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Europe

# European Health Information Initiative

Fourth meeting of  
the Steering Group

Copenhagen,  
Denmark  
22–23 March 2016



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## Abstract

The WHO European Health Information Initiative (EHII) Steering Group held its fourth formal meeting in Copenhagen, Denmark, on 22–23 March 2016. Launched in 2012 with start-up funding from the Ministry of Health, Welfare and Sport of the Netherlands, EHII is a multimember network committed to improving the health of the people of the WHO European Region by improving the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity and harmonize data collection. Through these objectives, EHII contributes to integrating health information activities and developing an integrated, harmonized health information system for the Region. The Steering Group received and discussed background information and updates, and reviewed and offered advice on EHII's strategic direction and action plan for 2015–2017.

## Keywords

HEALTH INFORMATION SYSTEMS  
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# Contents

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Foreword: reflections by the Co-chair .....	vii
Abbreviations .....	viii
Executive summary .....	ix
Background .....	1
Introduction to the meeting .....	2
Objectives .....	3
Expected outcomes .....	4
EHI updates .....	5
Development of information for health and well-being with a focus on indicators .....	5
Enhanced access to and dissemination of health information .....	6
Capacity-building .....	8
Strengthening of health information networks .....	9
Support for health information strategy development .....	10
Update on the mapping exercise on health indicators in the WHO European Region .....	11
<i>Piloting of Support tool to assess health information systems and develop and strengthen health information strategies .....</i>	<i>12</i>
WHO European Health Information Gateway .....	14
The BRIDGE project – working towards a European Union Health Information System .....	16
SCHIN .....	18
The European Burden of Disease Network .....	20

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Update by the Special Working Group for the development of an EHII operational framework .....	21
Update by the European Commission/Eurostat .....	22
Update by OECD .....	24
Review of progress on the EHII Action Plan .....	26
Development of information for health and well-being with a focus on indicators .....	26
Enhanced access to and dissemination of health information ...	26
Capacity-building .....	26
Strengthening of health information networks .....	27
Support for health information strategy development .....	27
Communication and advocacy .....	27
Support to the WHO EHII secretariat .....	28
Conclusions .....	29
References .....	30
Annex 1. EHII Action Plan 2015–2017 .....	32
Annex 2. Programme .....	38
Annex 3. List of participants .....	39

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## Foreword: reflections by the Co-chair

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*The European Health Information Initiative (EHII) is taking a leading role in advancing a single health information system (HIS) for the European Region. There is already substantial engagement and commitment from partners towards achieving the goals and vision of EHII. Its numerous health information networks and projects already show impact and value for Member States and partnering organizations.*

*EHII is truly about collaboration and raising the capacity of the entire European Region. These coordinating activities of EHII lead to better quality and use of health information, ultimately providing an improved evidence base for health policy decisions.*

### **Dr Anna Korotkova**

Co-chair of EHII Steering Group

Deputy Director in International Affairs, Federal Research Institute for Health Organization and Informatics of the Ministry of Health, Russian Federation

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## Abbreviations

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<b>BRIDGE</b>	Bridging Information and Data Generation for Evidence-based Health Policy and Research
<b>CARINFONET</b>	Central Asian Republics Information Network
<b>DG</b>	Directorate-General
<b>DG SANTE</b>	Directorate-General for Health and Food Safety
<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>EHII</b>	European Health Information Initiative
<b>EU</b>	European Union
<b>EUPHA</b>	European Public Health Association
<b>EVIPNet</b>	WHO Evidence-informed Policy Network
<b>HEN</b>	Health Evidence Network
<b>HIS</b>	health information system(s)
<b>HMN</b>	Health Metrics Network
<b>HSPA</b>	health system performance assessment
<b>IHME</b>	Institute for Health Metrics and Evaluation
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>RIVM</b>	National Institute for Public Health and the Environment, The Netherlands
<b>SCHIN</b>	Small Countries Health Information Network
<b>SDGs</b>	Sustainable Development Goals
<b>SPC</b>	Social Protection Committee
<b>WHO</b>	World Health Organization

The fourth meeting of the EHII Steering Group was held in Copenhagen, Denmark, on 22–23 March 2016. Participants gave, received and discussed feedback on EHII activities and related developments.

The topic of health information featured in many discussions at the 65<sup>th</sup> Session of the WHO Regional Committee for Europe, held in Vilnius, Lithuania, on 14–17 September 2015. Member States welcomed a roadmap on evidence for policy-making and called for a Regional action plan. WHO and the European Commission pledged to strengthen collaboration in various areas including health information, which is enshrined in the Vilnius Declaration. The ministers of health of small countries agreed to establish a Small Countries Health Information Network (SCHIN), which held its inaugural meeting under the leadership of the Ministry for Health and Energy of Malta in March 2016.

The EHII network continues to grow, and as of May 2016, three months after the meeting, comprises 25 members. Among the new members are WHO Member States Lithuania, Malta, Georgia, Romania and Portugal, and several WHO collaborating centres from the United Kingdom and the Russian Federation, as well as Public Health England, the European Public Health Association (EUPHA), the Commonwealth and the Wellcome Trust, in addition to observer organizations of the initiative, the European Commission and the Organisation for Economic Co-operation and Development (OECD).

The Steering Group reviewed progress with the EHII Action Plan established in previous meetings and discussed a draft operational framework for the structure and function of EHII. Members were informed about an ongoing exercise to map existing health indicators in the European Region and on the successful piloting of the *Support tool to assess health information systems and develop and strengthen health information strategies (1)* in Bulgaria and the Republic of Moldova. In addition, the WHO European Health Information Gateway, a new web portal which includes new visualization tools, structures, additional topics and many other features, was presented

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and very positively received by the participants. To support country activities EHII members agreed to establish the European Burden of Disease Network to share experiences and practical solutions as well as harmonize methodological approaches across the Region. This network will initially be chaired by Public Health England. The Steering Group also agreed to explore new collaborations and to establish formal links with the BRIDGE (Bridging Information and Data Generation for Evidence-based Health Policy and Research) Health project consortium.

The next Steering Group meeting will be held virtually in July 2016 and the next in-person meeting will take place in Copenhagen in 2017. Members noted that the meeting had been productive, and EHII continues to expand and progress.

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## Background

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EHII is a network committed to improving health by improving the information that underpins policy (2). Its vision is an integrated, harmonized HIS for the entire WHO European Region. Its mission is to improve the information that underpins health policy through fostering international cooperation to exchange expertise, build capacity and harmonize data collection (see Box 1).

