

5th EUPHA PHMR Newsletter

**EUPHA Section on Public Health Monitoring and Reporting
(EUPHA PHMR)
October 2017**

Activities at the European Public Health Conference 2017

Pre-conference – 1.11.2017 – 09:00-17:00

Sharing health information and evidence with policy makers: tools for transferring knowledge into policy action

EUPHA PHMR organized this pre-conference together with BRIDGE Health, the European Observatory on Health Systems and Policies, EPHA and CHAFAE

The pre-conference will look at the format of policy briefs and policy briefings and the elements that are used to present information and synthesize evidence on a particular policy issue or question with the aim of supporting the identification of relevant options. Experiences from key European knowledge brokers will be shared and newly developed policy briefs, tools and guidelines will be unravelled. Afterwards we will apply the lessons learnt to outputs generated by routine population health monitoring activities.

[General programme](#) and [Detailed programme](#)

Registration and on-site registration are still possible.

Reduced pre-conference fee: 20 EUR

EPHC 2017 Skills building workshop – 2.11.2017 – 09:00-10:30

Health information is beautiful: communicating health information through infographics

Developing guidelines for public health infographic design | Catherine Stones - United Kingdom

Investment for health and well-being: developing and using infographics as an advocacy tool in Wales | Mariana Dyakova - United Kingdom

Infographics at WHO/Europe | Holly C Nielsen - WHO EURO

The in-house production of infographics at a European Union Agency (ECDC) | Arne Haeger - Switzerland

EUPHA PHMR Join the Network Meeting – 3.11.2017– 12:10-13:40

General agenda

1. EUPHA PHMR activities
2. Election: Section president and vice president
3. Capacity building for population health monitoring: helping public health experts to climb the information pyramid | Hans van Oers
4. News from EUPHA PHMR members | please feel free to share your health information news
5. Future business

News from Europe

BRIDGE Health final outcome: an ERIC on Health Information

Petronille Bogaert and Herman Van Oyen for BRIDGE Health

BRIDGE Health, a European project under the third European Union (EU) Health Programme, has just come to an end. The acronym stands for Bridging Information and Data Generation for Evidence-based Health Policy and Research. The project was launched in May 2015 and ran until October 2017. It was coordinated by the Scientific Institute of Public Health in Belgium and included 31 partners in 16 countries. It assured a knowledge transfer from past health and research frameworks in domains of population health and health system monitoring, indicator development, health examination surveys, environment and health, population-based injury and disease registries, maternal and child health, clinical and administrative health data collection systems and methods of health system performance assessment.

One of the major tasks of BRIDGE Health was to prepare a comprehensive, integrated and sustainable EU Health Information System which incorporates know-how and technical tools to coordinate and harmonise research and surveillance for Member States in key EU health policy areas.

The Concept Paper: how to improve the EU health information system?

The Concept Paper presents the BRIDGE Health analysis of the current situation and the possibilities for creating an organisational entity that could take up some of the support tasks that come with the need for strengthening the EU health information system. Using multi-criteria analysis, the advantages, disadvantages and short-term feasibility were investigated for strengthening or extending existing structures (ECDC, DG SANTE, the JRC, Eurostat, WHO or OECD) or by creating a new structure (a new agency, an ERIC, a Joint Action, or a supra-European structure).

This analysis concludes that a **European Research Infrastructure Consortium on Health Information for Research and Evidence-based Policy (HIREP-ERIC)** is at this time the most feasible option. This may set important steps in the right direction and fulfil some of the most important criteria for an effective organisation around the scientific underpinning of health policy by new and better evidence from more and better comparable data.

What is the HIREP-ERIC?

A European Research Infrastructure Consortium or ERIC is a legal structure recognised under European Union law that brings together scientists and researchers across Europe. The ERIC consortium provides a network of relations between scientists from various countries, and between scientists and policymakers. In this way an ERIC facilitates interaction of existing institutions and ensures a more permanent and sustainable collaboration.

The HIREP-ERIC can facilitate the governance of health information activities in the EU by bringing together existing networks in health information and supporting the development of new ones both within and between Member States. In practice, the HIREP-ERIC provides central governance for regular availability and easy access to high quality and comparable data from EU countries for research and policy purposes at national, EU and international level in fields of population health monitoring and health system performance assessment.

The activities of the HIREP-ERIC

The HIREP-ERIC will focus its activities around generating, hosting, exchanging and translating health information.

