Expert group meeting to enhance Health 2020 monitoring and reporting

From theory to practice
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Copenhagen, Denmark
10–11 December 2018
ABSTRACT
The adoption of Health 2020, the European policy framework for health and well-being, has encouraged Member States to implement a values-based approach to measuring and reporting on health and well-being. The WHO Regional Office for Europe set up an expert group to investigate ways in which these complex, values-based concepts could be routinely reported on at a national level. The fourth expert group meeting was convened in December 2018 to review the action plan, comment on the group’s remaining outputs, recommend a strategy for operationalizing the monitoring and reporting of the concepts in the project portfolio, and consider the continued relevance of the project objectives beyond the scope of Health 2020. This report outlines the recommendations made by the expert group in relation to these objectives.

KEYWORDS
TARGETS
HEALTH STATUS INDICATORS
MEASUREMENT
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QUALITATIVE RESEARCH

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Contents

Abbreviations ..................................................................................................................... iv
Executive summary ............................................................................................................. 1
Introduction ......................................................................................................................... 2
Background ......................................................................................................................... 2
Progress update: enhancing the monitoring and reporting of Health 2020 concepts .......... 3
  HEN reports ..................................................................................................................... 3
  Whole-of-society approach ............................................................................................... 5
  Effective governance ........................................................................................................ 6
  Recommendations .......................................................................................................... 7
Operationalizing guidance within Member States ............................................................ 7
  HEN reports ..................................................................................................................... 7
  Country-level well-being profiles .................................................................................. 9
  Recommendations .......................................................................................................... 10
The future of well-being reporting ...................................................................................... 10
  Considering a future work plan ..................................................................................... 10
  Options for taking work forward ................................................................................... 11
  Recommendations .......................................................................................................... 12
Conclusion ............................................................................................................................ 12
References .......................................................................................................................... 12
Annex 1. Action plan .......................................................................................................... 15
Annex 2. Programme .......................................................................................................... 18
Annex 3. List of participants .............................................................................................. 21
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation (Abbrev.)</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>EHII</td>
<td>European Health Information Initiative</td>
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<td>HEN</td>
<td>Health Evidence Network</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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Executive summary

In response to the introduction of Health 2020, the European policy framework for health and well-being, the WHO Regional Office for Europe initiated a project to enhance how the framework’s values-based concepts are monitored and reported on using a multidisciplinary, narrative-based approach. Since the first meeting of the expert group in 2016, members have provided valuable technical input and guidance on how some of these complex concepts could be measured at a national level, and advised on how best to support Member States to achieve this.

The fourth and final meeting of the expert group took place on 10–11 December 2018. The main objectives of the meeting were to:

1. review the action plan and comment on the remaining outputs;
2. recommend a strategy for operationalizing monitoring and reporting on the concepts in the project portfolio; and
3. consider the continued relevance of the project objectives beyond the scope of Health 2020.

During the two-day meeting, expert group members were presented with progress updates on draft Health Evidence Network (HEN) reports and the Regional Office’s pilot country profile on well-being in Italy. Discussions focused on what methods could enable Member States to operationalize the monitoring and reporting of these complex concepts, with an emphasis on engagement at multiple levels of society. The expert group made six key recommendations for next steps to the WHO Secretariat.

1. Open a new workstream to provide an overview of research on the governance of health.
2. Building on the findings of existing HEN reports, produce brief, clear guidance on measuring and reporting values-based concepts for policy-makers and agencies involved in data monitoring.
3. Replicate the mixed-methods approach used in the pilot chapter on well-being in Italy to produce national well-being reports for additional Member States.
4. Commission a process and development guide for the country-level well-being profiles.
5. Investigate interest among Member States for a periodic status report on the level of well-being in the WHO European Region.

The meeting marked the conclusion of the project period to enhance Health 2020 monitoring and reporting. The expert group remarked on the continued need for and added value of efforts to strengthen the Region’s capacity to monitor and report on complex, values-based concepts. Members noted that this will be a critical step towards meeting the global goals laid out in the 2030 Agenda for Sustainable Development and WHO’s Thirteenth General Programme of Work. They expressed their interest in continuing to provide the Organization with support towards these ends.
Introduction

The adoption of Health 2020, the European policy framework for health and well-being, has encouraged Member States to implement a values-based approach to measuring and reporting on health and well-being (1). Health 2020 provides a mandate for Member States and the WHO Regional Office for Europe to measure well-being in both its objective and subjective forms. Member States recognized that doing so effectively will require a broader approach than those taken for previous monitoring reports, one capable of identifying qualitative evidence to support the largely quantitative indicators.

