by the SG. Dr Calleja chaired the remainder of the meeting.

The first business of the meeting was the election of the rapporteur and adoption of the meeting agenda. Ms Patricia Tidmarsh was appointed rapporteur. The Secretariat welcomed Israel, which was not represented at this meeting, as a new EHII member. The Chair briefed participants on the purpose and expected outcomes of the meeting and asked for any changes or additions to the agenda. Ms van Bolhuis requested that the report of the day's pre-meeting on mapping indicator sets in the WHO European Region be moved to the top of the agenda. This agenda change was adopted by the SG.

Report on the pre-meeting of the subgroup for the mapping of indicator sets in the WHO European Region

Ms van Bolhuis, Director of Public Health and Health Services, National Institute for Public Health and the Environment (RIVM), the Netherlands chaired the pre-meeting that took place immediately before the plenary meeting of the SG. Attendance was open to all SG members; the European Commission and the Organisation for Economic Co-operation and Development (OECD) were also represented. Ms van Bolhuis reported on the subgroup's pre-meeting to the entire SG.

The aim of the pre-meeting was to discuss new goals and activities and to decide how to organize new work, in keeping with collaborative work agreed to by the WHO European Regional Office, European Commission, and OECD at Ispra, Italy, in June 2017. At that time, the three international organizations agreed to:

- continue work on the mapping exercise and use results to identify indicators that might be deprioritized
- work to harmonize health and well-being indicator definitions and metadata and
- work to establish metadata and interoperability standards.

The subgroup stressed the importance of establishing a working group to support this work, and a number of subgroup participants volunteered to join the working group. The Secretariat agreed to draft the new terms of reference for the working group and circulate them to the SG. The working group membership is not closed, and SG members are invited to volunteer, or recommend someone to participate.

The subgroup agreed on two strategic directions for the working group and prioritized technical work. The first strategy focuses on identifying practical opportunities to: reduce the burden of Member State reporting to the three organizations; harmonize indicator (meta)data; improve data sharing; and improve the comparability of indicators between countries. The key to this strategy is to identify work that can be accomplished in accordance with the existing political and legal constraints affecting the international organizations. The second strategy focuses on work that requires political agreement in order to succeed. In these cases, the working group will prepare a plan, a simple roadmap that identifies the basic steps required to obtain that political agreement. The pre-meeting also produced a list of concrete actions and constraints for the new working group. These include:

- work already completed as part of the mapping exercise by EHII members will be used as basis for new work
- before the first meeting of the new working group, RIVM will begin an in-depth analysis of three indicators: alcohol consumption, vaccination coverage and life expectancy

- meetings of the working group will be virtual and the group will use the EHII online platform to organize and share their work.

Discussion

A short discussion followed the presentation of the pre-meeting. Dr Korotkova, Russian Federation, volunteered the Russian Federation for the working group and emphasized the need to perform the work and metadata analysis in both English and Russian. SG members questioned the rationale for the proposal to work on the three named indicators prior to the first working group meeting. The purpose of the preliminary analysis is to better understand the technical problems that will be involved in the standardization and harmonization of indicators and to test the validity of the methodologies previously proposed by RIVM. Additionally, the indicators chosen for preliminary analysis are present in at least five of the six indicator sets and cover three different topics: health status, health systems and health determinants. These characteristics support the main purposes of performing a preliminary analysis.

Action points:
- The Secretariat will draft and circulate new terms of reference for the working group.
- EHII members will recruit and nominate people to the new working group. Eleven groups and countries have already been identified for the working group: RIVM, the WHO collaborating centre (CC) at Manchester University, the EHII Chair, the European Commission (Eurostat and the Directorate-General for Health and Food Safety), OECD, Greece, the Russian Federation (also representing the CIS Health Information Network), Belgium (representing the Joint Action Secretariat), and the European Public Health Association (EUPHA).
- RIVM and the Manchester WHO CC will renew their work on the mapping with a more detailed exploration of the methodologies by focusing on three indicators: alcohol consumption, life expectancy and vaccination coverage.

EHII updates from the WHO Secretariat

On behalf of the Secretariat, Dr Claudia Stein, Director of DIR, WHO Regional Office for Europe provided an extensive update to participants on the EHII's progress, developments and achievements since the last meeting in November 2017.

Membership

The Secretariat reported that Israel is the newest member of EHII and that membership has grown to 37. At the time of writing, Belarus and Slovakia had also joined, increasing membership to 39.

Key area 1. Development of information for health and well-being with a focus on indicators

Secretariat's report on the joint monitoring framework (JMF)
As reported in earlier meetings of the SG, Member States are critical of the increasing burden of data reporting to WHO and other international organizations. According to a recent report at the regional statistical forum organized by the United Nations Economic Commission for Europe, even countries with the most advanced information systems have indicated that they can report on no more than 50% of the indicators for the Sustainable Development Goals (SDGs); therefore, at best only 76 of the 169 related targets can be reported on. At the request of the Member States, the WHO Secretariat reviewed the three major health monitoring frameworks of the WHO European Region – *Health 2020 (3)*, the *Global goals for sustainable development (4)* and the *Global action plan for the prevention and control of noncommunicable diseases (5)* – and examined the potential for creating a JMF that could reduce the burden of reporting.

As part of its research on a possible JMF, the Secretariat conducted an extensive mapping exercise, which identified a significant degree of overlap across the three frameworks and raised the possibility of identifying a JMF which would consist of a common set of available indicators. The JMF approach to reducing the burden of reporting was adopted by Resolution EUR/RC67/R3, in which the Member States agreed to establish a common and reduced set of indicators appropriate for all three frameworks *(6)*.

In response to the RC67 mandate, the Secretariat convened an expert group tasked with identifying a common set of indicators for the JMF. The expert group met in Vienna, Austria, on 20–21 November 2017 and included representatives from nine Member States: Austria, Finland, Germany, Iceland, Kazakhstan, Malta, the Netherlands, the Russian Federation and Turkey. In addition to country representatives, the European Commission, OECD and all technical divisions at the Regional Office were represented at the meeting.

The expert meeting was opened by Professor Pamela Rendi-Wagner, then Federal Minister of Health and Women's Affairs, Austria. The Minister welcomed the expert group to Vienna and expressed strong support for the EHII and JMF work. The meeting was chaired by Dr Neville Calleja of the Ministry of Health, Malta.

At the end of the two-day meeting, the expert group proposed a set of 40 indicators for inclusion in the JMF and identified several informational questions for the consultations with Member States. The proposed set of 40 JMF indicators includes eight public health domains: mortality and health expectancies, health behaviours and risk factors, social determinants of health, morbidity – noncommunicable and communicable diseases, health systems, well-being, environmental health and health policy. The meeting report is publicly available in both English *(7)* and Russian *(8)*.

The JMF is not intended to replace the three monitoring frameworks. Consisting of highly relevant and routinely collected data, the JMF will be the starting point for reporting into the three frameworks. As currently planned, the Secretariat will provide Member States with a standard reporting JMF template, data collection will occur once or twice a year, and reporting will be through the European Health Information Gateway. Data collection forms for the other frameworks will omit the JMF indicators that have already been collected from each Member State, and JMF data will be shared with other parts of the organization through the European Health Information Gateway. JMF data submitted by Member States will also be sent to the WHO Global Health Observatory at WHO Headquarters and submitted to the United Nations for reporting on the health-related Sustainable Development Goal 3. In this way, there will be no duplication of reporting. Consequently, JMF implementation processes and tools will ease the reporting burden without discouraging full reporting.

The consultation with Member States ended on 20 March 2018, and the Secretariat will revise the JMF in accordance with the consultation. The revised JMF will be reviewed for the second time by the Standing Committee in May in Geneva. The Secretariat anticipates that a final recommendation for the JMF will go to the Regional Committee in September in Rome and, for the first time, Member States will have established a joint indicator framework.

Action points
- Revise the list of JMF indicators based upon consultation with the Member States and have it reviewed by the Standing Committee in May.
- Prepare a JMF for the Regional Committee in September 2018.

Key area 2. Enhancing access to, and dissemination of, health information

Secretariat's report on the WHO European Health Information Gateway
The Secretariat reported on the continuing expansion and enhancement of the Gateway. The Gateway has a new tool, the Health for All Explorer. Three different groups, including 85 Member State users have evaluated the Gateway and the Explorer and provided feedback on its usability and content. The Gateway is constantly expanding with new features and content. Eventually, the Gateway will be the main source for, and access to, evidence in the European Region. In the near future, an online reporting platform will be added to the Gateway and Member States will be able to upload their reporting data directly into it.

Secretariat's report on the publication of Country Profiles and Highlights on Health
Following publication of five Country Profiles and Highlights on Health in 2017, four further profiles are in development: Malta, the Russian Federation, Serbia and Turkey. The Secretariat emphasized the differences between the country profiles published by the Commission and OECD, which focus on health systems, and these WHO profiles, which have a broader focus and are based on the Health 2020 indicators. WHO profiles are always written together with the ministries of health of the respective Member States and, in doing so, the work advances the use of qualitative data in public health across the Region. Specifically, WHO profiles are moving towards modules that included well-being and burden of disease (BoD) information acquired from the Institute for Health Metrics and Evaluation (IHME).

Secretariat's report on the cultural context of health and well-being project
The expert group on the cultural context of health is entering its fourth year. The expert group will hold its fourth meeting in April 2018. The Secretariat is looking at how to better include the cultural context of health reporting and how to use qualitative indicators to describe the health experience. WHO will never abandon its core mandate to collect and analyse quantitative data; however, the Regional Office and its Member States strongly believe that quantitative data must be supplemented with qualitative information, especially in the era of Health 2020 and Agenda 2030.

Secretariat's report on Public health panorama
The Secretariat produces *Public health panorama*, a quarterly, theme-based and peer-reviewed journal available in both Russian and English. *Panorama* focuses on the dissemination of good practice and successful implementations of evidence-informed policies at the country level. In 2016, a *Panorama* issue focusing on health information for the Regional Committee was published. Another special issue on health information will be published in 2019. The Secretariat encouraged SG members to consider submitting their work to *Panorama* for publication.

Secretariat's report on the Health Evidence Network (HEN)
The Secretariat is stepping up its work with HEN, and the HEN synthesis reports have become a very good source of evidence. HEN reports are peer-reviewed, ready-to-use and evidence-informed. HEN reports are now listed in PubMed and are an official WHO source for evidence. To date, 75 reports have been published or are in the process of being published. At least 35 have been completed in the last few years. One recent report on the use of narrative research received a "highly commended" award in the British Medical Association's Medical Book Awards 2017[1].

Secretariat's report on The European health report 2018
The European health report (EHR) is a WHO flagship publication produced every three years. It reports on the implementation and success of Health 2020 with a baseline of 2010. Having crossed the half-way point of Health 2020's implementation period, the 2018 report will reflect on the effect Health 2020 has had on the Region and identify work still to be done. For the first time, EHR 2018 will report both qualitative and quantitative measures, and will describe new concepts for Health 2020. The new concepts are elements of Health 2020 and include community resilience, community empowerment and the life-course approach. The Secretariat will first describe and eventually endeavour to measure these concepts.

Key messages in the EHR 2018:

- Health and well-being have improved in Europe in tandem with the implementation of Health 2020, but much remains to be done.
  - Inequalities between countries have been reduced but the inequalities within Member States have, in part, increased.

- In order to fully achieve Health 2020, the Region needs:
  - better information and to reduce health information inequalities
  - new types of evidence including qualitative information and to make evidence available to all audiences, that is "evidence for all"
  - new ways of working together for health information:
    - coordinated, integrated and harmonized generation and use of health information
    - integrated and interoperable health information flows across Europe.

[1] Greenhalgh T. Cultural Context of Health: The Use of Narrative Research in the Health Sector. Health Evidence Network synthesis report 49. Copenhagen: WHO Regional Office for Europe; 2016. Available from: http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2016/cultural-contexts-of-health-the-use-of-narrative-research-in-the-health-sector-2016

The EHR 2018 will be launched in September of 2018 at RC68 in Rome. The full report will be available in English and Russian with summary publications available in four languages.

