



World Health
Organization

REGIONAL OFFICE FOR Europe

Measurement of and target-setting for well-being: an initiative by the WHO Regional Office for Europe

**First meeting of the expert group
Copenhagen, Denmark, 8–9 February 2012**



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Measurement of and target- setting for well-being: an initiative by the WHO Regional Office for Europe

**First meeting of the expert group
Copenhagen, Denmark, 8–9 February 2012**

ABSTRACT

An Expert Meeting on Measurement and Target-Setting for Well-being was held in Copenhagen in February 2012 to provide advice for the WHO Regional Director for Europe on how to report on well-being, particularly in view of the development of the WHO Regional Office for Europe's Health 2020 policy and the forthcoming European health report 2012. As a central element of this new policy, WHO aims to develop a common concept and approach to well-being allowing for effective measurement as well as potential regional targets. The expert group was asked to develop an action plan with clear goals and recommendations for the next steps. The focus should be on WHO's central mandate of health, and advances in measurement concentrated on the health and health-related aspects of wellbeing and how this information is useful to policy-makers and health professionals. A definition of well-being needs to be developed, with consequent proposals for domains and indicators as a basis for further recommendations in these areas.

Keywords

QUALITY OF LIFE
PSYCHOMETRICS
HEALTH INDICATORS
HEALTH POLICY – trends
EUROPE

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2012

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

	<i>Page</i>
Executive summary	v
Introduction.....	1
Purpose, objectives and expected outcomes of the Meeting	1
Overall aim	1
European health report 2012.....	2
Measurement of well-being in practice	3
Intermediate results of the systematic review of the literature:	
measurement of well-being.....	3
Developing national well-being measures	4
Choosing domains and indicators of well-being	5
Measurement of well-being at the global level	7
Selecting indicators and gathering data	8
Self-reported states of well-being	8
Surveys measuring well-being	9
Research and studies on well-being in Europe	11
Measuring well-being in Europe.....	11
Presentation of well-being data	12
Summary indices or sub-indices?.....	12
Defining the concepts	15
Defining the concept of well-being.....	15
Recommendations.....	17
Definition, domains and indicators of well-being	17
Measurement methods of well-being.....	18
Presentation and communication of measures	18
Whether and how targets can be set	18
How to address gaps and limitations.....	19
Next steps	19
Related events.....	19
References	20
Annex 1 Agenda.....	22
Annex 2 List of participants	24

Executive summary

An Expert Meeting on Measurement and Target-Setting for Well-being was held in Copenhagen in February 2012, with the aim of providing advice to the WHO Regional Director for Europe, particularly in the context of developing the Regional Office's Health 2020 policy and the forthcoming European health report 2012. As a central element of this new policy, WHO aims to develop a common concept and approach to well-being which will allow for effective measurement as well as potential regional targets.

WHO is carrying out a systematic literature review of validated tools for the measurement of well-being. It was agreed that this should also look at material from other sources such as international organizations, and to search for terms other than "well-being" more commonly used in different disciplines.

Some examples of measurement of well-being in practice were discussed, including:

- the United Kingdom programme, led by the Office of National Statistics, which aims to develop an accepted set of national statistics to help in the understanding and monitoring of national well-being;
- the OECD Better Life Initiative, which has produced a framework for measuring well-being focusing on households and people, outcomes and inequalities and including both objective and subjective aspects;
- WHO's SAGE survey of ageing and health, which looks at evaluative well-being, using questions about satisfaction with life and experienced well-being through day reconstruction and associated affect;
- the Australian Unity Wellbeing Index surveys, which show that self-reported data about subjective well-being provide reliable measures;
- Gallup's World Poll, which has produced data on well-being through annual coverage of at least 130 countries, with a well-being index combining objective and subjective measures.

Two examples of research in Europe are the Collaborative Research on Ageing in Europe, which aims to provide measures to describe the ageing population, and the Roadmap for Mental Health Research in Europe, which aims to provide roadmaps for research on mental health and well-being. There is a wide range of activities measuring well-being at international level in Europe as well as many national initiatives, but there is also nearly as wide a range of concepts in use and substantial blind spots in many countries.

Well-being is multidimensional, which creates challenges in terms of presenting data. For such multidimensional concepts, typical approaches include using a "dashboard", or combining data in composite measures, both with advantages and disadvantages.

Some elements of a definition, domains and indicators of well-being to be used were identified:

- any definition should be conceptually sound, draw on existing work and aim for maximum coherence with other approaches at international level;
- the focus should be on WHO's central mandate of health and advances in measurement concentrated on the health and health-related aspects of wellbeing and how this

information is useful to policy-makers and health professionals (while being clear about how this fits into a wider concept of well-being);

- linked to this, the overall approach to health and well-being should take account of the two-way relationship between those concepts – health influences overall well-being, but well-being is also a predictor of future health.

The specific tools and presentation to be used could only be considered in detail once the overall definition, domains and indicators were clearer. To achieve this, some specific follow-up work would be needed in order to develop proposals for an overall definition of well-being to be used in this context, with consequent proposals for domains and indicators. This would then provide a basis for the expert group to make firmer recommendations about these areas.

Introduction

An Expert Meeting on Measurement and Target-Setting for Well-being was convened by the World Health Organization (WHO) Regional Office for Europe in Copenhagen on 8 and 9 February 2012. The aim of the Meeting was to provide advice to the Regional Director, particularly in the context of the development of the Regional Office's new Health 2020 policy and the forthcoming European health report 2012. As a central element of this new policy, WHO aims to develop a common concept and approach to well-being which will allow for effective measurement as well as potential regional targets.

The agenda of the Meeting is attached as Annex 1. The participants (Annex 2) were welcomed to the Meeting by Dr Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation, on behalf of the Regional Director, Mrs Zsuzsanna Jakab. Dr Peter Achterberg was elected chairperson and Mr Nick Fahy rapporteur.

Purpose, objectives and expected outcomes of the Meeting

Overall aim

Dr Stein described how WHO seeks to monitor and assess health trends, to shape the health research agenda and to articulate evidence-based policy options. Within the Regional Office, this is the responsibility of the Division for Information, Evidence, Research and Innovation in close collaboration with all other technical divisions. The Division aims to bring together evidence for health, appraise it and translate it into policy, as well as to support Member States in evaluating similar policy developments and the impact of policy on health outcomes.

Although WHO's definition of health includes well-being as its pivotal theme, reporting has tended to focus on death and ill health rather than well-being as such. WHO is now working to include reporting on well-being, which is the aim of the process to which this expert Meeting is contributing. This work is linked in particular to the European Health 2020 policy, with its emphasis on health and well-being and its aim of setting targets. This approach and detailed methods for measurement will be set out in the European health report 2012, which will focus on target-setting for health and well-being as part of establishing the evidence base for the Health 2020 policy.

Precisely what is meant by "well-being" in this context is still being defined. The work of this expert group should help. A wide range of approaches is being taken by other organizations and in research activities covering different domains: some objective, some subjective, some quantitative, some qualitative, with different methodologies and tools in use for collection. The tools used to measure well-being are being systematically reviewed by the Regional Office through a literature review described below.

The Regional Office is aiming to develop a common concept and approach to well-being, which will then allow for effective measurement. Approaches to measurement should be as objective as possible, although without discarding validated measures for self-reporting.

The expert group is being asked to develop an action plan with clear goals and recommendations for the next steps, including whether the group should meet again.

European health report 2012

Dr Ritu Sadana (WHO Regional Office for Europe) said that the European health report is the Regional Office's flagship publication, published every three years. The aim of the Report is to provide solid evidence for the health status of the European Region and a rationale for the selection and monitoring of targets aligned to the new Health 2020 policy, which will be proposed for discussion and approval at the next session of the Regional Committee, in September 2012.

The proposed Health 2020 policy will focus on three domains:

- governance, values and health systems: governance for health and well-being and strengthening of people-centred health systems;
- healthy people and life-course: tackling the determinants of health and health inequalities, investing for healthy people (including well-being) and empowering communities;
- burden of disease, mortality and risk factors: tackling systemic risk – the major burden of disease, and creating healthy and supportive environments and assets for a healthy environment (including risk factors).

The key target audience for the Report is policy-makers and public health professionals, with the aim of inspiring countries to set their own targets and strengthen strategies to reach them by 2020. The Report should also stimulate the research community by setting out issues, such as key measurement challenges and how to work together to overcome them and make use of health data across the Region. The plan is to produce a first draft of the Report by April, with publication in December 2012. It is hoped that the report will be accompanied by background papers in collaboration with the *European Journal of Public Health*.

The Report will also open new avenues in the area of measuring health and well-being rather than only disease and disability. Building on and extending existing efforts, important questions the Report could address include: what do we mean by well-being? Why is this important for, and what is its link to, health? Why are governments and societies across Europe interested in health and well-being? Can levels of well-being be measured and useful information be provided to policy-makers and health professionals and, relatedly, is it possible to know whether well-being is being improved?

The overall aim of the Report is to assess the current health situation and provide a baseline for the Health 2020 targets and indicators. Data from across the Region's Member States should be drawn on in such a way as to enable comparisons between countries and over time, and to promote collaboration to overcome challenges in measurement and analysis. It is envisaged that the Report will have the following overall structure:

- Introductory chapter: health status in Europe;
- Chapter 1: targets for European Member States, with their determinants, levers for change and expected impacts;
- Chapter 2: setting of the course to monitor population well-being;
- Chapter 3: ways to collaborate and monitor progress towards the goals of Health 2020.