In response to this, the Regional Office convened an expert group meeting to enhance Health 2020 monitoring and reporting. The group first met in September 2016 (2), with subsequent meetings in April and September 2017 (3). It was tasked with developing strategies for monitoring and reporting on these complex, values-based concepts using a multidisciplinary, narrative-based approach. At the conclusion of the initial project period, measurement strategies have been developed for several priority concepts in Health 2020, and two final outputs are in development (see Annex 1 for the action plan).

The fourth expert group meeting took place on 10–11 December 2018 (see Annex 2 for the programme and Annex 3 for the list of participants). Dr Claudia Stein (Director) and Dr Nils Fietje (Research Officer) of the Division of Information, Evidence, Research and Innovation at the Regional Office welcomed participants. Mr Nick Fahy was elected Chair of the meeting, and Dr Victoria Turner as Rapporteur. Participants were invited to declare any conflicts of interest; none were noted and the programme was adopted.

The expert group meeting had three main objectives.

1. Review the action plan and comment on the remaining outputs, including:
   a. a pilot chapter on well-being for the country-level profile on health and well-being for Italy;
   b. a HEN synthesis report on measuring implementation of the whole-of-society approach; and
   c. a concept note for a report on measuring good governance for health.
2. Recommend a strategy for operationalizing monitoring and reporting on the concepts in the project portfolio (community resilience, empowerment, life-course approach and whole-of-society approach).
3. Consider the continued relevance of the project objectives beyond the scope of Health 2020, particularly regarding WHO’s Thirteenth General Programme of Work (4) and the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) (5).

Background

The expert group on enhancing Health 2020 monitoring and reporting operates under the European Health Information Initiative (EHII), a multipartner network whose aim is to provide an integrated and harmonized health information system for the WHO European Region. EHII has held 11 steering group meetings to date, which have involved stakeholders from Member States, WHO collaborating centres, health information networks and associations such as the European Public Health Association, and charitable foundations such as the Wellcome Trust (6).

The expert group reviewed the progress of EHII’s joint monitoring framework, which was presented at the 68th session of the WHO Regional Committee for Europe in Rome, Italy, in September 2018. The joint monitoring framework was developed in response to the burden on Member States of reporting on
different indicators for different policies. It proposes the alignment of indicators across three frameworks: Health 2020 (1), the SDGs (5) and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013–2020 (7).

The Regional Committee agreed to adopt the joint monitoring framework, marking WHO’s first adoption of a common set of indicators across multiple policies. The Regional Committee also received two progress reports: one on the implementation of the European Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region (8), and another on the evolution of Health 2020 indicators and targets. Both progress reports included work done by the expert group. The reports were very well received, with some Member States suggesting to WHO Director-General Dr Tedros Adhanom Ghebreyesus that other WHO regions should take the same approach to measurement and reporting, particularly regarding the use of qualitative data.

The expert group also received an update on the European health report 2018 (9), the Regional Office’s flagship publication that assesses available data across the Health 2020 targets. The majority of countries in the Region now have a national health policy with defined targets and indicators aligned with Health 2020. The European health report is a key platform for the work of this expert group, including on the use of qualitative evidence to bring to life Health 2020 concepts such as well-being, community empowerment, resilience and the whole-of-society approach.

Progress update: enhancing the monitoring and reporting of Health 2020 concepts

**HEN reports**

Health 2020 relies on a values base containing numerous concepts that have been inconsistently defined and poorly understood (1). A key objective of the expert group is to advise the Regional Office on how concepts from the Health 2020 values base might be measured and reported on. To date, and in accordance with recommendations made by the expert group, the Regional Office has delivered HEN synthesis reports on the measurement of three concepts: community empowerment, community resilience and the life-course approach. Boxes 1–3 present an overview of the completed reports.

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**Box 1. HEN synthesis report 59: community empowerment**

Community empowerment in the health arena involves people collectively gaining greater control over the influences on their health, including access to health care and preventive services. The aim of this report was to determine what quantitative and qualitative methods have been developed to measure community empowerment at a national level.

A rapid review of academic and grey literature found that almost all evidence dealt with community empowerment at a subnational level, with no clear way to aggregate/scale up indicators. The report presents three policy options based on the effectiveness of the range of approaches identified. The options will be appropriate for different Member States depending on the data and resources available for assessing community empowerment. Ideally, Member States would institute a formal national monitoring and evaluation system that collects all relevant quantitative and qualitative data and combines these into a regularly updated assessment.

Community resilience is the ability of communities and groups to adapt and thrive in response to external stressors. Building resilient communities as a strategy for population health requires the assessment of personal and collective capacities alongside vulnerabilities. The aim of this report was to determine what quantitative and qualitative methods have been developed to measure health-related community resilience at national and local levels.

