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# Second joint meeting of experts on targets and indicators for health and well-being in Health 2020

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London, United Kingdom, 3–4 April 2014







REGIONAL OFFICE FOR

**World Health  
Organization**

**Europe**

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## ABSTRACT

The second joint meeting of experts on targets and indicators for health and well-being in Health 2020 was convened to identify objective well-being indicators to complement the subjective well-being indicator already adopted for Health 2020. The meeting recommended that objective well-being be assessed across four domains: social connections/relationships, economic security/income, natural and built environment, and education. Indicators for these domains were recommended as follows:

- two new core indicators (availability of social support for the domain of social connections/relationships; and percentage of the population with improved sanitation facilities for the domain of natural and built environment);
- three core indicators already in Health 2020 monitoring (GINI coefficient and unemployment rate, disaggregated by age and sex, for the domain of economic security/income; and percentage of children of primary school age not enrolled for the domain of education);
- three new additional indicators (percentage of people aged 65 and over living alone for the domain of social connections/relationships; total household consumption for the domain of economic security/income; and percentage of the population having completed at least secondary education for the domain of education).

## Keywords

HEALTH INFORMATION SYSTEMS  
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## Executive summary

The second joint meeting of experts on targets and indicators for health and well-being in Health 2020 was convened by the WHO Regional Office for Europe and hosted by the Wellcome Trust. As part of the resolution adopting 20 core indicators for the six Health 2020 targets at the sixty-third session of the WHO Regional Committee for Europe in September 2013, the 53 Member States of the WHO European Region asked WHO to identify around two or three objective well-being indicators to complement the subjective well-being indicator already adopted. The aim of this meeting was provide advice on those indicators and future work.

The results of a literature review of objective well-being indicators suggested that domains of indicators could be divided into three broad groups:

- those that were nearly always included – health and health behaviour, education, the environment and economic factors;
- those that were frequently included – governance, relationships, personal security, housing, freedom, subjective/emotional activities and leisure;
- those that were only occasionally included – living standards, availability of transport, social opportunities, access to services and research and innovation.

One other finding from the review, however, is that this area does not yet have a settled terminology, in terms either of the different individual indicators or of discussion related to well-being more generally. The results should therefore be treated very cautiously.

The indicators of quality of life and well-being in the European Statistical System were presented. Quality of life is defined in terms of eight dimensions plus subjective well-being (or overall experience of life), with indicators and data for each (data on subjective well-being should be available for European Union (EU) countries towards the end of 2014). Current work aims to improve the data, in particular regarding inequalities, and to integrate collection in core data collection systems. For the future, the aim is to publish timely data simultaneously with gross domestic product (GDP) data, rather than years behind, and to gain broader acceptance of data on quality of life and well-being. This will also facilitate implementation of the forthcoming recommendations from the “Stiglitz 2” expert group.

The Organisation for Economic Co-operation and Development (OECD) looks at individual well-being over two pillars of quality of life and material conditions, as well as longer-term sustainability of well-being over time, focused on preserving different types of capital. The OECD framework draws on the Stiglitz report; its theoretical background is thus capability theory, which means that it is important to look not only at outcomes but also at the opportunities people have to achieve personally advantageous outcomes. These considerations form the basis of the OECD set of domains, as they are subject to both theoretical and practical constraints.

The Italian approach to measuring well-being is based on a shared process and undergoes extensive public consultation to ensure legitimacy and acceptance. The overall resulting framework combines subjective well-being and good living conditions in 12 domains. Eight domains concern the individual sphere (health, education and training, work–life balance, economic well-being, social relationships, politics and institutions, security and subjective well-being); the remaining four concern the wider context (landscape and cultural heritage, environment, research and innovation, and quality of services).

