

## Using new forms of evidence to reflect Health 2020's core values

Quantitative data remains central to health reporting. However, numerical data need to be illuminated by qualitative evidence in order to make it possible to fully comprehend *why* certain trends happen.

The 2015 *European health report* detailed how the WHO Regional Office for Europe was beginning to tackle the challenge of measuring and reporting on some of the key values of Health 2020, particularly well-being. Since then, the Regional Office has explored further concepts and developed reporting strategies for monitoring progress towards Health 2020.

New types of evidence that are now being used rarely come from the health sector, emerging instead from ancillary disciplines such as the medical humanities and social sciences and using techniques such as focus groups and interviews to give insights into individuals' or communities' experiences. Such methods are essential for exploring new concepts enshrined in Health 2020, such as community resilience, empowerment and life-course and whole-of-society approaches.

### **Community resilience**

Community resilience is the ability of a community to confront challenges and “bounce back” from adversity without resorting to unhealthy coping mechanisms. The concept of community resilience is complex, involving interactions between individuals, families, groups and the environment, so an effective measurement calls for participation from communities facing the challenges causing adversity, which can be in the form of economic crisis, psychological stress, trauma, tragedy, threats and other significant sources of stress. Qualitative approaches enable researchers to focus on participants' subjective feelings, meanings and experiences and, in so doing, make it possible to understand why people behave in particular ways.

### **Community empowerment**

Community empowerment means giving people greater control over the decisions that affect their health and lives. Empowering communities provides a wide range of potential benefits. If prioritized in policy-making, it can lead to a range of positive health-related outcomes, such as enhanced personal and coping skills, better use of available health services, reduced disparities in accessing resources and improved implementation of the policies themselves. However, as community empowerment is difficult to measure and implement, it is necessary to use a mixed-methods approach in order to achieve a deeper understanding of the social and political dynamics through which community empowerment can be achieved.

### **The life-course approach**

The life course is a socio-culturally defined sequence of age categories that people are normally expected to pass through as they progress from birth to death. Acknowledging that a complex interplay of biological, cultural, psychological, social and risk factors contributes to health outcomes across the span of a person's life, the life-course approach envisages interventions that are timely and appropriate for different life stages, bringing benefits to the whole population across the lifespan.

Targeting key stages, such as pregnancy or early childhood, can produce sustained benefit. However, much groundwork, including narrative-based qualitative approaches, is needed to capture the full range of cultural, social or other factors influencing health and well-being throughout life.

### **The whole-of-society approach**

The whole-of-society approach acknowledges the importance of all sectors of society on people's mental and physical health and thus the importance of multisectoral collaboration for improving public health, including collaboration with communities, the private sector and civil society. As such, the whole-of-society approach can strengthen the resilience of communities to withstand threats to their health, security and well-being. This approach influences and mobilizes local and global culture and media, rural and urban communities and all relevant policy sectors, such as the education system, transport, the environment and even urban design.

Unfortunately, it has proven to be extremely challenging to measure and evaluate the degree to which a whole-of-society approach has been implemented, both because of the number of potential actors involved and because governments are seen more in the role of stewards, leaving the task of implementation to the many stakeholders involved. However, using a mixed-methods approach incorporating qualitative evidence will help create a more holistic understanding of health and well-being in the 21st century and enable the Regional Office to support its Member States to better report on and implement Health 2020 targets and health-related Sustainable Development Goals.

### **Mainstreaming evidence into health policy-making**

Using a mixed-methods approach to broaden the evidence base is only half the story; the evidence obtained must be mainstreamed into health policy-making and brought to the attention of all stakeholders, including the general public. Only then can there be meaningful debate about what such information means for communities, families and individuals.

### **The WHO European Health Information Initiative**

In order to achieve meaningful public health action in the 21st century, it will be necessary to mainstream health information, health research and knowledge translation into health policy-making. This process is at the core of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region – the first of its kind – which was adopted by European Member States in 2016 and is being implemented by the WHO European Health Information Initiative (EHII).

EHII, a collaboration between the WHO Regional Office for Europe, Member States in the Region and European institutions, coordinates health information, research and knowledge translation throughout the European Region. It also assists Member States in assessing their national health information and research systems and in developing national strategies.

### **The WHO Evidence-informed Policy Network**

Policy-making is an inherently political process in which research evidence is only one (albeit the most important) of a number of factors influencing decision-making, including beliefs, personal interest, political consideration, tradition, past experience and financial constraints. In recognition of this fact, WHO seeks to develop evidence-*informed* (rather than evidence-*based*) health policy.

Unfortunately, researchers often do not have the skills or resources to reach out to policy-makers. Therefore, in order to bridge the research–policy gap, WHO formed the Evidence-informed Policy Network (EVIPNet), which operates under the umbrella of EHII as a neutral, trusted intermediary between researchers and policy-makers. Using tried and tested tools and mechanisms, EVIPNet helps stakeholders to assess, filter and interpret evidence, craft meaningful messages and deliver these messages to specific target audiences.

Through EHII and EVIPNet, WHO is working with European Member States to forge a holistic, evidence-informed, “health-in-all-policies” strategy across the Region.

For further information, visit: <http://www.euro.who.int/en/ehr2018>