A rapid review of 33 studies identified three main types of measurement strategies: measurement frameworks that use population data, mixed-methods assessment frameworks, and qualitative and participatory approaches. The report advises that the measurement of health-related community resilience should cover multiple domains (economic, social, health, skills, political and environmental) and consider local contexts and assets. It suggests three stages of policy development:

- the selection of a set of key indicators to collect data on community resilience
- the creation of a learning network to share knowledge and tools
- the development of a comprehensive measurement framework.

Box 3. HEN synthesis report 63: the life-course approach

The life-course approach to health adopts a time-based and social perspective, looking back across an individual’s or a cohort’s life experiences, or across generations, to understand current patterns of health and disease. Health at any time is not only dependent on current conditions, but also on the trajectory of risk factors and their consequences over a longer period. The approach also explores different levels of causation (societal, individual, biological), and the relative importance of all phases of life, from before conception through to pregnancy and foetal life, childhood, adolescence, adulthood and later life.

The approach has become a key component of policy-making in several countries. In 2015 in the Minsk Declaration, European Member States resolved to make greater use of a life-course approach in health policies. However, strategies for implementation of a life-course approach, and a plan for monitoring and evaluating this implementation, were lacking. The aim of this review was to discover what quantitative and qualitative methods have been developed to measure the implementation of a life-course approach in public health policies at a national level.

The report considers 24 documents and highlights that literature with a focus on measuring the implementation of a life-course approach is lacking. It argues strongly for the development of a life-course approach implementation measurement framework that:

- aligns with existing monitoring frameworks (such as the SDGs and national NCD strategies);
- reflects horizontal linkages (multisectoral linkages across policy sectors and interdisciplinary linkages across research areas); and

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1 South J, Jones R, Stansfield J, Bagnall A-M. WHO Health Evidence Network synthesis report 60. What quantitative and qualitative methods have been developed to measure health-related community resilience at a national and local level? Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0003/382971/hen-60-eng.pdf?ua=1, accessed 6 June 2019).
tracks intergenerational trajectories using longitudinal and time-series data across different life stages.

The report also emphasizes the importance of building on existing qualitative and mixed-methods approaches and exploring how to measure context-specific, behavioural, psychosocial pathways influencing health and well-being across life stages.

The report is dedicated to Professor David Barker, the physician and epidemiologist who first described the life-course approach.

1 Jacob C, Cooper C, Baird J, Hanson M. WHO Health Evidence Network synthesis report 63. What quantitative and qualitative methods have been developed to measure the implementation of a life-course approach in public health policies at the national level? Copenhagen: WHO Regional Office for Europe; 2019 (http://www.euro.who.int/__data/assets/pdf_file/0003/394275/9789289053938-eng.pdf, accessed 6 June 2019).


Whole-of-society approach

The expert group reviewed and discussed the scoping work carried out for the forthcoming HEN report on the whole-of-society approach. The aim of this report is to discover what quantitative and qualitative methods have been developed to measure implementation of the whole-of-society approach to public health policy-making at a national level. Identifying case studies that illustrate good practices and the application of sound methodologies should facilitate the operationalization of a whole-of-society approach, enabling it to form the basis of government self-evaluations and discussions at the regional level.

The scoping work identified several issues to consider during the report’s development. First, as definitions of the whole-of-society approach are generally long, it may be necessary to produce a short, operational definition that focuses on core measurable concepts. In addition, because the term “whole of society” is not commonly used across the Region (in Russian literature, for example, the phrase tends to arise only as a direct translation from WHO documents), the authors should consider alternative phrases in their literature search to identify similar approaches.

Second, although the aim of the report is to identify whole-of-society approaches at a national level, these are much more common at a subnational level. The expert group suggested that it would be beneficial to include examples of local-level implementation where possible, particularly as the whole-of-society approach in Health 2020 includes local government and other subnational features.

Finally, preliminary searches suggested that only a small number of papers focus on evaluating a whole-of-society approach to policy-making. As search terms included terms for social and commercial determinants of health that are closely related to the whole-of-society perspective, the expert group agreed that further searches should take place in social science databases.
Given the challenges described above, the expert group recommended alternative methodologies for the HEN report, such as a descriptive or hermeneutic literature review. The production of a concept framework to define the whole-of-society approach would be a useful first step. The review could include case studies from across the Region, and could be national or subnational as well as thematic. Members contributed several examples, such as the development of community centres in Kyrgyzstan, and offered to help by providing case studies, assisting with Russian translation, etc.

**Effective governance**

The expert group was originally commissioned to produce four HEN reports. However, at its third meeting in September 2017, members recommended the commission of an additional HEN report providing an overview of the latest research on governance for health and exploring the interlinkages between the Health 2020 concepts of responsible governance, participatory governance, accountability and transparency.