The expert meeting discussed a wide range of options for domains and indicators for objective well-being in Health 2020, as well as the theoretical and practical constraints affecting choices of indicators. In addition to the well-established requirements for indicators (face and construct validity, for example), a core requirement was that indicators should have reasonable availability across the 53 Member States in the WHO European Region. In practice, this proved to be a key limitation guiding the final recommendations of the expert group. Taking these and other issues into account, the expert meeting finally recommended that objective well-being be assessed across four domains: social connections/relationships, economic security/income, natural and built environment, and education. Indicators for these domains are recommended as follows:

- two new core indicators:
  - availability of social support for the domain of social connections/relationships (from the Gallup World Poll for most countries in the WHO European Region);
  - percentage of the population with improved sanitation facilities for the domain of natural and built environment (available from existing data sources for 51 countries);
- three core indicators already in Health 2020 monitoring:
  - GINI coefficient for the domain of economic security/income;
  - unemployment rate, disaggregated by age and sex, also for the domain of economic security/income;
  - percentage of children of primary school age not enrolled for the domain of education;
- three new additional indicators:
  - percentage of people aged 65 and over living alone for the domain of social connections/relationships;
  - total household consumption for the domain of economic security/income;
  - percentage of the population having completed at least secondary education for the domain of education.

The expert meeting participants also made recommendations for further domains, indicators and methodological improvements for future work.





## Introduction

The second joint meeting of experts on targets and indicators for health and well-being in Health 2020 was convened by the WHO Regional Office for Europe. Participants (see Annex 1 for a full list) were welcomed to the meeting by Dr Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation, and Dr Peter Achterberg, the Chair for the first day, on his behalf and that of his co-Chair for the second day, Dr Hugh Markowe. Both the Secretariat and the Chair thanked the Wellcome Trust for its support in hosting the meeting and in seconding a member of staff to WHO. Dr Daniel O'Connor, representing the Wellcome Trust, also welcomed participants to the meeting, and expressed the Wellcome Trust's enthusiasm for this work as part of its wider partnership with WHO.

As part of the resolution adopting 20 core indicators for the six Health 2020 targets at the sixty-third session of the WHO Regional Committee for Europe in September 2013 (1), the 53 Member States in the WHO European Region asked WHO to identify around two or three objective well-being indicators to complement the subjective well-being indicator already adopted, taking into account social determinants of health and health equity. The aim of this joint meeting was provide advice on those indicators and future work.

The meeting agenda was approved (see Annex 2) and Mr Nick Fahy and Dr Marieke Verschuuren were elected as rapporteurs. Participants were invited to declare any conflicts of interest; none were noted.

## Purpose of the meeting

The overall purpose of the meeting was to support the new European policy for health – Health 2020 (2). The six Health 2020 targets (including one to enhance well-being) require accompanying indicators. Two expert groups – one on measurement of well-being specifically and one on Health 2020 indicators overall – have offered advice on developing these indicators. WHO brought these two groups together for a joint meeting in 2013 (3), which recommended a subjective indicator for well-being on life satisfaction; this has since been approved by the WHO Regional Committee for Europe. The issue of objective indicators for well-being remained, for which it was felt that more work was needed, with input from a different collection of experts. Addressing this issue was the purpose of the second joint meeting.

The meeting took place within the context of work to develop a single integrated health information system for Europe, in cooperation with other international bodies (in particular the EU and OECD), to reduce the reporting burden on Member States and to improve the validity of comparisons. WHO also has a wide range of information tools, such as health atlases for the European Region and country profiles, and is working on a new integrated web portal for this information, due to be launched at the Regional Committee for Europe in 2014. This work is progressing in collaboration with other partners, including the Dutch National Institute for Public Health and the Environment (RIVM), the Institute for Health Metrics and Evaluation (IHME) and the Wellcome Trust. The WHO Regional Office for Europe is also working to help Member States develop their own national health information strategies by providing a tool and guidance, as well as support for the translation of evidence into policy with the Evidence-informed Policy Network (EVIPNet).

The detailed aims of this second joint meeting were to:

- recommend which domains of objective well-being should be included in the Health 2020 target;
- recommend a shortlist of indicators for objective well-being (core and additional, if appropriate);
- identify any support that Member States would require for the collection, analysis and reporting of these indicators;
- develop suggestions for next steps and future work in the area of well-being.

The recommendations would be reported by the Regional Director to the Standing Committee of the Regional Committee in May 2014, which would consider their submission to the Regional Committee in September 2014 for adoption.

A question was raised about particular concerns from the Regional Committee for Europe about the well-being indicators. It was explained that two Member States had been reluctant to include subjective well-being as an indicator. One felt that subjective well-being was unmeasurable; the other that it was not within WHO's remit (despite being explicitly referred to in the WHO Constitution). Similar concerns, however, did not seem to arise about objective indicators.