Action points
- Development of an online reporting platform within the Gateway
- Publication of country profiles for Malta, the Russian Federation, Serbia and Turkey
- Publication of The European health report 2018

Key area 3. Capacity-building

Secretariat's report on the Autumn school and advanced course
The Secretariat reported on its primary activities in this key area, the Autumn school on health information and evidence for policy-making and advanced course. Every year, in the last week of October, the Secretariat organizes the Autumn school. It began with funding from the RIVM and the Dutch Ministry of Health. The first Autumn school was held in 2013, and it has become an annual event. The school focuses on how Member States can use health information from Health 2020 for policy. It is hosted by a different Member State each year and supported at the highest level, typically being opened by the host country's Minister or Deputy Minister of Health. In order to support full-cycle policy-making capacity-building, the school brings together health data experts and health policy-makers. In some cases, the Autumn school is the first time the two country expert groups have met or worked together. The Secretariat also organizes a follow-up course, the advanced course, which is tailor-made for the advanced school participants. This year, it will be held in Slovenia in May 2018. In 2017, the Secretariat conducted a very detailed qualitative and quantitative survey on the advanced course. The analysis of that review has been published and will be used as the basis for continuing to improve the course in years to come *(9).*

Key area 4. Strengthening health information networks

Secretariat's Report on strengthening European health information networks
Networks are the backbone and life blood of the EHII. The Secretariat reported that networks operating under the umbrella of the EHII are flourishing and provided a brief overview of each of the health information networks and the significant work being undertaken to strengthen them. More detailed reports from those networks followed the Secretariat's overview.

The Small Countries Health Information Network (SCHIN) was the initiative of Malta's Minister of Health who felt that the small countries have specific issues in common. This network has spearheaded the development of reporting rolling averages for some

indicators and is finalizing this work this year. The fourth SCHIN meeting will be held in Iceland in June 2018.

The Evidence-informed Policy Network (EVIPNet) promotes systematic use of research evidence in policy-making in Europe. It is growing and producing concrete results. EVIPNet works at the country level and its work is country-specific. The network works to increase country capacity to construct effective health policies; and institutionalizes knowledge translation by establishing multidisciplinary and multistakeholder country teams. Through EVIPNet, the country teams learn how to research evidence, perform policy analysis, write policy briefs and bring this knowledge to policy-makers. This is a very different kind of health information network that is focused on capacity-building. The Secretariat promotes EVIPNet as the way to institutionalize knowledge translation. Twenty-one countries have joined EVIPNet, and very concrete results are coming out of this network. The Secretariat recalled Estonia's passage of a tax on sugared beverages as an example of EVIPNet's success. In that case, the Estonian EVIPNet knowledge translation team researched and wrote a policy brief that they brought to Parliament.

The European Burden of Disease Network (EBoDN), which now includes 14 countries, met most recently in August 2017. The EBoDN is now, together with the IHME very close to finalizing a manual for conducting national burden of disease (BoD) studies. The manual will contain instructions for countries on how to perform their own BoD studies in a harmonized fashion which leads to international comparability of results. Like several other networks, at its inception, the EBoDN drafted a manifesto. In that declaration, the EBoDN stated – among other things - that its work needed to be conducted under the EHII umbrella.

At the South-eastern Europe Health Network (SEEHN) ministerial summit, held in April 2017 in Chisinau, Moldova, the ministers decided to establish a SEEHN health information network. The Secretariat continues to work with the SEEHN Secretariat to formalize this network.

The European Health Research Network was established as part of the implementation strategy of the *Action plan to strengthen national research systems and research strategies* in November 2017. This new network will provide tools to Member States to start or enhance the work of their research institutions and establish national research strategies. The first meeting of this network was held in Sofia, Bulgaria, and was co-sponsored by WHO Headquarters and the WHO Country Office in Bulgaria. Five countries were present. Like the EBoDN network's manifesto, this network drafted a statement, the Sofia declaration, in which members stated that the network should work under the umbrella of the EHII.

Launched last month, the European Network for the Measurement of Health Literacy which was spearheaded by the Austrian Ministry of Health, had an auspicious beginning. Nineteen countries were present at the first meeting. The purpose of the network is to ensure that health literacy is measured with harmonized methods across the European Region. Like both the EBoDN and the European Health Research Network, this new network also drafted an initial statement, the Vienna statement, in which members emphasized that this network should work under the umbrella of the EHII.

Action points
- Prepare and conduct the advanced school training in Slovenia
- Formalize the SEEHN health information network.

Key area 5. Support for health information strategy development

Secretariat's report on the 67th session of the WHO Regional Committee for Europe, Budapest, Hungary, 11–14 September 2017
The Secretariat reported that many other activities relevant to EHII were raised at RC67. The Secretariat organized two technical briefings. One reported on the enhanced collaboration between the WHO, the European Commission and OECD *(10)*. At the briefing, Member States reported being very satisfied with the enhanced collaboration between these international organizations. The second technical briefing, "Big Data – big noise or big opportunities?" *(11)* was also successful, and Member States requested that WHO advance the work on the issue of big data under the umbrella of EHII. The Russian Federation suggested that the EHII should have a strategy for dealing with big data. The Secretariat has brought big data to the agenda of this meeting of the EHII.

Health information and the EHII were mentioned in each of the technical RC sessions by 19 different Member States. In the plenary session of RC67, the Member States called on the Director-General to follow the lead of the European Region and establish a global health information initiative and a global action plan for strengthening the use of evidence for policy-making (EIP).

As part of its strategic vision for health data analysis and presentation, meeting participants were offered the chance to use augmented reality as a tool for promoting EHII's six key areas. This was followed by the use of augmented reality tools to create a dynamic EHII SG group "photo".

At the conclusion of the Secretariat's update, the Chair thanked Dr Stein for the detailed report on these important developments and invited questions and comments from the SG.

Discussion

Much of the discussion that followed the Secretariat's update concerned the various networks that have been formed under the EHII umbrella. Several participants expressed interest in joining EVIPNet. A central theme of the EVIPNet discussion was the problem of formulating policy when there are differences in data quality within the country and/or different populations within the country. For instance, a country might have high quality data in some areas of a country but not across the entire country, or it might have a very heterogeneous population. The Secretariat reported that these issues become key questions when an EVIPNet country team is formed. The starting point for the team is to look for evidence within the country on the policy questions the Member State wants to answer. This includes determining any differences in available evidence across the country and between populations. For example: are there differences in the evidence available between urban and rural areas? how is the evidence disbursed across institutions? and what do different stakeholders think about the quality and availability of evidence?

The discussion on networks articulated the difference between EVIPNet and HEN, and how country or sub-country data is reported to HEN. HEN is a different type of network from EVIPNet. HEN is a programme hosted within the Secretariat rather than a network of members. It starts with a particular policy question, which could be a question that originated within the country EVIPNet team. Any policy question that comes up can be brought to HEN. HEN then assembles experts or creates a consortium to look for evidence for that question, reports on the evidence and summarizes the findings in a publication. If a Member State or organization wishes to have a HEN evidence synthesis on a particular question, the report needs to be funded. A HEN report can inform any kind of policy question. HEN assembles existing evidence regionally or globally, answers a particular policy question and disseminates the answer through its publication. HEN's output is a report.

Dr Elena Petelos, Department of Social Medicine, University of Crete, reported that Greece is considering performing BoD studies and that the same problem variance in data and population affects BoD studies. Greece has high quality data in many areas of the country but not across the entire country. The country is very heterogeneous and this diversity makes it difficult to know what work should be performed. The Secretariat responded that the EBoDN is for countries that want to conduct national studies and want to connect with experts in the area. It is also a network where countries contribute their own experience and knowledge. Some EBoDN members are very experienced and have already carried out studies. Some are relatively inexperienced novices who want more information and desire a connection with people who can support them. EBoDN members will in due course be able to use the national BoD manual. EBoDN is not only a technical group; it is a network that brings people together strategically and points towards the information and capacity-building resources they can access.

Member and partner updates

WHO Europe support tool to assess health information systems and develop and strengthen health information strategies

Dr Nicole Rosenkötter, President of the Public Health Monitoring Section of the European Public Health Association (EUPHA), provided an update on ongoing work to complete a major revision of the WHO Europe support tool to assess health information systems and develop and strengthen health information strategies (12) via WebEx.

The majority of revisions to the next version of the WHO support tool will be to the item list. The support tool's item list has six components: resources, indicators, data sources, data management, information products, and dissemination and use. A major revision will be the inclusion of an eHealth item in both the data source and information product components. The revision will also include new items on system architecture. The support tool is also being modified to include a brief list of expected outputs from the assessment process.

Discussion
Questions and comments elicited more detail on the revisions to the support tool. The revised tool will include a better definition for health information systems, which will lead to a better understanding that the tool is a component of a health information system assessment and not only a health data assessment. Although an abridged version of the tool has been suggested, the upcoming revision will include all assessment items.

Dr Herman Van Oyen, Director, Public Health and Surveillance Scientific Institute of Public Health, Belgium, asked whether the revised tool would be available before September when, as part of the Commission's Joint Action for Health Information, the Commission will use the support tool for a peer assessment by nine countries in groups of three. The Secretariat anticipates completion of the revised support tool in the summer of 2018. However, the current tool is entirely usable.

Action points
- Completion of a draft version of the new version of the support tool in the summer of 2018.

European Burden of Disease Network (EBoDN)

Professor John Newton, Chief Knowledge Officer, Public Health England and Chair of the EBoDN provided an update to the SG via WebEx. Professor Newton, reported that the EBoDN has been very successful.

The network's last meeting was in August 2017 in Oslo. The meeting was well-attended and a full report of that meeting is available online *(13)*. The major focus of the Oslo meeting was the country BoD manual being produced by the IHME under a memorandum of understanding with WHO. It was reported that work on the manual has progressed very well, and the opportunity to discuss the manual at the meeting was very valuable. The network plans to publish the country BoD manual in 2018. Another major topic of discussion at the Oslo meeting was the barriers countries must overcome to perform their own BoD studies and how, as a network, members might support countries to undertake BoD studies using their own data. Participants identified two major barriers to country-level BoD studies. Some countries lack the capacity to undertake BoD studies, and some countries struggle with stakeholder engagement. At the meeting, it became clear that there is much more data available in Europe than is used in IHME's Global BoD studies. Members recognized that Global BoD studies could be significantly improved if network members and IHME identified better data sources for the studies.

In the future, the network will continue to work on the manual, and three other areas of work have been prioritized: knowledge translation, improving training for BoD studies in Europe, and improving the identification and provision of data in BoD studies in Europe. The focus of knowledge translation will be to help people understand how to use BoD estimates, including engaging policy-holders and others in BoD estimates. The network hopes to also inform the European Commission's Joint Action on Health Information on improved training for BoD.

The Secretariat was thanked for its continued support and members of EHII were encouraged to join the EBoDN. Colleagues from the Robert Koch Institute will host the next EBoDN meeting which will be held in Berlin in late August 2018.

Discussion
Discussion centred around three issues: translation of the BoD manual into other languages, transparency in the methods used by the IHME in BoD estimates, and the limitations of BoD studies.

Dr Anna Korotkova, Russian Federation, asked if the EBoDN would publish the country BoD manual in Russian. Dr Stein responded that this would be welcome and described the steps that would be required. The final manual needs to be fully approved by all three organizations involved in its production: IHME, EBoDN, and WHO. The Secretariat expressed the hope that the BoD manual would be translated into Russian and all other official languages. Dr Petelos, Greece, asked whether there was a mechanism to translate and publish in languages other than the official ones. The Secretariat reported that

there is an official process, guided by Headquarters, with direct interaction between the requesting Member State and Headquarters.

Dr Calleja, speaking for Malta, reported that Malta had discovered some issues with the estimation methods used by IHME and that more transparency in their methods would be very useful to countries. Malta is addressing the issue bilaterally with IHME; however, if there were more transparency in methodologies, bilateral engagement would not be necessary. Professor Newton agreed with Dr Calleja's comment and reported that most countries in the EBoDN have had similar experiences. A major value of the network is having a platform for a stronger dialogue with IHME both regarding the data and the methodologies they use for their BoD studies. IHME is keen to have bilateral engagement with countries, but that it is clearly easier for them if countries can join together to tackle common data and methodology issues.