The expert group discussed this work, currently in the conceptual stage, to review what areas should be included and whether a HEN report would be the most suitable output. Members felt that there was enough understanding of governance in existing literature to warrant a full report, and that this would be a useful output. They identified known work in this area, including Professor Ilona Kickbusch’s work on governance (10) and implementation of Health 2020 (11) and Professor Scott Greer’s work on strengthening health system governance, including through the measurement of governance arrangements and performance and the use of mixed-methods research (12).

To generate useful advice, the expert group emphasized the need to move away from conceptual mapping to a focus on the process and practical analysis of governance using frameworks. However, members acknowledged that much of the existing work explores the meaning of good governance, while a smaller amount focuses on its measurement. The group expressed that although literature on this aspect is limited, drawing together existing findings and highlighting examples of innovative governance would still be useful for Member States, accepting that the output may be more exploratory or discursive than previous reports.

The expert group identified specific areas of governance as important facets to consider. These include the vertical interactions between multilevel governance structures at local, national and international levels, and horizontal interactions between governmental and nongovernmental organizations. Members felt it would be beneficial to have an authoritative statement on how to interact with private-sector governance that highlights the complexity of dealing with multinational companies (for example, in the food industry) at a more local or even a national level.

They also flagged the importance of capacity for good governance – including human capacity, institutional capacity and public/civil society capacity – and pointed to the Regional Office’s recent work on mapping these complex areas across Member States (13). Other ideas for consideration include resistance to governance and challenges to established social roles, and the bidirectionality of indicators (where health is an indicator of good governance but good governance is also an indicator of health, such as for early childhood mortality).

Expert group members posed additional specific questions, such as to what extent sectors other than health were approached or directly involved; how far national health policy planning has moved from being disease-focused to being determinants-based; how economic resources could be used as a proxy for power; and to what extent power-sharing with citizens and community takes place.

The WHO Secretariat emphasized that any work carried out would need to focus on the link between governance and health, and particularly the impact of effective governance on health and well-being. As
with previous work, this would need to link to existing frameworks such as the SDGs and Health 2020. The expert group emphasized the opportunity to once again use qualitative information to shape the report.

Overall, while the expert group felt that a HEN report would be valuable, members agreed that the WHO Secretariat should decide on the final output. Regardless of its form, this output will require a new workstream with a multisectoral and interdivisional approach, and will therefore take a couple of years to develop. It will need to focus on measurement and reporting, and should be discussed with Member States early (for example, through a technical briefing) to generate positive engagement.

**Recommendations**

1. Complete the HEN report providing an overview of how to measure and report on a whole-of-society approach for publication in late 2019.
2. Open a new workstream to provide an overview of research on the governance of health, taking into account the WHO Secretariat’s final decision on the most suitable output.

**Operationalizing guidance within Member States**

The expert group discussed how to operationalize the monitoring and reporting of the concepts laid out in each of the HEN reports while advancing the overall work on measuring Health 2020 concepts. Members also received an update on the proof-of-concept report on well-being for Italy, and discussed how other Member States could take this work forward.

**HEN reports**

The HEN reports present clear suggestions for each of the concepts they explore (14–16). Common to all of these is the need for outputs to target different audiences, including policy-makers, civil society, academia and other agencies involved in data monitoring. Tools for operationalization are needed for local communities as well as for national policy-makers.

The first step is to define a reliable set of indicators for each concept, which may also include identifying indicators essential to all four concepts. There is potential to aggregate indicators for the four concepts into a single workbook for policy-makers. However, if Member States will be expected to produce their own reports, they will need a practical guide on doing so. The expert group noted that a short document highlighting the importance of indicators should be accessible to all audiences (including policy-makers), and should include a section on targeting agencies responsible for monitoring.

There is an additional opportunity to engage with the research and academic community to share learning and encourage collaboration, for example, through an editorial in the Lancet or the European Journal of Public Health. This could highlight the breadth of WHO’s work on well-being rather than simply promote individual reports.

Members of the expert group expressed their commitment to taking areas of this work forward, and to exploring potential sources of funding to enable this.

**Life-course approach**

To advance the work on the life-course approach (14), expert group members suggested the production of an indicator framework and a brief guide aimed at policy-makers. They agreed that adopting one common design/framework for implementing a life-course approach would not be feasible, as measures would depend on the issue under consideration. A toolkit of indicators based on the Health 2020 indicators could be developed instead.
Members also agreed that further steps could be taken to engage policy-makers with the content of the HEN synthesis report. They suggested the development of an additional document aimed specifically at this audience that outlines the concept of the life-course approach and why it matters, and offers simple policy recommendations. This would be based on the 2015 Minsk Declaration (17) with notable additions, such as mental health/psychological well-being and sexual and reproductive health, to ensure that it covers all key life stages. Ideally, this would take the form of a short, clear, colourful brochure of no more than 4–6 pages. Expert group members already engaged with the life-course approach extended an offer to take this work forward, which the rest of the group gratefully received.