## **Objective well-being indicators**

### **Literature review by the WHO Secretariat**

A WHO review of objective well-being indicators from the scientific literature, a web search and reports by other agencies and institutes included an initial search that had identified 67 potentially relevant titles, but none specifically addressed well-being indicators. Through a broader search, snowball exploration via references and advice from experts (and after excluding duplicates) the review finally examined 20 documents in detail.

This review suggested that domains of indicators could be divided roughly into three broad groups:

- those that were nearly always included – health and health behaviour, education, the environment and economic factors;
- those that were frequently included – governance, relationships, personal security, housing, freedom, subjective/emotional/spiritual well-being and leisure;
- those that were only occasionally included – living standards, availability of transport/services, social opportunities, access to services and research and innovation.

A central message from the review is that this area does not yet have a settled terminology, in terms either of the different individual indicators or of discussion related to well-being more generally. The results should therefore be treated very cautiously. This was illustrated in discussion of the area of living standards, which could be considered to overlap with that of economic factors, although these were identified as separate domains. This might mean that similar terms were used to mean quite different things. Nevertheless, OECD had found that in practice the areas addressed by national statistical offices, for example, were generally consistent, even though they were sometimes described using different names.

### **Indicators of quality of life and well-being in the European Statistical System**

The work of the European Statistical System (which is made up of the European statistical office Eurostat, a directorate-general of the European Commission and the national statistical offices of the 28 Member States of the EU) on indicators of quality of life and well-being was set out in particular by the European Commission communication "GDP and beyond" (4). This in turn

built on the Stiglitz report (5) and is being taken forward in collaboration with other international bodies (in particular OECD, as well as the United Nations Economic Commission for Europe).

Indicators of quality of life are defined in terms of eight dimensions (productive or main activity; education; leisure and social interactions; economic and physical safety; natural and living environment; material living conditions; health; and governance and basic rights) plus an “overall experience of life” dimension corresponding to subjective well-being.

For each of these dimensions, domains and indicators are defined and data collected. For example, the dimension of leisure and social interactions comprises two domains:

- “social activity and leisure”, defined by indicators of “meeting socially with friends, relatives or colleagues at work” and “satisfaction with social life”;
- “work–life balance”, defined by indicators of “number of hours worked per week in job” and “time to do things I really enjoy”.

The dimension of subjective well-being is assessed through the three components of evaluative, affective and eudaimonic well-being.<sup>1</sup> Some questions to assess these dimensions were already included in existing instruments and addressed through an ad hoc module within the EU survey of Statistics on Income and Living Conditions (EU-SILC). Data collection for this ad hoc module was carried out last year, and data should be available for EU countries towards the end of 2014. The long-term aim is ultimately to cover all eight-plus-one dimensions through EU-SILC, which would allow greater analysis and disaggregation: EU-SILC has a relatively large sample size, covering over 130 000 households and about 270 000 individuals.

Current work aims to improve the data, in particular regarding inequalities, and to integrate collection in core data collection systems of the European Statistical System. For the future, the aim is to publish timely data simultaneously with GDP data, rather than years behind; to gain broader acceptance and use of data on quality of life and well-being, giving wider society time to “catch up” with these concepts and understand what such data mean; and to implement the forthcoming recommendations of the “Stiglitz 2” expert group.<sup>2</sup>

### **Choosing objective well-being indicators in the OECD Better Life Index**

The conceptual framework used by OECD for well-being (see Fig. 1) looks at individual well-being over two pillars of quality of life and material conditions, as well as longer-term sustainability of well-being over time, focused on preserving different types of capital.

Although modern discussion of well-being is seen as taking off around 2000, OECD’s work in this area actually dates back to the 1970s. The contemporary OECD framework also draws on the Stiglitz report (5); its theoretical background is thus capability theory,<sup>3</sup> which means that it is important to look not only at outcomes but also at the opportunities people have to achieve those outcomes. Sen himself did not try to propose a specific set of capabilities, but others have worked to do so (see, for instance, Alkire (6)), and this is the basis of the OECD set of domains.

