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The WHO European policy Health 2020: not only numbers but narratives

....and the case for reporting on community resilience (among lots of other things...)

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European Health 2020 policy

- Emphasis on health and well-being;
- The right to health and access to care;
- People at the centre;
- Addressing the determinants of health;
- Whole of society approach;
- Whole of government approach;
- Importance of partnerships.





Health 2020 targets

- 1. Reduce premature mortality
- 2. Increase life expectancy
- 3. Reduce inequities
- 4. Enhance well-being
- 5. Achieve universal health coverage
- 6. Establish national targets set by Member States





New concepts in Health 2020 not previously measured



- transparency
- community resilience
- supportive environments
- enabling environments
- sense of belonging
- sense of control
- whole-of-society approach
- participatory governance
- responsible governance
- accountability
- life-course approach
- empowerment
- people-centred health systems
- fit-for-purpose health systems
- adaptive policies.

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How does Health 2020 define resilience?

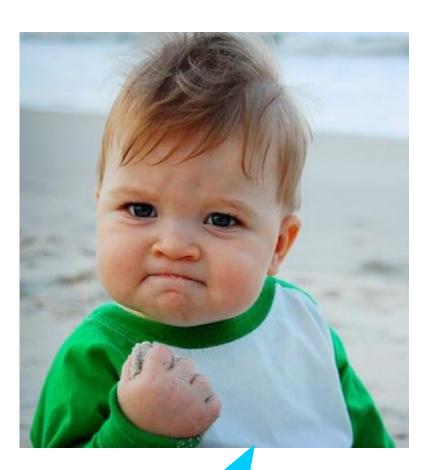
Resilience

The dynamic process of adapting well and responding individually or collectively in the face of challenging circumstances, economic crisis, psychological stress, trauma, tragedy, threats, and other significant sources of stress. It can be described as an ability to withstand, to cope or to recover from the effects of such circumstances and the process of identifying assets and enabling factors. Health 2020 places particular emphasis on the importance of creating resilient communities and the idea of helping people to help themselves. The term "resilient communities" is also frequently used in the context of disaster risk reduction (such as flooding) and the importance of creating appropriate infrastructures, systems and decision-making processes.



What is resilience?

- Responding reactively;
- Positive adaptation;
- Recovery from adversity;
- 'Bouncing back'.



- Responding proactively;
- Flourishing;
- Bouncing forward.

Why is community resilience important?



one year of life expectancy lost Male Life Male Life Expectancy Expectancy 77.7 (CI 75.6-79.7) 71.6 (CI 69.9-73.3) Canning Town Female Life Expectancy Female Life 84.2 (CI 81.7-86.6) Expectancy 80.6 (CI 78.7-82.5) Westminster Canary Wharf London Bridge Canada North Bermondsey Water Greenwich Waterloo Southwark Electoral wards just a few miles apart geographically have life

Travelling east from Westminster, each tube stop represents nearly

London Underground

Jubilee Line

expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, each stop, on average, marks nearly a year of shortened lifespan. ¹



'The Ormesby Bank Gradient'

Middlesbrough, UK

© Professor David Hunter, University of Newcastle, UK





The gradient of inequalities in health

Life expectancy reduces by 2 years for every mile from suburb to centre

How can we measure resilience?

- Challenges for traditional quantitative measurements: issues of cross-cultural differences; positive adaption; indicators for social connectedness; capturing voices of marginalized groups;
- Qualitative approaches must supplement quantitative data: capturing subjective feelings, meanings and experiences.



What is WHO doing about this?

- Mainstreaming qualitative approaches in evidence through the Evidence for Health in Context project;
- Introduction of the Cultural Context of Health project;
- Health Evidence Network (HEN) reports
 on how to measure community
 resilience, empowerment, life course
 and whole-of-society approach in
 preparation;
- Rethinking health information and evidence as information and evidence for health.





53 WHO Member States calling for enhanced action to use evidence for policy: Regional Committee 2016

Adoption of Action Plan and Resolution on evidence-

informed policy making



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REGIONAL COMMITTEE FOR EUROPE 66th SESSION Copenhagen, Denmark, 12–15 September 2016

Action plan to strengthen the use of evidenc information and research for policy-making in the WHO European Region



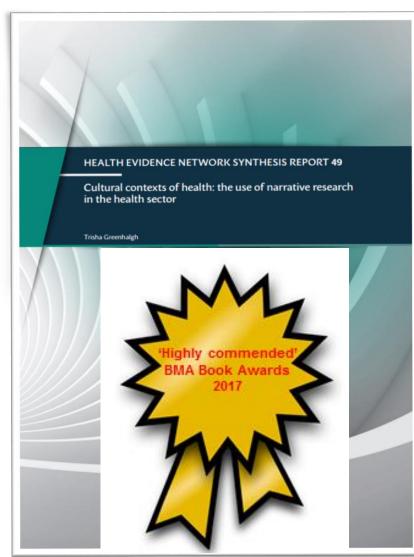


Action area 1: strengthening national health information systems, harmonizing health indicators and establishing an integrated health information system for the European Region

