

## **Austrian Health Targets**

### **A multi-stakeholder engagement process**

*Lessons learnt and practical experience of an intersectoral policy approach*

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**Sektion X**

**Projektarbeit im Rahmen der Grundausbildung für das  
Bundesministerium für Arbeit, Soziales, Gesundheit und  
Konsumentenschutz**

**März 2018**

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## **Austrian Health Targets –**

### ***Lessons learnt and practical experience of an intersectoral policy approach***

The Austrian health targets, which were developed between 2011 and 2012, can be considered a best practice example of a broad and intersectoral policy approach and process. This paper will summarize key aspects during its development, analyze critical elements such as guiding principles and specific characteristics, as well as underline key findings in regards to challenges and success factors of the Austrian experience.

### **Definition**

#### **Health in All Policies**

An approach to public policies across sectors that systematically takes into account health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity. (WHO 2014)

#### **Multistakeholder/intersectoral action**

Multisectoral action refers to action between two or more sectors within the public sector. Multistakeholder action refers to action by actors outside the public sector (e.g. nongovernmental organizations [NGOs] and the private sector). The terms multisectoral action and intersectoral action are often used interchangeably, and they have the same meaning unless otherwise specified. (WHO 2014)

#### **Whole-of-government approach**

The whole of government approach is one that “denotes public services agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal or informal. They can focus on policy development, program management, and service delivery”. This approach (...) aims to achieve policy coherence in order to improve effectiveness and efficiency. (WHO 2014)

### **Whole-of-society approach**

A whole-of-society approach goes beyond institutions: it influences and mobilizes local and global culture and media, rural and urban communities and all relevant policy sectors, such as the education system, the transport sector, the environment and even urban design, as demonstrated in the case of obesity and the global food system. ... Whole-of-society approaches are a form of collaborative governance that can complement public policy. They emphasize coordination through normative values and trust-building among a variety of actors. ... By engaging the private sector, civil society, communities and individuals, the whole-of-society approach can strengthen the resilience of communities to withstand threats to their health, security, and well-being. (WHO 2013)

### **Social determinants of health**

The social determinants of health (SDH) are the conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (WHO 2018)

### **Life course approach**

The life-course approach aims at increasing the effectiveness of interventions throughout a person's life. It focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. It promotes timely investments with a high rate of return for public health and the economy by addressing the causes, not the consequences, of ill health. (WHO 2018)

## Background

The idea of intersectoral action goes back as far as 1977/1978 with the Alma-Ata Declaration and the concept of “health for all”. Health was considered a social goal within a new direction of healthy public policy. The famous Ottawa Charter for Health Promotion of 1986 states that *“Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. (...) More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media”* (Ottawa Charter, 1986). The Adelaide Conference on Health Promotion of 1988 continues in the spirit and gives clear recommendations for a healthy public policy. It says *“In the pursuit of healthy public policy, government sectors concerned with agriculture, trade, education, industry, and communications need to take into account health as an essential factor when formulating policy”* (Adelaide Recommendations, 1988).

These ideas and concepts have influenced the work of the World Health Organization ever since. The legacy of Alma-Ata, Ottawa, and Adelaide were reflected in the European policy framework of “Health 2020” that was adopted by the WHO Regional Office for Europe (WHO Europe) in 2012. The framework’s strategic objectives are to improve health for all and to reduce health inequalities and to advance leadership and participatory governance for health (Health 2020, WHO 2013). WHO Europe recommends that sectorial boundaries should be overcome in order to enable integrated programs. The idea of “Health in All Policies” (HiAP) is central in order to place health on the policy agenda of different sectors, to create healthy policy dialogue and to prioritize health and well-being in general. “Health 2020” describes whole-of-government and whole-of-society measures as a means to foster HiAP e.g. by creating intersectoral committees or multistakeholder engagement processes. In addition, it is recommended to develop national targets in order to monitor the development of health promotion and prevention in a country. The following pages will describe Austria’s way to interact across sectors and its efforts to place health on the top of the agenda.