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### Box 1. About EHII

Health information is the foundation and an integral part of health systems, as WHO Member States agreed in World Health Assembly resolution WHA60.27 in 2007. Many stakeholders in the WHO European Region are active in this field, but much of the evidence gathered and knowledge generated is still dispersed, incomplete and difficult to access. Health information activities are often funded through ad hoc projects rather than sustainable structures. Large parts of current international data collections are poorly harmonized, resulting in discrepancies and a high reporting burden for countries. Furthermore, health information tends to be poorest where health is poorest, thus creating inequalities in health information across Europe that underestimates the health inequalities it sets out to describe.

The 21<sup>st</sup> century has brought new data and information needs and opportunities that require harmonized action and broad,

strengthened international cooperation. In 2010 the WHO Regional Office for Europe and the European Commission agreed in a joint declaration to work towards a single integrated HIS for the Region. To this end, in 2012 WHO established EHII, a network committed to improving health by improving the information that underpins policy, with seed funding from the Ministry of Health, Welfare and Sport of the Netherlands. EHII's vision is an integrated, harmonized HIS for the entire European Region. Its mission is to improve the information that underpins health policy through fostering international cooperation to exchange expertise, build capacity and harmonize data collection.

#### **EHII works in six key areas:**

- development of information for health and well-being with a focus on indicators
- enhanced access to and dissemination of health information
- capacity-building

- strengthening of health information networks
- support for health information strategy development
- communication and advocacy.

EHII held its first formal Steering Group meeting in 2015 (3). It continues to expand and progress. Its members include Member States, WHO collaborating centres, health information networks and academic institutions. Several countries and institutions, including a global charitable foundation, the Wellcome Trust, contribute actively to EHII through funding and/or contributions in kind. The European Commission and OECD participate in EHII. Core activities include the annual WHO Autumn School for Health Information and Evidence for Policy-making, the WHO European Health Information Gateway and mobile application, numerous health information networks, the Evidence-informed Policy Network (EVIPNet) and the development of support tools and mechanisms.

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## Introduction to the meeting

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The EHII Steering Group held its fourth meeting in Copenhagen, Denmark, on 22–23 March 2016. The Chair of the Steering Group, Ms Annemiek van Bolhuis, Director, Public Health and Health Services, National Institute for Public Health and the Environment (RIVM), The Netherlands, welcomed all participants. Dr Mathias Bonk, independent consultant, was elected as rapporteur. The proposed programme was adopted (see Annex 2). A list of participants and their affiliations can be found in Annex 3. The report of the third meeting of the EHII Steering Group, held via videoconference on 6 November 2015, had previously been circulated and was adopted (4). Ms van Bolhuis outlined the expected outcomes of the meeting, including updates from the Secretariat and other members of EHII, discussions on recent EHII activities and related developments and a review of the EHII action plan.

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, opened the meeting and welcomed all participants. On behalf of the Regional Director for Europe, Ms Zsuzsanna Jakab, Dr Stein thanked the Steering Group members for their strong support and emphasized the great importance of the EHII meeting to WHO. Since its creation in 2012, EHII has steadily grown and serves as an umbrella for all health information activities at the WHO Regional Office for Europe.

Participants were reminded to declare any conflicts of interest verbally and in writing, to be posted on the WHO website. No conflicts were declared.

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## Objectives

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The objectives of the meeting were to:

- update participants on the background, recent activities of EHII and contributions from EHII members so far;
- review the progress with EHII activities according to the EHII Action Plan (see Annex 1);
- revise and identify potential new EHII activities and their actors and timelines in the EHII Action Plan; and
- discuss the further development of the EHII strategic and operational framework (in preparation).

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## Expected outcomes

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The expected outcomes of the meeting were:

- an updated EHII Action Plan 2015–2017 (Annex 1);
- a revised draft of an overall EHII operational framework (in preparation);
- suggestions for specific new EHII activities with possible commitments for contributions;
- agreement on the next steps for the Steering Group; and
- a meeting report.

The WHO Secretariat updated participants on the progress, achievements and developments since the last meeting in March 2015. EHI is a growing network comprising 22 members at the time of the meeting (an increase from 11 in March 2015). Among the new members are WHO Member States including Lithuania, Malta, Georgia and Portugal, WHO collaborating centres from the United Kingdom and Switzerland, Public Health England, and EUPHA. The European Commission and OECD continue to support the initiative.

### **Development of information for health and well-being with a focus on indicators**

In key area 1, the focus lies on the harmonization and development of indicators across the European Region. A strong collaboration between WHO and the European Commission towards a single integrated HIS for Europe, as agreed in the 2010 Moscow Declaration, is supported by all 53 Member States of the WHO European Region.

The area of health information has seen a lot of activity, which has further increased with the development of the United Nations' Sustainable Development Goals (SDGs). The Member States of the WHO European Region have been important advocates of health and its central role in the new development agenda throughout the negotiation process. They are now preparing for its local adoption at the country level and its integration with national development planning, incorporating national targets. These processes represent a unique opportunity to renew national commitments to health information and the use of intersectoral mechanisms, as well as to implement priorities already endorsed through the adoption of the European policy framework Health 2020. In addition, the Eurostat/OECD/WHO joint data collection has been expanded in 2015; this reduces the burden of reporting for Member States.

A mapping exercise of indicators within the frameworks of Health 2020, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases and the SDGs is being conducted. The aim of this activity is to map all indicators across the various frameworks to identify their overlap and alignment, examine how to minimize any

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duplication of reporting on indicators by Member States and propose a joint monitoring framework to Member States. The WHO Regional Office for Europe is therefore placing a special focus on baseline reporting for SDG 3 (Ensure healthy lives and promote well-being for all) within the *Core health indicators in the WHO European Region (5)* publication for 2016.

### **Enhanced access to and dissemination of health information**

In key area 2, numerous initiatives have been launched since 2015. A new bilingual (English and Russian) peer-reviewed journal, *Public Health Panorama*, was launched by the WHO Regional Office for Europe, with the aim of dissemination of good practices and successful implementation of evidence-informed policies (6). Health information and evidence has been selected as the special theme of the journal issue to be released in September 2016. The Health Evidence Network (HEN) has published several reports on migration and health issues in 2015, and further issues on various policy questions are currently being prepared for publication in 2016 (7).

*The European health report 2015 (8)* (see Box 2) was launched in September 2015; it focused on the progress towards the Health 2020 targets and indicators, and on exploring new areas and types of health information which will be required to report on the new concepts in Health 2020, thus defining new evidence for the 21<sup>st</sup> century. In addition, the concept for WHO Regional Office for Europe's *Country profiles* and *Highlights on health and well-being* was revised with a new focus on Health 2020 and two types of publication: a more detailed profile describing the country's health situation and a short highlights summary mainly aimed at policy-makers. With strong support from Member States, *Country profiles* for Greece, Republic of Moldova and Slovenia will be published in 2016 (see Box 3); two further publications will follow.