Community resilience

HEN synthesis report 60 identifies core domains of measurement for community resilience (15). These focus mostly on social and economic domains, but include additional domains such as crime, participation and education. A next step could be to map available indicators to the identified core domains with a focus on indicators highlighting community capacity (or proxies for this).

As a significant proportion of community resilience initiatives take a bottom-up approach, the expert group saw value in assembling case studies to highlight specific populations and their experiences of vulnerability. Members highlighted the need to support local planning to build community resilience, to increase learning and to facilitate the exchange of knowledge.

They acknowledged that WHO generally works at a national level, but suggested that it may be possible to provide tools that allow communities to collect their own data. Such tools would need to include qualitative as well as quantitative methods, for example, guidance on developing oral histories or running focus groups. Given the extent to which current documents and policies refer to many of these community concepts (such as resilience and engaging with civil society), the expert group expressed that now is the right time to explore community-centred/bottom-up approaches within WHO as part of this wider organizational shift.

Community empowerment

HEN synthesis report 59 identifies one key indicator to be prioritized for inclusion on national agendas: measuring the density of civil society organizations (16). Further to this, it would be useful to understand whether such organizations are formally registered, how they are categorized and how governments interact with them. This would be a useful measure globally, not just for European Member States; for example, being more aware of links with civil society could have helped WHO and other United Nations agencies in the 2014–2016 Ebola outbreak in West Africa.

The expert group suggested that WHO could go further to involve civil society in shaping decisions. Other organizations have benefitted from including non-state actors in decision-making processes, and this reflects the move from evidence-based to evidence-informed policies. While concerns were raised about WHO engagement at a community level, the group acknowledged that communities cover everything from small villages to groups of several million people – an intermediary level at which WHO already engages (for example, through the WHO European Healthy Cities Network).

Whole-of-society approach

As noted above, the work on the whole-of-society approach is still in its early stages. Once the HEN report is complete, the expert group will have a clearer idea of how the whole-of-society approach is currently measured, and how it could or should be measured going forward. Members expressed enthusiasm for testing such an approach with a suitable Member State to provide a clear example of how these ideas can be translated into practice, provided the report indicates how to measure the
whole-of-society approach and what an appropriate mixed methodology might be. Developing tools and advice for people involved in measurement would support communities to assemble their own data.

**Country-level well-being profiles**

Health 2020 identifies the enhancement of well-being as a key target of health policies (1), and WHO encourages European Member States to provide an overview of well-being in national profiles on health and well-being. The expert group reviewed a proof-of-concept report for Italy that provides a model for reporting well-being at a national level in a way that limits the burden on Member States. Box 4 provides an overview of the content of this report.

**Box 4. Pilot chapter on well-being in Italy**

A draft proof-of-concept report for a chapter on well-being in Italy’s profile of health and well-being was presented to the expert group. The report draws on quantitative well-being indicators and qualitative methods and integrates these into the format of the Regional Office’s profiles on health and well-being series. Analysis is based on well-being indicators from the *Targets and indicators for Health 2020* report;1 supplemented where appropriate with data on well-being from the Italian National Institute of Statistics.

The core quantitative indicators measure the availability of social support, the percentage of the population with access to improved sanitation facilities, the Gini coefficient, the unemployment rate and the proportion of children of official primary-school age not enrolled. The profile includes additional well-being indicators looking at the proportion of those over 65 years of age living alone, household expenditure and educational attainment.

Following the *European Health Report 2015*’s acknowledgement that “facts and figures are not enough to report meaningfully on what it means to be healthy and well in Europe”,2 the report also draws upon evidence more commonly used in the humanities and social sciences, including film, literature, art and media to contextualize the quantitative evidence provided.

The report includes case studies developed in collaboration with experts in Italian culture, which highlight in more detail issues such as migration and waste disposal. Taken as a whole, the profile provides a broader narrative on national well-being, including key themes such as the legacy of recession, the ageing population and the recent rural revival. The final report is due for publication in 2019.


Discussion of the report highlighted that using a mixed-methods approach was beneficial, and that the variety of qualitative inputs was effective. The expert group felt that more well-being chapters for national health and well-being profiles would be beneficial for WHO staff going to Member States to produce technical reports, as well as for the public and for educational purposes. Ideally, this report would be combined with the forthcoming health report on Italy (also due in 2019) for maximum impact. Again, the expert group felt that producing a methodological note on preparing the report would be
useful, particularly to share the specialized skill set required for combining quantitative and qualitative data.

Producing this proof-of-concept report brought to light several challenges to be addressed for future reports. First, not all the recommended data are readily available; for example, the Gallup World Poll requires a subscription fee to access. Second, identifying and condensing robust case studies can be challenging. Ideally, any methodological guidance would address this. Engaging local stakeholders and experts throughout the development process will also be important. Finally, while including well-being indicators that are comparable between countries increases the usefulness of the report, not all of the agreed indicators are considered priorities for each country. The expert group recognized the need to report on less relevant indicators for consistency, but recommended that in such cases these could be condensed into a single chart or infographic.

