WHO (Europe) - World Health Organization Regional Office for Europe

1.1 Population and migration

1.4 Health

Environment and Health

Purpose:

The purpose is to provide data, information and analytical synthesis on the interrelationships between environment and public health issues (EH). This process allows monitoring of EH trends. Progress is quantified with regards to implementations of EH policies. It generates the evidence-base to support EH decision-making in countries of the WHO European Region.

Ongoing methodological work:

• Standardization of indicator methodologies and validation of data collection and linkage analyses to produce evidence-based EH assessments.
• Developing presentation methods for supplying information for decision-making.
• Development of health indicators related to climate change and incorporation into the environmental health information system (contract between WHO/Europe and European Commission/DG Sanco).
• Implementation of new international data-flows e.g. from EUROSTAT surveys.
• Development of methods for health impact assessment and burden of disease of environmental risk factors, using hierarchical models for uncertainty estimation;
• Development of tools for the assessment of the burden of disease of climate change.
• Development of harmonized evaluation methodology for the effectiveness of heat health action plans;
• Development of assessment tool for health security and climate change;
• Application of small area techniques for the analysis of high-resolution data on mortality, morbidity and hospital admission;
• Support to the Ministry of Health of Portugal in the development of standard tools and methods to identify housing and health priorities for local action, e.g. roll-out of an PC-based interview support program and analysis tool.

Priority objectives over the next two years:

• Preparation of national implementation of core environment and health (EH) indicators.
• Updating the pan-European database of the core EH indicators, assessments, reporting and addressing challenges related to sustainability and consistency of data sources.
• Framework for system scalability to accommodate further applications of information in support to EH policy making.
• Preparation of indicator-based assessment report on EH progress in the WHO European Region in the context of the policies implemented for the 5th Ministerial Conference on Environment and Health (Italy, March 2010).
• Update previous estimates of health impact of air pollution in selected Member States using enhanced, model-based methods.
• Assessment of burden of disease of selected environmental risk factors related to indoor air quality, noise and housing.
• Economic evaluation of health impacts due to environmental exposure through application of a set of reliable estimates and characterization of their uncertainty.
• Assessment of the burden of disease and of health security in relation to climate change and EH inequities.
• Building capacity on integrated environment and health assessments in European Member States.

New activities to be undertaken in the next two years:

• Collection of evidence and data on social inequities of environmental health risks.
• Developing a data base as part of the European Environmental Health Information System (ENHIS), integrated into the IT infrastructure of the WHO Regional Office for Europe.

Meetings planned to be organized in the next two years:
• Periodic technical meetings on methodological issues in environment and health assessments as well as the statistical data which serve as input for the EH indicators system. The meetings gather invited national professionals, professionals dealing with evaluation of national action programs on public health and/or environment, statisticians and external experts. Parallel to these, agreement on a common approach will be created in collaboration with the relevant international agencies to avoid duplication of efforts, minimize the burden of reporting by the countries and to use the same indicators where there are similar needs.

Health Statistics

Purpose:

WHO/EURO provides twice yearly updated information for the assessment and monitoring of the health situation and of trends in health and health care in countries of the European Region in order to provide support for decision-making and for the formulation of public health policies and programs including the assessment of their effectiveness. In this regards, EURO collects, reviews the quality and maintains over 600 indicators from various health dimensions in different databases.