- 36. The Regional Office will undertake the following actions:
- (a) promote and enhance the work of the EHII to harmonize and lead health information efforts in the European Region, ensuring collaboration with the European Union and the Organisation for Economic Co-operation and Development and their affiliated institutions in working towards a single integrated health information system for the WHO European Region;
- (b) provide advice and support to Member States in the establishment of governance mechanisms for health information systems and e-health and in the development, assessment and evaluation of supporting strategies and policies;
- (c) propose and use new and relevant forms of quantitative and qualitative evidence from multiple sectors and disciplines, and suggest relevant health evidence and indicators to non-health sector policies in line with Health 2020 and other major policy frameworks; and
- support the harmonization in the European Region of health-related indicators, including methods and data sources, and promote the use of appropriate classifications and standards in order to ensure international comparability of data;
- (e) streamline data reporting by Member States, in harmony with national laws, to international organizations through the development of a joint set of indicators for the European Region;
- (f) report regularly to Member States on the health situation in the European Region through publications, such as the European Core Health Indicators and the European health reports, and comparative health situation and trend analyses, including country health profiles and Highlights on health, and on providing tools such as the European Health Information Gateway and the European health statistics app; and
- (g) develop and promote new data and information sources, including on well-being and the cultural context of health, new strategic areas, such as the use of social media in health, and big data, and further the integration and linking of existing information to gain new insights.

The European health reports

- WHO Flagship corporate publication every 3 years;
- Reporting on implementation of Health 2020 for health & well-being;
- 2018 report will report on progress with new concepts, including community resilience.
- Paradigm shift from purely quantitative to inclusion of qualitative evidence to report progress;
- 'New evidence for the 21st century' a mixed methods approach.



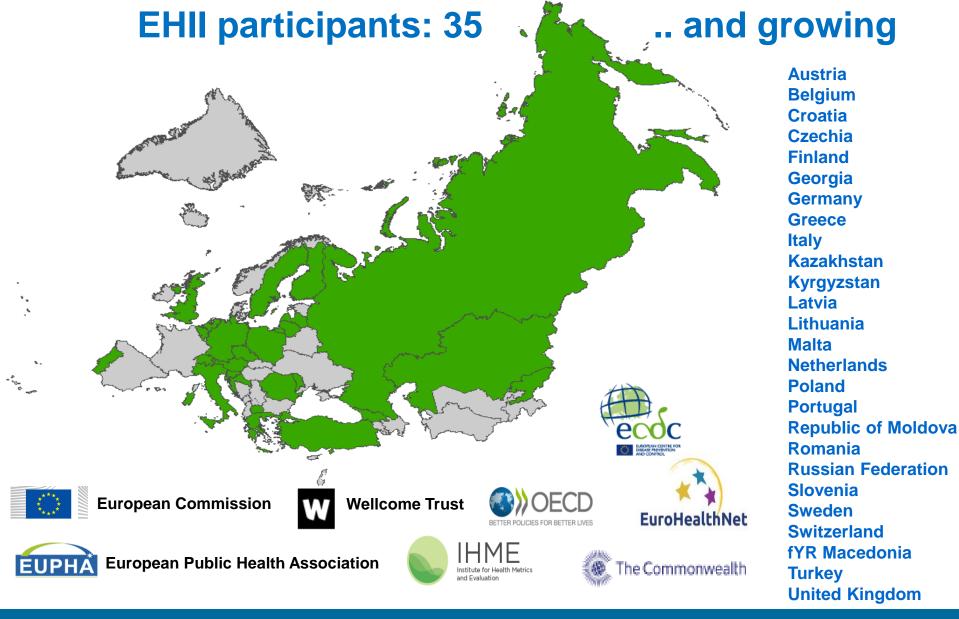




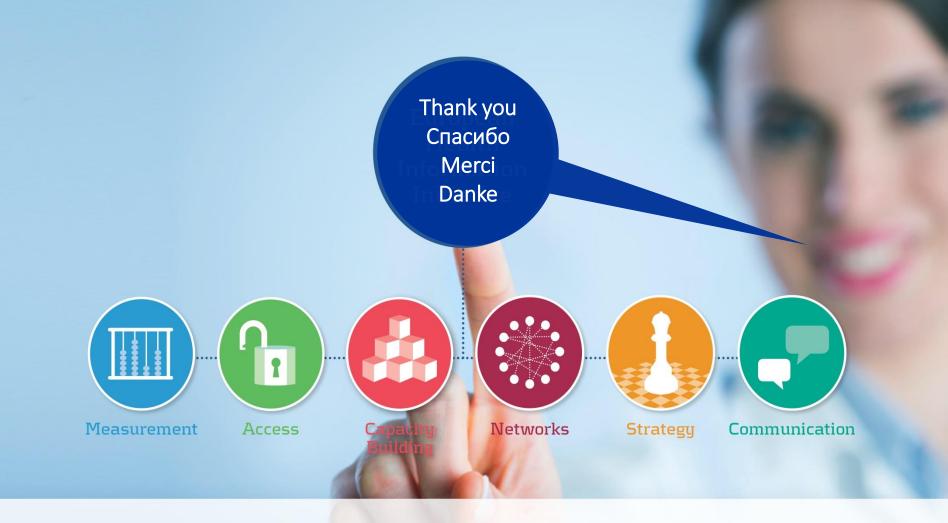


The European Health Information Initiative is committed to improving the evidence on which policy is based











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