The expert group also discussed how to encourage people to engage with this and future well-being profiles. Although it is a national-level report, discussing findings at local and regional levels will be important, for example, through local administrators, universities and schools. Compared to many high-level outputs, the well-being profile is particularly relatable to everyday life, and is therefore more amenable to dissemination to the general public. WHO country offices have some infrastructure for national engagement, and additional collaborations could engage academia, departments of education, and health and national statistics offices. The use of social media platforms could also broaden outreach. Engagement should be considered during the early stages of producing well-being profiles, as well as at the dissemination stage.

Recommendations

1. Building on the findings of the HEN reports, produce brief, clear guidance on measuring and reporting well-being for policy-makers and agencies involved in data monitoring. Consider different outputs for different target audiences as outlined above.
2. Replicate the mixed-methods approach used in the Italian pilot chapter on well-being to produce national well-being reports for additional Member States.
3. Commission a process and development guide for the country-level well-being profiles.
4. Consider how WHO can influence well-being at a local and intermediate level as well as nationally and internationally.

The future of well-being reporting

The work carried out under the technical guidance of the expert group has been well received by European Member States. Efforts to combine qualitative and quantitative evidence have been particularly beneficial, and represent an innovative step for WHO in terms of measurement and reporting. As this meeting concluded project activities to enhance Health 2020 monitoring and reporting, the expert group was invited to comment on the Regional Office’s next steps. Members also expressed their willingness to be involved in this work.

Considering a future work plan

The expert group discussed plans for new work in the context of the upcoming appointment of a new WHO Regional Director General for Europe. Members considered whether the work plan should wait for this appointment, and potentially even for the release of the new Regional Director’s health plan (as a follow up to Health 2020). They concluded that as future reports are likely to build on Health 2020, and
in the interest of harnessing existing momentum, it would be best to produce and enact the new work plan as soon as possible.

The group recognized that in order to successfully advance their work, a clear plan with buy-in at a strategic level will be necessary. Future work should remain anchored in existing agreements, particularly the newly revised mandate to review targets for Health 2020. The expert group has made good progress, but there are still many important areas of Health 2020 to look at, for example, key concepts around the whole-of-government approach and sense of belonging. There is scope to focus on each of these through additional HEN reports.

The expert group’s work has led to engagement with partners with similar agendas. The Organisation for Economic Co-operation and Development (OECD) produced a well-being framework that measures well-being indicators (18) and a Better Life Index (19) that has intentional overlap with Health 2020 indicators. Eurostat produced work on quality of life with similar domains to those of the OECD (20). Beyond these similarities, the expert group’s work has the additional strength of including qualitative material. This mixed-methods approach is crucial for further work, and members expressed a desire to further integrate qualitative and quantitative workstreams.

The expert group recognized the potential to expand on the work done alongside academics and academic institutions, which will be more likely to engage if they see clear potential for the development of workstreams (particularly relating to causality) or clear policy implications. In terms of the focus on measurement, the group noted that procedural advancements could be made by looking to countries that have advanced this agenda the most. It may be possible to find a country already integrating well-being measurement at a national level and to work together to provide proof of concept for further work on operationalizing well-being reporting.

**Options for taking work forward**

In addition to the forthcoming work outlined above, the expert group suggested a high-level output that would aim to combine key qualitative and quantitative well-being indicators from across the Region into a single report. This report would target technical audiences and civil society, and would engage key institutional policy-makers. Box 5 presents an example of what this report might look like.

To this end, the expert group recommended that the WHO Secretariat establish a new expert group to provide the necessary technical guidance. This group should enable a mixed-methods approach to measurement by bringing together people with both qualitative and quantitative expertise. Members should also be geographically representative of the diversity of the Region.

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**Box 5. A proposal for a European well-being report**

One of the Regional Office’s flagship publications is the European health report, published every three years. It maps health trends, charts progress towards achieving health goals and provides an evidence base for health policy.\(^1\) The development a complementary European well-being report could formalize the Region’s concern for well-being and demonstrate the added value of using new forms of evidence.

Like the European health report, the well-being report could be published by the Regional Office every three years and take a pan-European approach with a focus on Health 2020 indicators. With high-level content and significant stakeholder engagement, the production of such a report should lead to a constructive (and actionable) plan.
The expert group suggested testing the appetite for a European well-being report with relevant stakeholders, such as representatives of the public health community (via the European Public Health Organization) and Member States (for example, the Standing Committee of the Regional Committee), or via an editorial in the European Journal of Public Health.


