

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

## 1. Demographic and social statistics (WHO Europe)

### 1.4 Health (WHO Europe)

#### Alcohol-related statistics

##### Purpose:

In 2008, the WHO Regional Office for Europe together with the European Commission and WHO headquarters, started to collect data on alcohol consumption, alcohol related harm, and responses data issued for a global/regional database and available to the public since spring 2010 (<http://apps.who.int/globalatlas/default.asp>). The data was used for the European Status report on alcohol and health 2010, which was published in January 2011.

##### Ongoing methodological work:

- Data collection from 53 European Member States;
- A system for online data entry which will be used for a new data collection in 2012;
- Entering data into an SPSS file.

##### Priority objective of methodological work:

- A shared database at WHO headquarters with a platform for each European Region as well as for EU Member States only, is improved at regular intervals;
- Review and improvement of data quality with a special focus on alcohol consumption by reconciling a range of different sources of data;
- Improvement of the international coordination of the data collection in order to secure that data for one country are the same in different international sources.

##### New activities:

- Preparation of a European report using data collected for EU Member States during 2011 will be published in March 2012.
- Preparation of a European Status report on alcohol and health will be published during 2013. Meetings planned in the next two years.
- Conference to launch a new publication: *Alcohol in Europe* to take place on 27 March 2012.

##### Meetings in 2012:

- Alcohol counterpart meeting 31 May - 1 June 2012, Warsaw, Poland.

## 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. It offers information on recent outbreaks in Europe and some other textual information. The database permits a detailed review and situation assessment of the main infectious diseases in the WHO European Region and also offers some data at the subnational 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 ECDC;
- Annual collection and dissemination of data on non-vaccine preventable infectious diseases, including zoonotic, vector-borne, blood-borne and water related, through the annual communicable disease reporting forms and maintained in the CISID database;
- 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 maintained in the (CISID) database;
- Enhanced surveillance of HIV/AIDS conducted jointly by the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) in the 53 WHO European 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 of tuberculosis notification, drug-resistance status, treatment outcomes, programmatic and financial management jointly conducted by WHO headquarters and ECDC. European Regional data from Global TB database also maintained in CISID and HFA databases. Epidemiologic surveillance and programme data disseminated via annual European TB surveillance and monitoring reports jointly issued by WHO

Europe and ECDC.

**New activities:**

- Development of an online data entry tool for rubella and Congenital Rubella Syndrome through CISID;
- Refinement of electronic data transfer protocols between ECDC and WHO databases;
- Improvement of automated uploading capabilities in countries that are reporting surveillance data to CISID.

**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 being available online in the WHO Europe Health for All database.

**Ongoing methodological work:**

The new System of Health Accounts (SHA) 2011, a global standard for defining and classifying financial resources for health, introduces major changes to the reporting standards, taking into account countries' specificities and differences in analytical needs. The work is led jointly by WHO, OECD and Eurostat.

- Training material is currently developed by Abt Associates to facilitate the transition from National Health Accounts (NHA) and SHA to SHA 2011.
- Mapping between NHA and SHA will be developed by the Eurasian NHA network to facilitate the consistency of the process in the CIS countries.

**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 health accounting and/or health financing experts in the Region with whom preliminary WHO estimates are shared and this same network is also invited to provide comments and alternative estimates.

- Facilitating the transition from SHA and NHA to SHA 2011 by developing producers' guidelines and trainings.
- Ensuring the continuity of the existing NHA data series and mapping the data according to the new standard.
- 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.

**New activities:**

- Training in the WHO Regional Office for Europe is planned to be delivered as an addition to an extended OECD annual meeting for health experts in October.
- The training on SHA 2011 which is set up as an implementation year for SHA 2011 is likely to continue until 2014.
- Training for the CIS countries will be provided at the Eurasian NHA annual meeting organized by WHO Regional Office for Europe.