The Regional Office invited suggestions for relevant sources of information for this Report (covering all 53 countries in the Region); advice on whether it is possible yet to set targets for

well-being; and what needs to be done over the next few years, including possible specific papers that could be commissioned.

In discussion, the following points were made.

- The number of targets under Health 2020 is likely to be limited – around 10 to 12 for the 3 domains. However, WHO sees the targets as a means to accountability and a basis for dialogue with countries on the whole area covered (well-being), not just individual targets – although in the case of well-being, such a dialogue might need to involve actors beyond the health sector.
- There is a tension between the variations within and between countries and the clarity of an absolute regional target. One way to reconcile this might be to have a regional target linked to a process of setting national targets. Another could be to evaluate progress in terms of a percentage improvement from the baselines in different countries.

Measurement of well-being in practice

Intermediate results of the systematic review of the literature: measurement of well-being

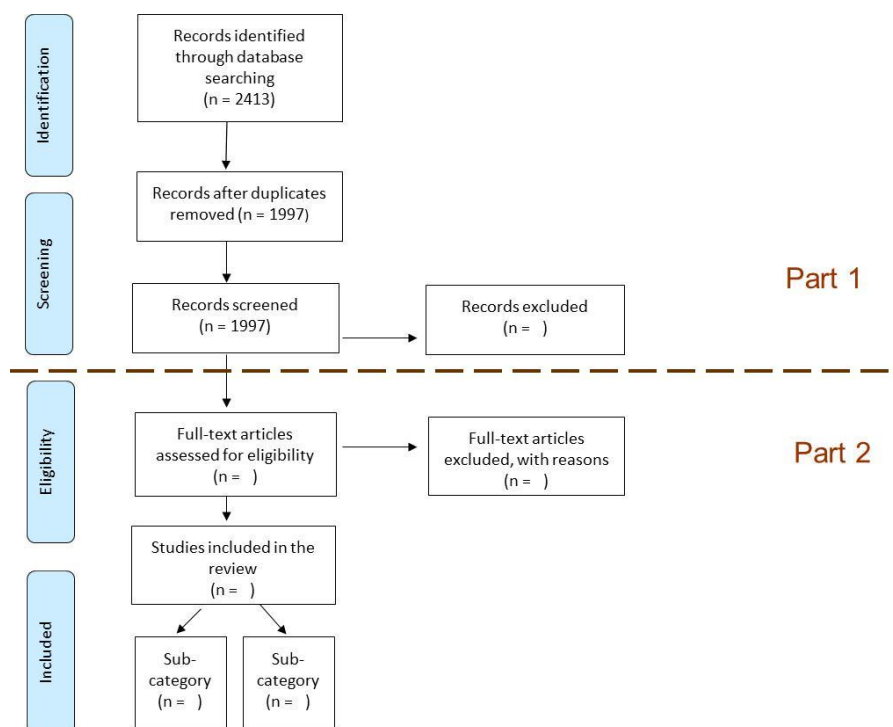
Dr Annette Nigsch (WHO Regional Office for Europe) described the systematic review of the measurement of well-being being carried out by the Regional Office. The purpose of this review is to identify all the validated tools and instruments for the measurement of well-being in the general population, to look at what they aim to measure, and to assess how far these cover (or could cover) all the European Member States. The search strategy for this review combines six search concepts (“well-being”, “measurement tool”, “measurement properties”, “general population”, observational studies and peer-reviewed literature), and draws on databases covering biomedical, psychological and economics literature.

So far the review has identified 2413 studies. These are being screened and reviewed in order to map and categorize possible issues and tools and to identify key outstanding issues (Fig. 1). The plan is to have the core categorization of studies ready by the end of March.

In discussion, the following points were made.

- As there is no clear WHO definition of well-being, the review is taking an open approach focusing on whether studies described themselves as aimed at measuring well-being. When in doubt, studies are included.
- The studies identified are clearly only a small subset of the overall studies of well-being, although the focus on validated measurement tools has substantially narrowed the field. Different disciplines might be using slightly different terms, such as happiness or welfare within economics. If these are considered, it might be possible to get more complete coverage.
- The review has so far excluded specific or vulnerable groups. These will be included in a subsequent review.
- Although the review is focusing on peer-reviewed publications, there is also much relevant work being carried out by national and local governments and international organizations. This so-called “grey” literature is not being considered in the first review but should be included in a follow-up review, as far as possible.

Fig. 1. Work flow for systematic review



Source: Nigsch A. Presentation to the Meeting. Intermediate results of systematic review of the literature: measurement of well-being.

Developing national well-being measures

Ms Alison Patterson (Department of Health, United Kingdom) described a programme in the United Kingdom which aims to develop an accepted set of national statistics to help with the understanding and monitoring of national well-being. Launched in 2010, the work is being led by the Office for National Statistics (ONS) with the aim of putting measures in place by around 2014. The initiative includes public debate (in which health is one of the major issues identified), a review of international work, and development of four questions on subjective well-being covering different approaches (hedonic, eudemonic and two questions on the evaluative approach). The question of how to address groups other than the general adult population (such as children and people in institutions) is also being studied.

Proposals for domains and measurements were published in 2011 (Fig. 2). Health is included as a factor directly affecting individual well-being.

The ONS aims to focus on a small set of measures covering the relevant areas without overlapping (including both subjective and objective measures) and meeting other specific criteria, including comparability between countries and over time. In the domain of health these are as shown below.

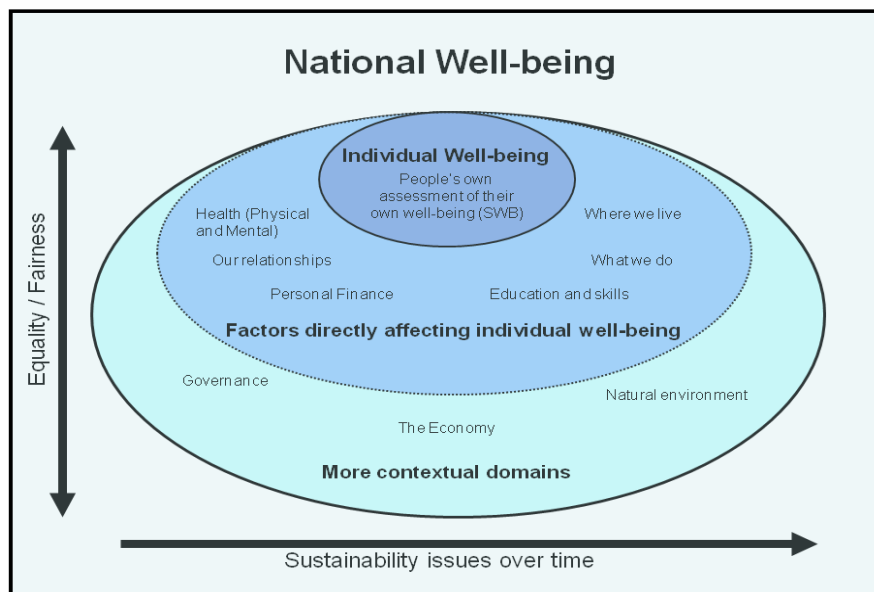
Objective

- Healthy life expectancy
- People not reporting a long-term limiting illness or disability
- GHQ-12 assessment (1).

Subjective

- Satisfaction with your health
- Satisfaction with mental well-being (under development).

Fig. 2. United Kingdom ONS proposed well-being framework



Source: Patterson A. Presentation to the Meeting. Developing national well-being measures.

The ONS has published the initial findings from the consultation (2). The next step will be a response to the consultation, which is expected during the summer of 2012.

In discussion, the following points were made.

- It is not clear how well psychological well-being is covered within this framework. One option might be to include the Warwick-Edinburgh Mental Well-Being Scale (3) to cover the positive mental health area better. How far it can show inequalities is also of concern.
- Presentation of these different measures will be challenging, as they combine individual level and societal level assessments. The ONS is exploring how best to present the framework. This might be through a single overall measure or, for example, there may be a “dashboard” of measures reported separately.
- The utility of the proposed subjective well-being question “Overall, how anxious did you feel yesterday” was unclear. It seemed to be a measure of ill-being, not well-being, and the timeframe of “yesterday” raises issues of people being unable to remember affective states. These questions are being refined by the ONS.
- The aim is to include the final questions on subjective well-being in surveys across government in order to be able to analyse links. International comparability is, however, understood to be more a question of coverage of similar domains than the use of individual questions similar to those used elsewhere.