The remainder of the discussion concerned the importance and limitations of BoD studies in policy development and analysis. Very strong policy messages can be derived from looking at causes of morbidity such as mental health. However, BoD measures have limitations, and it is important to understand how and when to use them and when another measure should be used instead. That is why it is important to include knowledge translation in BoD work.

Action points
- Completion of the manual for country BoD studies in 2018.

Small Countries Health Information Network (SCHIN)

Dr Calleja, Director Health Information and Research, Ministry of Health, Malta, and Chair of SCHIN reported on the three main foci of SCHIN's activities since its last meeting, which was held in June 2017 (14).

The three main foci of SCHIN's recent work are institutionalizing rolling averages for certain indicators at the Regional Office, addressing concerns about population denominators, and establishing a joint indicator set for small countries. The methodology for computing rolling averages has been identified, and the network has developed an algorithm to identify which indicators should be submitted to the rolling averages methodology. Working with the Secretariat, the network has completed diagnostics on a list of indicators, and the final list of indicators is almost complete. Once finalized, those indicators will be updated with rolling averages and made available on the Gateway.

Population denominators remain a major issue for countries that are not necessarily islands but are contiguous with other countries, such as San Marino and Monaco. The

population in these small countries tends to be mobile, moving between the small country and their contiguous larger neighbours. The mobility of a small population can skew health statistics. For example, movement out of a small country and into its larger contiguous neighbour just prior to the point of death could result in an over-estimation of life expectancy. To date, the network has not managed to identify an approach or solution to this problem.

The SCHIN is working on its own joint indicator set, which is described as a mini health systems performance assessment. Small countries typically have problems scheduling the regular collection and reporting of all the health indicators. Consequently, members are trying to find a collection and reporting structure that is not as burdensome. A survey to SCHIN members was circulated and is guiding the development of a shortlist of indicators that can be used to benchmark one another. If possible, a teleconference discussing the shortlist will be scheduled before the June meeting in Reykjavik.

Discussion
Based upon the similarities of all island countries, Dr Petelos, Greece, asked whether SCHIN would consider expanding its membership to other island countries. This question lead to a wide-ranging discussion of the need for more local data and analysis in order to achieve more equitable health information systems. That discussion included exploration of the unique dynamics of isolated communities and the differences between a variety of populations and political subdivisions within countries. Dr Stein acknowledged the validity of the points raised by various members of the SG. However, Dr Stein suggested that inequalities within countries and across isolated communities or semiautonomous regions is a very complex problem and beyond the scope of SCHIN alone. Additionally, SCHIN is part of the Regional Director's small county initiative within which small countries are defined as a Member State with less than one million people. The Secretariat recommended that the discussion be tabled and added to the agenda of another SG meeting when it would be possible to have more preparation and more concrete information on these issues.

Commonwealth of Independent States (CIS) Health Information Network

Dr Anna Korotkova, Deputy Director of the Federal Research Institute for Health Organization and Informatics of the Ministry of Health, Russian Federation, and Chair of the Network provided the update on activities in the recently formed CIS health information network, which consists of eight countries.

The CIS Health Information Network is a network of institutions with two distinct components. One component focuses on health systems and public health, while the other component concerns health information. This structure, a joint network with

two very clear components, fits all CIS countries but especially those countries where there are different institutions for health systems and health information. Formally, the network is established under the umbrella of the countries' ministries of health and other institutions that are part of the network are nominated by them.

The aim of the network is to foster cooperation between CIS countries and between those countries and WHO. During a briefing held the week before the EHII SG meeting, members agreed on a set of items for discussion at the next conference. Network conferences are held by WebEx every two weeks. For each conference item, different departments of CIS institutions will be invited. Invitations to a conference are offered to officially nominated institutions and other institutions which connect with the conference item or items. From an organizational point of view, the network provides a connection and organizational structure so that the appropriate people for conference items can meet. The main idea of the meetings is to exchange experience and best practice, and the experiences of members and invitees. Before each conference, the institution responsible for the next item produces a background document of 10–20 pages. That background document is disseminated before the conference and the responsible institution receives questions and comments from other members before the meeting. In this way, the network organizes concrete conferences to discuss problems, experiences and a way forward. The network is a tool for making decisions. Conferences are dynamic, with real discussion and exchange, and a place where countries can share appropriate documents.

Currently, the network has prioritized the SDG framework, including how it is translated into Russian. The network's website can be shared with SG members. However, at this point in time, only meeting agendas and reports are available. In future, participating countries will be able to engage in discussions and other interactions on the website.

Action Network on Measuring Population and Organizational Health Literacy (M-POHL)

Mr Florian Bachner, Head of Department of Health Economics and Health System Analysis, Austrian Public Health Institute, provided an update on M-POHL, the most recent network formed under the EHII umbrella.

The first European health literacy survey was conducted in 2011 and published in 2012. At that time, WHO's publication *Health Literacy – The Solid Facts (15)* recommended that a European health literacy survey should have sustained and dedicated funding, be used in more countries, and receive support from the European Union, WHO European Region and European countries. No further action was taken until 2016 when the ministries of health of the German speaking Quintet Countries (Austria,

Germany, Liechtenstein, Luxemburg and Switzerland) made commitments to support agenda-setting on health literacy by supranational organizations and promote an internationally comparable European health literacy survey. The working group of these five countries supported the idea of a WHO action network on health literacy measurement and in early 2017 explored the idea with the EHII SG. The Austrian Ministry of Health developed a concept note that was accepted by the EHII, which agreed to the formation of the action network under its umbrella and an announcement of the network was made in September 2017 at RC67. Nineteen countries attended the kick-off meeting which was held in February 2018, and the current participation in the network comprises 21 countries: Austria, Belgium, Bulgaria, Czech Republic, Germany, Greece, Ireland, Israel, Italy, Kazakhstan, Luxemburg, Netherlands, Norway, Poland, Portugal, Russian Federation, Spain, Sweden, Switzerland, Turkey and the United Kingdom.[2]

The goals of the action network are:

- Institutionalize a regular, reliable, cross-national European health literacy survey, potentially using coordination mechanisms analogous to the Health Behaviour of School-aged Children (HBSC) study
- Establish an international research consortium to:
  - recruit participating countries
  - identify one or more European centres to support the survey
  - further develop the theoretical framework of the survey, the survey tool and methods
  - coordinate international data collection, analysis and reporting in line with commonly agreed standards
  - jointly report, disseminate and discuss health literacy results in Europe
  - develop a multilevel, international database on health literacy

- Support evidence-based policy-making and practice in the field of health literacy:
  - recommendation of monitoring and evaluation strategies of implemented health literacy initiatives
- Stimulate further health literacy research in relevant areas
- Prepare a task force on the subtopic of measuring organizational health literacy.

There are several different roles for participants in the action network. The Chair (currently the Austrian Ministry of Health) and executive core group is currently composed of the initiating countries and the Secretariat. In future, it will be elected from the membership of participating countries. There is also a role for observing countries.

[2]   Minutes from the kick-off meeting of M-POHL available at: http://www.uzg.cz/doc/Minutes-M-POHL.pdf

The network's primary achievements to date include: a timeline for the next European health literacy survey which is scheduled for the second half of 2019; distribution of work packages to specific working groups; preparation of a tool to assist countries to estimate the cost of conducting a survey; a draft of the "Vienna Statement on the Measurement of Health Literacy"[3]; and identification of the data and venue for the next international meeting (27–28 August 2018 in Bern, Switzerland).

Discussion

The participants universally welcomed the establishment of the network and thanked Austria for its leadership. The discussion began with questions about the ways in which the institutionalization of a health literacy survey is comparable to the HBSC survey mechanisms and funding. The ensuing discussion revealed that the network considers the HBSC coordination mechanism a model of good practice on how to structure and govern a survey that members finance themselves. Two different costs to participate in the network and survey were identified: the cost of conducting a country survey, and the cost of having a centralized data analysis and dissemination centre. M-POHL provides a tool for countries to get a rough estimate of the cost of performing a country survey. The cost of maintaining a member-supported centralized data analysis and reporting centre where all surveys are sent should be comparable to the cost of membership in the HBSC. However, no concrete decision to follow this structure has been taken.

The discussion expanded in a number of different directions, including the importance of organizational health literacy. Considerations and advice to the network included:

- the value of different survey instruments or versions for different survey populations
- the usability of the survey instrument, including its acceptance by a country's statistical office
- the different ways that health professionals communicate health information (oral and written communication) and the communications' effect on health literacy and health outcomes
- the value of patient-reported experience measures and patient-reported outcome measures for measuring outcomes of health literacy work
- the importance of surveying organizational literacy (which was affirmed when members reported that it was a hot topic at the M-POHL's kick-off meeting)
- consideration of a module survey approach and attaching modules to existing survey instruments in order to increase participation and conserve country resources.

[3] Vienna Statement on the Measurement of Health Literacy, http://www.uzg.cz/doc/Vienna_Statement.pdf, accessed 11 April 2018

The breadth of the issues raised during the discussion led both the Secretariat and M-POHL members to comment on the large number of working groups addressing these issues within the network. For instance, there are four or five methodological groups as well as a group looking at the economic dimension of health literacy skill building.

Update from the European Commission

Mr Giulio Gallo, Team leader of the Health Information Team of the Country Knowledge and Scientific Committees Unit of the Directorate-General for Health and Food Safety of the European Commission, spoke on behalf of the Commission and gave a brief update on the Commission's two-year cycle of work which is called the State of Health in the EU. (The update on the Joint Action Plan is a separate agenda item.)

Mr Gallo confirmed that the Ispra meeting which the Secretariat referred to in its summary was indeed a very helpful and successful meeting, leading to a good accord on the joint work between the three major agencies. Mr Gallo then proceeded to update the group on the work of the Directorate-General. Products of the State of Health in the EU work cycle include *Health at a Glance: Europe* in 2016 *(16)* and country profiles and a companion report. Each country profile is about 20 pages long. There are five major themes in the companion report: prevention, primary care, integrated care, health workforce and a chapter on the needs of new data for the future. The work is produced together with the OECD and represents a strong partnership between the OECD and the European Observatory. In the final step of the cycle, EU Member States can ask to have a voluntary exchange with the Commission. The exchange is a national-level follow-up and conversation about their country's profile. Several Member States requested a follow-up dialogue with the Commission. To date, those Member States identified a number of subjects that they wanted to focus on in the dialogue process. These topics included the health workforce, better use of data, and patient-recorded experience measures. Topics may change as the dialogues continue. The Commission is about to begin its next two-year cycle.

Update from the Organisation for Economic Co-operation and Development (OECD)

Mr David Morgan, Head of Health Account, Directorate for Employment, Labour and Social Affairs, spoke on the strategic direction of OECD's work on health statistics.

The report on the OECD's strategic direction included updates on recent developments in statistical activities, the renewal of the Health Committee's mandate, continuing international cooperation, and recent and upcoming statistical product releases. The update began with an affirmation that work on health statistics remains a top priority at the OECD and that there are two major inputs into that work. One input came from the OECD Health Ministerial Meeting in January 2017. That meeting resulted in

a mandate for a new generation of health statistics. The second input came from the OECD Health Committee. An in-depth evaluation resulted in a recommendation to continue to strengthen indicators and their comparability in order to ensure that these measurements have policy impact. As a result of this input, the OECD Secretariat will continue its development of existing data collection and expand data collection into new areas, particularly patient-reported indicators.

Health measures are evolving from mortality, life expectancy and diseases to disability and well-being. For OECD, this means that they are entering a new generation of indicators and that there is real science and empirical rigour behind the development and validation of these measures. There is an existing data gap when looking into the perspective of patients, caregivers, families and populations. Health care seeks to improve people's well-being and their ability is the overarching goal of health care, yet measuring a patient's ability to live a normal, functioning life is rarely captured by health systems.

Patient-reported outcome measures and patient-reported indicator surveys are part of the OECD's new generation of indicators. The OECD conducted a survey of Member States to learn about the collection of patient-reported indicators. The findings of the survey showed that there is a substantial appetite among patients, policy-makers and ministers for more standardized international collection and reporting of these indicators. Currently, system-wide implementation of patient-reported indicators is rare, diverse instructions and methods are in use, and coverage is inconsistent. OECD supports a two-pronged approach to collecting patient-reported indicators: top-down to develop a new survey for patients and caregivers on outcomes for people with multiple conditions, and bottom-up to accelerate the collection of outcomes of treatment for high-burden conditions like breast cancer and mental health in a systematic and comparable way.

