

Concept Note

Assessment tool for governance for health and well-being



Governance for Health and Well-being Programme,
Division of Policy and Governance for Health and Well-being,
WHO Regional Office for Europe

Concept Note

Assessment tool for governance for health and well-being

Governance for Health and Well-being Programme,
Division of Policy and Governance for Health and Well-being,
WHO Regional Office for Europe

Abstract

This concept note presents the concept for a specialized assessment tool developed to assess the capacity of countries to design, coordinate and implement different governance approaches for improved health and well-being: whole-of-society, whole-of-government, multisectoral, intersectoral and intrasectoral. It presents the tool and outlines the methodology of implementation through four phases. It was developed by the Governance for Health and Well-being programme in response to the decision of the 65th session of the WHO Regional Committee for Europe EUR/RC65/16 Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice, which was adopted in 2015.

Keywords

intersectoral
health
well-being
governance
coherence
multisectoral

Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe

UN City, Marmorvej 51

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2018, updated reprint 2019

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any Member State, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

Acknowledgements.....	VI
Outline	1
Introduction.....	2
Background.....	3
Goals and objectives.....	6
Development of the assessment tool.....	8
Part 1: development of the conceptual model and analytical framework	8
Part 2: pilot of the analytical framework at the country level	9
Conceptual model and analytical framework	10
Outline of assessment tool.....	13
Theory of change	13
Four phases of the assessment tool	14
Phase 1	15
Phase 2	16
Phase 3	18
Phase 4	18
Concluding remarks.....	19
References	20
Key documents.....	22

Acknowledgements

This Concept Note was produced under the leadership of Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe. The Concept Note was developed by the Governance for Health and Well-being Programme. The authors are Monika Kosinska, Programme Manager and Adam Tiliouine, Technical Officer.

The development of the Concept Note was informed by the invaluable contributions of the following WHO staff and external experts: Richard Alderslade, Roberto Bertollini, Christine Brown, Snezhana Chichevalieva, Anna Cichowska Myrup, Josep Figueras, Jill Farrington, Gauden Galea, Scott Greer, Jarno Habicht, Christoph Hamelmann, Elke Jakubowski, Anne Johansen, Ilona Kickbusch, Mihály Kökény, Taru Koivisto, Martin Kraye Von Krauss, Taavi Lai, Frederiek Mantingh, Srdan Matic, Oskonbek Moldokulov, Aasa Nihlén, Haik Nikogosian, Gabriele Pastorino, Govin Permanand, Francesca Racioppi, Amélie Schmitt, Santino Severoni, David Stuckler, Juan Tello, Agis Tsouros, Ilana Ventura, Miriam Weber, Matthias Wismar, Isabel Yordi, and Francesco Zambon.

The development of the Concept Note was also informed by technical consultations, meetings and discussions including at: the 8th Global Meeting of Heads of WHO Country Offices in Headquarters, 9-13 November 2015, Geneva, Switzerland; the WHO Expert Meeting on Action Across Sectors and Health in All Policies, WHO Headquarters, Geneva, Switzerland, 19-20 January 2016; and at the WHO High-level Conference on Working together for better health and well-being, 7–8 December 2016, Paris, France.

The editing was undertaken by Jessica Marais, and the layout by Marta Pasqualato.

Outline

This concept note was produced by the WHO Regional Office for Europe Governance for Health and Well-being programme in the Division of Policy and Governance for Health and Well-being. The Introduction and Background are followed by an outline of the Goals and objectives. This is followed by a description of the development of the assessment tool with its conceptual model and analytical framework and a summary of its four phases.

Introduction

This concept note presents the concept for a specialized tool developed to assess the capacity of countries to design, coordinate and implement different governance approaches for improved health and well-being: whole-of-society, whole-of-government, across sectors (multisectoral and intersectoral) and within sectors (intrasectoral). The tool is designed to support countries in:

- developing national development strategies focused on health and well-being;
- developing national health policies, strategies and plans;
- strengthening health systems performance;
- strengthening public health services and functions;
- addressing social determinants of health and;
- tackling public health priorities and challenges.

It provides the framework for a systematic approach to strengthening governance approaches for health and well-being at the national level, thereby contributing to the implementation of Health 2020, the strategy and policy framework for the WHO European Region (1), the United Nations 2030 Agenda for Sustainable Development (2030 Agenda (2)) and the WHO 13th General Programme of Work (GPW13), adopted at the World Health Assembly in May 2018 (Box 1).

Box 1. WHO 13th General Programme of Work: strengthening governance for health and well-being

GPW13 was adopted by all Member States at the World Health Assembly in May 2018. It has both governance for health and multisectoral action as crucial for achieving universal health coverage in Member States; meeting Sustainable Development Goal 3 on health and well-being, as well as other health-related goals; designing, implementing, monitoring and evaluating national health policies strategies and plans; setting strategic priorities; and achieving strategic organizational shifts.

In order to achieve the goals and objectives set by GPW13, and achieve impact of the triple billion scale, it is necessary to ensure that countries have systems that are facilitating the improvement of health and well-being of the people living in, visiting and passing through them. This requires effective governance for health and well-being. Without effective and strengthened governance for health and well-being, it will not be possible to achieve the goals and objectives of the GPW.