The WHO Regional Office for Europe has enhanced its collaboration on burden of disease assessments with the Institute for Health Metrics and Evaluation (IHME) in Seattle, United States of America. The aim is to arrive at a harmonized and comparable approach to conducting national burden of disease studies, as well as joint training and capacity-building

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activities. Approximately a dozen countries in the European Region have begun or are planning to conduct a national burden of disease study. WHO Regional Office for Europe and IHME are jointly supporting these countries through country missions and training.

To investigate the cultural contexts of health more systematically, and to explore different types of qualitative evidence in regard to the cultural context of well-being, a WHO expert group on the cultural contexts of health and well-being has been established. It uses a multisectoral and multidisciplinary, integrated research approach and taps into relevant research from the humanities and wider social

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## Box 2. The European health report 2015

*The European health report 2015* shows that improvements in health continue throughout the European Region, and some of the inequalities in health between countries, notably in life expectancy and infant mortality, have decreased in recent years. However, these differences still amount to 11 years' difference in life expectancy and a difference of 20 healthy babies per 1000 live births between the best- and worst-performing countries. Absolute differences between countries remain unacceptably large, especially for indicators linked to social determinants of health.

The 2015 report continues the discussion on the concept of well-being within the Health 2020 framework. It therefore:

- presents the first results on subjective and objective well-being in the context of Health 2020, and explores innovative ways in which policy-makers can address the challenge of measuring it;
- examines how culture can influence health and well-being; and
- looks at how WHO could use information from non-traditional sources – for example, drawing on narratives from history and anthropology – to gain a more complete picture of well-being in Europe.

Health 2020 includes notions such as community resilience and a sense of belonging and empowerment, and requires fresh thinking about health information to ensure that the evidence collated meets the needs of the policy. The entirety of the



information chain is fraught with challenges: from data collection to analysis, interpretation and reporting, and the use of information in policy-making. This report calls for broad international cooperation to focus attention and effort on harmonizing, setting standards for and creating evidence fit for use in the 21<sup>st</sup> century.

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sciences. The first meeting of this expert group was held in January 2015 (11) and the second meeting took place in Copenhagen in April 2016.

The WHO Regional Office for Europe recently launched a new web portal, the European Health Information Gateway (12), which uses new types of visualizations to display country profiles and progress on the Health 2020 indicators, the Health Behaviour in School-Aged Children study and other topics. In addition, *From innovation to implementation – eHealth in the WHO European Region* (13), covering statistical reports and case studies in the e-health sector, was launched recently. The report analyses and presents the results of the 2015 Global Observatory for eHealth survey for European Member States and highlights the importance of e-health as a national strategic asset. Uniquely, the report covers many case studies and lessons learned from Member States.

### Capacity-building

The Autumn School on Health Information and Evidence for Policy-making is a core activity of EHII key area 3, with a focus

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### Box 3. Highlights on health and well-being – country-by-country analysis

The WHO Regional Office for Europe has revitalized a former publication describing the health situation of its Member States. The first in the reintroduced series of publications providing in-depth analysis of health situations in Member States has been launched in 2016, beginning with Greece (9,10). WHO Regional Office for Europe is producing a detailed *Country profile*, which is a traditional description of the health situation using the latest data available, with a focus on Health 2020 indicators. The detailed profile is accompanied

by a succinct *Highlights on health and well-being* summary which is uniquely designed for policy-makers, pinpointing key policy issues and trends and giving the sharpest possible analysis of available information and evidence relative to the health situation of the country.

Written in close collaboration with Member States, the new series centres around the Health 2020 indicators, providing insight into performance against Health 2020 targets and implementation. The reports are

also available via the European Health Information Gateway, and its accompanying European health statistics app, where datasets can be explored in more detail and in comparison to other countries.



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on Health 2020 indicator monitoring (for example, country case studies, reporting inequalities). Following successful courses in Turkey (2013), Poland (2014) and the Russian Federation (2015), the next Autumn School is in preparation to be held in Romania. Based on the success of the Autumn Schools and as a result of increased demand for training, an advanced component of this event was added in 2015, and will be held annually.

The WHO Secretariat is also working on a mapping exercise of available tools and activities that the Regional Office uses to help to translate evidence into policy-making. WHO will share the methodology of this internal exercise with the European Commission and OECD.

### **Strengthening of health information networks**

Substantial progress has been made in key area 4. EVIPNet Europe, launched in 2012, is now active in 19 countries, using multistakeholder country teams to build capacity in knowledge translation.

In 2014, the Central Asian Republics Information Network (CARINFONET) was established to strengthen HIS within these five Member States. The network aims to advance the collection, use and distribution of accurate and timely health information to assist policy-makers in monitoring trends in health and well-being. In 2015, the network established a special working group to identify a joint set of core indicators on which all five countries will report.

SCHIN was launched in March 2016 under the leadership of Malta as Chair for the first two years. SCHIN's aim is to bring together small countries of the European Region (populations less than one million) to exchange experiences and address shared health information challenges. Similarly, the existing South-Eastern Europe Health Network (SEEHN) is currently planning a health information component to its scope. The WHO Secretariat will facilitate communication and collaboration across networks within EHII.

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## Support for health information strategy development

Within key area 5 of EHII, the *Support tool to assess health information systems and develop and strengthen health information strategies (1)* was developed at the WHO Regional Office for Europe by a working group chaired by the Netherlands and the Russian Federation. This tool builds on material adapted for the European context from WHO's Health Metrics Network (HMN), and has now been successfully piloted in Bulgaria and the Republic of Moldova. The first round of experience will lead to a revision of the tool.

A European action plan to strengthen the use of information, evidence and research for policy-making will be presented to the Regional Committee for adoption and resolution in September 2016. This would be the first such action plan at WHO at Regional and global level. The Standing Committee for the Regional Committee strongly supports this five-year action plan, which proposes actions for Member States and the WHO Secretariat in four key areas:

1. **strengthening national HIS**, harmonizing health indicators and establishing an integrated HIS for the European Region;
2. **establishing and promoting national health research systems** to support the setting of public health priorities;
3. **increasing country capacities** for the development of evidence-informed policies (**knowledge translation**); and
4. **mainstreaming the use of evidence, information and research** in the implementation of Health 2020 and other major Regional policy frameworks.