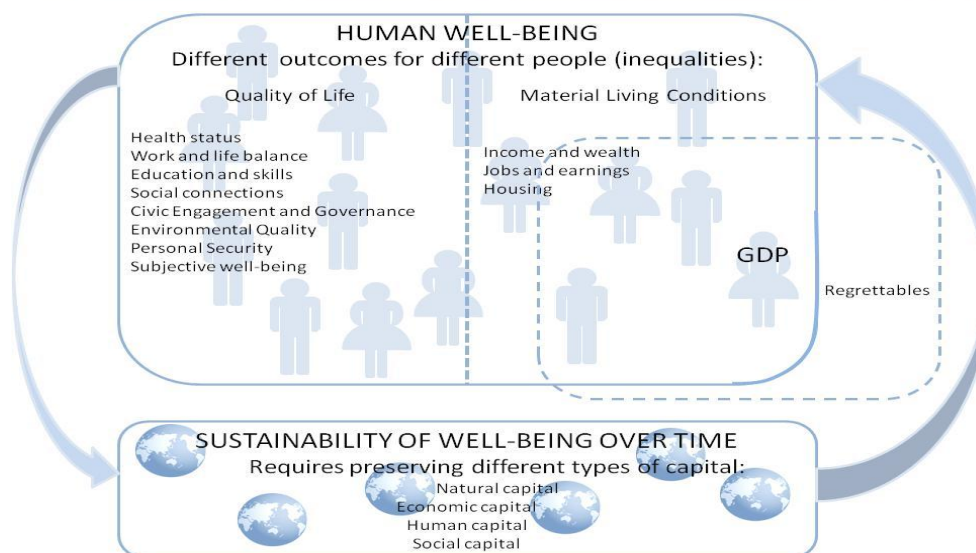
Choosing domains and indicators of well-being

Dr Romina Boarini (Organisation for Economic Co-operation and Development – OECD) described how the OECD’s work on well-being arises from a long-standing debate on the extent to which traditional measures (such as GDP per capita) actually measure well-being. Evidence suggests that it is important to look beyond markets, beyond averages and beyond a focus on current economic well-being. The OECD also builds on other important initiatives in the field,

such as the report by the Stiglitz-Sen-Fitoussi Commission set up by President Sarkozy in 2009 (4); the European Commission's communication *GDP and beyond: measuring progress in a changing world* in 2009 (5) and subsequent work; G20 Leaders' statements from 2009, 2010 and 2011 (6); OECD Ministerial Council conclusions in 2010 (7) and national initiatives.

The resulting OECD Better Life Initiative (8) itself builds on almost a decade of work, and has resulted in a *How's Life?* report in 2011 covering 55 indicators (to be updated every two years) and a dynamic Your Better Life index. The aim of the Initiative is to focus on households and people (not just GDP), outcomes (rather than inputs or outputs) and inequalities (alongside averages); to include both objective and subjective aspects; and to look at well-being, both here and now (meaning quality of life and material living conditions) and in the future (meaning sustainability). Building on existing work at national and international level, as well as academic research, this has been developed into an overall framework (Fig. 3).

Fig. 3. OECD framework for measurement of well-being



Source: Boarini R. Presentation to the Meeting. Choosing domains and indicators of well-being.

Measurement of these areas has been based on the search for relevant indicators for which the criteria include unambiguous interpretation, amenability to policy changes and the possibility of disaggregation by population group. The availability of high-quality data has also been considered, normally from official statistics (with comparable definitions) as well as some data from unofficial sources, such as the Gallup Organization.

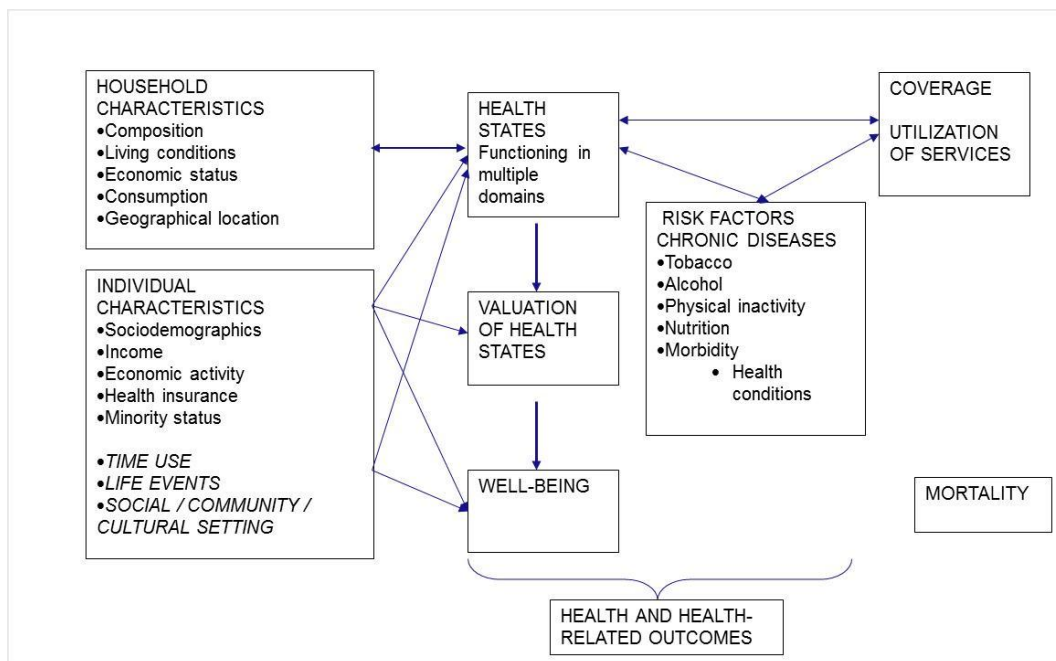
In discussion, the following points were made.

- The OECD approach aimed to promote benchmarking and mutual learning, not to establish policy targets. There is a high degree of cooperation between international organizations in this area and complementarities with national initiatives.
- Inequalities are addressed using dispersal indicators such as the Gini coefficient. Work has also looked at the impact of gender, age and income on various well-being outcomes, showing, for example, a social gradient for different dimensions. Where possible, analysis has gone down to household level, although of course this did not address any inequalities in the division of resources within households.

Measurement of well-being at the global level

Dr Somnath Chatterji (WHO headquarters) told the Meeting that the WHO Study on Global AGEing and Adult Health (SAGE) (9) is a worldwide survey of ageing and health drawing on samples from six countries (China, Ghana, India, Mexico, the Russian Federation and South Africa), with a total sample of around 100 000 people. The survey aims to track changes in health by looking at health conditions themselves, functioning in daily life (state of health and real-life performance), and subjective evaluation by people of their health status, quality of life and well-being (Fig. 4). The WHO definition of health should not be taken as meaning that health is the same thing as well-being, but rather that health matters for well-being. Moreover, since there is evidence that well-being predicts future mortality, the interaction is two-way.

Fig. 4. Overall SAGE measurement framework



Source: Chatterji S. Presentation to the Meeting. Measurement of well-being at the global level.

The aim is to have a clear, meaningful concept that can be tracked over time. Within this framework, quality of life/well-being is seen as being made up of a combination of subjective appraisal (happiness, life satisfaction) and affective experience.

SAGE measures subjective well-being through a combination of life satisfaction (using WHOQoL 8 – eight questions about satisfaction with different domains of life and overall life satisfaction (10)) and experienced well-being through the day reconstruction method. The data collected allow for analysis of factors affecting changes in well-being over the life course. The results suggest that overall happiness and experienced well-being have very similar determinants: a strong relationship with the state of health, chronic disease and disability; and consistent relationships with age, income, education, social networks and the broader environment. In future, this study may help to improve understanding of well-being and its measurement through, for example, identifying biomarkers of well-being; framing effects from different methodologies; making comparisons between populations; and identifying relations

with characteristics such as temperament. This, in turn, may help to identify possible interventions and policy implications.

In discussion, the following points were made.

- There is evidence of systematic cultural response bias, such as suggestions that Confucian-based cultures respond lower to questions about subjective well-being (by about 10 percentage points), which will make comparative analysis of the data complex.
- Specific circumstances and events in countries may also make comparisons difficult.

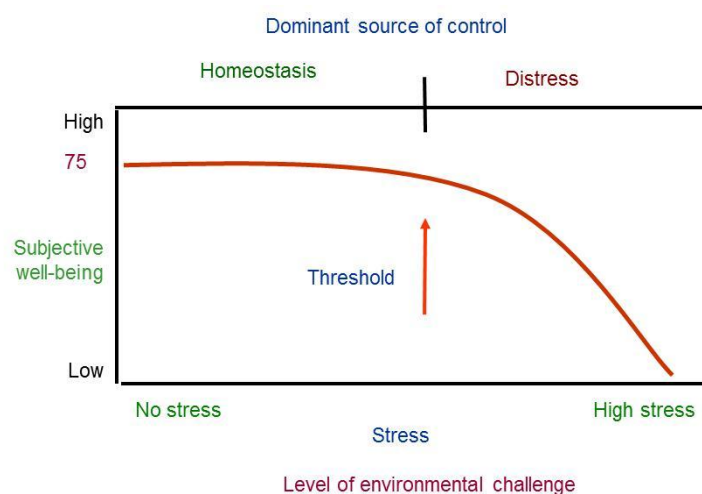
Selecting indicators and gathering data

Self-reported states of well-being

Professor Cummins (International Well-being Group) argued that if people are to be asked how they feel about their lives, self-reporting is the only valid method of collecting such data. Although there is a bewildering variety of concepts in the area of well-being, these come down to a small number of fundamental concepts (subjective well-being, self-esteem, perceived control, optimism and positive affect). This discussion focused on subjective well-being.

A major strength of subjective well-being as an indicator is its reliability and stability, as shown by highly consistent results from the Australian Unity Wellbeing Index surveys (11). It seems that subjective well-being behaves like body temperature, being normally highly predictable and remaining at a constant level. Strong challenges can make it fall or rise, but it normally returns to its set point. If it does not return to its normal level, this is indicative of overwhelming challenge and distress (Fig. 5). The Australian Unity Wellbeing Surveys have identified some groups below the normal range, such as the unemployed, those living alone, those on low incomes and (especially) informal carers. This suggests that this indicator can be used to measure progress for such specific groups.