Generating health data and indicators

The HIREP-ERIC will provide technical and expert support for the development of comparable, standardised and accessible data and indicators for health status and health determinants, health services and health systems. This includes updating and developing new indicators, where needed, and improving and evaluating existing indicator sets.

Hosting health information

The HIREP-ERIC will facilitate and support the development and hosting of virtual and interoperable

repository platforms. It will provide central coordination for EU countries to provide data and exploit economies of scale by facilitating the extension of existing data repositories.

Exchanging health information

The HIREP-ERIC will enhance best practice exchange between countries and support mutual learning by focused capacity building. This can be done through dedicated training programmes set up and supported by the HIREP-ERIC.

Translating health information

The evidence and knowledge produced by research are not always readily available and may need further analyses, syntheses and translations to inform policymaking. The HIREP-ERIC will support researchers and institutions in charge of health monitoring to optimise their output to better inform policymakers and citizens.

The HIREP-ERIC structure

The HIREP-ERIC will host two types of networks of scientists:

1. The national network. These are located in EU countries' national counterparts that are member of the HIREP-ERIC. The national network brings together the key players in health information in a country and ensures there is interaction between those players at national level. Additionally, the national network will be a national health information provider and interact with the HIREP-ERIC. The national networks work on cross-cutting issues.
2. The domain-specific networks. These are network coordinators in health information domains. They are content-specific and respond to current priorities and projects. The domain-specific networks carry out deep analysis in areas for which capacity does not always lie at national level. They can liaise with national networks providing guidance on how to collect and analyse data at national level, and through this, harmonise activities.

What after BRIDGE Health?

Every end is a new beginning. A new Joint Action on Health Information entitled InfAct will start and continue the work described here. Among other tasks, InfAct will focus on the development of the business case and roadmap for implementation of the HIREP-ERIC, including the setup of national networks and domain-specific networks.

Related material

[Concept paper](#) and [Policy paper](#)

Meeting: Health Information in the European Union - The ERIC as a tool - [presentations](#)

Website: www.bridge-health.eu Twitter: www.twitter.com/bridge_health

Health information and monitoring on agenda at the 67th WHO Regional Committee for Europe

Tina Dannemann Purnat, Claudia Stein

Health ministers and high-level representatives of the 53 Member States of the WHO European Region as well as partner organizations and civil society took part in the [67th session of the WHO Regional Committee for Europe \(RC67\)](#) in Budapest, Hungary, on 11–14 September 2017. The Regional Committee is the highest decision-making body in the WHO European Region.

Continuing the momentum of recent years, health information was discussed in several agenda items at the Regional Committee. In plenary discussions of the European Roadmap on SDG implementation, Member States confirmed the proposal about how the European Region will develop a joint monitoring framework that will align reporting to the three main international health monitoring frameworks in the European Region: Health 2020 targets and indicators, Sustainable Development Goals, and the Global NCD monitoring framework. The proposed process was put forward by WHO Europe following two rounds of consultations with Member States. Now approved, the [joint monitoring framework](#) will significantly reduce the burden of reporting on

Member States, and pave the way for a harmonized and streamlined reporting on SDGs from the WHO European Member States to the regional and global levels. This will be achieved through a joint list of indicators which the three frameworks have in common. To this effect, WHO Europe will now establish an expert group which will advise in defining the indicator lists for the joint monitoring framework and they will be submitted for consultation to Member States in Q1 of 2018.

The Regional Director confirmed that the data in the joint monitoring framework will be collated and published through the WHO European Health Information Gateway.

Health information, research and evidence were among the most commented upon topics by Member States in their interventions in plenary discussions. Several interventions reinforced the European Health Information Initiative as an exemplary coordinating mechanism for Member States and other stakeholders to guide the development of the joint monitoring framework and harmonisation of indicators. A Member State even called upon the WHO Director-General who attended the meeting to use the European Health Information initiative as an example to be emulated and drawn upon globally to strategically coordinate the work in the areas of health information, evidence, research and innovation and their use for policy-making. Some Member States suggested that the ambition of the European Action plan to strengthen the use of evidence, information and research in policy-making should be brought to the global level.