This exercise, conducted by RIVM and the WHO Collaborating Centre for Health Indicators, Manchester, United Kingdom aims at mapping existing and future health and well-being indicators used in Europe, in order to develop recommendations for a common core indicator set for WHO Regional Office for Europe, the European Commission and OECD that is aligned with other accepted monitoring systems, including those at the global level. The project will link with, and inform the evaluation of, the Health for All indicators. Steering Group members' feedback on the proposals for a structural model and the involvement of stakeholders has been processed.

An online questionnaire has been developed on key criteria required for the selection of indicators. The results will be used to produce an overview before a core set of indicators is discussed. The draft questionnaire will be sent to the WHO Secretariat for distribution to the EHII Steering Group for feedback. The National Institute for Health and Welfare, Finland, and colleagues from the BRIDGE network are currently conducting additional indicator mapping activities, which will be used for the overall mapping exercise as well. Initial results of the exercise will be presented at the next meeting of the Steering Group in July 2016.

### ***Action points***

- An online questionnaire for mapping exercise on health indicators will be submitted to WHO Secretariat for distribution to EHII members. (Spring 2016)
- Feedback by EHII Steering Group members will be received in due course, followed by incorporation of comments and circulation of revision. (Summer 2016)
- The Secretariat will provide the European Commission and OECD with the methodology for an internal mapping exercise of available tools and activities to strengthen evidence-informed policy-making. (Summer 2016)

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## Piloting of *Support tool to assess health information systems and develop and strengthen health information strategies*

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Findings from two pilot studies performed in the Republic of Moldova and Bulgaria on the use of the tool were presented. The *Support tool to assess health information systems and develop and strengthen health information strategies (1)* was published by the WHO Regional Office for Europe in 2015 at the request of Member States. The tool builds on and was adapted for the European context from existing materials from the HMN, with the aim of supporting countries in assessing their HIS and in the development of related strategies.

The tool has also been simplified to about 50 items for the initial assessment in order to allow country missions of shorter duration in the face of limited availability of resources. This condensed version of the assessment tool is now being used for conducting semi-structured interviews with main stakeholders, followed by a joint, concluding meeting. The main findings from the two pilot country missions show that the shortened list of items appears to be very useful to scan the performance of a national HIS quickly. It also shows that the framework is currently limited due to its focus on data and indicators, rather than on analysis, reporting and knowledge translation.

Harmonizing the assessment methodology and preparing an optional self-assessment component for Member States will further refine this support tool. This could also apply to the methodology suggested for the HIS strategy development. To concentrate their work on their current needs, Member States could also use existing structures (such as EVIPNet) and policies (such as national noncommunicable disease policies and indicators). Furthermore, the assessment methodology could be further enhanced to reflect better all phases of population health monitoring, and more complete descriptions of HIS and HIS governance.

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### ***Action points***

- RIVM will review and improve the support tool and develop a self-assessment component (supported by Secretariat). (2016)
- Steering Group members will support the refinement of the assessment methodology and further elaborate on definitions and descriptions. (2016)

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## WHO European Health Information Gateway

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The WHO European Health Information Gateway was launched in March 2016 (see Fig. 1). The goal of this web platform is to improve access to and dissemination of health information and permit new types of data analyses. The Gateway is a bilingual (English and Russian), interactive, one-stop health information source for policy-makers, the general public and public health practitioners alike. Work has proceeded along three streams:

1. health information flow, standards and editorial oversight of content
2. infrastructure and operational capacity development
3. product development: data warehouse, gateway, health statistics mobile app, and data visualizations.

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**Fig. 1. The WHO European Health Information Gateway at a glance**



Substantial progress has been made since the last update to the Steering Group in March 2015. Foundational standards and architecture of the Gateway have been developed, an editorial committee is in place, an editorial policy is being drafted, and research into the information needs of end-users has been performed and used in the configuration of the Gateway.

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To strengthen the Gateway's infrastructure, intensive work has been done to ensure the interoperability, explorability and discoverability of the health information. A core objective is to ensure the accessibility of health information provided by WHO Regional Office for Europe. Components of the Gateway include country profiles, public health thematic overviews, interactive graphs and infographics, exportable data, and a mobile statistics app. Next steps include enhancing search capabilities, providing solutions for in-depth exploration and visualization of datasets, and incorporation of further datasets housed at the WHO Regional Office for Europe.

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## The BRIDGE project – working towards a European Union Health Information System

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The aim of the European Union (EU)-funded BRIDGE project is to work towards a health information and data generation network in the EU covering major EU health policy areas, for both population health and health system performance. The project's mission is to create a blueprint for a comprehensive, integrated and sustainable EU HIS, which will incorporate know-how and technical tools to coordinate and harmonize research and surveillance for Member States in key EU health policy areas; to propose various sustainable structural and institutional options for such an EU HIS and support the transition towards it; and to develop blueprints for specific actions (tasks) of an EU HIS.

The project bridges EU projects in domains of population and health system monitoring, indicator development, health examination surveys, environment and health, population injury and disease registries, clinical and administrative health data collection systems, and methods of health system monitoring and evaluation. The specific objectives of the project are targeted through 12 vertical work packages and seven horizontal activities, bringing together expertise from different health information domains and building the blocks of an EU HIS. The delivery of a policy paper describing the scope, tasks, activities and governance structure of an EU HIS is envisioned.

In 2011, a European Parliament resolution requested the European Commission to consider and assess the possibility of extending the remit of the European Centre for Disease Prevention and Control (ECDC) to encompass noncommunicable diseases, using it as a centre for data collection. This was supported by European Council conclusions calling upon the Commission to consider the need for better use of existing data and for additional comparative data on various health issues, which should be obtained from sustainable health monitoring systems at EU level. Health ministers invited the Commission and its member states to establish a sustainable and integrated EU HIS, building on existing projects and structures and focusing especially on the potential of a comprehensive health information research infrastructure consortium.

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Improved coordination and collaboration between the various health information actors and an increase in interdisciplinary cooperation with other policy sectors and civil societies are essential. It was suggested that the EU's European Core Health Indicators be consolidated, methods for priority-setting be identified, and common definitions for indicators agreed. In addition, capacity training in the field of health system performance assessment (HSPA) should be enhanced to diminish the health information inequalities between countries and to develop and facilitate knowledge and expertise. This can be brought about through strong collaboration between EU member states, and through focal points, hubs and nodes (such as national public health institutes).

A formal link between EHII and the BRIDGE project was established for periodic updates and future collaboration. The upcoming BRIDGE project publication will be of great value for the discussions of the EHII Steering Group in respect of the further development of the initiative. A gradual development of an integrated EU HIS based on existing principles and mechanisms, supported through the involvement of national public health institutes, without altering the role and mandate of any organization or agency, appears to be possible. Some examples could be taken from eastern European countries with well-developed HIS.