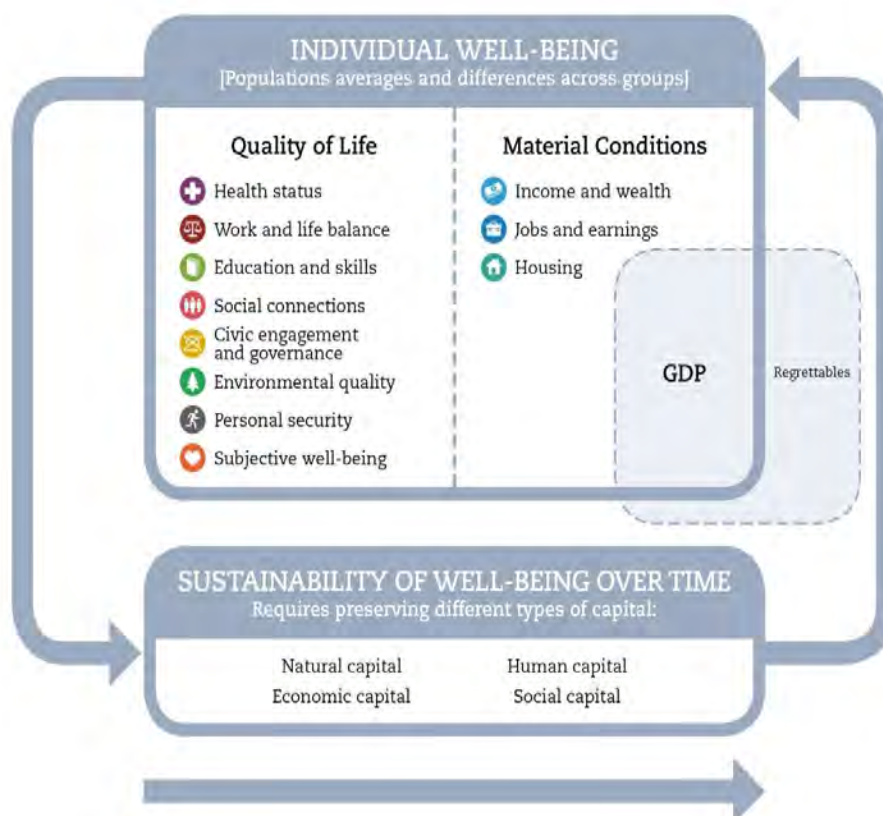
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<sup>1</sup> See the report of the previous joint meeting (3) for further discussion of these components.

<sup>2</sup> See <http://www.oecd.org/statistics/measuring-economic-social-progress/aboutthehigh-levelexpertgroup.htm> for details about this expert group.

<sup>3</sup> See, for instance, Sen A. Development as freedom. New York: Oxford University Press; 1999.

Fig. 1. The OECD well-being framework



Source: OECD (7).

OECD aims to develop specific indicators reflecting this approach that can be easily understood and are amenable to policy change, and that can also be disaggregated in order to understand distributional issues. The choice of indicators is, of course, subject to both theoretical and practical constraints. This decision-making process can be illustrated with the example of income and wealth indicators, discussing the relative advantages and disadvantages of indicators such as household net adjusted disposable income. While these provide a reasonably good picture of income, they lack information on distribution (as the source is national accounts), although there is some experimental work on linking this data to micro datasets.

The meeting discussed how best to link indicators to policy action, such as through presenting a dashboard of detailed indicators versus composite indexes. OECD had undertaken some analysis on the most effective policy levers affecting well-being (8) – which showed that health is a central factor, as is income – but this was still at an early stage. There was also discussion about whether the focus of this work should be only the health system or should also take account of factors affecting well-being beyond the scope of health ministries. The Secretariat confirmed that this issue had been explicitly considered by the Member States in the WHO European Region as part of the adoption of Health 2020, and it was clear that Health 2020 raises expectations beyond the health sector itself. This should therefore be reflected in its monitoring framework.