Fig. 5. Relationship between stress and subjective well-being



Source: Cummins R. Presentation to the Meeting. Self-reported states of well-being.

On international comparability, the average set point is about 75 (on a 0–100 range). This can be undermined, in particular by insufficient resources (money/relationships) or psychopathology (anxiety). The relationship between subjective well-being and challenging agents is a homeostatic function, not a linear relationship.

There are three good ways to measure subjective well-being.

- *Satisfaction with life as a whole*. This uses a single question, which involves no cognition. In practice, people draw on an internal mood state to answer.
- *Satisfaction with life scale*. This is made up of five items, yielding a single score (12).
- *Personal Well-being Index*. This is made up of seven separate elements, each of which contributes a unique variance to “satisfaction with life as a whole”: satisfaction with standard of living, health, achievements in life, relationships, safety, community connectedness and future security. It uses separate questions relating to satisfaction for each area and end-defined response scales (13), as in the Australian Unity Wellbeing surveys.

The advantage of the Personal Well-being Index approach is that it gives more information, although, interestingly, it shows that different domains compensate for each other for overall subjective well-being, and low health scores may be compensated for by other areas. The different domains are weighted equally when they are put together, as there is no solid basis for doing anything else; any weightings are likely to be specific to particular data sets.

In discussion, the following points were made.

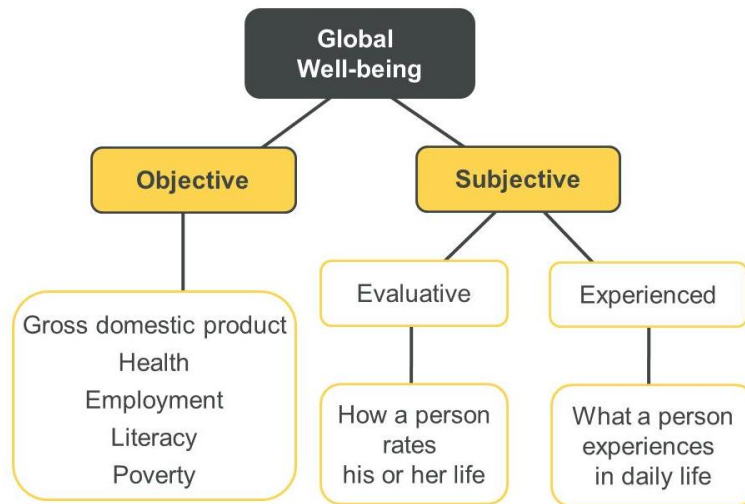
- The most important dimensions identified through the Personal Well-being Index are personal relationships, standard of living and achievements in life. However, different dimensions vary in salience in different places; so, for example, safety is more salient in some countries (such as less safe ones) than in others.
- This approach helps to identify particular at-risk groups and thus to take targeted action, although there may be some tension between that and having a target for the whole European Region.
- Although the focus is on subjective well-being, it is essential to keep objective measures. For example, people’s subjective well-being can adapt to objectively poor situations when these develop slowly over time (an example is the evidence of relatively high subjective well-being from people with multiple sclerosis).
- Regardless of the academic evidence and robust findings of this approach, there were some doubts about how feasible it would be to collect such subjective well-being data across the Region. Many national statistical offices are unlikely to collect such data and are likely to resist doing so for both practical and methodological reasons. WHO would also need to justify to Member States why it advocates an additional burden on countries for further data collection.

Surveys measuring well-being

Dr Robert Manchin (Gallup, Europe) described how Gallup has been conducting a “world poll” since 2006, which provides practical experience of collecting international data on well-being (14). The world pool covers at least 130 countries in any given year, and questions cover a wide

range of topics, including health. Its well-being index measures combine objective and subjective elements in a measure of global well-being (Fig. 6).

Fig. 6. Gallup model for measuring well-being through the world poll



Source: Manchin R. Presentation to the Meeting. Surveys measuring well-being.

In 2008, Gallup started a daily survey in the United States covering six domains, including emotional health and physical health, which provides data on micro trends.

Collecting data on a global basis presents serious methodological challenges. Gallup takes detailed steps to ensure both the proper rigour of sampling and analysis and comparability. The latter is a particular challenge for a private company, as public authorities frequently do not provide access to the same statistical facilities used in official statistics.

Gallup has also provided tools for individuals to track their own well-being matrix. The company is developing other tools, for example, potential biomarkers of individual well-being (such as saliva samples linked to stress levels), and is looking at the impact of specific issues in order to identify appropriate policy recommendations (for example, in relation to commuting).

In discussion, the following points were made.

- Cross-country comparisons of subjective perceptions can be tricky. Eurobarometer results, for example, seem to suggest that there are consistently different levels of satisfaction with life in different countries (15). Does this mean that the Danes are really happier (have greater well-being) than the Italians? Likewise, regional comparisons show significant and consistent differences (for example, in Belgium and Italy).
- Using vignette calibration suggests that there are different groups of similar responses in Europe, broadly divided along a north-south axis. But policy-makers are resistant to accepting data adjusted on that basis, although this might be more acceptable for a new series that included adjustment in the methodology from the start (and has been accepted in some instances).

Research and studies on well-being in Europe

Professor José Luis Ayuso-Mateos (Madrid University, Spain) outlined two projects funded by the European Commission research framework programme: Collaborative Research on Ageing in Europe (COURAGE) and the Roadmap for Mental Health Research in Europe (ROAMER).

COURAGE aims to provide measures to describe the ageing population, and specifically to develop a tool to measure health and health-related outcomes for an ageing population which gives prevalence trends and relates them to both quality of life and well-being outcomes (16). It is also looking at the built environment and social networks as determinants of health and disability, as well as issues such as the safety of elderly people and security. The project is currently testing instruments in Finland, Poland and Spain, drawing on a range of existing instruments across a wide range of topics as well as some new ones (for example, developing a new instrument on the impact of the built environment). The aim is to explore the relationship between physical and mental health and well-being and links to a wide range of other factors (such as stress, inequalities, disability, and tobacco and alcohol use), while also looking at the differences between countries.

The purpose of ROAMER is to provide roadmaps for research on mental health and well-being (17). The project aims to map the current situation, analyse gaps and propose a way forward for research in these areas by 2014. A consistent methodology will be used across a wide range of domains so as to ensure a robust and coherent set of conclusions, drawing on a broad cross-section of experts and stakeholders and ensuring that practical and policy objectives are also taken into account. ROAMER includes a specific work package on well-being research, covering well-being in people with mental disorders, relationships between mental health and well-being, theoretical models of well-being and evaluation of well-being.

In discussion, the following points were made.

- This expert group could not only benefit from these projects: it could also contribute to them as stakeholders helping to guide priorities for future research in this area.
- Regarding the comparative merit of the day reconstruction technique as opposed to a single question on satisfaction with life as a whole, the research will in fact use both and will thus be able to evaluate the added value of the day reconstruction technique. The expectation is to see a greater understanding of positive and negative affect, and thus to get insights into the mental health of the individual. It may also be able to identify links to health issues such as chronic diseases.

Measuring well-being in Europe

Mr Coen van Gool (National Institute for Public Health and the Environment, Netherlands) explained that attempts to get an overview of initiatives in Europe for the measuring of well-being show that there are many such initiatives, and almost as many differences. Some examples include:

- the European Foundation for the Improvement of Living and Working Conditions in Dublin, which is carrying out the European Quality of Life Surveys, which include subjective well-being in Europe (18);
- the European Social Survey, which is a biennial multicountry survey, including assessment of personal and social well-being across Europe (19);

- the Survey of Health, Ageing and Retirement, which covers 12 European Union (EU) countries and Switzerland, and includes self-rated and psychological health variables (20);
- a feasibility study on well-being indicators (21), being undertaken by Eurostat further to the Commission's communication *GDP and beyond – measuring progress in a changing world*, which is encompassing quality of life and social variables in a variety of surveys, including an ad hoc module on well-being in the 2013 EU Statistics on Income and Living Conditions (EU-SILC) instrument (22).

Even with this variety, there are some substantial blind spots, in particular that geographical coverage is much stronger in western than in eastern Europe. This also raises questions about how to choose among the different concepts and approaches, and whether it is possible and desirable to align these different efforts. These issues were discussed further as part of the overall recommendations from the Meeting.

Presentation of well-being data

Summary indices or sub-indices?

Dr Romina Boarini (OECD) highlighted the multidimensional nature of well-being, which creates challenges in terms of presenting data. For such multidimensional concepts, typical approaches include using a “dashboard” or combining data in composite measures (for example, composite indices such as the Human Development Index, adjusted GDP or equivalent income), both of which have advantages and disadvantages.

With dashboards, patterns are straightforward to interpret and require no specific assumptions. On the other hand, the main message can be difficult to understand (see Fig. 7) and priorities can be hard to set. In addition, the dashboard approach may lead to the use of more indicators than necessary.

Composite measures may be easier to communicate, especially for the public and policy-makers, and can help to support priority-setting. But creating them depends on assumptions (that are arbitrary to some extent) and may lack transparency, and they can be overly simplistic in representing complex phenomena.