***Action point***

- The BRIDGE project officers will share the report (when available) with Steering Group members.

The chair of SCHIN, Dr Neville Calleja, Malta, reported on progress with the network. The inaugural meeting of SCHIN was held in Malta in March 2016. National focal points from Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino attended the meeting. SCHIN evolved from the WHO European Region's small countries initiative, which was established in 2013 to bring together the eight European countries with populations of less than one million. SCHIN was first proposed at the high-level meeting of ministers of small countries in Andorra in 2015.

The aim of SCHIN is to bring together small countries for the exchange of best practices and collaboration to address shared health information goals.

Small countries require unique considerations in their reporting and comparisons of health information. Actions outlined in the 2016–2017 SCHIN work plan include:

- performing small-country-specific HIS assessments using the rapid assessment Support tool;
- tailoring a HSPA for small countries, with the potential for a synthesis of individual country assessments into a consolidated report for the group of eight small countries;
- implementing a three-year rolling average for certain indicators that are unstable due to small numbers of events;
- introducing a small country group into WHO Regional Office for Europe databases to report on statistical averages;
- establishing a minimum dataset of indicators for small countries;
- conducting capacity-building workshops specifically relevant to small countries; and
- developing a link with EVIPNet.

In the subsequent discussion, it was mentioned that IHME has been working on statistical tools for small areas, which also might be useful for small countries. Furthermore, a three-year reporting cycle (using three-year averages) might be an option, especially for small countries for selected indicators. The WHO Regional Office for Europe is currently working on a concept note, which outlines scenarios

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for ways to achieve the reporting of rolling averages; this will be provided to SCHIN in summer 2016. A link between SCHIN and the forthcoming European Burden of Disease Network was also strongly recommended.

***Action points***

- The WHO Secretariat will ensure that a link between SCHIN and the European Burden of Disease Network is established. (Autumn 2016)
- The SCHIN Chair will liaise with the EVIPNet project leader at WHO to discuss options for collaboration. (Spring 2016)

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## The European Burden of Disease Network

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The WHO Regional Office for Europe is collaborating with IHME in the European Region to support its Member States in conducting national burden of disease studies. A number of Member States are presently planning or conducting a national study (for example, Switzerland, Belgium, Germany), and others have already completed their study (for example, Public Health England, Portugal, Norway and Turkey). As results should be comparable and as Member States are interested in building a network for sharing experiences and supporting each other, the WHO Regional Office for Europe was requested to provide a platform for such a network, under the umbrella of EHII. Dr Stein invited Professor John Newton, Chief Knowledge Officer, Public Health England, to talk about the ongoing work on burden of disease.

Public Health England's collaboration with IHME has been very rewarding, especially as the work on the national burden of disease study has been quite substantial and resource-intensive. Following the initial report on changes in health in England, which has additionally been published in *The Lancet* (14), an annual update, focusing also on subnational reporting and including the social determinants of health, is now being planned. This would then be used to develop future scenarios for discussions and planning of health care and related services. Regular meetings of teams working on data and a coherent Europe-wide report would be helpful.

Participants expressed strong interest in burden of disease studies and agreed that an international network for exchange of experiences and best practices would be very useful. To ensure consistency and comparability of studies across countries, not only data quality but also the harmonization of definitions, standards and model estimates used would be important. The Steering Group requested the Regional Office to set up a dedicated European Burden of Disease Network under the umbrella of EHII. Public Health England agreed to act as Chair of the network for an initial two-year term.

### ***Action points***

- The WHO Secretariat will prepare draft terms of reference and scope and purpose documentation for the network and discuss them with the prospective Chair. (Spring 2016)
- The first meeting of the network will take place in September 2016.

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## Update by the Special Working Group for the development of an EHII operational framework

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The Special Working Group for the development of an EHII operational framework presented a draft document, which had been sent out to Steering Group members for review prior to the meeting. Participants were invited to give feedback for the Special Working Group to discuss on the second day of the meeting. The draft operational framework emphasized the need for collaboration between WHO and EHII members, as well as with the European Commission and OECD.

Participants suggested that EHII should be a major platform for exchange of information to improve coordination between all members of the initiative, especially the European Commission, OECD and WHO, to find more synergies within the existing structures and mechanisms and to reduce duplication of work. Sharing of data and coordinating publication and other activities would be of additional value. Participants highlighted the necessity to acknowledge the mandates of the respective organizations within these processes.

### ***Action point***

- The Special Working Group will revise the draft document with a focus on clarifying the aims and objectives of the EHII strategy. (Spring 2016)

Eurostat stated that it was formally representing participants from the Directorate-General for Health and Food Safety (DG SANTE) of the European Commission who were unable to attend the meeting.

The work on the SDG indicators, which Eurostat is coordinating among the 28 EU member states and candidate countries, is presently playing an important role. An interagency group, including countries and United Nations organizations, has prepared a preliminary list of about 100 indicators, ensuring that every target will have at least one indicator. This list will be further discussed during a meeting of the United Nations Statistical Commission to be held in Mexico at the end of March 2016.

Eurostat is also preparing specific regulations in the field of health statistics. In addition, there is significant focus on better alignment of data collection for morbidity statistics at the national level, improving data quality and the transmission of data at various levels. Necessary changes in regulations for these purposes were often very time-consuming in the EU context.

Eurostat is now planning health interview surveys for 2017. The results will be added to a newly developed social service system, which will also include the results of different social surveys for health, education and the labour force. An impact assessment has been done to rationalize these surveys to ensure a more structured approach and to increase the interaction among the different sectors.

The European Commission is undergoing a restructuring of departments (Directorates-General (DG)) involved in health information, with DG SANTE as the leading directorate, Eurostat (also known as ESTAT), DG Research, and DG Environment. Additional European Commission agencies involved in health information analysis include ECDC, the Joint Research Centre, the Consumers, Health and Food Executive Agency and DG Employment and Social Affairs. Following this restructuring process, appropriate counterparts for EHII will be identified.

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EU member states are interested in improving the comparability of results between countries and streamlining their submission of data, which Eurostat and its open method of coordination is offering. A special subgroup for developing indicators in the domain of health, the Social Protection Committee (SPC), is supporting these efforts. The SPC is an EU advisory policy committee for employment and social affairs ministers in the Employment and Social Affairs Council (EPSCO), which monitors social conditions in the EU and the development of social protection policies in member countries. It reports on social inclusion, health care, long-term care and pensions under the social open method of coordination.

The main discussion points raised by the participants included the interaction and strategic collaboration between the Commission, OECD and WHO in the area of health information and the definition of an integrated HIS for the European Region. It was agreed that strong cooperation between the three organizations would be of great benefit to achieving the common goals.