Ongoing methodological work:

• Annual collection and processing of national basic health statistics (e.g. demographics, health status, health determinants and health care) from 53 European WHO Member States and dissemination via the WHO/EURO website http://www.euro.who.int/InformationSources/Data/20010827_1 or from http://www.euro.who.int/HFADB;
• Annual collection and processing of national and sub-national mortality from European WHO Member States and dissemination via the WHO/EURO website. It supplements the European health for all database (HFA-DB) providing data for a predefined set of aggregated indicators for 67 causes of death by age and sex (HFA-MDB);
• Annual collection and dissemination of the European detailed mortality database (DMDB). This source was developed in 2007 to provide user-friendly access to detailed data by any combination of three-digit codes used in the International Classification of Diseases, ninth or tenth revisions (ICD-9 or ICD-10) and five-year age groups;
• Collection and dissemination of the national hospital discharge data in a form of a European Hospital Morbidity database (HDMB), including detailed diagnoses by age and sex. It may be accessed at:
• Maintenance of the WHO Health Evidence Network (HEN) as an information service for public health and health care decision makers in the European Region, as well as mapping of existing health information and data sources in the region.
• Preparation of the 2009 European Health Report. In addition to the basic analyses of situation and trends, this report emphasizes the importance of the health system as a means to achieving better population health in the countries of the region; this report contributed to scrutinizing the validity and analytical power of the WHO/Europe databases currently maintained. It also serves as a prime instrument for dissemination of statistical findings from the Region.

Priority objective of methodological work:

• Design of an integrated system of statistical databases maintained by specific WHO/Europe technical programs available to external users via uniform interfaces;
• Review and improvement of data quality of WHO/EURO data sources at different levels, including the establishment of mechanisms and tools to facilitate the process;
• Design of a data quality assessment and improvement strategy of WHO health data collections;
• Improvement of the international data collection co-ordination and comparability in collaboration with other international agencies (primarily with OECD and EC/EUROSTAT). Work towards establishing a joint WHO/OECD/EUROSTAT data collection for the coordination of health data collection efforts and the harmonization of health indicators in the European region. Following the national health accounts example, a joint collection on non-expenditure health indicators has been proposed, to start in 2010. Definition of scope, indicators definition, timetable and operational organization of the process have been decided by end of 2009.
• WHO/Europe developed as joint action with the European Commission, DG-Sanco, an integrated health information system for the display and analysis of indicators on socio-economic situation, health, and health care resources on regional level (so-called NUTS2-level). This web-based information tool brings together regional data from a broad range of EUROSTAT databases. As part of this joint action, regional inequalities across Europe and their implications for differences in health have been studied. The results will be published in the first half of 2010.

New activities:

• The implementation of an integrated health information platform that brings together data from different WHO/Europe services and thematic areas will be stepped up during 2010-2011. This will be done in coordination and close cooperation with similar projects that have started in other WHO regions on so-called "Regional Health Observatories", and in the form of the "Global Health Observatory" at WHO Headquarters in Geneva.
• This will include the development of new tools for improving user-friendly on-line access to health data and integrated display of WHO/EURO data in various ways, including in the form of maps and improved charts.
Meetings planned to be organized in the next two years:
• Sixth European Meeting of WHO national counterparts on health statistics and information, to be held during spring 2011. The aim will be to review demands for data and information, identify and agree on new indicators for the HFA database, suggest mechanisms for improving data collection and harmonization processes and proposes improvements to HFA data dissemination, user-interfaces and communication. In addition, the meeting will allow the sharing of country experiences in the development and use of core health information systems.

Prison and Health

Purpose:

The Prison Health database (http://www.euro.who.int/prisons) is used to develop evidence-based guidance on cost-effective disease control and health promotion in prisons as part of national strategies for public health. The information in the database is updated annually by national counterparts of the WHO Network on Prison and Health or of a representative for the Ministry of Health. The prison health database was developed in order to increase the knowledge of prison health, trends in prison health and their importance for public health. The development of the database is done jointly by WHO and the European Monitoring Centre for Drugs and Drug Addiction. It is supported by a grant from the Public Health program of the European Commission. In September 2009 it was decided to close the database until resources are available to up-data and maintain the information in the future.

Ongoing methodological work:

- Decreasing the number of indicators and improve standardization and validation for data collection;
- Increase the number of participating countries;
- Develop a system for data reporting.