One approach is to use both, in a complementary way. Composite indices can, for example, be used to show highlights and to assess interconnections between drivers of well-being (Fig. 8).

Dashboards of several indicators can then be used to show analytical detail and to support specific policy recommendations (Fig. 9).

The interactive Your Better Life Index provides a novel way of presenting data, which allows users to see how their countries compare to others according to the weightings that they consider important, and to share the results of the Index (23). This has proved to be highly popular, with over 600 000 visitors from 215 countries. It has also allowed the OECD to see what factors users rate as being most important – life satisfaction is most highly rated, followed by health. Analysis also suggests that weighting is not a major issue, with no major differences arising from the weights attributed by users, nor major sensitivity of the overall picture on well-being to different weightings.

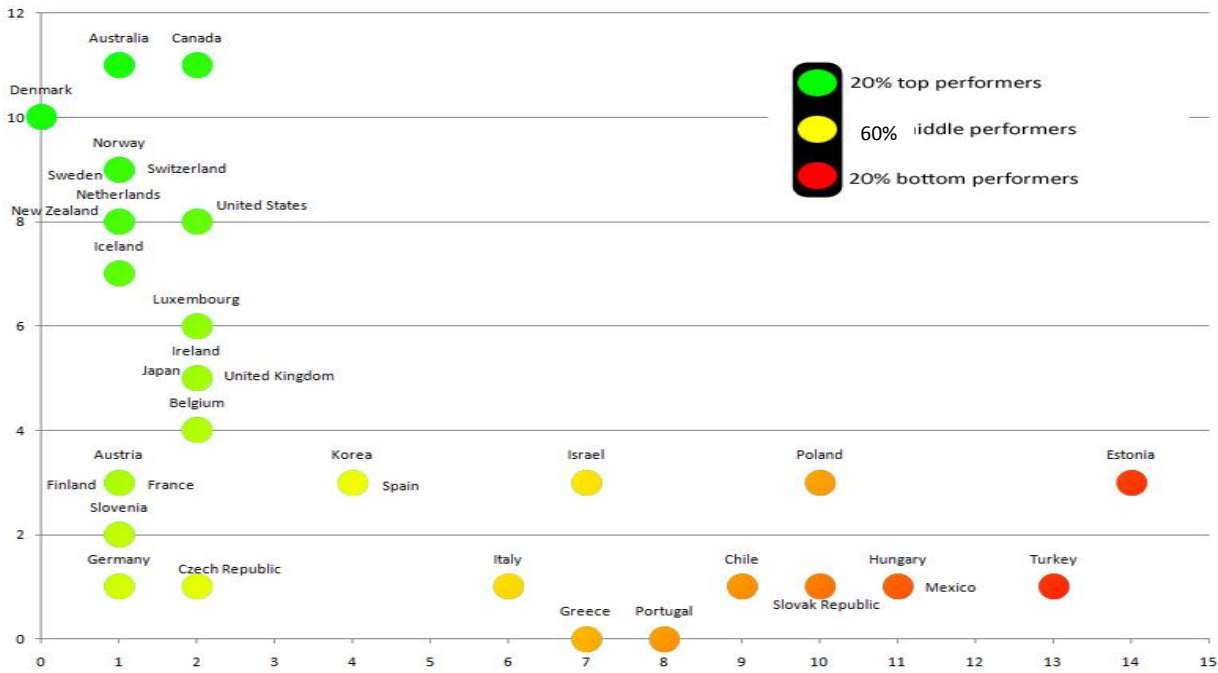
Fig. 7. Example of a dashboard from the OECD Better Life initiative

	Household net-adjusted disposable income per person	Household financial net wealth per person	Employment rate	Long-term unemployment rate	Average annual earnings per employee	Number of rooms per person	Dwelling without basic facilities	Life-expectancy at birth	Self-reported health status	Employees working very long hours	Time devoted to leisure and personal care	Employment rate of women with children of compulsory school age	Educational attainment	Students' cognitive skills	Social network support	Voter turn-out	Consultation on rule-making	Air quality	Intentional homicides	Self-reported victimisation	Life-satisfaction	Affect balance
	2009	2009	2010	2010	2009	2009	2009	2009	2009	2009	2000	2008	2009	2009	2010	2007	2008	2008	2008	2010	2010	2010
Australia	●	▲	▲	●	●	●	▲	●	●	◆	▲	▲	▲	●	●	●	▲	▲	▲	▲	●	▲
Austria	▲	▲	▲	●	▲	▲	▲	▲	▲	▲	▲	▲	▲	◆	▲	▲	▲	▲	●	▲	▲	▲
Belgium	▲	●	▲	▲	▲	●	▲	▲	▲	▲	●	▲	▲	▲	▲	●	◆	▲	▲	◆	▲	▲
Canada	●	▲	▲	●	▲	●	▲	▲	▲	▲	◆	●	●	●	●	◆	●	◆	▲	●	●	▲
Chile	◆	▲	▲	▲	▲	▲	◆	▲	▲	▲	▲	▲	▲	◆	▲	▲	▲	◆	◆	▲	▲	▲
Czech Rep	▲	▲	▲	▲	◆	▲	▲	◆	▲	▲	▲	▲	●	▲	▲	▲	▲	▲	▲	▲	▲	▲
Denmark	▲	▲	●	▲	▲	●	●	▲	▲	●	●	▲	●	▲	●	●	▲	▲	◆	▲	●	●
Estonia	◆	◆	▲	◆	▲	▲	◆	◆	▲	●	◆	▲	●	▲	◆	▲	◆	▲	◆	◆	▲	◆
Finland	▲	▲	▲	▲	▲	●	▲	▲	▲	▲	▲	●	▲	●	▲	▲	▲	▲	◆	▲	▲	▲
France	●	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	◆	●	▲	▲	▲	▲
Germany	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	◆	▲	▲	▲	▲	▲
Greece	▲	▲	▲	◆	▲	▲	▲	▲	▲	▲	▲	◆	◆	▲	◆	▲	▲	◆	▲	▲	◆	◆
Hungary	◆	◆	◆	▲	◆	▲	◆	◆	◆	●	▲	▲	◆	▲	▲	▲	▲	▲	▲	▲	◆	▲
Iceland	▲	▲	●	▲	▲	▲	▲	▲	●	▲	▲	●	◆	▲	▲	▲	▲	▲	▲	▲	▲	●
Ireland	▲	▲	▲	◆	●	●	▲	▲	●	▲	▲	◆	▲	▲	●	▲	▲	▲	▲	▲	▲	▲
Israel	▲	●	◆	▲	▲	◆	▲	●	▲	◆	▲	▲	▲	◆	▲	▲	▲	▲	▲	▲	▲	◆
Italy	▲	▲	◆	▲	▲	▲	▲	▲	▲	▲	▲	◆	◆	▲	◆	▲	◆	▲	▲	▲	▲	◆
Japan	▲	▲	▲	▲	▲	▲	▲	●	◆	▲	◆	▲	▲	●	▲	▲	▲	▲	▲	▲	▲	●
Korea	▲	▲	▲	▲	▲	▲	◆	▲	◆	▲	▲	▲	▲	●	◆	▲	▲	▲	▲	▲	▲	▲
Luxembourg	●	●	▲	▲	●	●	▲	▲	▲	▲	▲	◆	▲	◆	▲	●	▲	▲	▲	▲	▲	▲
Mexico	◆	◆	▲	●	▲	●	◆	◆	▲	◆	▲	▲	◆	◆	▲	◆	▲	◆	◆	▲	▲	▲
Netherland	▲	▲	●	▲	●	●	▲	▲	▲	▲	▲	▲	▲	●	▲	▲	▲	◆	▲	▲	●	●
New Zealand	▲	▲	●	●	▲	●	▲	▲	▲	◆	▲	▲	▲	●	▲	▲	▲	▲	▲	▲	▲	▲
Norway	●	◆	●	●	▲	●	▲	▲	▲	●	●	▲	▲	▲	▲	▲	▲	▲	▲	▲	●	●
Poland	◆	◆	◆	▲	◆	◆	▲	◆	▲	▲	◆	▲	●	▲	▲	◆	▲	◆	▲	▲	◆	▲
Portugal	▲	▲	▲	▲	◆	▲	▲	▲	▲	▲	▲	▲	▲	▲	◆	▲	▲	▲	▲	▲	◆	▲
Slovak Rep	◆	◆	◆	◆	◆	◆	▲	◆	◆	▲	▲	▲	●	◆	▲	◆	▲	▲	▲	▲	▲	▲
Slovenia	▲	▲	▲	▲	▲	◆	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
Spain	▲	▲	◆	◆	▲	●	●	▲	▲	▲	▲	◆	◆	▲	▲	▲	▲	▲	▲	▲	▲	▲
Sweden	▲	▲	●	▲	▲	▲	●	▲	▲	●	▲	●	▲	▲	●	▲	▲	●	▲	◆	●	●
Switzerland	▲	●	●	▲	●	▲	▲	●	●	▲	▲	●	●	◆	▲	◆	▲	▲	●	▲	●	▲
Turkey	▲	▲	◆	▲	▲	▲	◆	▲	▲	◆	▲	▲	◆	◆	▲	▲	▲	◆	◆	▲	◆	◆
United Kingdom	▲	●	▲	▲	▲	▲	▲	▲	▲	◆	▲	▲	▲	▲	▲	◆	▲	●	▲	▲	▲	●
United States	●	●	▲	▲	●	▲	●	▲	●	◆	▲	▲	●	▲	▲	●	▲	▲	◆	●	▲	▲

Note. Korea refers to the Republic of Korea.