An update was presented on OECD's health data and analytical work focusing on collaborations with WHO and the European Commission. OECD currently has 34 member states: 21 in the EU, three European Free Trade Association (EFTA) countries, Turkey, Israel, soon Latvia and Lithuania, four countries from the Americas, and four from the Asia-Pacific region. While most OECD countries are located in Europe, a considerable proportion of the total population live in countries outside Europe. OECD's general framework for public health and HSPA aims to improve the health status of the population of the 34 OECD countries, including an equity dimension, in all of the three focus areas: health status, non-health-care determinants of health, and health-care system performance (quality, access, expenditure).

OECD collaborates with Eurostat and the WHO Regional Office for Europe in two joint data collection activities: one on health expenditure (Joint Health Accounts Questionnaire, since 2005) and one on non-expenditure statistics (Joint Questionnaire on Non-Monetary Health Care Statistics, since 2010). These joint data collection activities aim to reduce the burden of data reporting in countries, to promote the use of international standards and classifications, and overall to improve the consistency of data reported by international organizations. The annual process for joint data collections consists of five steps.

1. A questionnaire is sent to a designated focal point in each country.
2. Data are submitted to Eurostat, OECD and WHO by the national focal point.
3. Data validation is shared across the three organizations.
4. Agreement is reached on a final set of data.
5. The three organizations disseminate a final dataset in their respective databases.

The current joint action plan between OECD and the WHO Regional Office for Europe promotes collaboration with regard to developing reliable health information, and analysing health system challenges and policy responses. The main objectives are to reduce the reporting burden for countries, to avoid inconsistencies in definitions, to avoid duplication of efforts, and to improve the reliability and relevance

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to policy of the data collected. Additional objectives are cost-effectiveness and HSPA, the identification and dissemination of good practice in areas of health policy, the exploitation of different approaches to highlight key challenges and opportunities to improve European health systems, and support for countries in planning and monitoring their health workforce.

Points of discussion raised by the participants included the interaction and strategic collaboration between the European Commission, OECD and WHO in the area of health information. Participants agreed that strong cooperation between the three organizations would be essential in achieving common goals. EHII could be used as a platform for exchange of information to improve coordination between all members of the initiative, especially the European Commission, OECD and WHO, to identify further synergies within the existing structures and mechanisms, and to reduce duplication of work. Sharing of data and coordinating publication and other activities would be of additional value. Participants highlighted the necessity to acknowledge the mandates of the respective organizations within these processes.

An updated EHII action plan can be found in Annex 1. To avoid unnecessary repetition, the following section focuses only on those items that were prominently discussed.

### **Development of information for health and well-being with a focus on indicators**

The WHO Collaborating Centre for Health Indicators in Manchester, United Kingdom, will continue its work on the mapping exercise of health indicators. *The European health report 2015* indicates that many concepts of WHO's Health 2020 policy (such as resilient communities, the whole-of-government approach, etc.) have not been fully defined so far. Definitions and appropriate indicators in this area should therefore be discussed within EHII. An expert advisory group on Health 2020 indicators, together with the WHO expert group on well-being, will be entering a new round of proposing health and well-being indicators for Health 2020. This information will be shared in due course with the EHII Steering Group.

### **Enhanced access to and dissemination of health information**

Recent publications were noted, such as three HEN reports, a new issue of *Public Health Panorama* and *Country profile and Highlights on health* reports on Greece.

### **Capacity-building**

Plans for the Autumn School were discussed and further collaboration had been suggested between OECD, the European Commission and WHO to develop joint modules. An advanced school component will also take place in June 2016, and EHII members interested in hosting the Autumn School in 2017 are being asked to express their interest to the Secretariat. The WHO Collaborating Centre for Health Statistics and Analysis in Moscow is currently developing tools for activities that strengthen evidence-informed policy-making, especially in Russian-speaking countries.

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## **Strengthening of health information networks**

The Steering Group proposed that the WHO Regional Office for Europe establish a European Burden of Disease Network within EHII. Members felt that this would be a very valuable platform for sharing experiences and harmonizing study methodologies. Professor John Newton of Public Health England agreed to be the provisional Chair of the network. Furthermore, the Steering Group established a formal link with the BRIDGE Health project consortium for regular communication and potential collaboration.

## **Support for health information strategy development**

The Steering Group proposed that lessons learned from the BRIDGE project should be included in the discussions on the further development of the EHII operational framework. To support the development of health information strategies at the national level, the *Support tool to assess health information systems and develop and strengthen health information strategies* had been piloted in Bulgaria and the Republic of Moldova. An evaluation will be provided and WHO will revise the methodology. The Secretariat will provide a list of stakeholders to be included and a set of questions of varying lengths for different forms of assessment (short, medium, long and self-assessment).

## **Communication and advocacy**

Members were grateful to the WHO Secretariat for establishing a dedicated online communication platform for exchange of material and collaboration within EHII and across EHII networks. The use of a promotional video, newsfeeds, and other innovative communication mechanisms were discussed. EUPHA offered to support various communication activities, such as email distribution lists and opportunities at annual conferences.

## Support to the WHO EHII secretariat

Dr Claudia Stein reported on the ongoing exploration of possible contributions that were needed to move forward in some key areas. These included secondments to the Regional Office, the establishment of a new WHO Collaborating Centre at the University of Exeter in the United Kingdom, and grant funding provided by the Wellcome Trust. She emphasized how important the contributions (technical and/or financial) of Member States are for the success of EHII.

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

**Table 1. Summary of main action points**

EHII Key Area	Action	Lead	By when
<b>1.</b>	<b>Development of information for health and well-being with a focus on indicators</b>		
	Indicator mapping exercise: revised model of questionnaire to be shared with Steering Group for comments	WHO Secretariat/WHO Collaborating Centre, Manchester	Spring 2016
	Execute the modifications proposed by members to the conceptual model, and circulate a revision	WHO Secretariat/WHO Collaborating Centre, Manchester	Summer 2016
<b>3.</b>	<b>Capacity-building</b>		
	Provide methodology of mapping exercise of available tools that strengthen evidence-informed policy-making with European Commission and OECD	WHO Secretariat	Summer 2016
	Explore hosting of Autumn School in 2017 and beyond	All Steering Group members	Ongoing
<b>4.</b>	<b>Strengthening of health information networks</b>		
	Establishment of the European Burden of Disease Network	Public Health England, WHO Secretariat	Summer 2016
<b>5.</b>	<b>Support for health information strategy development</b>		
	Evaluation and revision of the support tool for health information strategy development	RIVM, WHO Secretariat	2016
<b>6.</b>	<b>Communication and advocacy</b>		
	Promotion/video/newsfeed/other communication mechanism	WHO Secretariat	Ongoing
	<b>Support to the WHO EHII Secretariat</b>		
	Explore possible secondments to the Regional Office, fundraising and other ways of expanding EHII capacity	WHO Secretariat and all Steering Group members	Ongoing
	Revision of EHII operational framework	All Steering Group members	Spring 2016

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## Conclusions

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In her concluding remarks, Dr Claudia Stein thanked participants for their contributions and support to the initiative. She summarized the productive discussions held over the course of the two-day meeting, highlighting the significant progress that had been made since the first EHII meeting in March 2015. The EHII operational framework will be further refined to identify common ground and to improve coordination between the members, and especially to reduce the burden of reporting for Member States of the WHO European Region.

