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Health 2020 targets, indicators and monitoring framework

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Targets and indicators for Health 2020

Background

1. In 2012, the WHO Regional Office for Europe established two expert groups (following nominations from Member States) to advise on the development of indicators for the six Health 2020 goals adopted at the sixty-second session of the WHO Regional Committee for Europe (RC62). The first expert group advises on the measurement of and target-setting for well-being and the second on indicators for the remainder of the adopted Health 2020 targets. These groups have met several times, including a joint meeting in February 2013, and proposed a core and additional set of indicators.

2. The indicators were subject to a web-based consultation with the Member States following the third session of the Twentieth Standing Committee of the Regional Committee (SCRC) in March 2013. Inputs from 30 Member States were received. A preliminary analysis was presented to the SCRC at its fourth session in May 2013, which recommended a submisson to RC63. During June and July 2013, the list of indicators underwent detailed revision based on the comments received during the country consultation and the SCRC in May; the final proposed list is attached as Annex 1. The full analysis and detailed justification for all revisions are outlined in a document on WHO's website.

Target quantification and indicators

3. Except for target 1 on reducing premature mortality, where the target and indicators are fully aligned with the Global Monitoring Framework for Noncommunicable Diseases, the experts felt that current evidence did not support the quantification of targets. The targets are therefore mostly qualitative and directional in nature.

4. The proposed indicators were established using the following principles and criteria.

- As far as possible, the proposed indicators have been selected on the basis of their routine availability for most countries.
- The final number of indicators should be kept to a minimum.

- Because of availability and comparability issues (mental health, healthy ageing, health system performance, etc.), the list of indicators will not be able to reflect all relevant policy areas in a balanced way.
- Indicators and targets that are already the subject of other collections (Millennium Development Goals, Parma Declaration, etc.) are important but should not be repeated in this set of indicators as it is meant to be kept short.
- Some indicators serve several targets.
- All rates reported by indicators should be age-standardized.
- It is assumed that basic demographic information, including age-distribution of populations, will be included in addition to the indicator set;
- Where possible and available, indicator data should be reported disaggregated, i.e. by age, sex and ethnicity and by socioeconomic, vulnerable and subnational groups; this will be subject to data availability and may vary according to the specific indicator.
- Even if rates at national level for certain indicators are already favourable, indicators should be used for monitoring (and accountability) where possible.
- There is a need for a set of core (level 1) indicators that all Member States should be monitoring but Member States should also consider additional (level 2) indicators. The core level data would be a basic minimum to facilitate regional assessments. Voluntary reporting on the additional indicators should be encouraged as they are useful for informing national target area evaluations.
- Core indicators need to be comparable across the European Region as they will be used for regional target monitoring. Other indicators used at national level require only "internal" comparability.
- Where quantitative information is not available, countries may report indicators in a qualitative way.

5. The indicators for target 4 (enhancement of well-being) include one subjective and several objective measures. The latter will be finalized by the expert group by the end of 2013 but will follow the same principles as outlined above. The objective domains may already be reflected as indicators for other targets.

6. The subjective well-being indicator (life satisfaction) was selected as the most commonly available indicator of subjective well-being through surveys in many Member States (including being reported by the Organisation for Economic Co-operation and Development (OECD) and used in the European Union Survey on Income and Living Standards 2013); it is not, however, available in all countries of the European Region. The Regional Office has therefore been in discussion with survey providers to negotiate the collection of this information in all European Member States. One survey provider would be prepared to share this information, which it collates annually through its global polls, with WHO at very competitive costs.

7. WHO will continue to work with its expert groups and Member States in developing further innovative indicators in other areas relevant to Health 2020 , including governance, the whole-of-society and whole-of-government approaches, and resilient communities. This will ensure an adequate coverage of all Health 2020 areas over time.

8. WHO has proposed a monitoring framework for targets and indicators that capitalizes on existing reporting mechanisms and puts the onus on the Organization to ensure regional reporting through its own mechanisms.

9. The Regional Office will report the European regional averages for the indicators, weighted for population size where appropriate. For many of the indicators proposed, however, Member States are already reporting individually to the Office and permit the publication of national data through its Health for All database collection; this procedure will therefore continue.

10. Existing reporting mechanisms will be used as much as possible. This includes annual or biannual reporting to the Health for All or other databases held at the Regional Office, including joint data collection with Eurostat and OECD. It will be incumbent on the WHO Regional Office for Europe to monitor and harvest the information from the databases and ensure that they are appropriately synthesized, analysed and presented to Member States.