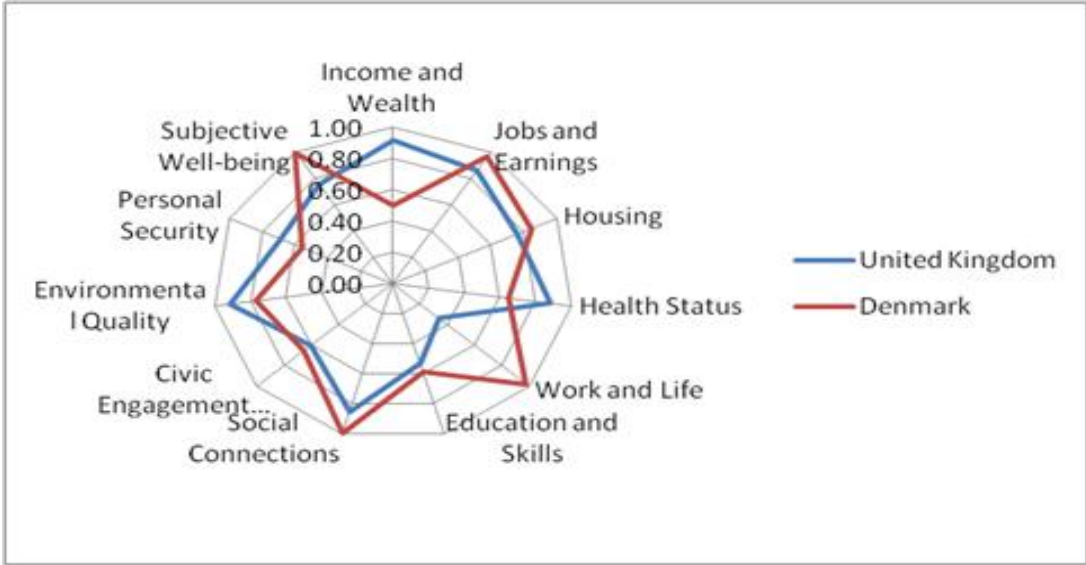
Source: Boarini R. Presentation to the Meeting. Summary indices or sub-indices?

Fig. 8. Sample presentation of a composite indicator



Source: Boarini R. Presentation to the Meeting. Summary indices or sub-indices?

Fig. 9. Example of a dashboard showing comparisons across several indicators



Source: Boarini R. Presentation to the Meeting. Summary indices or sub-indices?

The different domains are made up of around 22 indicators across the 11 dimensions, each expressed in different units so that they are normalized and aggregated within dimensions. This does, however, raise conceptual issues as it involves combining very different indicators, such as self-reported health and life expectancy. The OECD is currently preparing a working paper on the methodology behind the Index.

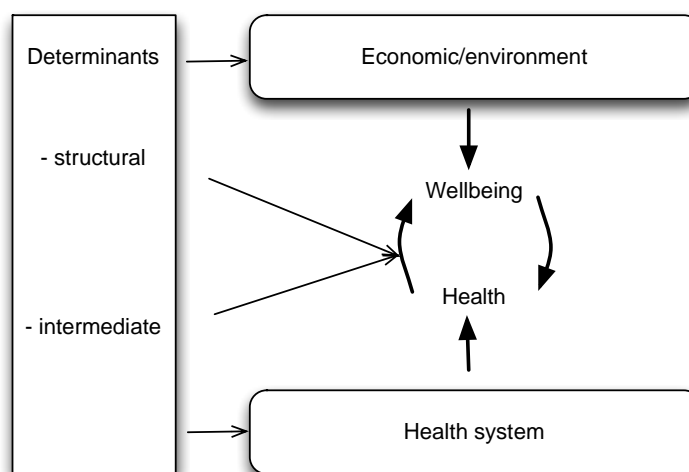
Defining the concepts

Defining the concept of well-being

Well-being is both a state and, as it is dynamic, a result of contributing factors with consequent impacts. Frameworks sometimes confuse these aspects, the first being a definition, and the second a possible means of illustrating pathways.

One theme in discussion was the importance of showing well-being and health as interactive concepts, influenced by the health system in particular (Fig. 10), and including the role of determinants, both structural (such as government and the law) and intermediate (such as aspects of the community and lifestyles).

Fig. 10. Interactive model of well-being and health



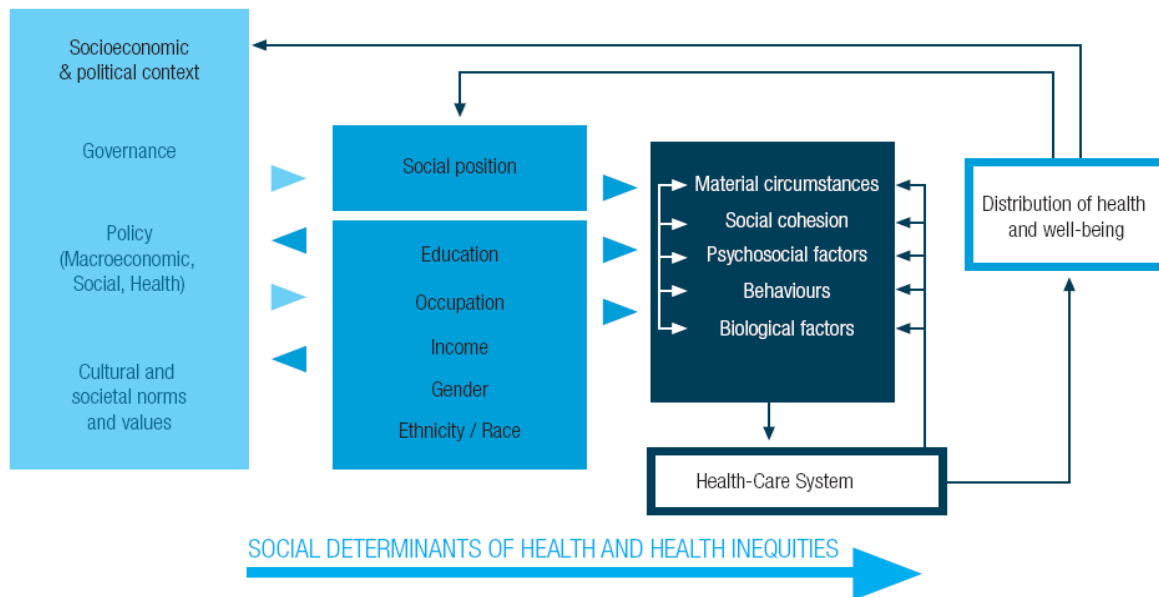
Source: Loyola E. Meeting document.

Such a model could be seen as reflecting the conceptual framework used by the WHO Commission on Social Determinants of Health (Fig. 11). This illustrates the pathways by which the social determinants of health influence the distribution of health outcomes, makes explicit the linkages among different types of determinant, and makes visible the ways social determinants contribute to health inequities among groups in society (24).

In discussion it was considered that more detail on the interaction of different elements would be useful, as well as the inclusion of a proximal-distal dimension showing those factors which affected well-being the most as being closest, and those which affected it less as being further away. On this basis, the model set out in Fig. 12 was developed.

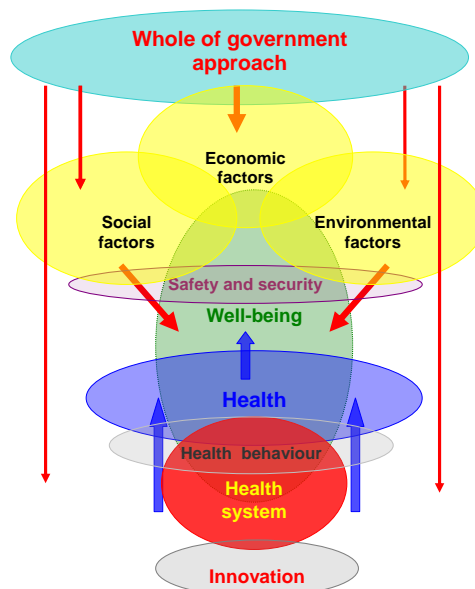
There was some discussion about how to combine the subjective and objective elements of well-being. It was agreed that both should be included within the overall model. One way of doing this might be to see them as being complementary parts of each given domain of well-being (Fig. 13).

Fig. 11. WHO Commission on Social Determinants of Health framework linking social determinants of health and distribution of health



Source: WHO (25).

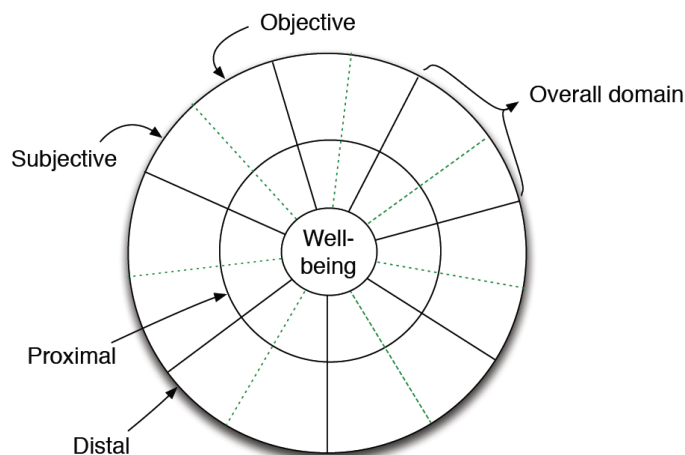
Fig. 12. Overall framework for health and well-being



Source: Achterberg P. Meeting document.