Recommendations

1. Convene an expert group to provide technical input and guidance on the operationalization of the well-being monitoring framework, with membership that will maximize the mixed-methods approach.
2. Follow up on offers of support from existing expert group members to carry out future work.
3. Investigate interest among Member States for a periodic status report on the level of well-being in the Region.

Conclusion

The fourth and final expert group meeting identified clear recommendations for turning the research on values-based concepts into practical products for use at national and subnational levels. Members of the group are willing to assist with the next phase of the project both in terms of operationalizing their outputs so far and engaging with the WHO Secretariat’s future vision for reimagining the monitoring framework for health and well-being in the WHO European Region.

References


Annex 1. Action plan

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
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<tr>
<td><strong>Actions for 2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Completed</strong></td>
<td>Organize a virtual meeting of the export group to provide an update on progress, review outputs and recommend further actions.</td>
<td>Action plan for 2018; meeting report of the expert group</td>
<td>1. WHO Secretariat</td>
<td>1. Prepare meeting and provide logistical support.</td>
</tr>
<tr>
<td>April 2017</td>
<td></td>
<td></td>
<td>2. Expert group</td>
<td>2. Attend meeting and provide input.</td>
</tr>
<tr>
<td><strong>Cancelled</strong></td>
<td>Review available subjective well-being indicators to assess the availability, quality and relevance to Health 2020 of additional quantitative subjective well-being indicators that are already being widely reported.</td>
<td>Background document mapping subjective well-being indicators in the WHO European Region</td>
<td>1. WHO Secretariat</td>
<td>1. Draft terms of reference, manage consultant and coordinate research support.</td>
</tr>
<tr>
<td><strong>In preparation</strong></td>
<td>Produce a pilot country-level well-being chapter for Italy, using qualitative and quantitative information for health.</td>
<td>Well-being chapter for Italy</td>
<td>1. WHO Collaborating Centre, University of Exeter, United Kingdom</td>
<td>1. Liaise with WHO colleagues, expert group members and country representatives, and produce a pilot Highlights on health and well-being report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. WHO Secretariat</td>
<td>2. Provide research and process support.</td>
</tr>
<tr>
<td>Draft outline ready by February 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report ready by May 2019</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Completed</strong></td>
<td>Commission a synthesis review of the qualitative and quantitative techniques and approaches commonly used to measure and report on community resilience.</td>
<td>Health Evidence Network (HEN) evidence review on measuring community resilience</td>
<td>1. WHO Secretariat</td>
<td>1. Draft terms of reference and support the production of the report.</td>
</tr>
<tr>
<td>Report published by August 2018</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Completed</strong></td>
<td>Commission a synthesis review of the qualitative and quantitative techniques and approaches commonly used to measure and report on empowerment.</td>
<td>HEN evidence review on measuring empowerment</td>
<td>1. WHO Secretariat</td>
<td>1. Draft terms of reference and support the production of the report.</td>
</tr>
<tr>
<td>Report published by August 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeline</td>
<td>Activity</td>
<td>Product(s)</td>
<td>Contributors</td>
<td>Description of contributions</td>
</tr>
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<td>----------</td>
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</table>
| Completed | Organize a virtual meeting of the export group to provide an update on progress, review outputs and recommend further actions. | Note for the record | 1. WHO Secretariat  
2. Expert group | 1. Prepare meeting and provide logistical support.  
2. Attend meeting and provide input. |
| Completed | Commission a synthesis review on measuring and reporting on the implementation of a life-course approach. | HEN evidence review on implementation of life-course approach | 1. WHO Secretariat  
2. Expert group | 1. Draft terms of reference and support the production of the report.  
2. Provide input on experts and literature review. |
| In preparation | Commission a synthesis review on measuring and reporting on the implementation of a whole-of-society approach. | HEN evidence review on implementation of whole-of-society approach | 1. WHO Secretariat  
2. Expert group | 1. Draft terms of reference and support the production of the report.  
2. Provide input on experts and literature review. |
| Concept note ready by June 2019  
Report published by December 2020 | Commission an overview of the latest research on governance of health, exploring the interlinkages between the following Health 2020 concepts: responsible governance, participatory governance, accountability and transparency. | Report on measuring and reporting on good governance of health | 1. WHO Secretariat  
2. Expert group | 1. Draft terms of reference and support the production of the report.  
2. Provide input on experts and literature review. |
| Completed | Organize a meeting of the export group to provide an update on progress, review outputs and recommend further actions. | Third full meeting report | 1. WHO Secretariat  
2. Expert group | 1. Prepare meeting and provide logistical support.  
2. Attend meeting and provide input. |
<table>
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<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>In preparation</td>
<td>Develop a workshop on well-being monitoring frameworks, to be delivered at the Robert Wood Johnson Foundation annual grant-holder meeting.</td>
<td>Workshop on well-being monitoring frameworks (90 minutes)</td>
<td>1. WHO Secretariat</td>
<td>1. Conceptualize and deliver workshop</td>
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<tr>
<td>In preparation</td>
<td>Convene a new expert group to operationalize the monitoring frameworks of values-based concepts.</td>
<td>Meeting report</td>
<td>1. WHO Secretariat</td>
<td>1. Prepare meeting and provide logistical support.</td>
</tr>
<tr>
<td>September 2019</td>
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<td></td>
<td>2. Expert group</td>
<td>2. Attend meeting and provide input.</td>
</tr>
<tr>
<td>Publication in</td>
<td>Produce a regional status report on the level of well-being in European Member States.</td>
<td>European well-being report</td>
<td>1. WHO Secretariat</td>
<td>1. Provide research and process input.</td>
</tr>
<tr>
<td>September 2019</td>
<td></td>
<td></td>
<td>2. Authors (to be determined.)</td>
<td>2. Liaise with WHO colleagues, expert group members and country representatives, and produce a regional well-being report.</td>
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Annex 2. Programme