## Austrian Health Targets

The Austrian health targets consist of 10 health-related goals with the overarching objective to prolong healthy life years of the Austrian population in the coming 20 years (until 2032).<sup>1</sup> In comparison to other EU-15 countries, the Austrian population enjoys high life expectancy. But when comparing the healthy life years, i.e. the years people spend in relative health without suffering from disease or sickness, Austria is lacking behind (Das österreichische Gesundheitswesen im internationalen Vergleich, BMGF 2016).

Therefore the Austrian health targets aim to address the so-called social determinants for health that are a key aspect of the health targets (see figure 1). Crucial is that each and every person in Austria, irrespective of his or her level of education, income, living condition, sexual orientation or ethnicity, should have a fair chance of a healthy life.

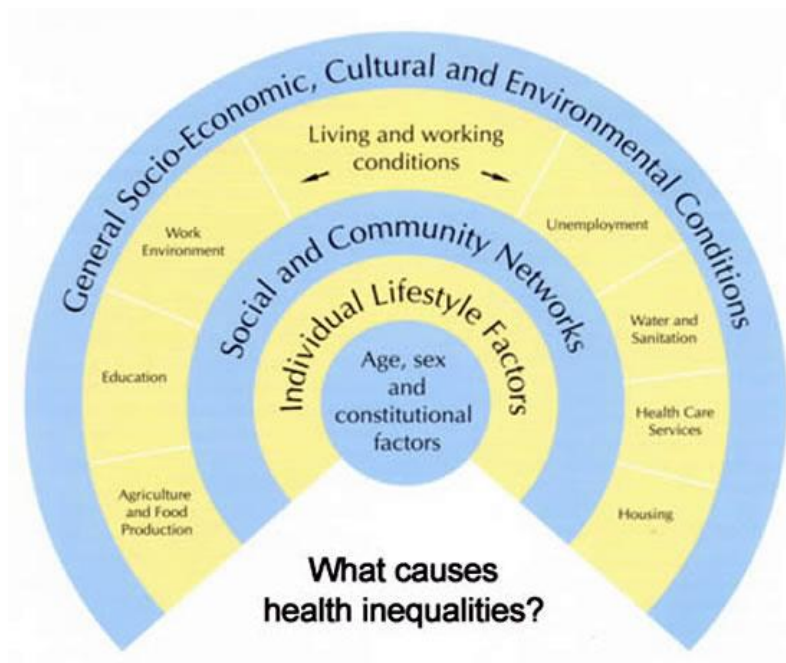


Figure 1: graphic illustration of the social determinants of health, i.e. aspects that greatly influence the health of individuals (Dahlgren and Whitehead 1991, source: <http://new.iph.ie/service/social-determinants-health-inequalities>)

<sup>1</sup> For more information please check the website: <https://gesundheitsziele-oesterreich.at>

One of the main ideas of the health targets is to reduce health inequalities that are omnipresent in our society. *“The causes of health inequality are complex but they do not arise by chance. The social, economic, and environmental conditions in which we live strongly influence health. These conditions are known as the social determinants of health, and are largely the results of public policy.”* (Institute of Public Health in Ireland, 2018)

A key characteristic of the health targets is that it is a very broad and highly participatory approach, which involves numerous stakeholders and decision-makers within and outside the traditional health care sector. This so-called intersectoral approach is central since many aspects of a healthy life are deeply affected by the social determinants of health and therefore lie beyond the sphere of influence of the health care sector, such as education, housing, working conditions, infrastructure, social cohesion, etc.

Also the Oxford University Press describes the “complex network of social, political, economic, and environmental factors” that influence population health (Oxford University Press, 2014).