Participants agreed that these frameworks could provide a basis for defining the concept of well-being, although none of them constitutes a definition as such. WHO could be asked to clarify which framework to use and for what purpose. For example, the first would help identify how to measure well-being, while the second would help policy-makers understand where the entry points are for action and change.

Fig. 13. Framework for well-being (WB) combining subjective and objective elements for each domain



Source: Fahy N. Meeting document.

Exactly how to refine the frameworks and move towards a specific definition of well-being in this context would require a more detailed review of the different concepts already prepared than was possible during the course of this Meeting. A possibility would be to ask WHO to commission a specific piece of follow-up work, which could then be reviewed by the expert group.

Recommendations

On the basis of discussions during the Meeting, the expert group made the following recommendations.

Definition, domains and indicators of well-being

Although it was beyond the feasible scope of the Meeting to make a specific recommendation on the definition, domains and indicators of well-being to be used, some elements were identified.

- Any definition should draw on existing work as far as possible, such as the models developed by the Australian Unity Wellbeing Surveys and the OECD, and should aim for maximum coherence with other approaches at international level.
- Although well-being clearly covers a range of domains, including health but also many others, the focus should be on WHO's central mandate of health with a concentration on the health-related aspects of well-being (while being clear about how this fits into a wider concept of well-being). It might even be most appropriate for WHO to draw on an existing framework or combination of frameworks, such as those described above, and to focus on improving measurement and visibility of the health sector within that framework rather than setting out a whole new concept.
- Linked to this, the overall approach to health and well-being should take account of the two-way relationship between those concepts: health influences overall well-being, but well-being is also a predictor of future health. These are potentially two different messages with two different audiences which may thus require different frameworks and specific targets.

Measurement methods of well-being

The following points were made with regard to the specific measurement methods to be used for well-being.

- A decision on measurement methods could only be taken once a more substantial concept of well-being, and its composition, had been agreed. Such a concept should also draw on the results of the systematic literature review being undertaken by WHO.
- Any definition of well-being in this context should combine both subjective and objective elements. It is, however, necessary to recognize the limitations of the available data, and the probable difficulty of gathering data for a large set of additional subjective indicators in all Member States. Nevertheless, this would be the only area where additional data might be requested under the Health 2020 policy. The other areas would preferably draw on existing data.

There was also discussion of how to collect subjective data directly through online tools, in particular subjective data. It would be nearly impossible to ensure that such samples were genuinely representative, meaning that the use of such data would risk undermining the credibility of WHO and the feasibility of target evaluation. Depending on how it was presented and structured, such an approach could, however, be an innovative platform for engagement and communication with citizens about health and well-being issues more generally, as shown by the example of the interactive Your Better Life Index developed by the OECD.

Presentation and communication of measures

In the presentation and communication of well-being measures, it would be essential to show the added value of these indicators. Communication should include tools to facilitate presentation in a web-based way that supports engagement with policy-makers, for example, by allowing for a focus on individual countries.

How best to communicate detail would again depend on the overall concept and approach decided on. For example, if a subjective well-being approach were to be taken, it would make no sense to focus presentation on the overall level of well-being (which will remain static) rather than on variations in level, as well as vulnerable groups with lower well-being.

Whether and how targets can be set

The aim for targets in the Health 2020 policy is that they should be SMART, which requires that the indicators selected are sensitive to particular programme or policy changes during the period covered, and that future monitoring will thus be able to show changes from a current baseline.

In discussion, it was suggested that for this specific area, and given the lack of existing data (depending on the choices made about the definition and indicators of well-being to be used), one option would be to ensure the existence of at least one process target on well-being for governments collecting data on well-being. This could be accompanied by a roadmap towards an outcome target depending on the process target. Such a roadmap could take into account inequities and variations within the Region by framing the regional target in terms of reducing the percentage gaps identified for specific target groups at national level.

Other options might be: (i) to set a target of increasing total well-being (however this is measured) in the Region, or (ii) to focus on a few specific aspects (presumably linked to health), or on reducing inequalities in a particular dimension (for example, reducing the social gradient of well-being). Yet another approach would be for the well-being target in the Health 2020 policy to be a composite target of the other targets in the policy.

How to address gaps and limitations

Some follow-up is needed so as to develop proposals for an overall definition of well-being to be used in this context, with consequent proposals for domains and indicators. These would then provide a basis for the expert group to make firmer recommendations about these areas, and to identify those areas where more work is needed in order to address gaps and limitations.

Next steps

It was agreed that:

- a report of the Meeting would be prepared by the rapporteur and circulated for rapid comments and agreement;
- relevant documents identified during discussions would be circulated, and the Regional Office would be asked to make available a mechanism for sharing such material between members of the expert group;
- an inventory of existing efforts of health indicators under the umbrella of well-being at international level would be completed, building in particular on the work identified by Mr Coen van Gool;
- WHO would be asked to commission proposals for a definition of well-being in this context, its domains, indicators and targets and options for proceeding; these draft proposals would be circulated to the expert group for review and sent to WHO as input for the drafting of the European health report 2012.

Related events

The 4th OECD World Forum on Statistics, Knowledge and Policy. Measuring Well-Being for Development and Policy Making (26), which will take place from 16 to 19 October 2012 in New Delhi, India, could afford an opportunity for this project to be presented. A preparatory regional conference will be held in Paris from 26 to 28 June 2012 (27), which could also be an occasion to hold a further meeting of this expert group.

The work of this expert group could also be presented at the European Public Health Association conference to be held in Malta in November (28).

It was agreed that members of the expert group participating in related events are welcome to talk about the work of this group and to publicize it. It is important to keep the Regional Office advised of such events and to make it clear that experts do not speak on behalf of WHO.

References

1. General Health Questionnaire (GHQ 12) [web site]. Liverpool, Liverpool John Moores University, North-West Public Health Observatory, 2012 (<http://www.nwph.net/lifestylesurvey/userfiles/mental/things/GHQ12.pdf>, accessed 20 April 2012).
2. Initial findings from the consultation on proposed domains and measures of national well-being [web site]. Newport, Office for National Statistics, 2012 (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/summary-of-responses-to-the-measuring-national-well-being-consultation/initial-findings-from-the-consultation-on-proposed-domains-and-measures-of-national-well-being.html>, accessed 20 April 2012).
3. healthscotland.com [web site]. *The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)*. Edinburgh, NHS Scotland, 2012 (<http://www.healthscotland.com/documents/1467.aspx>, accessed 20 April 2012).
4. Commission on the Measurement of Economic Performance and Social Progress [web site]. Paris, Institut d'Etudes Politiques de Paris, 2012 (<http://www.stiglitz-senfitoussi.fr/en/index.htm>, accessed 21 April 2012).
5. Communication from the Commission to the Council and the European Parliament – GDP and beyond: measuring progress in a changing world [web site]. Brussels, EUR-lex, 2009 (COM(2009)433) (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52009DC0433:EN:NOT>, accessed 21 April 2012).
6. G2012 Mexico [web site]. Mexico City, 2012 (<http://www.g20.org/en/g20/previous-leaders-summits>, accessed 21 April 2012).
7. *Meeting of the Council at Ministerial Level, 27–28 May 2010*. Paris, Organisation for Economic Co-operation and Development, 2010 (C/MIN(2010)6/FINAL) ([http://www.oecd.org/officialdocuments/displaydocumentpdf/?cote=c/min\(2010\)6/final&doclanguage=en](http://www.oecd.org/officialdocuments/displaydocumentpdf/?cote=c/min(2010)6/final&doclanguage=en), accessed 21 April 2012).
8. Better Life Initiative: measuring well-being and progress [web site]. Paris, Organisation for Economic Co-operation and Development, 2012 (www.oecd.org/progress, accessed 21 April 2012).
9. Health statistics and health information systems [web site]. Geneva, World Health Organization, 2012 (<http://www.who.int/healthinfo/systems/sage/en/index.html>, accessed 21 April 2012).
10. WHOQol-8 [web site]. Melbourne, University of Melbourne, Centre for Participant Reported Outcomes, 2007 (http://www.psychiatry.unimelb.edu.au/centres-units/cpro/whoqol/resources/whoqol-8_development.pdf, accessed 21 April 2012).
11. Australian Center on Quality of Life [web site]. Melbourne, Deakin University, 2012 (<http://www.deakin.edu.au/research/acqol/auwbi/index.php>, accessed 21 April 2012).
12. Diener E et al. The satisfaction with life scale. *Journal of Personality Assessment*, 1985, 49(1):71–75.
13. Jones LV, Thurstone LL. The psychophysics of semantics: an experimental investigation. *Journal of Applied Psychology*, 1955, 39(1):31.
14. Gallup [web site]. Gallup, 2012 (<http://eu.gallup.com/poll/118471/world-poll.aspx>, accessed 21 April 2012).
15. Public opinion [web site]. Brussels, European Commission, 2012 (http://ec.europa.eu/public_opinion/index_en.htm, accessed 21 April 2012).
16. Community Research and Development Information Service [web site]. COURAGE in Europe – collaborative research on ageing in Europe. Brussels, European Commission, 2012 (http://cordis.europa.eu/search/index.cfm?fuseaction=proj.document&PJ_RC�=10537050, accessed 21 April 2012).