Monday, 10 December 2018

Opening
- Welcome by WHO Secretariat and Chair
- Introductions
- WHO Secretariat: Election of Rapporteur
- WHO Secretariat: Expected outcomes of the meeting
- Chair: Adoption of programme

Session 1. Update and overview of activities by the WHO Secretariat

Presentations
- WHO Secretariat (Claudia Stein): European Health Information Initiative (EHII) and feedback from the 68th session of the WHO Regional Committee for Europe
- WHO Secretariat (Nils Fietje): Evidence for health and well-being in context and summary of European Health Report 2018

Discussion and feedback
- Provide an update on progress of the EHII, under which the expert group operates.
- Provide an update from the roadmap to enhance Health 2020 monitoring and reporting.
- Receive feedback from expert group members about progress and activities undertaken.

Session 2. Measuring and reporting on good governance for health

Presentation
- Nils Fietje

Commentary
- Mihály Kökény

Discussion
- Based on a circulated concept note, discuss the challenges of measuring and reporting on good governance for health.
- Advise on next steps for developing a publication that would help to operationalize monitoring and reporting on good governance for health.

Session 3. Review and update on Health Evidence Network (HEN) synthesis report on measuring and reporting on life-course approach

Presentation
- Cyrus Cooper, Mark Hanson, Chandni Jacob

Commentary
- Bosse Pettersson

Discussion
- Share the results and key findings of the report.
- Discuss how the HEN synthesis report can be disseminated and promoted.
Session 4. Update on HEN synthesis report on measuring and reporting on whole-of-society approach

*Presentation*
- Holly Jarman

*Commentary*
- Monika Kosinska
- Christine Brown

*Discussion*
- Overview of the development of the HEN report on measuring and reporting on whole-of-society approach.
- Discuss the methodology that will be employed.

**Conclusions of Day 1 (Chair and WHO Secretariat)**

**Tuesday, 11 December 2018**

*Opening*
- Setting the scene for Day 2
- WHO Secretariat: Background and ambitions

**Session 5. Scaling up WHO Regional Office for Europe Profiles on Well-being**

*Presentation*
- Felicity Thomas

*Commentary*
- Maria Pia Sorvillo

*Discussion*
- Share the results and key findings of the chapter on well-being for the profile on health and well-being for Italy.
- Reflect on the lessons learned and next steps for operationalizing country-level well-being reporting in the WHO European Region.
- Discuss how the pilot chapter should be disseminated and promoted.

**Session 6. Operationalizing the monitoring and reporting of Health 2020 concepts**

*Commentary*
- Jane South
- Glenn Laverack
- Mark Hanson

*Discussion*
- Recommend a strategy for operationalizing the monitoring and reporting of community resilience, community empowerment, life-course approach and whole-of-society approach.
- Discuss a suitable output for this work.
Session 7. Reimagining the monitoring framework for health and well-being in the WHO European Region

*Presentation*
- Claudia Stein

*Commentary*
- David Byrne
- Laura Fleischer
- Alonzo Plough

*Discussion*
- Discuss promising reporting approaches from the international development arena that are relevant to health and well-being and that use both qualitative and quantitative evidence.
- Consider the relevance and applicability of these approaches to the health sector and to the WHO Regional Office for Europe’s reporting on health and well-being.
- Building on the work accomplished so far, propose how the Regional Office might transform the way it reports on health and well-being in its richness and complexity.

*Conclusion*
- Conclusions from the last two days
- Concrete next steps for the WHO Secretariat
- Wrap up
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Expert group meeting to enhance Health 2020 monitoring and reporting

Page 22

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The WHO Regional Office for Europe

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

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
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Croatia
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Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
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Netherlands
North Macedonia
Norway
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