The OECD Health Committee's mandate, which expired at the end of 2017, has been renewed. As part of the renewal process, OECD conducted an in-depth evaluation of the Health Committee. In general, the organization of the Health Committee was found to support its mandate. However, there was some reorganization and broadening of work scope for subgroups. The expert groups on statistics were combined into a single Working Party on Statistics that includes health accounts and other statistics. This change leveraged the synergies of the expertise of the separate groups. The subgroup on health care quality indicators changed into the Working Party on Health Care Quality and Outcomes. This change widens the scope of the groups' work. In addition to reorganization within existing groups, a new group was created, the Expert Group on Pharmaceuticals and Medical Devices.

The overall mission of the Working Party on Statistics is twofold: to ensure coherence across health statistics data collection activities in order to ensure comparative

performance measurement; and to prioritize the scope, specification and methods of data collection and dissemination. Its responsibilities include:

- monitoring progress on statistics about health and health systems;
- advising on the feasibility of developing new, and improving existing, indicators;
- promoting coordination with the activities and statistical systems of other relevant international organizations;
- providing guidance on statistical analysis and interpretation, including reviews of quantitative and qualitative analysis of cross-country variations in health data; and
- identifying appropriate outputs for the statistical work of the Health Committee.

The health information objectives identified as part of the RC67 technical briefing on enhanced cooperation between WHO, OECD and the European Commission remain priorities for the OECD. They are to: align data collections within the OECD, align the timing of data collection with other organizations, review and possibly expand joint data collections and share data between organizations, and work towards omitting indicators that are collected by another organization. Another of OECD's collaborative efforts is their work with the Commission in producing the publications associated with the second step in the State of Health in the EU cycle, which Mr Gallo, European Commission, reported to the SG. The OECD's focus on health data is on health care quality and financing. This has led them to other health data collaborations with many other entities including UNICEF, the World Bank, development agencies and donor institutions.

The update on OECD's activities concluded with updates on the status of recent health information dissemination activities. OECD's flagship publication on health statistics *Health at a Glance 2017 (17)* was published in early November. It is organized into 11 chapters and includes reports on about 100 different indicators on the health status and health systems of 35 member and nine partner OECD countries.

Discussion
Dr Stein very much welcomed the summary provided by the OECD. She suggested that the Regional Office, the OECD and the Commission would join forces to discuss the two different types of country profiles being produced by the three organizations. Although the profiles differ in their scope and there is no duplication of work by the organizations, they do have the same name. This will raise questions from Members States and others about the differences. Dr Stein proposed a discussion about a one-page overview for each country produced jointly by the three agencies. The page could be structured around areas or topics of health information that the different profiles have in common. The basic idea of a one-page country profile summary as a future project was positively received by Member States and the OECD.

Report on HIREP-ERIC and the Joint Action for Health Information

Dr Herman Van Oyen, Director, Public Health and Surveillance, Scientific Institute of Public Health, Belgium, gave the SG a detailed account of the results of the BRIDGE Health project and its link to the European Commission's Joint Action on Health Information.

Dr Van Oyen, Belgium, explained the rationale for the BRIDGE Project by stating that health information systems are important to people's health, societal life and well-being. Yet, in the EU and elsewhere efforts to improve health information systems are an assortment of individual and independent projects. In the EU, different Directorates-General are involved. Often different international organizations are involved. The current situation is a very fragmented and vertical approach to improving health information systems. These project-based attempts to improve health information systems suffer the same fate as many other projects: they have a start and an end, benefits are often not sustainable, and results are dispersed and incomplete. This is particularly problematic when trying to address the issues of health information system compatibility, health inequality, and inequalities in both health data availability and health data quality.

The BRIDGE Health project arose out of projects that were near or at the end of their lives. Those projects were brought together to identify similar solutions by focusing on four points: transferability of use, reducing health information inequality, promoting information about health and health information inequalities, and developing indicator standards and methods to improve the cross-country comparability of health and health systems. The Joint Action continues the organization of networks that are already present.

Results of the BRIDGE Health project

The BRIDGE Health project involved 31 institutions in 16 EU countries working on the project's 12 work packages and seven horizontal activities. The approach was still very vertical. The most difficult work was finding horizontal work that would overcome this vertical structure. The main outcome of horizontal activities was on the development of a vision and concept for the possible and feasible options for specific, short-term action at the EU level. The final result was a blueprint for specific action, the creation of a European Research Infrastructure Consortium on Health Information for Research and Evidence-based Policy (HIREP-ERIC).

European Research Infrastructure Consortium on Health Information for Research and Evidence-based Policy (HIREP-ERIC)

An ERIC is a legal and organizational structure in the EU that allows Member States to work together. It has two important pillars: research and policy. HIREP-ERIC's objectives are to produce comparable health information on population health and health system performance that are relevant to both research and public health policy. The four core activities of HIREP-ERIC will be generation, management, exchange and knowledge translation of health information. Specific deliverables have been identified for each of the four core activities.

Deliverables related to the generation of health information include: establishing definitions, standards and methodologies relevant to the development, collection and analysis of health data and indicators.

Deliverables related to the management of health information include: establishing distributed virtual data management platforms and a one-stop-shop for researchers, supporting countries with data sharing, data protection and privacy regulations, and incorporating domain-specific reference research network. These activities are similar to the functions of a reference laboratory in that they would establish the standards for health information management.

The HIREP-ERIC should be a network of networks and communities, and information exchange should include best practices. One major feature of health information inequality is capacity inequality. Therefore, some core activities focus on how to set up a training office and use the experience of people working in the field.

Professor van Oyen stated that the public health profession continues to underestimate the importance of methodological development in knowledge translation. However, there have been recent methodological advances that better tailor knowledge to outcomes and support decision-making. Knowledge translation is not the process of providing a single solution. It is a decision-support tool that provides a set of different solutions and allows people and institutions to make their own decisions based upon the pros and cons of the options.

Conceptually, a HIREP-ERIC is a 'house' of networks with huge potential to provide experts for policy support work. As conceived, the house will include national networks that will bring together people involved in different areas of health information and health policy. It will also include domain-specific networks and a mix of domain-specific hubs within a national network. The value of this structure was demonstrated in Luxembourg in June 2017, when the Expert Groups on Health Information and Health System Performance Assessment met for the first time. In some cases, the Luxembourg meeting was the first time that experts from the two domains and same country had met.

Joint Action on Health Information towards a sustainable EU health information system that supports country knowledge, health research and policy-making (Joint Action)

Development of the HIREP-ERIC is a component of the more broadly scoped Joint Action. The Joint Action kick-off meeting was held on 7 March 2018. Its purpose is to build a sustainable infrastructure for EU health information that will improve the availability of comparable, robust and policy-relevant information on health status, health determinants and health system performance. There are 28 participating and five collaborating countries with a three-year budget of €4 million of EU co-funding.

The Joint Action has three specific objectives: reduction of health information inequality both within and between EU Member States; identification of new methods of targeting and understanding health information; and preparation of Member States for the start of HIREP-ERIC. The work of the Joint Action is organized into three strategic objectives each with identified processes, outputs and outcomes and built on three pillars: political support, capacity-building and health information tools. Those three pillars include seven work packages: integration in national policies, proof of concept of a sustainable structure, status of health information systems in Member States and the Region, capacity-building, tools and methods for health information and support, innovation in health information, and interoperability.

The breadth of the work envisioned in order to create a sustainable health information system is remarkable, and there is considerable uncertainty about the work associated with health information tools. In his concluding remarks, Dr Van Oyen emphasized the synergies between the EHII and the Joint Action and expressed a hope that, in 10 years' time, health information inequalities would be greatly improved.

Discussion
The discussion began with a comment on the Joint Action's focus on inequality of health information and a question about how to bring that more into focus within the EHII. Another participant stated that unless the inequality issue was solved EIP would be disabled.

Two related issues emerged from the discussion of health information inequality. One issue concerned the Joint Action deliverables and whether and how information would be shared with non-EU countries. The SG was informed that all EU projects must share deliverables; however, HIREP-ERIC is not a project, it is a coordination of networks. Consequently, there is no system for funding the dissemination of information and deliverables. The other issue had to do with sharing everything that is known about health information inequalities. Dr Van Oyen, Belgium, responded that one way forward on the second issue is peer assessment, where countries agree to submit to honest assessments by other Member States.

Two more technical questions were put to Dr Van Oyen: "Do we know what decision-makers want or wish from different data, and is there a difference between what they want and what they need?" and "Because much of this work cannot be called research, could there be a funding problem for establishing an HIREP-ERIC?" The answer to both questions involved challenging the Members States through meetings and discussions. Challenging discussions will assist the Joint Action to identify the types of information that decision-makers need in order to address policy issues. Discussion with Member States will stress that bringing together the huge domains involved in health information is no different from domains linked in other ERICs. Although the Joint Action will not perform research, there are research opportunities within the domains, and ERIC will produce concrete results.

Dr Stein wrapped up the discussion for the Secretariat by distinguishing the Joint Action from the EHII which has a wider set of Members States. The Joint Action is largely for the benefit of EU countries or those considering accession. For the WHO European Region, the challenge is to provide tools and actions that are applicable to all 53 Member States. That is why the EHII platform can bring the results of the Joint Action to others. Some of the networks under the EHII umbrella already have EU and non-EU countries. For each of these EHII networks, we should always ask: "What can we learn in the WHO European Region from the Joint Action?" Cross fertilization is very important, and that is another reason why it is important to have the chairs of those networks at the EHII SG meetings.

Report on the survey to assess evidence-informed policy-making (EIP) at the country level

Professor David Hunter, Institute of Health & Society, Newcastle University, and former Director of the WHO CC on Complex Health Systems Research, Knowledge and Action (2014–2018), Centre for Public Policy and Health, Durham University, provided the EHII SG with a review of progress on a survey to assess EIP at the country level. The survey was commissioned by the Secretariat.

The survey is a direct point of implementation of the *Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (2)*. Its purpose is to understand or explain the influence that research or evidence has on policy at the country level and to what extent policy-makers are using evidence for decision-making and, if not, then why not. Several phases of the project have been completed, and the EHII SG was asked for feedback prior to finalizing and conducting the survey.

Pre-test development and results

The pre-test phase of the project consisted of:

- a review of previous studies relevant to EIP
- development of a draft survey instrument
- a pre-test of the draft survey by 26 focal points nominated by ministries of health at a workshop at the third EVIPNet Europe meeting
- feedback on the draft survey from six knowledge translation experts in the WHO Regional Office
- feedback from two English- and Russian-speaking knowledge translation experts and
- peer review within the Regional Office and Durham University.

The pre-test work discovered gaps in the evidence base on EIP. EIP studies that do exist focus on individual skills, attitudes towards EIP, and the capacity to use evidence. Very few studies have looked at EIP in an international context. There has been almost no work on research–policy interactions, and no comprehensive Europe-wide survey of key decision-makers.

During pre-testing, experts identified several areas for improvement of the draft survey. These included the need for better definition of key terms and for more detailed survey instructions. Experts exposed potential issues with some of the survey language and suggested a mix of open and closed survey questions. Some questions were thought to be more appropriate for interviews than surveys. The experts also recommended a set

of topics for the survey to focus on. Those topics included: individual skills, attitudes and capacities, barriers and facilitators to using research evidence, and research–policy interactions. As a result of the pre-testing work, the pilot survey contained content in six topical areas: respondent's individual skills, attitudes and capacities, stewardship and leadership, national context for EIP, international context for EIP, research–policy interaction, and the application and impact of evidence in policy-making.