**Health Statistics**

**Purpose:**

WHO Europe 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 regard, the WHO Regional Office for Europe collects, reviews the quality and maintains over 600 indicators from various health dimensions, with diverse levels of detail 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 Regional Office for Europe web site <http://www.euro.who.int/en/what-we-do/data-and-evidence/databases> or from <http://data.euro.who.int/hfad/>;
- Annual collection and processing of national and subnational mortality from WHO European Member States and dissemination via the WHO Regional Office for Europe web site. This supplements the European health for all database (HFA-DB) providing data for international comparisons for a predefined set of indicators for 67 aggregated causes of death by age and sex. The European Mortality database (HFA-MDB) is available at: <http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/mortality-indicators-by-67-causes-of-death,-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. Database available at <http://www.euro.who.int/en/what-we-do/data-and-evidence/database/european-detailed-mortality-database-dmdb2>;
- Collection and dissemination of the national hospital discharge data in a form of a European Hospital Morbidity database (HDMB), including detailed diagnoses coded using the ICD-9 or ICD-10) or the International Shortlist for Hospital Morbidity Tabulation (ISHMT), by age and sex.

Available at <http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-hospital-morbidity-database-hmdb2>;

- The Health Evidence Network (HEN) is an information resource and platform on health evidence primarily for public health and health care policy-makers in the WHO European Region. HEN provides summarized information from a wide range of existing sources: web sites, databases, technical and policy documents, national and international organizations and institutions. The sources of evidence database is available at: <http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen/sources-of-evidence-database>.

- Preparation of the 2012 European Health Report. In addition to the basic analyses of situation and trends, it will have emphases on health and well-being of the population of the Region. It also serves as a prime instrument for dissemination of statistical findings from the Region. This year the report will also provide a baseline for health targets indicators set up in the new WHO Health 2020 policy for Europe.

#### **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 improve data quality of WHO Europe data sources at different levels and establish mechanisms and tools to facilitate the process. Also implement data quality assessments and an improvement strategy for WHO and country health data collections;

- Improve the coordination and comparability of international data collection in collaboration with other international agencies (primarily OECD and EC/EUROSTAT). Work on the coordination of health data collection and harmonization of health indicators in the European Region is ongoing. Following the national health accounts example, a joint OECD/EUROSTAT/WHO Europe data collection on non-expenditure health indicators started in 2010 and will continue in 2012, further expanding its indicators and the number of countries participating (to include non-EU/OECD ones).

- WHO Europe developed jointly with the European Commission, DG-Sanco, an integrated health information system for the display and analysis of indicators on socioeconomic situation, health, and health care resources at regional level (so-called NUTS2-level). This web-based tool brings together data allowing assessments of regional inequalities across Europe. Three types of interactive atlases address different questions and display data, accordingly: Regional comparison atlas, Correlation map atlas and Atlases of social inequalities. They are available at: <http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/interactive-atlases>. A new developmental stage on the atlases will continue in 2012, emphasizing three aspects: inclusion of time series capabilities, environmental indicators, and organization by thematic health topics.

- A new health policy framework (Health 2020) for Europe is being developed by the WHO Regional Office for Europe for its Member States. Emphasis will be placed on six areas: governance for health; inequities in health; healthy people; the environment (including risk factors and the determinants of health); the burden of disease and health system performance. Monitoring progress towards targets in these areas will be an integral part of the process. Definition of targets and indicators is currently under way, with contributions from different stakeholders. A special element to be included is the assessment and monitoring of health and well-being, this one requiring additional methodological work, also on its way.

- Additional areas of HEN's methodological work will include the following: Grading the strength of policy considerations; developing methods of combining evidence from different types of studies and other information; and refining methods for collecting questions and developing dialogue with policy-makers.

#### **Nutrition and physical activity**

##### **Purpose:**

In 2005 the WHO Regional Office for Europe started to collect data on the prevalence of overweight and obesity in all population groups in preparation for the European Ministerial Conference on Counteracting Obesity (15-17 November 2006, Istanbul). At the Conference, Member States approved the European Charter on Counteracting Obesity, which lists goals, guiding principles and a framework for action. In September 2007, the WHO Regional Committee for Europe endorsed the WHO European Action Plan for Food and Nutrition Policy 2007-2012, which calls on Member States to develop and implement food and nutrition policies and translates the principles and framework provided by the Charter into specific action packages and monitoring mechanisms.