17. Community Research and Development Information Service [web site]. A roadmap for mental health research in Europe. Brussels, European Commission, 2012 (http://cordis.europa.eu/search/index.cfm?fuseaction=proj.document&PJ_LANG=EN&PJ_RCN=12220413, accessed 21 April 2012).
18. Watson D, Pichler F, Wallace C. *Second European Quality of Life Survey. Subjective well-being in Europe*. Luxembourg, Office for Official Publications of the European Communities, 2010 (<http://www.eurofound.europa.eu/pubdocs/2009/108/en/1/EF09108EN.pdf>, accessed 21 April 2012).
19. Huppert FA et al. Measuring well-being across Europe: description of the ESS well-being module and preliminary findings. *Social Indicators Research*, 2009, 91(3):301–315.
20. SHARE – Survey of Health, Ageing and Retirement in Europe [web site]. Munich, Max Planck Institute for Social Law and Social Policy, 2012 (<http://share-dev.mpisoc.mpg.de/>, accessed 21 April 2012).
21. Eurostat: GDP and beyond [web site]. Brussels, European Commission, 2012 (http://epp.eurostat.ec.europa.eu/portal/page/portal/gdp_and_beyond/introduction, accessed 21 April 2012).
22. Eurostat: Income and living conditions [web site]. Brussels, European Commission, 2011 (http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/introduction#, accessed 21 April 2012).
23. OECD Better Life Index [web site]. Paris, Organisation for Economic Co-operation and Development, 2012 (<http://oecdbetterlifeindex.org>, accessed 21 April 2012).
24. Social determinants of health [web site]. Geneva, World Health Organization, 2012 (http://www.who.int/social_determinants/en/, accessed 21 April 2012).
25. *Closing the gap in a generation. Health equity through action on the social determinants of health*. Geneva, World Health Organization, 2008 (Final report of the Commission on Social Determinants of Health).
26. 4th OECD World Forum on Statistics, Knowledge and Policy. Measuring Well-Being for Development and Policy Making [web site]. Paris, Organisation for Economic Co-operation and Development, 2012 (www.oecd.org/oecdworldforum/newdelhi2012, accessed 21 April 2012).
27. European Conference on Measuring Well-Being and Fostering the Progress of Societies [web site]. Paris, Organisation for Economic Co-operation and Development, 2012 (<http://www.oecd.org/progress/europe>, accessed 21 April 2012).
28. European Public Health Conference, Malta 2012 [web site]. Utrecht, European Public Health Association, 2012 (http://www.eupha.org/site/upcoming_conference.php, accessed 21 April 2012).

Annex 1

AGENDA

Wednesday, 8 February 2012

09:00–09:20 **Opening**

09:20–10:30 **Session 1 – Planning well-being measurement at the WHO Regional Office for Europe**

Purpose, objectives and expected outcomes of the meeting (WHO Secretariat)
Intermediate results of systematic review of the literature: measurement of well-being (Dr Annette Nigsch, Regional Office)

11:00–12:45 **Session 2 – Measurement of well-being in practice**

Developing national well-being measures (Ms Alison Patterson, Department of Health, United Kingdom)
Choosing domains and indicators of well-being (Dr Romina Boarini, OECD Better Life Initiative, France)
Measurement of well-being at the global level (Dr Somnath Chatterji, WHO headquarters)

Which domains are relevant for the Regional Office?

Which process should the Regional Office follow to establish well-being measures?

14:00–15:30 **Session 3 a – Selecting indicators and gathering data**

Self-reported states of well-being (Professor Robert Cummins, International Well-being Group)
Surveys measuring well-being (Dr Robert Manchin, The Gallup Organization, Europe SA, Belgium)

What are the strengths and weaknesses of these data?

What is the international comparability of these data?

Which indicators should the Regional Office include?

16:00–17:30 **Session 3 b – Selecting indicators and gathering data**

Research and studies on well-being in Europe (Professor José Luis Ayuso-Mateos, Universidad Autónoma de Madrid, Spain)
Measuring well-being in Europe (Mr Coen van Gool, National Institute for Public Health and the Environment, Netherlands)

Are there inclusion/exclusion criteria that can be defined for the Regional Office?

How to ensure comparable quality of the data used?

Summary and key points for WHO from day 1

09:00–10:30 **Session 4 – Defining the concepts**

*How should WHO define the concept of well-being?
How should we conceptualize health with wellbeing in the WHO framework?
Can we visualize this?
Which domains (and methods) should it address?
Identify point/areas of agreement and disagreement*

11:00–12:30 **Session 5 – Presentation of wellbeing data**

Summary indices or sub-indices? (Dr Romina Boarini, OECD)

Given the agreed framework, how should the Regional Office present and communicate well-being measures?

14:00–15:30 **Session 6 – Recommendations to the Regional Office**

*Domains of well-being to be used
Measurement methods of wellbeing to be used
Presentation and communication of measures
Would targets for well-being be feasible? What would be the data needs?*

16:00–17:30 **Session 7 – Summary and next steps**

Summary of day 2 and key issues arising for final discussion (Rapporteur)

*Define clear action plan and time-line for all actors
Should further papers be commissioned?
Should the relevant existing European efforts be mapped?
When should the group meet again and in which configuration?*

Annex 2

LIST OF PARTICIPANTS

Dr Peter W Achterberg (*Chairperson*)
National Institute of Public Health and the Environment
POB 1 – Antonie van Leeuwenhoeklaan 9
NL-3720 BA Bilthoven
Netherlands

Professor José Luis Ayuso-Mateos
Chairman, Department of Psychiatry
Facultad de Medicina, Universidad Autónoma de Madrid, Hospital Universitario de la Princesa
Calle Diego de León 62
E-28006 Madrid
Spain

Dr Romina Boarini
Head, OECD Better Life Initiative Statistics Directorate
2 rue André Pascal
F-75775 Cedex 16 Paris
France

Professor Robert A Cummins
Personal Chair, School of Psychology
Deakin University, Melbourne Burwood Campus
221 Burwood Highway, Burwood
VIC 3125 Melbourne
Australia

Mr Nick Fahy (*Rapporteur*)
Director, Nick Fahy Consulting Ltd
65 Auckland Road
TN1 2HX Tunbridge Wells
United Kingdom

Dr Robert Manchin
Chairman and Managing Director, The Gallup Organization, Europe SA
Avenue Michel-Ange 70
B-1000 Brussels
Belgium

Ms Alison Patterson
Social Science, Health Improvement Analysis Team
Department of Health
Wellington House, 133–155 Waterloo Road
London SE1 8UG
United Kingdom

Mr Coen van Gool
Center for Public Health Forecasting
National Institute for Public Health and the Environment
PO Box 1
NL-3720 BA Bilthoven
Netherlands

World Health Organization

Regional Office for Europe

Dr Claudia Stein
Director, Division of Information, Evidence, Research and Innovation

Dr Enrique Loyola
Statistician, Division of Information, Evidence, Research and Innovation

Dr Annette Nigsch
Technical Officer, Division of Information, Evidence, Research and Innovation

Dr Govin Permanand
Technical Officer, Division of Information, Evidence, Research and Innovation

Dr Ivo Rakovac
Data Manager, Division of Information, Evidence, Research and Innovation

Ms Leen Meulenbergs
Executive Manager, Strategic Partnerships

Ms Isabel Yordi Aguirre
Technical Officer, Gender and Health
Policy and Cross-cutting Programmes and Regional Director's Special Projects

Dr Martin Kraye von Krauss
Technical Officer, Division of Health Systems and Public Health

Ms Vivian Barnekow
Programme manager *ad interim*, Child and Adolescent Health
Division of Noncommunicable Diseases and Health Promotion

Dr Dinesh Sethi
Technical Officer, Division of Noncommunicable Diseases and Health Promotion

Headquarters

Dr Somnath Chatterji
Scientist, Department of Health Statistics and Informatics

Dr Ritu Sadana
Coordinator, Department of Health Systems Financing

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania	Luxembourg
Andorra	Malta
Armenia	Monaco
Austria	Montenegro
Azerbaijan	Netherlands
Belarus	Norway
Belgium	Poland
Bosnia and Herzegovina	Portugal
Bulgaria	Republic of Moldova
Croatia	Romania
Cyprus	Russian Federation
Czech Republic	San Marino
Denmark	Serbia
Estonia	Slovakia
Finland	Slovenia
France	Spain
Georgia	Sweden
Germany	Switzerland
Greece	Tajikistan
Hungary	The former Yugoslav Republic of Macedonia
Iceland	Turkey
Ireland	Turkmenistan
Israel	Ukraine
Italy	United Kingdom
Kazakhstan	Uzbekistan
Kyrgyzstan	
Latvia	
Lithuania	

World Health Organization

Regional Office for Europe

Scherfigsvej 8

DK-2100 Copenhagen Ø

Denmark

Tel.: +45 39 17 17 17

Fax: +45 39 17 18 18

E-mail: contact@euro.who.int

Web site: www.euro.who.int