Pilot results and feedback

The survey was piloted and circulated via various networks. Thirteen respondents completed the survey, of whom eight were senior researchers in universities or ministries of health. Survey results showed that most respondents were experienced in systematic reviews, evidence syntheses and knowledge translation. Most of those surveyed also agreed on the definition of evidence used by WHO, but they also emphasized the importance of experiential or tacit knowledge. The most significant influences on policy-making identified through the pilot survey were: research, expert opinion/advice and professional associations. The least significant influences on policy-making identified through the pilot survey were: mass media, lobbyists and pressure groups, and party think tanks or manifestoes. Respondents reported that government prioritization of research evidence for policy-making is variable, and that the main drivers for EIP are the 'political quest for successful policies' and the 'interest of researchers'. The majority of respondents (10) reported being aware of international partnerships. The same number reported that their policy-makers had links to researchers. Unlike other areas of the survey, there was a poor response rate to a question on the application and impact of research evidence on policy-making.

Pilot participants were also asked to provide feedback on the survey tool itself. Participants felt that the survey was too long and suggested re-ordering questions to maximize the response rate. While they doubted the value of questions on individual skills and expertise, they approved of those about EIP in the national context. Participants suggested a better balance of closed and open-ended questions.

The EHII SG members were asked to respond to several specific questions.

- Should we establish an EHII subgroup to guide finalization of the questionnaire?
- Is there another mechanism or mechanisms that could be used to finalize the questionnaire and conduct the survey?
- Who should be surveyed?

Discussion
The discussion focused on several subtopics: obtaining a better understanding of the study question or purpose of the survey, identifying the appropriate methodology or

methodologies to fulfil the purpose of the study, identifying the appropriate survey population. The SG questioned what the purpose of the survey is or should be. Is the purpose to measure EIP or does it extend to include the types of evidence used in policy-making (including other domains of evidence like economic evidence)? Or is its purpose to better understand how to influence policy-makers? Participants in the discussion concluded that there was a substantial difference between identifying gaps in EIP and understanding or studying policy decision-making. Understanding policy decision-making was an important topic, and feedback was often tied to the idea that it should be a major focus of the survey.

The discussion also included feedback on the limitations of questionnaires (often sent to the wrong people or assigned to junior staff) and value of mixed methodologies, like interviews and case study reports. Case studies were mentioned as a method for both determining whether EIP is being used and understanding when and how evidence-informed policies are made. Several people suggested that there might need to be different assessment tools for groups like politicians and scientists.

Another topic of decision was the applicability of a rational model of the theory of change upon which the survey was constructed, if only implicitly. The rationality of the decision-making process was questioned, and the importance of who knows, and has access to, a Minister was mentioned as the real determinant of whether and what evidence influences policy-making.

Given the importance of the survey and the discussion that followed Professor Hunter's report, the SG decided to establish a working subgroup to provide more structure and concrete feedback on the finalization and administration of the survey. The Secretariat agreed to draft terms of reference for the subgroup, whose mandate will be to review the questionnaire, produce a profile of questionnaire recipients, and outline what mixed methods might be used to enhance the survey and raise the response rate. Several attendees agreed to participate in the subgroup or nominated someone from their country or organization to participate. These included Greece, the Russian Federation, the OECD and EuroHealthNet.

Action points:
- The Secretariat will draft and circulate terms of reference for the subgroup.
- EHII members will recruit and nominate people to the new subgroup.

Discussion on the role of the EHII SG in strategic activities on the application of big data in public health by the WHO European Region

Regarding the EHII SG's role in the Secretariat's work with big data, Ms Tina Dannemann Purnat, Unit Leader, Health Informatics and Information Systems, DIR, WHO Regional Office for Europe, opened the discussion with a brief but comprehensive review of the background and purpose of involving the SG in this work.

At the 67th WHO Regional Committee (RC67) on 14 September 2017, the WHO Secretariat solicited Member States to provide input and guidance on the further development of big data in assessing its usefulness in public health policy-making. Member States responded by charging the Secretariat with proceeding, under the authority of the EHII, in the development of a big data strategy in three steps. These included the following:

1. Defining big data for public health
2. Identifying relevant users and target groups
3. Defining methods for the application of big data for developing evidence-informed health policy.

The purpose of bringing the issue of big data in public health to the EHII is to gather input from the SG in determining the concrete next steps to be taken in answering these questions with expert, careful consideration: whether and how big data will be useful in developing EIP; what benefits the use of big data can bring; and what barriers there might be to the use of big data. The EHII is the appropriate platform to answer these questions and advance this purpose.

Of chief importance was to agree on the definition and parameters of big data in the context of public health. At the technical briefing at RC67, it was determined that big data for health and well-being would include data sources and approaches that do the following three things:

1. Enable better and/or new uses of existing data sources through innovations in methods of analysis or integration (within or across organizations, or between different data sources)
2. Contribute to the collection of information and enable data sharing for the synthesis of data sources in health, and feed into advanced analysis methodologies (such as the Global Burden of Disease)
3. Enable the identification of new data sources and analysis methods that can provide new information, evidence and contexts to existing knowledge.

It should be noted that the definition of big data is dynamic and expected to evolve as determined by additional research and exposure to information and applications. With that understanding of big data in the context of health information, the next step is to

determine how big data can be useful in the development of new and existing health information, and how it can be used to support evidence-informed policy development. To achieve this, it is necessary to explore the benefits of, and barriers to, the use of big data. With those considerations, it will be possible to determine what the Secretariat should do to develop a big data strategy.

As it stands now, public health research systems and health information are at the core of EIP. They are crucial for the measurement and understanding of the health status of populations as well as the impact of policies for improving health and well-being. Currently, statistical offices are exploring the use of new data sources to provide official statistics. The Global Action Plan for Sustainable Development Goals *(4)* is a commitment to developing principles for incorporating new and innovative data, generated outside the official statistical system, into official statistics.

As the demands on health information systems increase, the importance of health information, evidence and research simultaneously increase. Chief demands on health information systems include the ability to respond to the needs of multisectoral and complex health policy action, and the ability to respond to policy needs and policy impact in regard to population health. Big data could prove to be an invaluable addition to the strategic generation of that information, evidence and research.

The overall benefit of big data is access to the potential wealth of information it will provide, to a depth that may not even be realized until that data is collected and analysed. The broad benefits are saddled with specific problems and challenges which must also be acknowledged and addressed.

While technology has greatly increased the amount, the availability and the accessibility of information from governmental and health services, this does not automatically parlay into better data for better decision-making. Health information systems in the European Region lack the standardization, interoperability and integration required to make information translatable and relevant to better decision-making.

The 2016 WHO European Report on eHealth, *From Innovation to Implementation— eHealth in the WHO European Region (18)* previously identified the three greatest barriers to big data in health as being (1) a lack of data privacy and security laws; (2) limited integration between different health services and other systems collecting data; and (3) a lack of support for new analytical methods.

Additional challenges identified for the use of big data in public health, eHealth (telemedicine and health care provision) and research include the need to raise

awareness of the benefits of new approaches; investment in education and training; the development of standards of interoperability; and sustained funding and resources.

Discussion

With the input and advice from the European Advisory Committee on Health Research, the European Regional Office has some broad applications and some specific questions and problems for the EHII to explore in determining the next steps in the application of big data to informing health policy-making. In a discussion, the EHII SG considered three essential questions:

1. What feedback do we have on the scope of the definition of big data for public health; and if we were to amend the scope of the definition, how should we do it?
2. What are the key technical areas to be covered by a strategy for big data in public health?
3. What would be concrete operational next steps under the WHO EHII to develop a strategy of big data in public health? (Under the same heading, also consider HEN reports on big data; an issue of WHO's journal *Public Health Panorama* on aspects of big data in public health (spring 2019); whether to commission other types of work; whether to form an EHII subgroup on big data for public health; and whether to set up partnership pilot projects on public health with UN big data innovation labs.)

In the broader perspective, the Regional Office should continue to identify big data sources that operate within our definition of big data; monitor advances in big data; demonstrate how big data can be used by sharing best practices identified from around the world; lead in the regulation of big data to safeguard its appropriate use; and share safeguarding solutions. Additionally, as examples that demonstrate the benefits of big data are realized, along with how they can be used in the policy-making process, they will be noted. Big data applications in other government and health care sectors will be considered for how they could be applied in the WHO health context.

While performing those functions, an awareness of the possible barriers and challenges to the use of big data in public health must be maintained, for consideration of possible solutions. These include security and privacy concerns, and a lack of data integration, harmonization and interoperability. Developing the analytical skill-set (capacity-building) to identify how big data, from both within and outside the realm of health, can be applied to public health will contribute to the evolution of using data for public health accurately and in a timely manner.

Regarding the big data definition, the consensus was to agree with WHO's working definition with the understanding that, as more information and evidence is gathered, it is subject to refinement. Data from pharmaceutical companies, the UN and other sources may revise these early insights and raise questions about security and privacy protections.

The strategy for big data in public health from a technical point of view has issues stemming from the lack of integration of varying health information systems. There are examples from other sectors that could be useful upon examination, but this will remain an issue until there is integration which provides a single European health information system for the purposes of big data in informing public health policy. The discussion touched on concerns of duplicating work that has already been done and using what has been done by others as a cost-effective starting point for WHO's work. Particular attention must be paid to ethical concerns in the context of public health.

Action points:

- The Secretariat will continue to research and monitor developments in the big data applications in public health, including:
  - Taking an inventory of the uses of big data in public health (WHO definition) and bringing the results to the EHII SG
  - Developing a concept note to define the scope, purpose and commission of a possible HEN report on big data and its role in health information and health information systems. In particular, a commissioned report should review good practice for the use of big data in policy-making, identify public health problems that might be addressed by big data, and identify ethical, privacy and other issues associated with the production and use of big data.

DISCUSSION ON THE ROLE OF THE EHII SG IN STRATEGIC ACTIVITIES ON THE APPLICATION OF BIG DATA IN PUBLIC HEALTH BY THE WHO EUROPEAN REGION

33

Review of progress and revision of the EHII workplan

The updated EHII workplan can be found in Annex 1. The following section reports the major matters discussed as part of this agenda item. Table 1 summarizes all of the action points identified during the meeting.

Key area 1. Development of information for health and well-being with a focus on indicators

Joint monitoring framework. Feedback from Member States on the work of the expert committee and proposal for a WHO JMF has been completed. After the final SC consultation on the JMF, the Secretariat will produce a final working document for the plenary session at RC68 with a resolution to adopt the JMF.

Formation of a working group on harmonization of indicators in keeping with the meeting at Ispra. A working group will be formed to support the technical work of harmonizing the indicators, including metadata standards. The OECD, Commission and WHO Regional Office have agreed to: continue to develop the mapping exercise and use the results to identify indicators that might be deprioritized; work to harmonize indicator definitions and metadata; work to develop common metadata standards and interoperability. The first focus of work will be on technical solutions and agreement that will effectively reduce the burden of reporting. The second focus will be to identify work that is important for reducing the burden of Member State reporting but which will require political assent. In this second case, the work product will be a basic roadmap that identifies the steps required to acquire that multilateral agreement.

Key area 2. Enhanced access to, and dissemination of, health information

Continuing development of the Gateway. The Secretariat has completed an evaluation of the user-friendliness for various stakeholders.

Investigate the possibility of multilateral work on country profiles. The Secretariat suggested consideration of jointly publishing a one-page country profile that would collate selected and overlapping data from the profiles being produced by the OECD, the Commission and the Regional Office. Each organization will explore internally, and then trilaterally, what kind of joint output could be produced and report back at the June meeting.

***Panorama* journal issue on health information**. The theme of the March 2019 *Public health panorama* issue will be on health information. It will highlight successful country-level policy or stories of implementing health information systems. Calls for participation will be issued about six months prior to publication.

Explore broader access, dissemination and use of EHII outcomes. This is being drafted by EuroHealthNet which has circulated a concept note internally to the EuroHealthNet Board. The focus of the draft is how to make health data useful and compelling for the public and country-level policy decision-makers. The draft will be reviewed at the next EHII SG meeting in June.

Consideration of a template for government White Papers on health. The Russian Federation will provide a concept note that will be discussed at an upcoming SG meeting.

Key area 3. Capacity-building

Advanced course. A module on small countries will be included in the advanced course, which will be held in Slovenia in June 2018.

Autumn school. The 2018 Autumn school is currently awaiting funding which in all likelihood will be provided by the Dutch Partnership Agreement with WHO. The WHO CC at the University of Manchester has made a strategic investment in online activities and now has the personnel, platform and e-learning team to build adjunct online modules for the Autumn school.