### Measuring equitable and sustainable well-being in Italy

The Italian National Institute of Statistics (ISTAT) approach to measuring well-being is based on a shared process and undergoes extensive public consultation to ensure legitimacy and acceptance. The resulting framework combines subjective well-being and good living conditions;

these are assessed across 12 domains, each evaluated through a combination of objective and subjective measures, with around 10 indicators per domain. The 12 domains are divided into two sections: eight concern the individual sphere (health, education and training, work–life balance, economic well-being, social relationships, politics and institutions, security, and subjective well-being); the remaining four concern the wider context (landscape and cultural heritage, environment, research and innovation, and quality of services). In developing this approach, ISTAT drew on the work of international bodies (such as OECD and Eurostat) but adapted the framework to national requirements and data sources, as well as to responses to wider consultation.

Some examples were given of detailed indicators by sector. These drew on a range of sources: in some instances they used international surveys (such as the EU's Labour Force Survey or the Programme for International Student Assessment (PISA) of the OECD); in others they drew on national sources. The participants were invited to bear these indicators in mind when considering their recommendations.

The possibility of regional breakdowns was raised in discussion. ISTAT has presented the Italian regions with comparative information about their relative performances in the different domains. Although some domains are more able to provide comparative analysis than others, overall the data highlighted the relative disadvantage of the south of Italy; this information is not new, but nevertheless came through clearly.

## **Recommendations for assessing objective well-being in Health 2020**

Discussion then turned to the domains and indicators that could be recommended for objective well-being by the meeting, as well as methodological issues. Several key criteria guiding the recommendations were identified.

- Face validity is important: Member States should be able to recognize the validity of domains and indicators. The recommendations of the group should thus also bear in mind the emerging consensus represented by existing initiatives at national and international levels.
- Data availability is a major constraining criterion, in that the core indicators recommended should be at least reasonably available from existing data sources across all 53 countries in the WHO European Region. The scope for additional data collection (from either Member States or other sources such as Gallup) was extremely limited.
- Recommendations could be for both core and additional indicators, although the overall number should remain limited to a couple of additional indicators alongside a couple of core indicators. For example, additional indicators could be those with particular relevance but lacking sufficient general availability throughout the Region to be considered core indicators.
- Existing indicators already adopted for Health 2020 could also be used to measure particular domains of objective well-being. Domains identified as important for objective well-being might therefore be measured through existing Health 2020 indicators, in order to ensure as parsimonious an overall selection of indicators as possible.
- The meeting could also make recommendations for more development work; for example, in particular areas where it is not possible to agree specific indicators.
- Selection of indicators should take into account social determinants of health and health equity, as requested by the Regional Committee resolution (1).

It was agreed that, given these constraints, the meeting's recommendations could not provide a comprehensive indicator set for objective well-being at this stage.

## Methodology

Methodological issues raised in the meeting included the following.

- A definition of well-being for use by WHO in this context had already been agreed by previous expert meetings: “Well-being exists in two dimensions, subjective and objective. It comprises an individual’s experience of their life as well as a comparison of life circumstances with social norms and values” (9). This joint meeting did not seek to redo the fundamental conceptual work already undertaken by previous meetings and existing initiatives; rather, it aimed to provide practical and pragmatic advice about the best approach for WHO to take in measuring the objective aspect of the well-being target of Health 2020, informed by the expertise and experience of participants.
- The experts discussed how far the recommended indicators should seek to focus on either well-being as it relates to health in particular (with the risk that they would thus simply measure health rather than adding value by providing additional information on well-being) or well-being more generally (with the risk that this might go beyond WHO’s remit, and indeed the ability of health ministers to achieve Health 2020 objectives domestically). It was noted that in adopting Health 2020 Member States had already committed themselves to address areas beyond traditional health information in order to achieve those objectives, including the specific objective of “enhancing the well-being of the European population”(2).
- When referring to objective indicators, the experts agreed that it was important to differentiate between the nature of what was being measured and how it was being measured. For example, an objective concept (such as health) could be measured through an objective indicator (physical disability) or a subjective one (self-perceived health). Moreover, asking people to provide data for an indicator did not necessarily mean that the indicator should thus be considered subjective. For example, asking people how many bicycles they possess is an objective concept measured through self-reported objective data, whereas asking them whether they are satisfied with how many bicycles they have is a subjective indicator.
- Some indicators that, on the face of it, appeared to measure different concepts could, in practice, be closely correlated. For example, experts argued that levels of education correlate closely with economic factors, although education indicators also represent a value in themselves. The breadth of different information provided should be taken into account in selecting indicators.
- Some domains might be agreed to be particularly important for objective well-being – even if the available indicators were less than ideal – and be recommended on that basis.
- Being able to break down indicators by gender and socioeconomic group would be highly desirable in order to ensure that inequalities were taken into account in measuring well-being. Ideally, geographical breakdowns would also be valuable. In practice, however, the indicators available were a mixture of individual-level indicators (with the consequent potential to break them down to distributions) and national averages taken from sources such as national accounts, with no potential to provide distributional results.
- A life-course perspective should be taken into account and reflected in the balance of domains and in particular indicators recommended.
- It should be possible to link indicators to potential policy responses. Reflecting the discussion about the scope of Health 2020, the scope of potential policy responses thus need not be limited to the health system. For example, for the topic of social connections and relationships, potential policy responses ranged from supporting sports and leisure clubs to ensuring walkable neighbourhoods in urban areas, as well as more direct responses such as funding support groups.
- It was also important to take account of ceiling effects: some indicators that might be discriminatory in other parts of the world would not provide very discriminatory information