Moreover, Member States and the WHO Regional Office for Europe also discussed technical topics in two [technical briefings](#). The first Technical Briefing discussed the collaboration in health information and reporting between WHO Europe, the European Commission and the Organisation for Economic Co-operation and Development (OECD). WHO Europe, European Commission and OECD presented their work on health information and reporting. The co-chairs of European Health Information Initiative, the Netherlands and the Russian Federation, presented the country perspectives and emphasised the importance of the European Health Information Initiative as the platform for engagement between the three organizations on health information and reporting. The discussion highlighted that it is important that all three organizations collect and make data available, while collaborating to reduce the burden of reporting on Member States. In addition, the information that the three organisations collect and publish should be useful, meaningful and not conflicting, and they are taking steps together to this end as well. The chair invited Member States to join the European Health Information Initiative so that interests and feedback from all WHO European Member States can be included in the efforts to coordinate health information in Europe. Member States expressed real satisfaction with the level of collaboration and appreciated the efforts to reduce burden and harmonize and integrate health information in Europe.

The second Technical Briefing discussed the strategic role big data and its approaches can bring to strengthening national health information systems and support health decision-making and evidence-informed policy development. Although there has been much discussion of the potential and barriers to use of big data to support information needs for sustainable development, there is still no clear and unanimously agreed definition of big data use for health, nor a vision of how the health information system can use the innovation and advances coming from big data and associated developments (such as data governance, ethics, technology, interoperability, analytics, and others). The panel discussed some examples of big data use for health in European Member States and solicited input and guidance from Member States in determining concrete next steps under the European Health Information Initiative (EHII) to assess the usefulness of big data in public health. As outcomes of the technical briefing, the WHO/Europe secretariat were encouraged to take forward the further development of big data under the European Health Information Initiative (EHII) including defining big data for public health, identifying the relevant users and target groups and defining methods for the application of big data in developing evidence-informed health policy.

Advanced course drills deeper into using health information for policy

Tina Dannemann Purnat, Claudia Stein

Some 30 participants from 12 countries gathered in Sarajevo, Bosnia and Herzegovina, for the WHO Europe's annual [Advanced Course on Health Information and Evidence for Policy-making](#). This

course is a regular follow up to the [Autumn School](#), and provides a more in-depth training on the subjects of the Autumn School, the flagship training course of the WHO Regional Office for Europe on health information and a significant capacity building activity of the WHO European Health Information Initiative (EHII).

With these workshops, the EHII helps countries to focus on health information as part of the implementation of Health 2020. The topics for the Advanced course were selected by the participants themselves at the end of the Autumn School and covered a wide range of topics related to health information systems.

During the one week course, participants learned about:

- Strengthening eHealth and eHealth strategy development
- Interpreting and prioritising differing data sources in the Health Information System
- Measuring well-being and qualitative methods
- Developing issue briefs based on health information and research: bridging the know-do-gap (Knowledge translation and research)
- Communicating health information effectively

The course brought together public health experts from a wide variety of backgrounds – academic, ministerial and institutional – using real scenarios and data as a basis for discussion as much as possible. Throughout the course, participants were encouraged to link what they learned to their national health information systems and eHealth. This ensured that participants took home insights and solutions that were directly applicable to their national context.

The next cohort of participants from 12 further countries will kick off the next annual training cycle with the week-long Autumn school in Tbilisi, Georgia, which will take place during 23–27 October 2017. Contact Tina Dannemann Purnat, purnatt@who.int, for more information.

News from European countries and regions

The Netherlands

Trend scenario Public Health Forecast- 2018 identifies societal challenges for the future

If historical trends continue unchanged, dementia will be the leading cause of disease burden in 2040 and the main cause of death. The number of people who die due to dementia will then increase from 14,000 in 2015 to nearly 40,000 in 2040. This is one of the most important findings of the Dutch Public Health Foresight study (PHF) [Trend Scenario 2018](#). The Trend Scenario shows how the health of the Dutch population could look like in 2040 if nothing were to change from now on. Thus, societal challenges for the future can be identified.

Germany

Good Practice in Health Reporting – guidelines and recommendations

This Good Practice Paper sets out guidelines and recommendations that are intended to provide professional guidance for the creation of health reports and includes recommendations with regard to the methodology, contents and normative-ethical aspects of reporting. The guidelines are developed by an interdisciplinary work group with the aim of strengthening health reporting at the local, federal-state and national level. Good Practice in Health Reporting was approved by the boards of the German Society for Social Medicine and Prevention and the German Society for Epidemiology, as well as by the extended board of the Federal Association of Physicians of German Public Health Departments. Comments or suggestions for improvements to this document can be sent by 31 March 2018 at the latest to Dr. Dagmar Starke, lecturer in epidemiology and health monitoring, Academy of Public Health in Düsseldorf: starke@akademie-oegw.de.