11. Member States should not have to provide additional information except where non-routine data are required (potentially targets 4 and 6). Where indicators are not routinely collected (either through the national reporting system or regular surveys) and already reported to WHO, estimates from WHO headquarters or joint United Nations efforts that are accepted by Member States could be used. Moreover, the Regional Office will consult with Member States to determine which options may be pursued to achieve this.

12. Existing platforms, particularly annual Health for All data collection, should be used until a single Office-wide platform has been established by the Division of Information, Evidence, Research and Innovation merging all existing databases at the Regional Office, which is envisaged for early 2014. Joint data collection with Eurostat and OECD feeds into these platforms, hence additional reporting will not be required.

13. Over the course of the coming years, however, the process of reporting to multiple platforms will be replaced by a single, integrated European health information system, which is being established in collaboration with the European Commission and OECD. The Regional Office's vision for this system is to launch it initially with the core indicators required for Health 2020 monitoring and reporting, which will have been accepted by all Member States. Further discussions on this important issue will take place with the European Commission and OECD to agree on a common way forward; in due course the scope may be expanded to reflect opportunities, options and eventual agreements. The Regional Office is currently analysing how existing platforms can be transferred to an electronic infrastructure and will report regularly to Member States on developments in that regard.

14. For indicators that are currently not routinely collected (such as national target-setting and well-being), the following is proposed:

- qualitative indicators may be collected by the Regional Office from Member States through minimal questionnaires, largely requiring a 'yes/no' response; a narrative can be provided, if so desired. WHO will canvass its technical focal points in countries for this; and
- well-being indicators, which are being developed over the course of 2013 and will include a mix of routinely reported data and self-reported information, will require additional reporting by the WHO Secretariat. The Regional Office will consult regularly with Member States and governing bodies on the approach to data collection. The Regional Office has explored the possibility of using existing mechanisms (such as surveys by Gallup International or other groups conducting surveys annually in all European countries, which should not place any further burden, financial or otherwise, on countries) for this purpose. The provider(s) would report information to the Regional Office, which in turn will consult with Member States. This consultation could be conducted in the context of existing annual Health for All efforts. The Regional Office will ensure that Member States and governing bodies are consulted in detail and on a

regular basis on the various provider options. This year's European Health Report also provides a roadmap on this process with technical partners

15. The Regional Office proposes to provide a synthesis of all data received through existing mechanisms every two to three years through a special section in the planned new publication, provisionally entitled *European health statistics*. Prior to publication, the Regional Office will engage in an extensive written consultation with Member States. The type of reporting may take the following forms.

- Detailed analysis of the data and presentation in tables and graphs; this would be displayed as:
  - Regional averages;
  - subregional averages (EU-15, EU-12, CIS, other – potential additional subgroupings of countries); and
  - range: highest and lowest values;
- Detailed interpretative text and executive summaries.

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

17. It is envisaged that major milestone reporting on Health 2020 targets and indicators will be done in the context of the *European Health Report* which is published every three years, also permitting more detailed analysis and discussion. Last year's report provided the baseline reflecting data from 2010. Subsequently, the first milestone report would thus be in 2015, followed by 2018 and a final report on in 2020.

18. The Regional Office is revitalizing the *Highlights on Health* series outlining country profiles, through which progress is immediately visible. Furthermore, the Office has also brought back the brief annual publication on core indicators for all European countries, with a different theme each year. Information in the above reports will be published through a variety of media, including the WHO website.

19. The Secretariat of the Regional Office is working to define the actions to be taken if Member States do not regularly report on all indicators or the targets as proposed do not appear to be on track to be achieved.

The next steps

20. The Regional Committee is requested to advise on the indicators proposed by the expert groups and adopt the indicators through the accompanying draft resolution EUR/RC63/Conf.Doc./7.