Study on good use of evidence for policy conducted by the WHO CC at Durham University (United Kingdom). The pilot survey was presented and the SG agreed on the establishment of a working group to define the final methodology for the survey, including consideration of a mixed-method approach. A progress report will be given at the June 2018 SG meeting.

Key area 4. Strengthening health information networks

Action Network on Measuring Population and Organizational Health Literacy (M-POHL). The action network was launched in February 2018. The next meeting will be held in August 2018 in Bern, Switzerland.

European Network on Health Research. This network was established in November 2017. Participants identified concrete actions that they would take following the meeting and proposed to engage other national health research stakeholders to jointly advance health research in their countries and strengthen local decision-making informed by local knowledge.

CIS network on health information. This network was established in 2017 and the first meeting has been held. The network will provide regular feedback to the SG.

Key area 5. Support for health information strategy development

Big data. The Secretariat will draft a concept note to define the scope, purpose and commission of a HEN report on big data and its role in health information and health information systems.

Strategic implementation plan for the activities of the DIR in key areas of the EHII. The Secretariat has finalized an internal implementation plan for DIR that aligns its work with the *Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (2)*. This and the results of a managerial review of DIR will be shared with the SG after it has been cleared by the Regional Director.

Key area 6. Communication and advocacy

EHII communication strategy. The Secretariat reported on hopes to be able to recruit a communications officer in 2018. If the budget for a permanent position is not approved, the Secretariat will hire a consultant who can carry out some of the work of the EHII communication strategy.

Table 1 summarizes all of the main action points as discussed during the meeting.

Table 1   Summary of main action points

EHII Key area	Action	Lead	Completion
1.	**Development of information for health and well-being with a focus on indicators**		
	Present JMF indicators and draft proposal to Standing Committee for review	WHO Secretariat	May 2018
	Prepare and present a proposal for the JMF to the Regional Committee in September 2018	WHO Secretariat	Autumn 2018
	Establish working group to support technical harmonization of indicators, including metadata standards	WHO Secretariat	Spring 2018
2.	**Enhanced access to, and dissemination of, health information**		
	Country profiles and highlights on health and well-being for Malta, Russian Federation, Serbia and Turkey	WHO Secretariat	End 2018
	European health report 2018	WHO Secretariat	September 2018
	Presentation of a concept note on ways to demonstrate the relevance and usefulness of the EHII in policy-making and practical public health work at the March SG meeting	EuroHealthNet	June 2018
3.	**Capacity-building**		
	Offer advanced course, with a small country module, in Bohinj, Slovenia	WHO Secretariat	June 2018
	Completion of BoD manual	EBoDN and IHME	2018
	Establish a working group to guide the survey on good use of evidence for policy conducted by the University of Newcastle with the SG	Newcastle University/ WHO Secretariat	Spring 2018
	Conduct study on the good use of evidence for policy	Newcastle University/WHO Secretariat	Winter 2018
4.	**Strengthening health information networks**		
	First meeting of the SEEHN health information network	WHO Secretariat with SEEHN Secretariat	July 2018
5.	**Support for health information strategy development**		
	Revise support tool for Member States' assessment of health information systems and development and strengthening of health information strategies	WHO European Regional Office, RIVM, WHO Secretariat	Mid-2018
6.	**Communication and advocacy**		
	Develop and coordinate EHII communications by appointing a communications officer or consultant within the WHO Secretariat	WHO Secretariat	2018

Conclusions

The Secretariat and Chair commented on the large volume of new work, encouraged the SG to inspire others to join the EHII, and thanked SG members for their hard work and participation.

References

1. European Health Information Initiative. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii/european-health-information-initiative, accessed 25 December 2017)

2. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. EUR/RC66/12. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/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, accessed 26 December 2017)

3. Target 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, accessed 25 December 2017)

4. Sustainable Development Goals: initial mapping of World Health Assembly and Regional Committee resolutions, strategies and action plans. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/publications/2017/sustainable-development-goals-initial-mapping-of-world-health-assembly-and-regional-committee-resolutions,-strategies-and-action-plans-2017, accessed 25 December 2017)

5. Action plan for the prevention and control of noncommunicable diseases in the WHO European Region. EUR/RC66/11. Copenhagen, Denmark: World Health Organization Regional Office for Europe; 2016 (http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/working-documents/eurrc6611-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-in-the-who-european-region, accessed 25 December 2017)

6. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. EUR/RC67/R3. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/67th-session/documentation/resolutions/eurrc67r3-roadmap-to-implement-the-2030-agenda-for-sustainable-development,-building-on-health-2020,-the-european-policy-for-health-and-well-being, accessed 26 December 2017)

7. Developing a common set of indicators for the joint monitoring framework for SDGs, Health 2020 and the Global NCD Action Plan. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0003/360435/vienna-meeting-en.pdf, accessed 18 April 2018)

8. Разработка общего набора индикаторов для единого механизма мониторинга хода достижения ЦУР и оценки прогресса в осуществлении политики Здоровье-2020 и Глобального плана действий ВОЗ по профилактике НИЗ и борьбе с ними (http://www.euro.who.int/__data/assets/pdf_file/0018/360702/vienna-meeting-ru.pdf?ua=1, accessed 24 April 2018)

9. Advanced Course for Health Information and Evidence and Policy-making, analysis and report of participant response to the course held on 27 June–1 July 2017 in Sarajevo, Bosnia and Herzegovina. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/media-centre/events/events/2017/06/advanced-course-on-health-information-and-evidence-for-policy-making/advanced-course-on-health-information-and-evidence-for-policy-making-2018, accessed 29 March 2018)

10. Collaboration in health information and reporting between WHO Europe, European Union (EU) and the Organisation for Economic Co-operation and Development (OECD). EUR/RC67/TD/5. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/67th-session/documentation/technical-briefings/eurrc67td5-collaboration-in-health-information-and-reporting-between-who-europe,-european-union-eu-and-the-organisation-for-economic-co-operation-and-development-oecd, accessed 26 December 2017)

11. Technical briefing on big data. EUR/RC67/TD/6. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/67th-session/documentation/technical-briefings/eurrc67td6-technical-briefing-on-big-data, accessed 26 December 2017)

12. Support tool to assess health information systems and develop and strengthen health information strategies. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/en/publications/abstracts/support-tool-to-assess-health-information-systems-and-develop-and-strengthen-health-information-strategies, accessed 9 April 2018)

13. Report of the Second meeting of the European Burden of Disease Network (EBoDN) Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii/european-burden-of-disease-network-ebodn/report-of-the-second-meeting-of-the-european-burden-of-disease-network-ebodn, accessed 20 May 2018)

14. Report of the 3rd meeting of focal points of the Small Countries Health Information Network (SCHIN). Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/en/about-us/networks/small-countries-initiative/meeting-reports/report-of-the-3rd-meeting-of-focal-points-of-the-small-countries-health-information-network-schin, accessed 10 April 2018)

15. Health Literacy – the solid facts. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf)

16. Health at a Glance: Europe 2016, State of Health in the EU Cycle, 2016. Paris: OECD Publishing; 2016 (http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm, accessed 26 December 2017)

17. Health at a Glance 2017, OECD indicators, 2017. Paris: OECD Publishing; 2017 (http://www.oecd.org/health/health-at-a-glance-19991312.htm, accessed 26 December 2017)

18. From innovation to implementation – eHealth in the WHO European Region (2016). Copenhagen: WHO Regional Office for Europe; 2016. (http://www.euro.who.int/en/publications/abstracts/from-innovation-to-implementation-ehealth-in-the-who-european-region-2016, accessed 18 April 2018)

Annex 1. EHII workplan 2017–2018

Key area 1. Measurement –Development of information for health and well-being with a focus on indicators.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Develop Health 2020 monitoring framework.	Monitoring framework and indicators.	Wellcome Trust.	Host and fund well-being indicators meeting in London.	Finalized.
Continue developmental work on measurement of well-being and on cultural contexts of well-being and new evidence for the 21st century.	Recommendations from expert group meeting for WHO Secretariat to take forward.	1) Wellcome Trust.	1) Joint planning and funding application underway with the Wellcome Trust; expert meeting on cultural contexts of well-being in January 2016; technical briefing for RC66.	Finalized.
			WHO meeting of expert group to discuss next steps in well-being measurement and evidence for the 21st century held in August 2016.	
		2) University of Exeter (United Kingdom).	2) Designation of new WHO CC, University of Exeter (United Kingdom) in October 2016.	Ongoing.
			Well-being report template in preparation by WHO CC Exeter, and report piloting one country to be provided. Two Health Evidence Network reports on community resilience and empowerment in preparation.	

New activities 2015–2018 with agreed contributions.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Assess European Health for All database indicators to determine their degree of alignment with public health priorities and information needs and with the current data situation.	Proposal for updated list of European Health for All database indicators.	1) WHO CC for Health Indicators, Manchester University (United Kingdom); National Institute for Public Health and the Environment (RIVM); WHO Secretariat.	1) Develop design for evaluation procedure.	Ongoing.
Develop proposal for updated list of Health for All indicators.		2) RIVM.	2) Provide technical input during evaluation process.	
Develop proposal for joint monitoring framework for Health 2020, SDGs and NCDs, as per Resolution EURO/RC67/R3.	The JMF and a common set of indicators.	WHO Secretariat and external expert group.	WHO to prepare and present JMF process proposal at RC67, September 2017.	Finalized.
			WHO Secretariat to revise list of JMF indicators based on consultation with Member States and review by the Standing Committee during 2018.	Ongoing.
			WHO Secretariat to prepare and present a proposal for a JMF to the Regional Committee in September 2018.	Ongoing.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Map existing and future developmental work on health information, including indicator development (with a focus on inequalities and the life course) as a starting point for the development of a set of common core indicators for WHO European Regional Office, European Commission and OECD.	Proposal for mapping exercise completed. (Phase 1).	1) WHO CC for Health Indicators, Manchester University (United Kingdom); WHO CC for Health Statistics and Analysis, Moscow (Russian Federation); RIVM.	1) Mapping exercise completed and reported.	Finalized.
			Share revised report with SG.	
	Mapping exercise (Phase 1) completed, summary provided and first draft shared with EHII.	2) WHO Secretariat, in consultation with OECD and Commission; EHII SG.		Finalized.
		WHO Secretariat, OECD and Commission meet at JRC to discuss further.		
	Mapping exercise (Phase 2); draft terms of reference for an EHII expert working group that will use the results of the first draft of the mapping and identify next steps; EHII SG will comment on terms of reference and nominate members to the group.	WHO Secretariat, in consultation with OECD and Commission, will draft terms of reference for an expert working group that will use the results of the first draft of the mapping and identify next steps; EHII SG will comment on terms of reference.	Progress report on establishing working group at next SG meeting.	Ongoing.
	Establishment of working group to support technical harmonization of indicators, including metadata standards.			Ongoing.
Report regularly to EHII SG on cooperation between the Regional Office, European Commission and OECD on health information *(regular activity)*.	Regular updates at EHII SG meetings, including sharing relevant background materials.	WHO Secretariat; Commission DG for health and food safety; OECD.	Joint preparation of updates.	Ongoing.

Key area 2. Access – Enhanced access to and dissemination of health information

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Develop a basic version of WHO health information and evidence portal.	WHO health information and evidence portal (with advanced functionalities).	Netherlands.	Funding for first two developmental phases of the portal.	Finalized.