in the WHO European Region. In a similar vein, some indicators might be more relevant for the eastern part of the Region than the western part, and vice versa.

## **Domains and indicators**

Some important potential domains identified in discussion included:

- social connections/relationships
- economic security/income
- environment and housing
- participation in society and ability to take part in enjoyable activities
- having some purpose in life
- unemployment (or low-pay, low-quality employment; youth unemployment)
- education
- quality of death and dying (e.g. pain relief)
- how different political and social contexts (such as welfare regimes) relate to well-being
- inequality
- human rights
- physical security.

The experts identified many different potential indicators or measurement tools for each of these domains. For example, for the domain of social connections/relationships, several specific scales or measurement tools were identified that could provide indicators, including some taking age into account (such as the proportion of older people living alone). There was also discussion about assessing social support in the form of financial transfers, although this was argued to represent a different concept. One possible indicator would be to look at divorce rates, but the experts agreed that this was not appropriate for several reasons (apart from being quite culturally specific, in some cases divorce might increase well-being rather than reduce it).

When evaluating these potential domains and corresponding indicators, however, it became clear that reasonable data availability across the WHO European Region – or, rather, the lack of it – was a highly limiting factor in selecting indicators for this exercise. The meeting reviewed the different domains and possible indicators against their availability with advice from the WHO Secretariat; in practice, this excluded most of the indicators under consideration.

## **Recommended domains and indicators of objective well-being**

Taking the issues described above into account, the experts made the recommendations listed in Table 1.

Using Gallup as a source for the core recommended indicator on social support raised two issues. The first was the cost implications of doing so, but the Secretariat was reasonably confident that negotiations with Gallup could reach agreement on providing these data in addition to the already agreed Health 2020 indicator on subjective well-being, provided that only a limited degree of disaggregation (by age and gender) and no microdata were required for both. The meeting agreed this approach. The second issue was the potential duplication with the EU-SILC survey for EU countries: Eurostat was concerned about the potential inefficiencies of time and money from collecting data for the same indicator through both sources. Unfortunately, the data from Gallup came as a package for the European Region, so it was not possible to save money by using the EU-SILC data for EU countries; in terms of collection burden, the Gallup data would be collected in any case. This left the question of how to handle the potential of different data sources for the same indicator. The experts recommended that, where available, countries

could present and use data from both sources (for example, for comparisons); for individual country reporting, Member States would use whichever was appropriate.

Table 1. Recommended domains and indicators for objective well-being

Domain	New indicator		Indicator already adopted in Health 2020		Further work
	Core	Additional	Core	Additional	
<b>Social connections/relationships</b>	Availability of social support ( <i>Gallup World Poll</i> )	Percentage of people aged 65 and over living alone ( <i>28 countries</i> )			Individual well-being indicators from surveys
<b>Economic security/income</b>		Total household consumption ( <i>48 countries</i> )	GINI coefficient; Unemployment rate, disaggregated by age and sex		
<b>Natural and built environment</b>	Percentage of population with improved sanitation facilities ( <i>51 countries</i> )				
<b>Education</b>		Percentage of the population having completed at least secondary education ( <i>32 countries</i> )	Percentage of children of primary school age not enrolled		Further checks on indicators of distribution within populations by WHO

These recommendations would now be considered by the governing bodies of the WHO European Region as described above in the section on the purpose of the meeting; the experts would be kept informed of progress by the Secretariat.