To follow up and ensure implementation of the Charter and the Action Plan, the WHO Regional Office for Europe collects information within the following areas:

##### **1. Surveillance:**

- Nutritional status: anthropometry and micronutrient status;
- Dietary habits: household food availability, "per capita" food supply, food consumption and nutrient intake at individual level;
- Physical activity and sedentary behaviour; and
- Knowledge, attitudes and behaviour related to nutrition and physical activity.

##### **2. National policies and actions:**

- Policy developments in food and nutrition, health enhancing physical activity, and obesity; and
- Actions to implement policies: government programmes and policy instruments, legislation in the different areas of action, intersectoral collaboration and partnerships.

##### **3. Flagging of successful initiatives:**

- National, regional and local obesity prevention programmes and interventions in different settings (e.g. school, workplace, community, primary health care).

This data collection is being carried out in close collaboration with the Directorate-General for Health and Consumers of the European Commission.

A database was developed to facilitate processing of the information identified, entitled the "Database on Nutrition, Obesity and Physical Activity (NOPA)". As a monitoring tool, the NOPA database can stimulate policy-makers to identify gaps and needs in data collection and policy development, or show progress in their fight against obesity.

#### **Ongoing methodological work:**

- Annual collection and processing of national and subnational 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;
- Annual collection and processing of national policies on nutrition, obesity and physical activity promotion;
- Two rounds of data collections took place (in 2007/2008 and 2009/2010) as part of the WHO European Childhood Obesity Surveillance Initiative that aims to routinely monitor policy response to the emerging obesity epidemic. Body weight and body height as well as dietary and physical activity patterns have been measured among primary schoolchildren aged 6-9 years. A third round will take place during the school year 2012/2013.

#### **Priority objective of methodological work:**

- Calculation of intercountry comparable estimates of the prevalence of overweight/obesity among 6-9-year-old children as a result of the two COSI data collection rounds.

#### **Meetings in 2012:**

- Sixth meeting of the principal investigators of the participating countries in the WHO European Childhood Obesity Surveillance Initiative (Oslo, Norway; 15-16 November 2012).

### **Social determinants, gender and inequalities**

#### **Purpose:**

To strengthen the capacity of WHO Member States to systematically use analyses of social & economic determinants and health inequalities to inform the development, implementation, monitoring and evaluation of health policies and programmes. This includes strengthening the capacity of the WHO Regional Office for Europe and its Member States to: (a) generate and or make use of existing data disaggregated by sex and age and cross link with available data on social and economic determinants (place of residence, level of education, income, employment status etc); and (b) analyse the findings with other forms of knowledge to better inform policy development, implementation, monitoring and evaluation.

#### **Ongoing methodological work:**

- Working with WHO technical units to develop a minimum standards approach for ensuring collection and use of disaggregated and cross linked data in all key strategy and policy documents. For example, work with WHO NCD area regarding minimum set of indicators for integrating social determinants and equity into the set of targets and indicators to be developed as part of the NCD surveillance, monitoring and evaluation.
- Ongoing delivery of an overall capacity building programme for systematic use of disaggregated data and diverse methods and approaches for assessing data and knowledge on gender, other social determinants and equity. This will include targeted technical assistance for the development of country-specific products such as health inequalities profile or an SDH report; and in-country capacity building workshops (as requested and appropriate) on use of specific tools and approaches such as equity focused Health Impact Assessment and or linked to ICP/multicountry work as part of the SDH/Equity Solutions lab.

#### **Priority objectives beyond 2012:**

Same as ongoing for 2012 and activities for 2012 e.g. manual on collection and use of evidence for action on social determinants and health inequalities (see below).