Priority objectives over the next two years:

- Seek funding opportunities to re-open the database;
- Streamline the database;
- Increase collaboration with EMCDDA and European Commission in order to be able to continue the database.

Meetings planned to be organized in the next two years:

- National counterpart meeting to be organized during October 2010 where the future of the prison health database will be discussed.

Alcohol

Purpose:

WHO/EURO started in 2008 to collect data on alcohol consumption, alcohol related harm and responses together with European Commission and the WHO HQ. Data will be used for a global/regional database and available for the public during spring 2010. The data will further be used for a Status report for the WHO European region, for a report for the European Commission and a Global Status report from WHO HQ.

Ongoing methodological work:

- Data collection from 53 European Member States;
- A system for on-line data entry;
- Entering data in to a SPSS file.

Priority objective of methodological work:

- A shared database will be developed at WHO HQ with a platform for each European region and also for the EU Member States only;
- Review and improvement of data quality especially with focus on alcohol consumption by reconciling a range of different sources of data;
- Improvement of the international co-ordination of the data collection in order to secure that data for a country are the same in different international sources;
- Improvement of data collection, so a Member States will only have to answer one survey every second year and not different surveys from WHO Geneva, WHO/Europe and the European Commission.

New activities:

- Preparation of a European Alcohol report to be ready by May 2010.

Meetings planned to be organized in the next two years:

- Data meeting with HQ and the European Commission at regular basis;
- Alcohol counterpart meeting summer 2010.

Tobacco

Purpose:

The EURO tobacco control database was developed in 2002 and revised and updated in late 2005. It contains data on various aspects of tobacco control policies in WHO European Member States and provides standardized information to track and assess tobacco-control measures within and across countries in the EURO region. It also includes a unique feature of providing tobacco control legislation with English translation of legislative texts.

Priority objectives:

- Increase the available data and pursuing additional sources for information.
- Improve the current status of the WHO/EuropeO tobacco control database by providing the most up-to-date information, making it more interactive, allowing for more analysis and being innovative in services to offer to the Member States.
- Work closely with Health Information Team (Health for All) and Headquarters (Global Health Observatory) to collaborate in the data collection and consistent presentation of information.
- Collaborate with other NCE units (alcohol, nutrition and physical activity) to engage in an integrated approach to surveillance.

New activities to be undertaken in the next year:

- Expansion of Global Adult Tobacco Survey (GATS), as well as Global Youth Tobacco Survey (GYTS) and Global Health Professions Student Survey (GHPSS) to new countries in the region
- Development and deployment of a comprehensive and integrated tobacco control database, with links to WHO/Europe non-communicable diseases risk factors database.
- Introduction of new data collection tool through online data entry with validation and document uploading capabilities.
- Establishment of a group of tobacco control consultants/experts who could be engaged in surveillance/analysis activities and capacity building work at country level.

Meetings:

- National counterpart meeting once per biennium
- Regional Workshop on the implementation of the WHO Framework Convention on Tobacco Control, with discussions on surveillance and data collection

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Nutrition and physical activity

Purpose:

WHO/Europe started in 2005 to collect data on the prevalence of overweight and obesity in all population groups as preparation for the European Ministerial Conference on Counteracting Obesity (15-17 November 2006, Istanbul). To follow up and ensure implementation of the Charter that was endorsed at this Conference, prevalence data have been included in the WHO European Database on Nutrition Policy and regularly updated (http://data.euro.who.int/nutrition/). Diet and physical activity are main determinants of overweight and obesity and thus WHO/Europe started late 2008 to collect data on dietary intake patterns and physical activity levels and patterns. All the information collected will be included in a European regional database on Nutrition, Obesity and Physical Activity (NOPA), which will be accessible to policy-makers and will assist Member States in monitoring their nutrition and physical activity policy implementation and making comparisons between countries.