In order to tackle these challenges, intersectoral and multistakeholder engagement is key. Together with more than 45 partners from relevant institutions including ministries, Länder and municipalities representatives, social security, trade unions, interest groups and civil society, the Austrian Ministry of Health identifies framework conditions and necessary activities to improve health, well-being and life quality for the Austrian population. The main assumption behind this approach is that health and well-being are not only aspects that are of fundamental importance to the health care sector, but are of intrinsic interest to many other sectors. In order to win partners from other sectors, it is not only necessary to raise awareness about their impact on social determinants of health, but it is crucial to showcase examples of how other sectors can benefit from their involvement in a HiAP process. Broadly speaking, since health is essential for societal development at large, all sectors will benefit from a healthier society. We aim to identify co-benefits for everyone involved in order to strengthen the argument that health is a central matter in every aspect of our societies.

## History and mandate of the 10 health targets

In 2011 the Federal Health Commission and the Council of Ministers in Austria decided that a broad multi-stakeholder process on health targets should be initiated by the Ministry of Health. Intersectoral approaches are considered an important instrument of improving health and well-being in a sustainable and long-lasting way, according to the World Health Organization (Health Equity Through Intersectoral Action, WHO 2008). The ministry invited relevant partners to discuss the process and to jointly formulate health targets. Also the general public had the opportunity to contribute their perspective through an online platform. One year later, in 2012, 10 health targets were presented and subsequently approved by the Federal Health Commission and the Austrian Council of Ministers. The Austrian health targets are also mentioned in the government programme 2013-2017. Furthermore they are a point of orientation for the Austrian health reform process<sup>2</sup> as well as an integral component of the Austrian health promotion strategy. In addition it is aligned with several national strategies within and outside the health care sector. Furthermore it is an orientation framework for regional health target processes on the Länder level. The connection to political commitments and national as well as regional strategies is considered highly important in order to ensure the linkage between the overarching strategy of the health targets and concrete actions and plans in the different institutions.

The health targets are dealing with broad subjects that are considered crucial for health and well-being. Target 1 aims to *provide health-promoting living and working conditions for all population groups through cooperation of all societal and political areas*; target 2 wants to *promote fair and equal opportunities in health, irrespective of gender, socio-economic group, ethnic origin and age*; target 3 refers to *enhancing health literacy in the population*; target 4 deals with *securing sustainable natural resources such as air, water and soil and healthy environments for future generations*; target 5 addresses aspects to *strengthen social cohesion as a health enhancer*; target 6 wants to *ensure conditions under which children and young people can grow up as healthy as possible*; target 7 aims to *provide access to a healthy*

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<sup>2</sup> Health promotion is an important part in the current reform process since the Austrian system's focus is still very much on the curative aspects, while at the same time health expenditure in Austria is in comparison to other EU-15 countries considerably higher. With a new emphasis on social determinants of health, health expenditure as well as health inequalities might be reduced. ("Das österreichische Gesundheitswesen im internationalen Vergleich", BMGF 2016)



diet for all; target 8 promotes healthy, safe exercise and activity in everyday life through appropriate environments; target 9 focuses on promoting psychosocial health in all population groups; and finally target 10 refers to securing sustainable and efficient health care services of high quality for all.



Figure 2: Symbols of the Austrian Health Targets (Gesundheitsziele Österreich, 2018)

Why is such a broad approach necessary, especially in regards to the so-called social determinants of health which were mentioned above? According to the World Health Organization only 20% of the population health can be directly related to clinical care, meaning to the access to care or the quality of care, which is the intrinsic task of the health care sector. Health behavior determines around 30% of how healthy a population is. But social and economic factors, i.e. education, employment, income, community safety, and social support influence the health by up to 40% (see figure 3).

