

# OVERVIEW 01



## Health situation in the European Region

The European Region has passed the half-way point of Health 2020's implementation period. The majority of Member States have taken action to adopt and implement its principles and approaches to improve the health and well-being of citizens.

The Region is on track to achieve the Health 2020 target to reduce premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 1.5% annually until 2020. Most of the progress in the Region is due to improvements in countries with the highest premature mortality.

Alcohol consumption, tobacco use and overweight and obesity remain major public health problems in the European Region, with rates of alcohol consumption and tobacco use being the highest globally. WHO estimates of the prevalence of overweight and obesity show a rise in almost all Member States.

Despite high overall vaccination coverage for measles in the Region, immunity gaps in the population persist, resulting in ongoing endemic transmission and nationwide outbreaks in some Member States.

The gaps between the highest and lowest country values reported in the Region for the Health 2020 indicators linked to social determinants of health – infant mortality, life expectancy, primary school enrolment, and unemployment – have become smaller over time. Preliminary data suggest that this trend is continuing. Despite this positive trend, the absolute differences between countries remain large.

In 2014, the level of out-of-pocket payments was below the 15% threshold for strong financial protection in only 25% of Member States.

## Capturing the Health 2020 core values

By adopting Health 2020, Member States explicitly put the core ideals of “fairness, sustainability, quality, transparency, accountability, gender equality, dignity and the right to participate in decision-making” at the centre of public health policy-making in the WHO European Region, almost pre-empting the value-base of the sustainable development goals (SDGs).

This values-based approach to public health, advocates people-centred health systems, promotes health throughout the life-course, and strives to achieve equity and health for all. Such

a shift has inevitably challenged traditional, quantitative methods of gathering evidence, such as routine health information or household survey data, which are not well placed to capture subjective experience.

WHO European Region Member States have recognized that painting a fuller picture of Health 2020 implementation, and reporting meaningfully and holistically on the full breadth of the health-related SDGs, requires a broader approach to monitoring and reporting. To this end, WHO has begun systematically exploring the Health 2020

values and prioritizing key concepts for which to develop both quantitative and qualitative measurement and reporting strategies.

With the help of an expert group, several priority concepts from the Health 2020 values were identified for measuring, based on some agreed-upon principles. In addition to well-being, these were community resilience, community empowerment, a life-course approach, and a whole-of-society approach.

To enhance the measurement and reporting of these concepts, it is important to consider expanding the evidence base to systematically include research from the humanities and social sciences, with a focus on mixed-methods research into the social and cultural drivers of health and well-being. Qualitative approaches from the humanities and social sciences are uniquely positioned to reveal truths beyond hard numbers and can provide valuable insights on the more intangible drivers of health and well-being.

There are a number of challenges when it comes to both measuring and reporting on well-being. Although there is an increasing interest among European Member States in capturing objective and subjective well-being data, the availability of such data continues to be variable across the Region. Another important limitation of the quantitative approach that dominates well-being measurement is the fact that the concept is shaped by cultural factors, such as values, traditions and beliefs. A better, more qualitatively informed understanding of the cultural contexts of health can therefore improve the monitoring and comparability of well-being indicators across a culturally diverse region and help governments design and implement health policies that reflect the needs of particular communities.

Monitoring community resilience brings into focus the individuals who constitute a community (such as the informal community leaders), the formal and informal networks, and the hierarchies that exist at different levels within the local area. Importantly, however, for a measurement framework on resilience to be truly comprehensive, the analysis of meta-data across dimensions would need to be supplemented with qualitative participatory case studies to support the engagement of communities facing marginalization or high levels of adversity.

In the context of Health 2020, empowerment is the means through which people can gain greater control over decisions and actions affecting their health. Empowering people is one of Health 2020's priority areas. Although the concept of empowerment has been well studied, it is still difficult to measure and implement, and mixed-method approaches are required for a deeper understanding of the social and political dynamics through which empowerment is achieved.

Beyond just reporting on Health 2020, further efforts need to be made across the whole of WHO to consistently incorporate a mixed-methods approach into its reporting outputs, particularly at the country level. For any public health agency to be able to convince its stakeholders of the importance and validity of its data, the analysis has to be contextualized using evidence from a wide range of quantitative approaches.

These new forms of evidence will help create a more holistic understanding of health and well-being in the 21st century, and will also equip the Regional Office to support its Member States to better report on, and implement, the SDGs.

## Defining the vision for harmonized and interoperable information systems for health for Europe

Reliable and timely health information is the foundation of effective public health action, working towards the goal of universal health coverage. It is imperative for countries aiming to use their limited resources wisely. Data and information are needed to inform policy decisions, in the design of programme interventions, and for monitoring and evaluation, but they may be unavailable or not fit for purpose. The rapid provision of reliable information is equally key to dealing with emergent diseases and other acute health events, ultimately saving lives.