The Chair, Ms Annemiek van Bolhuis, proposed that the next face-to-face Steering Group meeting take place in March 2017 in Copenhagen. The next virtual meeting will be held via teleconference in July 2016. She thanked all participants and the WHO Secretariat for a productive meeting.



The participants of the 4th EHII Steering Group meeting. ©WHO

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## Annex 1. EHII Action Plan 2015–2017

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

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop Health 2020 monitoring framework	Monitoring framework and indicators	Wellcome Trust	Host and fund well-being indicators meeting in London
Ongoing	Developmental work on measurement of well-being and on cultural contexts of well-being and new evidence for the 21 <sup>st</sup> century	Recommendations from expert group meeting for WHO EHII Secretariat to take forward	1) Wellcome Trust  2) University of Exeter, United Kingdom	1) Joint planning and funding application underway with the Wellcome Trust, expert meeting on cultural contexts of well-being in January 2016, and technical briefing to RC66  2) Application for new WHO collaborating centre, University of Exeter
New actions 2015–2017 with agreed contributions	Assess European Health for All database indicators to determine how far they align with public health priorities and information needs, and with current data situation; develop proposal for updated list	Proposal for updated list of European Health for All database indicators	1) WHO Collaborating Centre for Health Indicators, Manchester, United Kingdom; RIVM; WHO EHII Secretariat  2) RIVM	1) Develop design for evaluation procedure  2) Technical input during evaluation process
Ongoing	Map existing and future developmental work on health information, including indicator development (with a focus on inequalities and life-course), as starting point for development of a set of common core indicators for WHO, European Commission and OECD	Proposal for mapping exercise  Questionnaire under development for selection criteria of indicators  Revised model and draft questionnaire to be shared with EHII Steering Group (via WHO Secretariat)	WHO Collaborating Centre for Health Indicators, Manchester; WHO Collaborating Centre for Health Statistics and Analysis, Moscow; RIVM	Refine proposal for mapping exercise
	Report regularly to EHII Steering Group on cooperation between Regional Office, European Commission and OECD on health information (regular activity)	Regular updates during EHII Steering Group meetings, including sharing relevant background materials	WHO EHII Secretariat; European Commission DG for Health and Food Safety; OECD	Joint preparation of updates

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

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Develop basic version of WHO health information and evidence portal	WHO health information and evidence portal (with basic functionalities)	The Netherlands	Funding for first two developmental phases of the portal
New actions 2015–2017 with agreed contributions	Develop next phases of portal, including data warehouse	Updated and improved version of WHO health information and evidence portal and data warehouse to be launched November 2015	WHO EHII Secretariat; RIVM; WHO Collaborating Centre for Health Indicators, Manchester	Technical cooperation during developmental phase, including advice on/review of existing and new functionalities, themes and content
	Develop concept country profiles and explore collaboration between WHO, European Commission and OECD on gathering information, potentially starting with production of <i>WHO Highlights on health and well-being</i> by end 2015	Overview of country profiles in use/planned by these agencies, and potential for using same information base  Launch of <i>Public Health Panorama</i> , HEN Reports	WHO EHII Secretariat; Directorate-General for Health and Food Safety; OECD	Map existing and planned country profiles and their overlaps  <i>Pilot Highlights</i> with three Member States (Greece, Republic of Moldova, Slovenia)

## Key area 3. Capacity-building

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Annual WHO Autumn School on Health Information and Evidence for Policy-making, 2013, 2014, 2015	Autumn School	1) The Netherlands & RIVM  2) Turkey (2013) 3) Poland (2014) 4) Russian Federation (2015)	1) Funding for 2013 Autumn School; technical support for developing course programme (2013–2015)  2) 3) 4) Autumn schools hosted and completed
Ongoing	WHO Autumn School, 2016 in planning  Explore further collaboration between WHO, European Commission and OECD on developing joint modules	Autumn School and ideas on possibilities for joint modules, possibly leading to action plan for development	WHO EHII Secretariat; RIVM; WHO Collaborating Centre for Health Indicators, Manchester; host country	Host Autumn School, October 2016: Member States to make proposals by January 2016  Prepare course content including joint modules and stand-alone inputs from different sources, including EUROSTAT offer of session; learn from EU scientific committees as practical example of evidence-informed policy-making; consider module on system of health accounts implementation and policy use

### Key area 3. Capacity-building (continued)

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
New actions 2015–2017 with potential contributions	WHO Autumn School, 2017	Autumn School (Advanced school component added since 2015)	To be determined (TBD)	Explore possible hosting of Autumn School 2017
Timeline TBD	Develop/adapt standard (e-learning) modules related to contents of Autumn School and/or other health information topics/tools	(e-learning) modules	1) WHO Collaborating Centre for Health Indicators, Manchester; WHO EHII Secretariat	1) Explore potential for development of module on Health in All Policies for online Master of Public Health, University of Manchester, United Kingdom
			2) RIVM	2) Consider educational tool to explore different perspectives on public health, as basis of additional module or workshop
	Activities that strengthen evidence-informed policy-making – e.g. developing tools for monitoring and evaluation, setting up clearing houses and rapid response mechanisms; developing repository for evidence-informed policy-making tools	Tools (TBD)	WHO Collaborating Centre for Health Indicators, Manchester; other voluntary contributions requested	Large task requiring dedicated personnel: Member States requested to make proposals; further discussion at meeting in March 2016
		WHO Regional Office for Europe inventory (October 2016)	WHO Regional Office for Europe	WHO Regional Office to provide methodology
		Technical Guidance Manual (August 2016)	WHO Collaborating Centre for Health Statistics and Analysis, Moscow	
		Tools specifically geared to Commonwealth of Independent States, Russian-speaking, and other countries		
	Mapping exercise of available tools that strengthen evidence-informed policy-making	Inventory	European Commission and OECD (to be determined once WHO Regional Office has provided the methodology)	TBD
Potential new actions 2015–2017	N/A	N/A	N/A	N/A