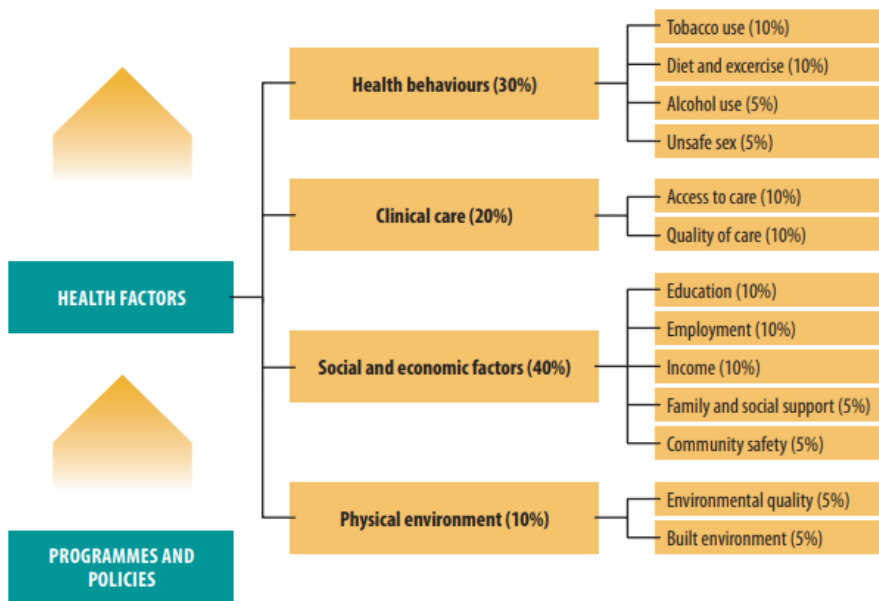


Figure 3: HiAP Training Manual, source: University of Wisconsin Public Health Institute 2010

## Guiding principles

An important step at the very beginning of the Austrian health target process was the definition and understanding on guiding principles that are central for the whole process as well as for each and every target. The most decisive principles are the orientation towards social determinants of health, the health in all policies approach and the promotion of health equity. It is important to underline once again that the health targets do not point only at behavioral aspects and individual interventions, but focus on concrete settings – i.e. working and living conditions. The targets follow a life course approach and aim at strengthening health resources and health determinants in all societal sectors and policy fields. The whole strategy of the Austrian health targets is highly aligned with the “Health 2020” policy framework of WHO Europe.

## Implementation

After a first phase of defining concrete targets, guiding principles and process-related decisions, the second phase of implementation began in 2013. Since then individual and intersectoral working groups have been deployed that deal with specific targets in detail. Each group consists of 20 to 30 representatives from different institutions and the lead of

the working group is intersectorally split, e.g. the health target on living and working conditions is headed by the Ministry of Social Affairs and by the Social Security. There is a certain procedure for all working groups. First they set as far as three sub-targets and define indicators; afterwards they discuss concrete measures and activities that are required in order to reach the sub-targets. Here it is crucial that each proposed activity has secured funding and a responsible institution that is implementing it. In this way the intersectoral ownership<sup>3</sup> can be strengthened as well as systematic and realistic strategic plans can be guaranteed. Therefore the process provides a framework for coordinated and aligned action. Furthermore the so-called health target plenary, consisting of more than 45 partners, which were mentioned before, meets twice a year in order to follow-up on and debate current developments, and discuss future directions. In general, the health target process enables a quite unique but necessary platform for dialogue and exchange, where representatives can discuss possible ideas and coordinate joint activities.

## Monitoring

The implementation of the Austrian health targets is backed by a comprehensive monitoring process. The observation of the health targets and the follow-up on the implementation is especially relevant for quality control and in regards to strategic planning. Only if outcomes and developments are monitored, then actions can be optimized, adjusted, improved, or continued as originally planned (*trial-and-error*). The monitoring is guided by the National Research and Planning Institute for Health Care called Gesundheit Österreich.

There are three levels of monitoring:

- Meta indicators were described which monitor the 10 health targets
- Concrete indicators are defined for the sub-targets within the working groups
- Also the activities and actions are observed that are listed by the representatives in the respective working groups. Each activity is matched with a benchmark in order to view the implementation level.

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<sup>3</sup> In this paper *ownership* refers to the notion that other sectors and intersectoral partners should feel responsible for health and well-being. They “own” these topics as much as the health care sector and make them part of their own political agenda.

The monitoring of the Austrian health targets is aligned with the monitoring process of other strategies in order to use synergies.