Annex 1. Proposed core and additional indicators for monitoring Health 2020 policy targets

(adjusted following Member States comments to the Regional consultation – suggested changes in bold)

Area/target	Quantification	Core indicators	Data source *(No. of Member States for which the source holds data)*	Additional indicators	Data source *(No. of Member States for which the source holds data)*
Health 2020 area 1. Burden of disease and risk factors **Overarching or headline target 1. Reduce premature mortality in Europe by 2020**	1.1. A 1.5% relative annual reduction in overall (four causes combined) premature mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020	(1) 1.1a. **Age-**standardized overall premature mortality rate (from 30 to under 70 years) for four major noncommunicable diseases (cardiovascular diseases **(ICD-10 codes I00-I99),** cancer (**ICD-10 codes C00-C97),** diabetes mellitus **(ICD-10 codes E10-E14)**, and chronic respiratory disease **(ICD-10 codes J40-47)**) disaggregated by sex. **Diseases of the digestive system (ICD-10 codes K00-K93), suggested also but to be reported separately**	HFA-MDB[i] (42)	(1) 1.1a. Standardized mortality rate from all causes, disaggregated by **age,** sex and cause of death	HFA-MDB (42)
		(2) 1.1b. Age-standardized prevalence of current **(includes both daily and non-daily or occasional)** tobacco **use** among persons aged **18**+ years	Source used by the Global Monitoring Framework for Noncommunicable Diseases (Global Health Observatory) (50)	(2) 1.1b. Prevalence of weekly tobacco smoking among **adolescents**	HBSC[ii] Survey (38)
		(3) 1.1c. Total (recorded and unrecorded) per capita alcohol consumption among persons aged 15+ years within a calendar year (litres of pure alcohol), **if possible, separately unrecorded and recorded consumption**	Source used by the Global Monitoring Framework for Noncommunicable Diseases (Global Health Observatory) (50))	(3) 1.1.c. Heavy episodic drinking **(60 g. of pure alcohol or around 6 standard alcoholic drinks on at least one occasion weekly)** among adolescents	ESPAD[iii] (34)

Area/target	Quantification	Core indicators	Data source *(No. of Member States for which the source holds data)*	Additional indicators	Data source *(No. of Member States for which the source holds data)*
		(4) 1.1d. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as a body mass index > 25 kg/m² for overweight and > 30 kg/m² for obesity) **where possible disaggregated by age and sex, separately for measured and self-reported**	Source used by the Global Monitoring Framework for Noncommunicable Diseases (Global Health Observatory) (46)	(4) 1.1d. Prevalence of overweight and obesity among **adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-scores relative to the 2007 WHO growth reference median, respectively)**	HBSC Survey (38)
	1.2. Achieved and sustained elimination of selected vaccine-preventable diseases (polio, measles, rubella) and prevention of congenital rubella syndrome	(5) 1.2a. Percentage of children vaccinated against measles**(1 dose by second birthday),** polio (**3 doses by first birthday)** and rubella **(1 dose by second birthday)**	HFA[iv] (51)		
	1.3. Reduction of mortality from external causes	(6) 1.3a. **Age-**standardized mortality rates from all external causes and injuries, disaggregated by sex **(ICD-10 codes V00-V99, W00-W99, X00-X99 and Y00-Y99)**	HFA-MDB (42)	(5) 1.3a. **Age-**standardized mortality rates from motor vehicle traffic accidents **(ICD-10 codes V02-V04, V09, V12-V14, V19-V79, V82-V87, V89)**	HFA-MDB (36)
				(6) 1.3b. **Age-**standardized mortality rates from accidental poisonings **(ICD-10 codes X40-X49)**	HFA-MDB (42)

Area/target	Quantification	Core indicators	Data source *(No. of Member States for which the source holds data)*	Additional indicators	Data source *(No. of Member States for which the source holds data)*
				(7) 1.3c. **Age-**standardized mortality rates from alcohol poisoning **(ICD-10 code X45)**	HFA-MDB (35)
				(8) 1.3d. **Age-**standardized mortality rates from suicides **(ICD-10 codes X60-X84)**	HFA-MDB (42)
				(9) 1.3e. **Age-**standardized mortality rates from accidental falls **(ICD-10 codes W00-W19)**	HFA-MDB (42)
				(10) 1.3f. **Age-**standardized mortality rates from homicides and assaults **(ICD-10 codes X85-Y09)**	HFA-MDB (41)
Health 2020 area 2. Healthy people, well-being and determinants **Overarching or headline target 2. Increase life expectancy in Europe**	2.1. Continued increase in life expectancy at current rate (= annual rate during 2006–2010) coupled with reducing differences in life expectancy in the European Region	(7) 2.1. Life expectancy at birth**, disaggregated by sex**	HFA (42)	(11) 2.1a. Life expectancy at birth and at ages 1, 15, 45 and 65 **years, disaggregated by sex**	HFA (41)
				(12) 2.1b. Healthy life years at age 65	Eurostat *(31 (EU-27 plus Iceland, Norway, Switzerland and Croatia))*