## Key area 4. Strengthening of health information networks

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	CARINFONET	Core list of joint indicators	1) Kyrgyzstan 2) Kazakhstan	1) Host CARINFONET secretariat during first rotation period 2) Host CARINFONET secretariat during second rotation period. Work on new joint indicators for five Member States. Host Steering Group in 2016.
	Explore potential for establishing Finnish–Baltic health information network	Finnish–Baltic health information network	Finland	Explore possibilities for establishing network (to be revisited at a later stage)
	Explore potential for establishing link between EHII and new network for Russian-speaking countries for health systems and health information	Feedback on potential to establish link between EHII and Russian-speaking network	WHO Collaborating Centre for Health Systems and Public Health, Moscow	Explore possibilities to link new network and EHII (update to be provided in May 2016)
New actions 2015–2017 with potential contributions	Map existing health information networks in Region	Inventory of networks	WHO Collaborating Centre for Health Indicators, Manchester; other volunteers sought	Review existing inventories (not required at this point)
	Stimulate new networks and work towards a network of networks	New Small Countries Health Information Network (SCHIN), and potentially South-Eastern Europe and others	Malta	Malta is inaugural Chair of SCHIN and hosted the first meeting in March 2016
	Develop mechanism for involving health information networks in European Region in EHII	TBD	None agreed yet	Member States to come forward as volunteers
Potential new actions 2015–2017	Establish a European Burden of Disease Network	Define the steering group and plan the launch event.	WHO Regional Office for Europe with Public Health England as provisional Chair	
	Establish a formal link with Bridge consortium for regular feedback and interaction	TBD	Bridge consortium and WHO	TBD

## Key area 5. Support for health information strategy development

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Finalized	Support tool launched for Member States to assess HIS and develop and strengthen health information strategies	Support tool	1) Russian Federation  2) The Netherlands; RIVM	1) Co-chair expert group guiding tool development and host two expert group meetings  2) Co-chair expert group guiding tool development
New actions 2015–2017 with agreed contributions	Explore linkage of introduction of support tool to another event, e.g. Autumn School or network meetings such as CARINFONET (regular activity)	TBD	1) WHO EHII Secretariat  2) EHII Steering Group members	1) Identify opportunities to present tool and summarize in a calendar; prepare basic presentation  2) Inform WHO EHII Secretariat about meetings and events where tool could be introduced
	Organize pilot workshop(s) in a few Member States for implementing tool; use outcomes to improve and update tool	Piloted and improved tool	WHO Regional Office for Europe	Missions to Bulgaria and Republic of Moldova to use support tool to review HIS
		Provide evaluation of Bulgaria and Republic of Moldova exercises	RIVM (with strong collaboration with WHO Secretariat)	Consider evaluation and use of tool at Autumn School
		Revise tool  (Four scenario versions: short, medium, longer, and self-assessment)		
Potential new actions 2015–2017	Gather Regional examples of good practice for interventions aimed at improving (elements of) national HIS to supplement support tool	TBD	None yet agreed	TBD
By mid-2016	Discuss lessons learned from Bridge project in EHII	Revised EHII operational framework	EHII Steering Group and Bridge Project Secretariat	TBD

## Key area 6. Communication and advocacy

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Set up EHII website	Web pages dedicated to EHII on WHO Regional Office for Europe public website  Establishment of a SharePoint website for the EHII Steering Group	WHO EHII Secretariat	In development by WHO EHII Secretariat
New actions 2015–2017 with agreed contributions	Develop communication strategy, including (series of) papers in relevant scientific journals and other media (high priority)	EHII communication strategy	1) WHO EHII Secretariat  2) Turkey; Latvia; WHO Collaborating Centre for Health Indicators, Manchester	1) EHII Special Working Group to draft communication strategy  2) Review draft strategy
	Represent and promote EHII at relevant meetings and events (regular activity)	Presentations, dissemination of EHII materials, discussions with stakeholders, etc.	Steering Group members	Give presentations, disseminate promotional materials, inform interested stakeholders
	Develop standard template for slide presentations on EHII	Presentation template	WHO EHII Secretariat	Basic slide presentation on EHII that can be adapted for different audiences
	Inform Regional Committee about EHII (regular activity)	Progress updates	WHO EHII Secretariat	Prepare regular updates
Potential new actions 2015–2017	Organize EHII road show and visit potential new members	TBD	None yet agreed	Major activity requiring next secondment
	Create a YouTube channel	Promotional video of the Initiative	WHO Secretariat	Major activity requiring next secondment
	Establish regular EHII newsletter (or another innovative mechanism to communicate)	Newsfeed on website, posts	WHO Secretariat, with EUPHA to support	Major activity requiring next secondment

## Support to WHO EHII Secretariat

Status	Activity	Product(s)	Contributing member(s)	Description of contributions
Ongoing	Support WHO EHII Secretariat (regular activity)	Well functioning WHO EHII Secretariat	1) The Netherlands and RIVM  2) Turkey (under discussion)  3) WHO Collaborating Centre for Health Indicators, Manchester (under discussion)  4) Wellcome Trust	1) One-year secondment of senior staff member to Regional Office (2014–2015); technical support for organization of first EHII Steering Group meeting and financial support biennium 2016–2017  2) Secondment of senior staff member to Regional Office  3) Secondment and student internships  4) Fellowships and grant (in process)

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## Annex 2. Programme

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### Tuesday, 22 March 2016

#### *Session 1 – Opening and welcome*

- Welcome by Chairperson(s) and WHO Secretariat
- Introduction round for new members
- Election of Rapporteur
- Adoption of report of 3<sup>rd</sup> meeting of the Steering Group and agenda for this meeting
- Briefing on purpose and expected outcome of the meeting

#### *Session 2 – Updates and EHII action plan review*

- EHII update
- Special working group: update on EHII draft strategy
- Update by the European Commission/Eurostat
- Update by OECD
- Review of EHII action plan

#### *Session 3 – Updates (continued)*

- Update on EHII mapping exercise
- Presentation on piloting of support tool
- Presentation on WHO Regional Office for Europe Health Information Gateway
- Presentation of BRIDGE Health project

### Wednesday, 23 March 2016

#### *Session 4 – Networks & strategy*

- Presentation of SCHIN
- Presentation of and discussion on Burden of Disease Network
- Discussion on suggestions for strategy working group
- Wrap-up and closure of Steering Group meeting

#### *Session 5 – First face-to-face meeting of EHII strategy working group*

- Welcome by Chairperson and WHO Secretariat
- Update on Operational Framework document
- Discussion
- Agreement on next steps and closure of the meeting

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## Annex 3. List of participants

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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.

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