Ongoing methodological work:

- Annual collection and processing of national and sub-national data on the prevalence and trends of overweight and obesity, physical inactivity, food consumption and nutrient intake in all population groups (children, adolescents and adults) from the 53 Member States of the WHO European Region;
- As part of the WHO European Childhood Obesity Surveillance Initiative that aims to monitor routinely the policy response to the emerging obesity epidemic, a first data collection round took place during the school year 2007/2008 by 14 countries. Body weight and body height as well as dietary and physical activity patterns have been measured among primary school-children aged 6-9 years. A second round is taking place during the school year 2009/2010.

Priority objectives beyond 2009:

- Calculation of inter-country comparable estimates of the prevalence of overweight/obesity, nutrient intake and physical inactivity, based on a standardized methodology.
- New activities to be undertaken in the next year:
- Finalization and launch of the comprehensive and integrated NOPA database. The two currently existing databases (http://data.euro.who.int/nutrition/ and http://data.euro.who.int/physicalactivity) will then be merged. This database will include the following components:
  - o Surveillance data: nutritional status, dietary habits and physical activity.
  - o Policies: nutrition, physical activity promotion, obesity.
  - o Actions to implement the policies: government programmes and initiatives, public-private partnerships, legislation in the different areas of action.
  - o Good practices: programmes, initiatives and preventive interventions in different settings improving diet, physical activity and/or preventing obesity;
  - o Status of implementation of key commitments: contained in the European Charter on Counteracting Obesity, the European Commission's White paper on "A Strategy for Europe on Nutrition, Overweight and Obesity related health issues" and the Second European Action Plan for Food and Nutrition Policy 2007-2012.
- First progress report on the implementation of the European Charter on Counteracting Obesity, which will include the abovementioned information so far in all 53 Member States in the WHO European Region.

Meetings:

- Fourth meeting of the principal investigators of the participating countries in the WHO European Childhood Obesity Surveillance Initiative (Rome, Italy; 8-10 February 2010);
- Joint meeting of the 27EU national information focal points for a joint WHO/EC monitoring project on improving nutrition and physical activity and prevention obesity with the 53 WHO nutrition counterparts (Geneva, Switzerland; 24-26 March 2010). At this meeting Member States will be asked to validate and confirm the information WHO/EURO has identified by then, which will then be fed into the progress report and the official release of the WHO European NOPA database.

Communicable Disease Surveillance, Prevention and Control

Purpose:

This database contains data gathered through surveillance, prevention and control activities on communicable diseases - such as tuberculosis, HIV/AIDS and sexually transmitted infections, and malaria - and data on immunization coverage in countries and recent outbreaks in Europe. It offers information on recent outbreaks in Europe and some other textual information. The database allows detailed review and assessment of the situation on the main infectious diseases in the WHO European Region. It also offers some data at the sub-national level.

Ongoing methodological work:

• Collection and dissemination of data on vaccine preventable diseases, including monthly incidence of measles, rubella, acute flaccid paralysis (polio), and diphtheria, and annual summaries of immunization program indicators (vaccination coverage, immunization schedules), through the Centralized Information System for Infectious Diseases (CISID) database http://data.euro.who.int/cisid/. Monthly surveillance statistics for measles jointly collected and reported with EUVAC.NET;
• Annual collection and dissemination of data on non-vaccine preventable infectious diseases, including zoonotic, vector-borne, blood-borne and water related, through the centralized information system for infectious diseases (CISID);
• Annual collection and dissemination of epidemiological data on the following sexually transmitted infections (STIs): Syphilis (total, early, late and congenital), Gonorrhoea, Chlamydia, Herpes simplex and HPV as well as viral hepatitis and HIV/ hepatitis co-infection. Data are collected through the WHO Communicable Disease Annual Reporting Form and disseminated through the Centralized Information System for Infectious Diseases (CISID) database;
• Enhanced surveillance of HIV/AIDS conducted jointly by WHO EURO and the European Centre for Disease Prevention and Control (ECDC) in the 53 WHO EURO Member States since January 2008. Dissemination of data in an annual WHO/ECDC HIV/AIDS surveillance in Europe report (available at http://www.euro.who.int/aids) and through the centralized information system for infectious diseases (CISID): http://data.euro.who.int/cisid/;
• Annual collection, through an annual WHO/UNAIDS/UNICEF reporting tool, on the health sector response to HIV/AIDS, including information on access to prevention, treatment and care for people living with HIV/AIDS. Data dissemination via the annual "Towards universal access" progress report (http://www.who.int/hiv/pub/2009progressreport/en/);
• Annual collection and dissemination of tuberculosis notification and treatment outcomes, including drug-resistant TB data in collaboration with ECDC. Annual collection and dissemination of tuberculosis control program data maintained through CISID.
New activities:
• Development of an online data entry tool for rubella and Congenital Rubella Syndrome through CISID;
• Development of an electronic data transfer protocols between ECDC and WHO databases;
• Improvement of automated uploading capabilities in countries that are reporting surveillance data to CISID.
  o Update TB data entry form, considering i) Regional challenges for TB control (prisons, migrants) and ii) new global TB data production circle (switch to earlier data collection);
  o Develop a TB case base data collection tool for the countries that maintain their TB case data management in a case-based format. Data extraction script for aggregating the data according to CISID2/TUB3
• Migrate historical TB database according to CISID2/TUB3 database specification;
• Develop a TB case based data management application to be recommended to the countries that manage own data on paper and in aggregated format.

Health Accounts

Purpose:

WHO/Europe's work on health systems financing includes efforts to produce reliable, internationally comparable and transparent estimates of health expenditures for each country in the Region, using a common international standard (the International Classification for Health Accounts). Estimates are produced in a consultative process with technical specialists in all Member States and partner agencies. The work results in aggregate health expenditure estimates available on-line in the WHO/Europe Health for All database.

Ongoing methodological work:

The System of Health Accounts (SHA), a global standard for defining and classifying financial resources for health, is going through a major revision. The work is led jointly by WHO, OECD and Eurostat. WHO/Europe continues to contribute to this revision to ensure the new standard is aligned with the functional framework for health financing that we use in our country and normative/analytic work, with the aim to increase the usefulness of health expenditure data and National Health Accounts in health financing policy work and monitoring. WHO/Europe contributions are made through input papers to the revision process, and participation in revision meetings. Such engagement is ongoing and will continue in 2010, when a first full draft of the second edition of the System of Health Accounts is expected to be drafted by the International Health Accounting Team (lead by experts from OECD, WHO, and Eurostat).

Priority objective of methodological work:

WHO/Europe has established a validation process of all health expenditure data published in the Health For All Database, the WHO World Health Statistics and the WHO WHOSIS database. The validation consists of an informal network of experts in health accounting and/or health financing in the region, with whom is shared preliminary estimates from WHO and who are invited to provide comments and alternative estimates.
In the area of pharmaceuticals, WHO collaborates with the EU funded PHIS and PPRI network; this will produce in 2010:

• updated national pharmaceutical profiles of EU countries;
• indicators for national pharmaceutical systems;
• data on medicines in hospitals.

Some statistical data referred to on pharmaceuticals are included in the European Health for All database (mostly types of expenditure data on medicines) and is coordinated with the National Health Accounts as well.

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3. Environment and multi-domain statistics (WHO Europe)

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3. Environment and multi-domain statistics

3.3.7 Climate change

Climate Change and Health

Ongoing methodological work:

• Implementation of the follow-up project on environment and health information system supporting policy-making to propose indicators on health effects of climate change (contract between WHO/Europe and EC/DG Sanco).
• Development of climate change and health indicators.
• Development of tools for the assessment of the burden of disease in relation to climate change.
• Development of assessment tool for health security and climate change.

Priority objectives over the next two years:
• Assessment of the burden of disease and of health security in relation to climate change.