New activities 2015–2018 with agreed contributions.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Develop next phases of portal, including data warehouse.	Updated and improved version of WHO health information and evidence portal and data warehouse was launched in early 2016; new Health for All Explorer developed and launched in October 2016; extensive expansion of the Gateway in 2017, including developing it into an information discovery tool. Evaluate user-friendliness of Gateway for various stakeholders.	WHO Secretariat; RIVM; WHO CC for Health Indicators, Manchester University (United Kingdom).	Technical cooperation during developmental phase, including advice on/review of existing and new functionalities, themes and content.	Finalized.
		WHO Secretariat.	Update and improve version of WHO health information and evidence portal and data warehouse.	Ongoing.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Develop the concept of country profiles and explore collaboration between the Regional Office, European Commission and OECD on gathering information, potentially starting with the production of WHO *Highlights on health and well-being* by end of 2015.	Overview of country profiles in use/planned by these agencies, and potential for using same information base; each international organization to explore internally (and trilaterally) what kind of joint output could be produced and report back at June meeting. To consider providing a template for governmental White Papers on health (Russian Federation to provide concept) and discuss at upcoming SG meetings.	WHO Secretariat; Commission DG for health and food safety; OECD.	Map existing and planned country profiles and their overlap.	Finalized.
			Panorama fully established and financial sustainability discussed in WHO.	Finalized.
	Launch of *Public health panorama*, Health Evidence Network reports.		Launched country profiles and highlights on health and well-being with three Member States (Greece, Republic of Moldova, Slovenia) in 2016; five country profiles and highlights on Health and well-being were published in 2017; an additional four country profiles (Malta, Russian Federation, Turkey and Serbia) and highlights on health to be developed; discussions with Hamburg Technical University in Germany to become WHO CC in population health analysis and training.	Ongoing.
The European health report is a flagship publication, published every three years and sets the baseline for monitoring progress towards the six targets of the European policy framework, Health 2020.	*European health report 2018.*	WHO Secretariat.	Author and coordinate production of *The European health report 2018*; launch in September 2018.	Ongoing.
Explore broader access, dissemination and use of EHII outcomes by wider public health audience.	Develop concept note based on existing experience of EuroHealthNet; currently in draft stage.	EuroHealthNet.	Concept note for distribution and review at the next virtual Steering Committee meeting in June 2018.	Ongoing.

Key area 3. Capacity-building

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Annual WHO Autumn school on health information and evidence for policy-making, 2013, 2014, 2015, 2016, 2017.	Autumn school.	1) Netherlands and RIVM.	1) Funding for 2013 Autumn school; technical support for developing course programme (2013–2015).	Finalized.
		2) Turkey (2013).	2) 3) 4) 5) 6) Autumn schools hosted and completed.	Finalized.
		3) Poland (2014).		
		4) Russian Federation (2015).		
		5) Romania (2016).		
		6) Georgia (2017).		
	Advanced course.	7) Bosnia and Herzegovina (2017).	7) Advanced courses hosted and completed.	Finalized.
		9) Slovenia (2018).	Advanced course in Slovenia agreed for 2018 by Ministry of Health.	Ongoing.
Autumn school 2018 in planning.	Autumn school and ideas on possibilities for joint modules, possibly leading to action plan for development.	WHO Secretariat; RIVM; WHO CC for Health Indicators, Manchester University (United Kingdom); host country.	Host Advanced school, June 2018; Member States to make proposals by January 2018.	Ongoing.
Explore further collaboration between the Regional Office, European Commission and OECD on developing joint modules for Autumn school.	New features are training on WHO Health Information Gateway and a BoD module (IHME).	WHO Secretariat; RIVM; WHO CC for Health Indicators, Manchester University (United Kingdom); host country.	Prepare course content including joint modules and stand-alone inputs from different sources, including Eurostat; learn from EU scientific committees' practical examples of evidence-informed policy-making; consider creation of new modules. Explore in the context of Joint Action workplan on capacity-building and brief SG thereafter.	Ongoing.
			Consider module on small countries at Autumn school (as of 2018) – will be a teaching day on Advanced course, Slovenia 2018.	
European network on measurement of health literacy.	Prepare a concept note on the development of a network for European surveys on health literacy.	Austria.	Present at SG meeting in June 2017.	Ongoing.
			Share finalized concept note with SG.	
			Formation of new network by end of summer 2017. Network was launched in February 2018 and is working according to its new workplan, next meeting in August 2018 in Bern, Switzerland.	

New activities 2015–2018 with potential contributions.

Develop/adapt standard (e-learning) modules related to contents of Autumn school and/or other health information topics/tools.	(E-learning) modules.	1) WHO CC for Health Indicators, Manchester University (United Kingdom); WHO Secretariat.	1) Explore potential for development of a module on health in all policies for online Masters in Public Health, Manchester University (United Kingdom).	Ongoing.
			Module has gone for review and been agreed for development; completion envisaged for 2018.	
		2) RIVM.	2) Consider educational tool to explore different perspectives on public health, as basis for an additional module or workshop.	Circulate now and present at June 2018 SG meeting.
			Need to reconnect division responsible with RIVM.	

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Activities that strengthen evidence-informed policy-making, such as developing tools for monitoring and evaluation, setting up clearing houses and rapid-response mechanisms; developing repository for evidence-informed policy-making tools.	Tools (to be determined).	WHO CC for Health Indicators, Manchester University (United Kingdom); other voluntary contributions requested.	Currently going through recruitment process for personnel at the WHO CC.	Ongoing.
	Regional Office inventory (to be completed ASAP).	WHO Secretariat.	Report and methodology being finalized at WHO, to be shared shortly.	Ongoing.
	Technical guidance manual (to be completed ASAP).	Federal Research Institute for Health Organization and Informatics with WHO CC for Health Statistics and Analysis, Moscow (Russian Federation).	Regional Office to provide methodology.	Ongoing.
	Tools specifically geared to CIS and Russian-speaking and other countries.			
	EIP Member State Survey.	Institute of Health & Society, Newcastle University (United Kingdom), Greece, WHO Secretariat, Russian Federation, OECD and EuroHealthNet.	Study on good use of evidence for policy conducted by WHO CC at Durham University (United Kingdom) – to be completed early autumn; review by EHII SG to assess its potential and recommendation for next steps to be taken, if appropriate. Pilot study was presented and SG agreed to establish a subgroup to define final methodology, also considering a mixed-method approach; report on progress at June virtual meeting. Share first draft at June virtual SG meeting.	Ongoing.
Mapping exercise of available tools that strengthen evidence-informed policy-making.	Inventory.	Commission and OECD (to be determined once WHO Secretariat has provided methodology).	International organizations to verify and report back at virtual June SG meeting.	Ongoing.
1) Establish European Burden of Disease Network (EBoDN).		1) WHO Secretariat and IHME.	Network launched in September 2016 with 10 countries and Public Health England as Chair and RIVM as Co-chair. Meeting was held in 2017 in Oslo, next meeting to be in Berlin in August 2018.	Finalized.
			Completion of BoD manual in 2018.	Ongoing.
2) Establish formal link with BRIDGE Health consortium for regular feedback and interaction.		2) BRIDGE Health consortium and WHO.	BRIDGE Chair reporting regularly to EHII SG.	Finalized.
Establish a formal link with Joint Action on Health Information.		Joint Action and WHO.	Joint Action reporting regularly to EHII SG	Ongoing.
3) Establish European Network on Health Research.		3) WHO Secretariat.	Network launched in November 2017 in Sofia, Bulgaria with five countries participating (Armenia, Bulgaria, Estonia, Georgia and Kyrgyzstan).	Ongoing.

Key area 4. Strengthening health information networks

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
CARINFONET.	Core list of joint indicators.	1) Kyrgyzstan.	1) Host CARINFONET secretariat during first-rotation period.	Finalized.
		2) Kazakhstan.	2) Host CARINFONET secretariat during second-rotation period; work on new joint indicators for five Member States; host SG in 2016.	Finalized.
			Process will be considered by SCHIN at their next meeting	Ongoing.

New activities 2015–2017 with potential contributions.

Explore potential for establishing Finnish–Baltic health information network.	Finnish–Baltic health information network.	Finland.	Explore possibilities for establishing network (to be revisited at a later stage).	Ongoing.
			WHO Secretariat to investigate whether other members of the network would champion this project. Lithuania will explore further. WHO to send terms of reference of existing networks to Lithuania for further discussion.	

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Explore potential for establishing link between EHII and new network for Russian-speaking countries for health systems and health information.	Feedback on potential to establish link between EHII and Russian-speaking network.	WHO CC for Health Systems and Public Health, Moscow (Russian Federation).	Explore possibilities for linking new network and EHII (update to be provided in March 2017).	Finalized.
			Formal meeting of ministers of the Russian Federation has prepared documents to establish new network with link to EHII in April 2017. CIS network established with legal governance structure and first meeting held. Regular feedback at SG meetings.	
Map existing health information networks in the WHO European Region.	Inventory of networks.	WHO CC for Health Indicators, Manchester University (United Kingdom); other volunteers sought.	Review existing inventories (not required at this point). Await Joint Action activities on this topic for EU countries, rediscuss at SG.	Ongoing for EU countries.
Stimulate new networks and work towards a network of networks.	New Small Countries Health Information Network (SCHIN).	Malta.	Malta is inaugural Chair of SCHIN and chaired the second meeting in October 2016 in Monaco.	Finalized.
			Third meeting held in June 2017; Chair to seek close collaboration with EBoDN. Fourth meeting to be held in June 2018 in Iceland.	Ongoing.
	Establish a health information network for SEEHN.	WHO Secretariat and SEEHN Secretariat.	Formalization of the SEEHN health information network, first meeting planned for June 2018.	Ongoing.
	Establish European Network on Health Research.	WHO Secretariat and SEEHN Secretariat.	First meeting held in November 2017, in Sofia.	Ongoing.

Key area 5. Support for health information strategy development

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Support tool launched for Member States to assess health information systems and develop and strengthen health information strategies.	Support tool to assess health information systems and develop and strengthen health information strategies.	1) Russian Federation.	1) Co-chair expert group guiding tool development and host two expert group meetings.	Finalized.
		2) Netherlands; RIVM.	2) Co-chair expert group guiding tool development.	
			Revision and update by EHII SG member EUPHA, progress report at June meeting.	Ongoing.

New activities 2015–2018 with agreed contributions.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Explore linkage of introduction of support tool to another event such as the Autumn school or network meetings such as CARINFONET *(regular activity).*	Promotion of support tool.	1) WHO Secretariat.	1) Identify opportunities to present tool and summarize in a calendar; prepare basic presentation.	Ongoing.
		2) EHII SG members.	2) Inform WHO Secretariat about meetings and events where the tool could be introduced.	Ongoing.
Organize pilot workshop(s) in a few Member States for implementing tool; use outcomes to improve and update tool; consider evaluation and use of tool at Autumn school.	Piloted and improved tool.	WHO Secretariat.	Missions to four countries completed to use the tool to review health information systems.	Finalized.
	Evaluation of Bulgaria and the Republic of Moldova exercises.	RIVM (with strong collaboration with WHO Secretariat).	Four countries have piloted tool; next steps to convene working group to review feedback received and propose revision by early autumn 2017; consider Joint Action and ERIC as potential synergy for this revision.	Finalized.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Potential new activities 2015–2018.				
Discuss lessons learnt from BRIDGE Health project in EHII.	Revised EHII operational framework.	EHII SG and BRIDGE Health project.		Finalized.
SG to review implementation plan for RC66 Action plan to Strengthen the use of evidence, information and research in policy-making.	Feedback on the RC66 action plan implementation.	EHII SG, WHO Secretariat.	SG to review implementation plan for RC action plan; has gone to Regional Director for clearance; for discussion at June meeting. EHII to request involvement in strategic planning post-2020.	Ongoing.
Revision of the Support tool to assess health information systems and develop and strengthen health information strategies.	Provide SG with revised tool for peer review.	WHO Secretariat, with advice from EHII SG subgroup.	Provide draft of version 2 of the support tool for Member States' assessment of health information systems and development and strengthening of health information strategies. Draft completed early 2018.	Ongoing.
	Revised Support tool to assess health information systems and develop and strengthen health information strategies.	WHO Secretariat, with advice from EHII SG subgroup.	Gather good practice examples from European Region of interventions aimed at improving (elements of) national health information systems to supplement support tool.	Finalized.
		WHO Secretariat, with advice from EHII SG subgroup.	SG members to peer review the revised support tool, and provide comments electronically.	Finalized.
Big data for public health.	Technical briefing on big data for RC67.	WHO Secretariat.	Organize, prepare discussion paper, and deliver technical briefing on big data for RC67.	Finalized.
			EHII proposed HEN report on big data to be discussed at a later SG meeting.	Ongoing.