There are three key elements that, if designed well, interlink to provide the high quality and relevant evidence required to advance meaningful public health action. These are health information, health research and knowledge translation.

WHO and its Member States are working, through its European Health Information Initiative (EHII), to encourage harmonized and interoperable information that will underpin sustainable change and achieve the goals of Health 2020 and the SDGs, thus enhancing health by improving the information that underpins policy.

Information systems for health focus on the use of information in decision-making for health, building on the foundation of solid and reliable health information systems while taking a broader approach that includes data from non-health sources and technology, such as promoting innovation and the use of affordable applications for digital health<sup>2</sup>, telemedicine, m-health and e-learning. They pro-

vide a national – rather than a health – perspective, and involve other sectors (e.g. educational, economical) in relation to health in all policies.

There is widespread acknowledgement of the importance of having strong health research processes that drive national health systems towards equity and improved health. At the same time, it is understood that health research in many countries does not currently fulfil its potential. In the European Region, WHO has therefore commenced work to support countries in assessing their national health research systems, developing national strategies to strengthen the production of local evidence for local decision-making, and optimizing current interventions.

To increase its societal value and usability, research needs to be designed strategically to align with contemporary public health policy priorities. In addition, systematic reviews aid the assimilation of what is already known, enabling the better use of existing research findings.

*Evidence-informed*, rather than *evidence-based*, health policy acknowledges that policy-making is an inherently political process in which research evidence is only one, albeit the most important, factor that influences decision-making. Scientific evidence often has to compete with beliefs, personal interests, political considerations, traditions, past experience, and financial constraints.

WHO's work to strengthen country capacity by bridging the research-policy gap is conducted

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2 The terms eHealth and digital health are used interchangeably in this report, reflecting their evolution and the discussion among Member States at the 71st World Health Assembly.

primarily through the Evidence-informed Policy Network (EVIPNet). Its overarching model is that of integration, which combines various components of push, user-pull and exchange, acknowledging that the different approaches are not mutually exclusive nor meant to be considered in isolation.

The mechanisms that strengthen the three key systems – health information, research and knowledge translation – align with the implementation of the Action plan to strengthen the use of

evidence for policy-making adopted by the WHO European Region Member States in 2016. These systems should be better integrated and coordinated to reach their full potential for transforming health and well-being outcomes.

The EHII is the platform for the coordination of health information, research and knowledge translation throughout the WHO Region but systemic links need to be further enhanced and the Action plan to strengthen the use of evidence for policy-making more strategically implemented.

## The unfinished agenda beyond 2020 – what do we need to do next?

Health 2020, the European policy framework for health and well-being, has been a catalyst for strengthened public health action in the European Region. It has also brought the use of information and evidence to the forefront of European public health thinking and policy-making through its accountability mechanism, the Health 2020 targets and indicators. It is well-aligned with Agenda 2030 and the SDGs.

Health 2020 also placed new emphasis on measuring health and well-being instead of merely focusing on the measurement of death, disease and disability. This accords with the WHO definition of health as not merely the absence of disease and infirmity but physical, social and mental well-being.

This reflected a paradigm shift in the approach to public health and was facilitated by the introduction of the cultural context of health in the Regional Office's work, the increased use of qualitative information and reporting using new kinds of evidence from the medical humanities, includ-

ing narratives, and the establishment of a unique multipartner EHII to coordinate and harmonize health information in the Region.

These developments are absolutely critical if the European Region is serious about reducing health inequalities and reporting on them. Reducing inequalities in health requires not only strong information systems for health at the country level but an increased use of information and evidence for policy-making.

At the same time demands for action in public health are becoming more and more intersectoral, thus also necessitating intersectoral measurement and reporting.

While societies demand higher levels of transparency for health information and the way it is used for policy-making, national authorities face increasingly stringent data privacy and protection laws. The use of local data for local decision-making, however, is highly desirable and a key element of the implemen-

tation of the Action plan to strengthen the use of evidence for policy-making in European countries.

Quantitative data, including on mortality, morbidity and disability, remain at the core of health reporting and are absolutely essential when assessing the health of a population. They do not, however, explain the full picture and describe the “what” and “how much”, rather than explaining “why” certain trends are observed.

More serious thought needs to be given to the communication of health information, far beyond the use of images or infographics. This may involve story-telling techniques and face-to-face meetings with local communities about their health experience. Such efforts would lead to a demystification of statistics into actual knowledge used by all, thus creating a new paradigm of “evidence for all”.