## Issues for further work

Several areas for potential further work were identified in discussion, including the need for better understanding and information about:

- low-pay, low-quality employment
- well-being of carers
- the quality of death and dying
- the influence of the political and social context on well-being
- the link between well-being and human rights
- the “participation in society” dimension and potential indicators.

In terms of methodology, some key issues identified as needing additional work were:

- moving towards individual-level indicators across all domains;
- creating a model for how these indicators should be analysed and what kinds of conclusions and recommendations could be drawn from them;



- reconciling the situation regarding data for the social support indicator with differing methodologies between Gallup and EU-SILC.

It was agreed that this group of experts should continue its work to explore new concepts and determinants, including those that had not yet entered the debate (such as cultural and political determinants), and that the group should be reconstituted as necessary to include relevant skills.

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*Annex 1*

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## *Annex 2*

# **AGENDA AND PROGRAMME**

## **Thursday 3 April 2014**

### **Opening**

Welcome by the WHO Secretariat (Claudia Stein)

Welcome by the Wellcome Trust (Daniel O'Connor)

Election of rapporteurs

Adoption of agenda and programme

### **Session 1: Purpose of the meeting and update on progress with well-being work**

Purpose, objectives and expected outcomes of the meeting (WHO Secretariat)

Update on progress with Health 2020 and other relevant initiatives (WHO Secretariat)

#### *Discussion*

- *Agreeing on the questions and outputs of this meeting*
- *Defining timelines for delivery*

### **Session 2: Objective well-being indicators**

Summary of semi-systematic review of objective well-being indicators in scientific literature and collated by other agencies and institutes (WHO Secretariat)

Indicators of quality of life and well-being in the European Statistical System (Marleen De Smedt, European Commission – Eurostat)

#### *Discussion*

- *What are the most commonly used areas of objective well-being?*
- *Which rarely used areas could be particularly relevant for health and Health 2020?*

### **Session 2 (contd.): Objective well-being indicators**

Objective well-being in the Better Life Index (Romina Boarini, OECD)

Measuring equitable and sustainable well-being in Italy (Alessandra Tinto, ISTAT)

#### *Discussion*

- *Which of the objective well-being indicators would be most relevant for Health 2020?*
- *Which are missing for Health 2020?*

### **Session 3: Other dimensions of objective well-being**

#### *Discussion*

- *Which objective well-being indicators not covered should be further explored?*
- *How can these be collected for and by Member States?*

#### **Session 4: Objective well-being in Health 2020**

##### *Discussion*

- *Criteria for indicator selection*
- *Which three or four areas of objective well-being should go on a shortlist for Health 2020 country consultation?*

***Summary and key points for WHO from Day 1 (Rapporteurs)***

#### **Friday 4 April 2014**

#### **Session 5: Finalizing objective well-being indicators**

##### *Discussion*

- *Review or continued discussion on shortlisted objective well-being indicators*
- *Country consultation: which questions should Member States answer in relation to the proposed indicators?*
- *How is this best presented to Member States?*
- *What support will Member States need for reporting these indicators?*
- *Recommendations for next steps and action plan*

***Summary and key points for WHO from Day 2 (Rapporteurs)***

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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.

## Member States

Albania	Luxembourg
Andorra	Malta
Armenia	Monaco
Austria	Montenegro
Azerbaijan	Netherlands
Belarus	Norway
Belgium	Poland
Bosnia and Herzegovina	Portugal
Bulgaria	Republic of Moldova
Croatia	Romania
Cyprus	Russian Federation
Czech Republic	San Marino
Denmark	Serbia
Estonia	Slovakia
Finland	Slovenia
France	Spain
Georgia	Sweden
Germany	Switzerland
Greece	Tajikistan
Hungary	The former Yugoslav Republic of Macedonia
Iceland	Turkey
Ireland	Turkmenistan
Israel	Ukraine
Italy	United Kingdom
Kazakhstan	Uzbekistan
Kyrgyzstan	
Latvia	
Lithuania	

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