## **Key findings – Success factors and lessons learnt**

In the last five years the Austrian Ministry of Health was able to gain substantial experience and know-how in regards to intersectoral or multi-stakeholder processes. Here are the most relevant success factors and lessons learnt:

### **A joint mission**

Establishing an intersectoral process is not only about dialogue and communication with other sectors, but about the joint work and cooperation across institutions. This requires mutual trust and respect as well as a joint vision and mission. In 2016 the plenary of the Austrian health targets agreed upon a mission statement that outlines the motivation and incentives of all partners involved. The formulation of a joint mission statement was a challenge per se, since every actor thinks and talks in his or her own “language”. *“One of the key factors for success (...) is to ensure that stakeholders have a common understanding of key issues and the actions required to address them”* (Oxford University Press, 2014). All partners involved have genuine interests, which have to be expressed and formulated. The challenge is on one hand to find a common “language” that speaks to each and every partner, while on the other hand establish common ground for joint action. But once a mission statement is framed, it is much easier to argue for intersectoral cooperation.

The Austrian experience also shows that it is necessary to collect a variety of concrete arguments in order to persuade other sectors as well as the health sector itself of the significance of intersectoral cooperation. The improvement of population health seems to be an obvious aspiration worthwhile working together without searching for solid arguments in order to convince relevant actors and decision-makers. After all, health and well-being are often quoted to be the most important aspects in one’s life. However, the Austrian experience shows that solid arguments in regards to co-benefits for other sectors are crucial when approaching possible future partners. As mentioned above, every institution has

certain interests and motivations, which they have to meet. In addition, many stakeholders outside the health-care sector do not have an official mandate to act within the sphere of health. Therefore it is central to find arguments and co-benefits, why their involvement and cooperation is required.

While a lot of time and resources have to be deployed in the intersectoral cooperation and communication, one should not underestimate the necessity to lobby within one's own sector. Many times partners from outside the health care sector are interested and thankful for their direct involvement. Actors within the health care sector, however, might interpret the inclusion of other stakeholders as a threat and risk. *"When the relationship between different sectors progresses from information sharing to cooperation, coordination and integration, some loss of autonomy will result for each sector"* (Oxford University Press, 2014). Unfortunately, silo-thinking and reluctance of intersectoral cooperation are still common. A shift of paradigm and new methods of working culture require time and patience. The following figure shows the necessity to negotiate on three different levels when engaging in a HiAP process: one needs to interact directly with society (whole-of-society), across government institutions (whole-of-government) and – last but not least – within the health sector itself.



Figure 4: The scope of negotiation (HiAP Training Manual)

## **Ownership and commitment across sectors**

When defining the guiding principles and the rules of the game within the health target process, our focus was on clarity in regards to responsibilities and financing. The Ministry of Health was not interested in establishing a process that will either summarize the status quo, or produce a “wish list” of activities that the ministry would have to implement itself. Therefore partners are invited to join working groups for each health target and to actively work on possible actions. In the working groups a number of innovative activities are collected, which have a direct impact on the formulated sub-targets. Furthermore each activity has to have a secured funding and a responsible institution that is willing to implement the suggested activity. In such a way, joint ownership across sectors is guaranteed and other institutions take responsibility for health and well-being in their sphere of influence. The exchange and cooperation within the working groups enable room for dialogue and networking. Different actors might realize that ideas in their own institution are compatible with planned activities in other sectors. In this way intersectoral collaboration can be initiated.

An additional way to strengthen joint ownership is by appointing different institutions to lead the respective working groups on each health target, as mentioned above.

Also, in order to promote ownership and to improve communication, the branding/image as well as the public relations turned out to be crucial. In 2016/2017 we developed a new health targets’ logo and a slogan in order to strengthen corporate identity. We worked on a new website, an image video and on an information folder that should explain the complexity of the process of the health targets in an easy way.