Guidelines and further information about the reviewing process: [Journal of Health Monitoring 2017/SI: Good Practice in Health Reporting](#)

England

Health Profile for England

Public Health England has published its [health report](#). Seven chapters include information on:

1. Life expectancy, healthy life expectancy and years lived in poor health
2. Major causes of death and how they have changed
3. Trends in morbidity and risk factors
4. European comparisons
5. Health inequalities
6. Social determinants of health
7. Emerging health protection issues

EUPHA PHMR section news

The EUPHA section on PHMR was involved in two publications:

Health assessments for health governance-concepts and methodologies.

Fehr R, Alexanderson K, Favaretti C, de Jong J, La Torre G, Lim TA, Martin-Olmedo P, Mekel OCL, Michelsen K, Rosenkötter N, Verschuuren M, de Waure C, Zeegers Paget D.

[Eur J Public Health. 2017 Aug 1;27\(4\):609-616](#)

Towards an overarching European health information system.

Verschuuren M, van Bolhuis A, Rosenkötter N, Tjihuis M, van Oers H.

[Eur J Public Health. 2017 Oct 1;27\(suppl_4\):44-48.](#)

A [presentation](#) was given by EUPHA PHMR section president Nicole Rosenkötter at the BRIDGE Health Meeting on “Health Information in the European Union - The ERIC as a tool”.

Publications

Reports

EC | [HSPA. Reporting and Communicating. Practical Guide for Policy Makers](#)

EC | [Cost/Benefit Analysis of a sustainable EU Health Information System](#)

Eurostat | [Monitoring Social Inclusion in Europe](#)

EC | [Social Scoreboard for the European Pillar of Social Rights](#)

EC and the COUNCIL | [Joint Employment Report](#)

EC | [Study on Big Data in public Health, telemedicine and Healthcare](#)

OECD | [Preventing Ageing Unequally](#)

OECD | [Inequalities in longevity by education in OECD countries](#)

OECD & EC | [Health at a Glance: Europe 2016](#)

OECD | [Tackling Antimicrobial Resistance. Ensuring Sustainable R&D](#)

OECD | [Obesity Update 2017](#)

WHO Europe (EVIPNet Europe) | [Policy Dialogue Preparation and Facilitation Checklist](#)

WHO Europe (EVIPNet Europe) | [Situation Analysis Manual](#)

WHO Europe | [Small country case stories on intersectoral action for health](#)

WHO Europe | [Meeting report of the Third high-level meeting of small countries \(2017\)](#)

WHO Europe | [Monitoring food and beverage marketing to children via television and the Internet – a new tool for Member States in the WHO European Region](#)

WHO Europe | Republic of Moldova. [Profile of Health and Wellbeing](#) and [Highlights on Health and Wellbeing](#)

WHO Europe | [Adolescent Obesity and related behaviours](#)

WHO Europe (HEN report) | [A resource for developing an evidence synthesis report for policy making](#)

EUPHA | [Healthy and Sustainable Diets for European Countries](#)

European Observatory on Health Systems and Policies | [EUROHEALTH, Harnessing Big Data for Health](#)

ESS | [Social Inequalities in Health and their Determinants](#)

ESS | [Measuring and Reporting on Europeans' Wellbeing: Findings from the European Social Survey \(ESS\)](#)

ECDC | [The status of the HIV response in the EU/EEA, 2016](#)

Paper & Journals

GBD | [Global Burden of Disease 2016](#)

GBD 2015 Healthcare Access and Quality Collaborators | [Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015](#)

Minton et al. | [Visualising and quantifying 'excess deaths' in Scotland compared with the rest of the UK and the rest of Western Europe](#)

Fehr A et al. | [Health monitoring and health indicators in Europe](#)

Robert Koch Institute (RKI) | [Journal of Health Monitoring](#)

European Journal of Public Health, Supplement on the European Social Survey | [Social Inequalities in Health and their Determinants](#)

Bogaert P and van Oyen H (2017) | [An integrated and sustainable EU health information system: national public health institutes' needs and possible benefits](#)

Hegger I et al. (2016) | [Contributions of knowledge products to health policy: a case study on the Public Health Status and Forecasts Report 2010](#)

Newsletter editor

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