Key area 6. Communication and advocacy

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Set up EHII website.	Webpages dedicated to EHII on WHO Regional Office's public website.	WHO Secretariat.	In development by WHO Secretariat.	Ongoing.
	Establish a SharePoint website for the SG.	European Commission.	Commission to share with WHO and EHII SG link to stakeholder platform used at the Commission.	Finalized.
			Platform up and running, need further members to join.	Ongoing.

New activities 2015–2018 with agreed contributions.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Develop communication strategy, including (series of) papers in relevant scientific journals and other media *(high priority)*.	EHII communication strategy.	1) WHO Secretariat.	1) EHII special working group to draft communication strategy.	Ongoing.
		2) Latvia; Turkey; WHO CC for Health Indicators, Manchester University (United Kingdom).	2) Review draft strategy.	
		WHO Secretariat.	To be taken forward in 2018 with WHO communications officer.	
Represent and promote EHII at relevant meetings and events *(regular activity)*.	Presentations, dissemination of EHII materials, discussions with stakeholders, etc.	SG members.	Give presentations, disseminate promotional materials, inform interested stakeholders.	Ongoing.
			Consider use of presentations on link (e.g., EUPHA) for advocacy purposes.	
			Indicate their EHII membership and links to EHII on their websites.	
			Promote EHII products, including through EUPHA.	
			Submit proposals for EUPHA conference and pre-conference workshops.	
Develop standard template for slide presentations on EHII.	Presentation template.	WHO Secretariat.	Basic slide presentation on EHII that can be adapted for different audiences.	Ongoing.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Inform the Regional Committee about EHII *(regular activity)*.	Progress updates.	WHO Secretariat.	Prepare regular updates.	Ongoing.
			Technical briefing on big data agreed for RC in 2017.	

Potential new activities 2015–2018.

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Organize EHII roadshow and visit potential new members.	None yet agreed.	None yet agreed.	Major activity requiring next secondment.	Not started.
Create a YouTube channel.	Promotional EHII video.	WHO Secretariat.	Film completed and can be shared shortly.	Finalized.
Establish regular EHII newsletter (or another innovative mechanism to communicate).	Newsfeed on website, posts, updated brochure.	WHO Secretariat with support from EUPHA.	Newsletter currently not possible but website and brochure being updated.	Ongoing.
Augmented reality advocacy.	Promotional EHII application and potential Gateway tool.	WHO Secretariat.	Demonstration of augmented reality for advocacy and presentation of health data.	Ongoing.

Support to Secretariat

Activity	Product(s)	Contributing member(s)	Description of contributions	Status
Support WHO Secretariat *(regular activity)*.	Well-functioning WHO Secretariat.	1) Netherlands and RIVM.	1) One-year secondment of senior staff member to European Regional Office (2014–2015); technical support for organization of first EHII SG meeting and financial support for the biennium 2016–2017.	Finalized.
		2) Turkey (in 2017).	2) Secondment of staff member to European Regional Office.	Ongoing.
		3) WHO CC for Health Indicators, Manchester University (United Kingdom) (under discussion).	3) Secondment and student internships.	Ongoing.
		4) Wellcome Trust.	4) Fellowships and grant received.	Finalized.
		5) Ministry of Health, Germany.	5) Funding provided to WHO Secretariat including Junior Professional Officer (three years) from Germany.	Finalized.
		6) Robert Wood Johnson Foundation.	6) Grant from Robert Wood Johnson Foundation received.	Finalized.
		7) Public Health England.	7) Secondment from Public Health England agreed for 2018.	Ongoing.

Annex 2. Programme

Monday, 19 March 2018	
09:30–10:00	Registration
10:00–11:30 11:30–11:50	*Pre-meeting of subgroup for the 'mapping of indicator sets in the WHO European Region'* (open to all interested participants of the EHII Steering Group) • Inform about results and outcomes of relevant meetings, including EC/OECD/WHO and CIS meetings *(All)* • Current state of play of mapping exercise *(RIVM)* • Discussion on implications • Next steps, for discussion in Steering Group Opening of main meeting Welcome by Chairperson(s) and WHO Secretariat Introduction round for new participants Rotation of chairmanship of EHII Election of rapporteur Adoption of provisional agenda and programme Briefing on background and expected outcome of the meeting

11:50–12:45	Update on recent regional developments relevant for the EHII
	1. Update by the WHO Secretariat on recent developments in the Region
	   a. WHO Secretariat
	      i. new members to EHII
	      ii. recent regional developments
	      iii. key areas
	      iv. health information networks
	   b. Revision of the *WHO support tool to assess health information systems and develop and strengthen health information strategies*

12:45–13:45	Lunch break
13:45–14:45	Update on recent EHII developments (continued) Updates from members and partners • Update from European Burden of Disease Network *(John Newton)* • Update from Small Countries Health Information Network *(Neville Calleja)* • Update on Action Network for the Measurement of Health Literacy *(Austria)* • Update from the European Commission (TBD) and the OECD *(David Morgan)*
14:45–15:45	Status of the BRIDGE Health project and Joint Action, JA *(Herman Van Oyen)*
15:45–16:15	Coffee break and group photo
16:15–16:45	Feedback from the subgroup for the 'mapping of indicator sets in the WHO European Region'
16:45–17:45	Survey to assess evidence-informed policy-making at country level *(Prof David Hunter, University of Newcastle)* – update on the implementation of the *Action plan to strengthen the use of evidence information and research for policy-making in the WHO European Region*
17:45–18:00	Wrap up of Day 1 *(Chair and WHO Secretariat)*

Tuesday, 20 March 2018	
09:00–09:10	Key action points arising from Day 1 *(rapporteur)*
09:10–10:30	Role of the EHII SG in the activities of the WHO Regional Office for Europe in relation to big data *(WHO Secretariat):* • Big data and the WHO Regional Office for Europe *(Tina Dannemann Purnat)* • Discussion
10:30–10:50	Coffee break
10:50–11:45	Progress review and revision of the EHII action plan *(All)*
11:45–12:15	Any other business
12:15–12:30	Wrap up and next steps *(Chair and WHO Secretariat)*
12:30	End of the meeting

Annex 3. List of participants

EHII members

Austria

Mr Florian Bachner
Head of Department of Health Economics and Health System Analysis
Austrian Public Health Institute
Stubenring 6
1010 Vienna, Austria
Email: florian.bachner@goeg.at

Belgium

Dr Herman Van Oyen
Director
Public Health and Surveillance
Scientific Institute of Public Health
Rue Juliette Wytsman 14
1050 Brussels, Belgium
Email: hvanoyen@wiv-isp.be

Czech Republic

Dr Ondřej Májek
Head of Foreign Relations Department
Institute of Health Information and Statistics of the Czech Republic (IHIS CR)
Palackého nám. 4 , P.O.BOX 60
128 01 Prague 2, Czech Republic
Email: ondrej.majek@uzis.cz

Public Health England

Prof John Newton (WebEx)
Chief Knowledge Officer
Public Health England
506S, Wellington House
133–155 Waterloo Road
London SE1 8UG, United Kingdom
Email: John.Newton@phe.gov.uk

EuroHealthNet

Dr Bosse Pettersson
Vice President
67 rue de la Loi
B-1040 Brussels, Belgium
Email: bopson11@gmail.com

European Public Health Association (EUPHA)

Dr Nicole Rosenkötter (WebEx)
President
Public Health Monitoring
European Public Health Association
Otterstraat 118-124, Postbox 1568
3500 BN Utrecht, Netherlands
Email: Nicole.Rosenkoetter@lzg.nrw.de

Germany

Dr Bärbel-Maria Kurth
Head Department of Epidemiology and Health
Monitoring
Robert Koch Institute
Seestrasse 10,
13353 Berlin, Germany
Email: kurthb@rki.de

Greece

Dr Elena Petelos
Senior Research Fellow in Public Health
Lecturer in Evidence-Based Medicine and Evidence-
Informed Policy
Clinic of Social and Family Medicine
School of Medicine, University of Crete
Voutes Campus, Heraklion, Crete
Email: elena.petelos@med.uoc.gr

Professor Cristos Lionis (WebEx)
Professor of Primary Care and General Practice
Director of the Clinic of Social and Family Medicine
and Head Department of Social Medicine
School of Medicine, University of Crete
Voutes Campus, Heraklion, Crete
Email: lionis@galinos.soc.med.uoc.gr

Iceland

Dr Sigríður Haraldsdóttir
Director of Health, Health Information and
Research
Ministry of Health
Iceland
Email: shara@landlaeknir.is

Institute of Health & Society

Professor David Hunter
Institute of Health & Society, University of Newcastle
Baddiley-Clark Bldg,
Newcastle upon Tyne, United Kingdom
Email: david.hunter2@newcastle.ac.uk

Italy

Dr Angela Spinelli
National Institute of Health
Director, National Centre for Disease Prevention
and Health Promotion
Viale Regina Elena 299
00161 Roma, Italy
Email: angela.spinelli@iss.it

Lithuania

Dr Aušra Želvienė
Head, Epidemiology and Biostatistics Division
Institute of Hygiene
Didžioji str. 22
01128 Vilnius, Lithuania
Email: ausra.zelviene@hi.lt

Malta

Dr Neville Calleja
Director
Health Information and Research
Ministry for Energy and Health
Palazzo Castellania
15, Merchants Street
VLT 2000 Valletta, Malta
Email: neville.calleja@gov.mt

Netherlands

Ms Annemiek van Bolhuis
Director Public Health and Health Services
National Institute for Public Health and
Environment (RIVM)
Antonie van Leeuwenhoeklaan 9
3721 MA Bilthoven, Netherlands
Email: annemiek.van.bolhuis@rivm.nl

Dr Mariken Tijuis
Centre for Health Knowledge Integration
National Institute for Public Health and the
Environment (RIVM)
Antonie van Leeuwenhoeklaan 9
3721 MA Bilthoven, Netherlands
Email: mariken.tijhuis@rivm.nl

Dr Marieke Verschuuren
Department for Health Services and Prevention
Forecasting
Centre for Health and Society
National Institute for Public Health and
Environment (RIVM)
Antonie van Leeuwenhoeklaan 9
3721 MA Bilthoven, Netherlands
Email: marieke.verschuuren@rivm.nl

Romania

Dr Claudia Dima (via Webex)
Senior Public Health and Management MD
National Institute of Public Health
National Centre of Evaluation and Health
Promotion
Dr Leonte Anastasievici Street no.1-3
Bucharest,Sector 5, 050463, Romania
Email: Claudia.dima@insp.gov.ro

Russian Federation

Dr Anna Korotkova
Deputy Director on international collaboration
issues
Federal Research Institute for Health Organization
and Informatics, Ministry of Health
11, Dobrolubova Str
127254 Moscow, Russian Federation
Email: korotkova_anna@mednet.ru

WHO Collaborating Centre for Health Indicators

Dr Arpana Verma
Head of the Division of Population Health, Health
Services Research and Primary Care
Director Manchester Urban Collaboration on
Health/Centre for Epidemiology
University of Manchester,
Manchester, United Kingdom
Email: Arpana.Verma@manchester.ac.uk

Observers

European Commission

Mr Giulio Gallo
Team leader for country knowledge
Unit on Country Knowledge and Scientific
Committees (SANTE C2)
European Commission, 3/088 HITEC Building
L2920 Luxembourg
Email: giulio.gallo@ec.europa.eu

Organisation for Economic Co-operation and Development (OECD)

Mr David Morgan
Head of Health Accounts
Directorate for Employment, labour and Social
Affairs
2, rue Andre Pascal
75775 Paris Cedex 16, France
Email: david.morgan@oecd.org

Rapporteur

Ms Pat Tidmarsh
Email: Tidmarsh.pat@gmail.com

World Health Organization

Regional Office for Europe

Ms Tina Dannemann Purnat
Unit Leader, Health Informatics and Information
Systems
Division of Information, Evidence, Research and
Innovation
Email: purnatt@who.int

Dr Nils Fietje
Research Officer
Division of Information, Evidence, Research and
Innovation
Email: fietjen@who.int

Ms Tanja Kuchenmuller
Unit leader a.i.
Knowledge Management, Evidence and Research
for Policy-Making
Division of Information, Evidence, Research and
Innovation
Email: kuchenmullert@who.int

Dr Claudia Stein
Director
Division of Information, Evidence, Research
and Innovation
Email: steinc@who.int