## **Distribution of roles**

When starting an intersectoral process, one has to elaborate which stakeholders are needed and who has to be invited. At the beginning of the Austrian health target process the initial idea was to involve around 20 partners. Soon it was obvious that more institutions had to be approached in order to reach the desired impact. Since then the group of involved

stakeholders in the health target plenary has continuously grown – from 30 to 40 to 45. So as not to limit the number of potential partners, each working group has the possibility to invite additional institutions or experts to be part of their endeavor to formulate the implementation of one specific health target. In such a way, important actors are not excluded but can be involved as needed.

One further lesson learnt refers to the type of partners that should be involved: certainly it is important to invite relevant experts, opinion leaders, and decision-makers. At the same time one does not only need so-called “best friends” but also critical voices that keep challenging the process in a constructive way.

While intersectoral cooperation and joint problem-solution have been central in the process, the Ministry of Health has kept a leadership position which has been viewed by all actors as an important condition for the joint continuation of the process.

### **A work-in-progress – new and innovative**

The Austrian experience shows that intersectoral, strategic processes are usually very dynamic and therefore require constant brainstorming and reflection. Often, the available theoretical information can only be of limited support since practical implementation might differ substantially in “real life”. It is important to keep in mind that there is no one size fits all and that a certain “trial-and-error” attitude has to be established. This is quite a brave and innovative approach but absolutely necessary when setting up a long-lasting intersectoral process. We have also realized that the first five years have been crucial and important in the way they were planned and implemented. However, one needs to stay open-minded and accept that further strategic planning might bring certain changes in familiar patterns.

Creative and outside-of-the-box thinking is also required when considering the omnipresent challenge of funding and financing. Many times good ideas cannot be implemented due to the lack of financial means. Especially in the area of health we experience this challenge due to limited available budgets. However, due to the possibility of networking and potential collaboration, new methods of financing might be established – either through joint

budgeting or through pooling of available resources by implementing activities with different partners that have similar interests.

Finally, a long-term perspective is necessary that takes into account the importance of new governance structures, intersectoral accountability and responsibility as well as commitment.

## **Summary**

The Austrian health target process is a best practice example of intersectoral and multi-stakeholder engagement. In the short period of five years, it was possible to identify concrete lessons learnt and success factors that were summarized in this paper. As mentioned above, there is no “one size fits all” – so what worked for Austria does not necessarily have to apply to other national experiences. However, it is safe to say that some aspects are universally valid and should be taken into consideration when planning an intersectoral process. A crucial factor is existing political support and political will. Only with a clear political mandate such a process is feasible. The health targets were approved by the Council of Ministers, are part of the government programme 2012-2017 and are an essential basis of the current health reform. Especially the support from the Council of Ministers was crucial for different stakeholders since they received the required political mandate to be actively involved. The Ministry of Health always kept its leading role – thanks to important decision-makers in the ministry who believed in the process. Another key aspect is to develop a common “language” for all involved stakeholders. Here the mentioned co-benefits are central as well as the idea of a joint corporate identity. Last but not least, a direct link with other national strategies and programmes is required so that intersectoral collaborations can have a sustainable impact.

Several obstacles still prevail and need to be overcome, such as the challenge to secure political will and partnership beyond a legislative period of four to five years. Another challenge refers to the stakeholders and their engagement. Since health is a very broad and complex topic, there are many areas that require cooperation across sectors, such as the health targets process, topics such as health literacy or health impact assessment or early childhood intervention. Our partners have shown great interest and gratitude to be directly



involved and integrated. However, these partners also reach their limits in regards to time, availability, and capacity. It is challenging to find the right balance between inviting different partners to interact in regards to several health-related topics, while at the same time not duplicating the work by founding too many sub-committees that overstrain partners that are willing to cooperate.

Multi-stakeholder engagement processes, such as the Austrian health targets, are fragile and delicate and require resources and capacities for trust-building measures. After five years of hand-on experience, the dictate of the moment is *learning by doing*.

Keeping in mind that multi-stakeholder engagement processes are very dynamic, one has to keep patient while at the same time constantly reflecting on the strategy and development. Being open-minded and curious is definitively helpful.

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