#### **New work to be undertaken in 2012:**

- Development of a manual for all 53 Member States on collecting and assessing evidence on gender, other social determinants and equity for development of evidence informed policy. It will be based on, adapt and advance the findings from the final report and guide from the global Measurement & Evidence knowledge network with regard to developing policy options for tackling the social determinants of health inequalities.
- Development and delivery of an intensive 5-day training and capacity building programme on the systematic use of *disaggregated data and diverse methods and approaches* for assessing data and knowledge on gender, social determinants and equity for informing the development, implementation, monitoring and or evaluation of health policies and programmes for improved health and gender equity.

#### **Meetings for 2012:**

- Meetings of advisory and expert group to be established for development of guidance and capacity building programme.
- Workshop with Member States to deliver intensive 5 day capacity building and training programme.

### **Gender statistics**

#### **Purpose:**

Strengthen WHO's capacity to provide reliable information on gender inequalities in health to inform policies and programmes in countries.

**Ongoing methodological work:**

- To revise the main WHO databases from a gender perspective identifying gaps and making recommendations for improvement.
- Selection and review of key gender-sensitive indicators. This builds upon the work carried out at the global level and the recommendations from the WHO consultation on Gender- Sensitive health indicators to support country monitoring, Washington 2010.

**New activities:**

- Gender analysis of the WHO databases. This work started in January 2012 and will continue throughout the year.
  - Collaboration with the European Institute for Gender Equality on the development of a *satellite index* on gender equality in health.
  - Development of a Solid Facts on gender inequities and health in the European Region. This will be based on the analysis of the existing WHO data and the findings of the SDH Review.
  - Development of gender sensitive indicators to monitor well-being.
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**3. Environment and multi-domain statistics (WHO Europe)****3.1 Environment (WHO Europe)****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 with regard to the implementation of EH policies is quantified and this generates the evidence-base to support EH decision-making in countries of the WHO European Region.

**Ongoing methodological work:**

- Final stages of the development of methodologies for new exposure and health effect indicators that will facilitate the efficient implementation of time-bound international commitments to protect children from the effects of environmental factors outlined at the 5th Ministerial Conference on Environment and Health (Parma, Italy, 2010).
- Development of standardized data collection, processing and analysis methodologies for new surveillance programmes to assess exposure to environmental factors in children's facilities and pre-natal exposures to developmental toxicants.
- Development of a new IT platform and database for the European Environment and Health Information System (ENHIS) to improve the presentation of indicator-based information on environmental exposures, health effects and EH oriented policy actions for decision-making and EH professionals.
- Assistance to selected Member States in the development and implementation of national EH information systems.

**Priority objectives beyond 2012:**

- Methodological support to Member States in the implementation of new EH data collection programmes for monitoring the implementation of international commitments to protect children from EH risks.
- Further development of ENHIS databases to enable storage and pooled analysis of raw EH data from Member States.
- Further development of ENHIS indicators on exposure, to support burden of disease analysis.
- Incorporation of EH inequality measures in ENHIS indicators.

**New work to be undertaken in 2012:**

- Implementation of a new data base and IT platform for the European Environmental Health Information System (ENHIS), integrated into the IT infrastructure of the WHO Regional Office for Europe.
- Updating data for the existing indicators of exposure and health effects in ENHIS.
- Conducting new EH policy surveys in Member States to assess the EH policy situation in relation to new international commitments adopted at the 5<sup>th</sup> Ministerial Conference (Parma, 2010).
- Pilot testing and implementation in ENHIS of new exposure and health effect indicators for monitoring of the implementation of time-bound international commitments to protect children from the effects of environmental factors.
- Pilot testing of new indicators related to the impacts of climate change on health and the environment and incorporation of these indicators into the European Environment and Health Information System (ENHIS). (The development of indicator methodologies had been conducted under a contract between the WHO Regional Office for Europe and the European Commission/DG Sanco).

**Meetings planned for 2012:**

- Technical meeting on the implementation of new ENHIS indicators for monitoring Parma conference commitments.
  - Meeting of the European Environment and Health Task Force (a policy governing body of the European EH Process) on monitoring of Parma commitments and the use of new proposed indicators.
-