Area/target	Quantification	Core indicators	Data source *(No. of Member States for which the source holds data)*	Additional indicators	Data source *(No. of Member States for which the source holds data)*
Health 2020 area 2. Healthy people, well-being and determinants **Overarching or headline target 3. Reduce inequities in Europe (social determinants target)**	3.1. Reduction in the gaps in health status associated with social determinants within the European population	(8) 3.1a. Infant mortality per 1000 live births**, disaggregated by sex**	HFA (42)		
		(7) 3.1b. Life expectancy at birth, disaggregated by sex	HFA (42)		
		(9) 3.1c. Proportion of children of official primary school age not enrolled**, disaggregated by sex**	UNESCO[v] (46)		
		(10) 3.1d. Unemployment rate, disaggregated by age**, and by sex**	ILOSTAT[vi] and Eurostat *(ILO 38, SILC[vii] 30, total 43)*		
		(11) 3.1e. National and/or subnational policy addressing **the reduction of** health inequities established and documented	Direct reporting by Member States through the Annual Report of the WHO Regional Director for Europe		
		(12) 3.1f. GINI coefficient **(income distribution)**	World Bank & Eurostat *(22 World bank, 26 SILC, total 40)*		
Health 2020 area 2. Healthy people, well-being and determinants **Overarching or headline target 4. Enhance well-being of the European population**	Will be set as a result of the baseline of the core well-being indicators with the aim of narrowing intraregional differences and levelling up	(13) 4.1a. Life satisfaction**, disaggregated by age and sex**	To be established – WHO in discussion with existing survey providers	4.1a. Indicators of subjective well-being, either in different domains or by eudaimonia or by affect; to be developed	To be established
		4.1b. Indicators of objective well-being in different domains; to be developed and potentially already covered by other areas of Health 2020 targets	Must be from readily available sources	4.1b. Indicators of objective well-being in different domains; to be developed	From readily available sources

Area/target	Quantification	Core indicators	Data source *(No. of Member States for which the source holds data)*	Additional indicators	Data source *(No. of Member States for which the source holds data)*
Health 2020 area 3. Processes, governance and health systems **Overarching or headline target 5. Universal coverage and the "right to health"**	5.1. Moving towards universal coverage (according to WHO definition)* by 2020 * Equitable access to effective and needed services without financial burden	(14) 5.1a. Private household out-of-pocket expenditure as a proportion of total health expenditure	HFA (53)	(13) 5.1a. Maternal deaths per 100 000 live births **(ICD-10 codes O00-O99)**	HFA (49)
		(5) 5.1b. Percentage of children vaccinated against measles **(1 dose by second birthday)**, polio **(3 doses by first birthday)** and rubella **(1 dose by second birthday)**	HFA (51)	(14) 5.1b. Percentage of people treated **successfully among laboratory confirmed pulmonary** tuberculosis who completed treatment	WHO Global TB report (46)
		(15) 5.1c. **Total** expenditure on health (as a percentage of GDP)	HFA (53)	(15) 5.1c. Government **(public)** expenditure on health as a percentage of GDP	HFA (53)
Health 2020 area 3. Processes, governance and health systems **Overarching or headline target 6. National targets/ goals set by Member States**	6.1. Establishment of processes for the purpose or setting national targets (if not already in place)	(16) 6.1a. Establishment of process for target-setting documented **(mode of documenting to be decided by individual Member States)**	Direct reporting by Member States through the Annual Report of the WHO Regional Director for Europe		
		(17) 6.1b. Evidence documenting: (*a*) establishment of national policies aligned with Health 2020, (*b*) implementation plan, (*c*) accountability mechanism **(mode of 'documentation' decided by individual Member States)**	Direct reporting by Member States through the Annual Report of the WHO Regional Director for Europe		

[i]The mortality indicator database of the Regional Office.
[ii]The Health Behaviour in School-aged Children survey.
[iii]The European School Survey Project on Alcohol and Other Drugs.
[iv]The Health for All Database of the Regional Office.
[v]United Nations Educational, Scientific and Cultural Organization.
[vi]Database of labour statistics of the International Labour Organization (ILO).
[vii]European Union Statistics on Income and Living Conditions.