The assessment tool contributes to the implementation of whole-of-government and whole-of-society approaches; participatory approaches; increased social capital and empowerment; strengthened mechanisms and instruments for governance for health; improved capacity for better governance approaches and governing for improved health and well-being; and strengthened policy coherence for health and well-being within countries through strengthened coordination among partners and sister agencies.

Strengthened governance and improved inter- and multisectoral action for health, equity and well-being are increasingly priorities across individual programme areas of work within WHO and particularly in key public health priority areas (noncommunicable diseases, health emergencies, universal health coverage, vaccine-preventable illnesses, tuberculosis, HIV/AIDS, antimicrobial resistance and others) and in key determinants of health and well-being (e.g. road safety, tobacco, nutrition, physical activity, environment and social). In order to improve coherence and build on existing synergies and capacities, where a priority public health area is an entry point to improve governance for health, equity and well-being, the results from the assessment tool can provide key guidance and strategic entry points on how multi- and intersectoral work can be taken forward at the national level.

Background

The biggest challenges in public health cannot be solved without improving and strengthening governance. Consequently, WHO European Member States have ensured that governance for health and well-being has become a cornerstone and strategic objective within Health 2020 (1).

This reflects the evidence from across different areas of public health. The 2012 Review of Social Determinants and the Health Divide in the WHO European Region (3) concluded that a key factor in effectively addressing the social determinates of health is to address governance for health equity. The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (4) emphasized the role of governance in tackling noncommunicable diseases. This requires addressing the commercial determinants of health, which, in turn, requires strong governance through hard measures such as fiscal and financial regulatory instruments and policies at both the national and international levels, plus soft measures such as policy dialogues across sectors and stakeholders. Governance also emerges as a priority concern in addressing communicable diseases, emergencies and the International Health Regulations (5) and increasingly in other areas of public health.

Governance, in all its component approaches (e.g. multisectoral action, good governance and strengthening accountability and coherence), is reflected in the global policy agendas that have as their goals tackling the major global challenges to health and well-being: the 2030 Agenda (2); the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (4); the International Health Regulations (5); the health dimension of the Global Compact for Migration (6); Health 2020 (1); the European Action Plan for the Strengthening of Public Health Capacities and Services (7) and its associated Essential Public Health Operations (8); plus other global and regional policies, strategies, agendas and action plans. In order to strengthen universal health coverage, a key principle of GPW13 and a global priority area for WHO, effective governance for health and well-being is essential.

Improving systems of governance, therefore, is at the heart of the global, regional, national and local responses to public health challenges and the main challenge for a new public health agenda. Adopting systematic approaches to governance and working towards models of governance that are fit for purpose in order to address the public health challenges of the 21st century are the main challenges facing Member States in their implementation of their national health policies, strategies and plans that are aligned to Health 2020. In 2016, 40 of the 43 countries (93%) in the European Region that reported on Health 2020 implementation declared that they had national health policies aligned with Health 2020 (9), thus ensuring that public health is put back at the top of national political agendas. This is a major milestone in a renewed impetus for public health. However, in order to ensure the successful implementation of these policies, it is necessary to focus on the systems in place that impact on effective governance for health and well-being.

Moving towards models of governance that are designed to deliver health, equity and well-being is an example of the transformative response called for by the 2030 Agenda. In order to achieve global, regional and national goals and targets and to effectively address today's complex global challenges, it is necessary to involve, manage, coordinate, develop accountability and coherence, and support the implementation of action between diverse actors across all levels

of government and beyond. The transformative approach to improved governance is facilitated through whole-systems approaches at each individual level/node within a system (whole-of-government, whole-of-society, whole-of-city, whole-of-school) and that engage all levels of governance within a system, from the supra- and international through to the national and the regional to the local.

Whole-of-society, whole-of-government and health in all policy approaches require systematic multi- and intersectoral governance structures and processes that can facilitate and support the requisite action. This moves beyond the policy cycle and includes mechanisms for coherence and accountability, enabling regulatory and legal frameworks, instruments for financing and joint action, as well as improved capacity both within and beyond government actors.

In 2015, WHO European Member States adopted the decision at the 65th session of the Regional Committee for Europe on Promoting Intersectoral Action for Health and Well-being in the WHO European Region: Health is a Political Choice (10), requesting support in the development and implementation of governance for health approaches including multi- and intersectoral action. The assessment tool developed and presented in this concept note directly responds to this request from Member States.

The development of the assessment tool occurred in the wider global policy context of the increasing prioritization of a focus on governance approaches to health and well-being, including multi- and intersectoral approaches. This materialized most emphatically on the global level with the adoption of the 2030 Agenda by all 193 Member States at the United Nations Summit on Sustainable Development held in New York in September 2015 (2). This is in the context of strengthening governance approaches in development, increasing trends towards decentralization and an understanding of a greater need to approach complex challenges through systemic responses (11).

The WHO Regional Office for Europe, under the leadership of the Division of Policy and Governance for Health and Well-being, undertook several actions implemented by the Governance for Health and Well-being programme to take this forward, including the development of the assessment tool outlined in this concept note. The tool has been developed to assess the capacity of countries to design, coordinate and implement different governance approaches for improved health and well-being (Box 2).¹

1 In addition to the outputs produced through the development of the assessment tool, which are listed further in the concept note, additional tools have also been developed by the Governance for Health and Well-being programme in response to the request by the Regional Committee: a series of multi- and intersectoral sector briefs focusing on public health priority topics have been developed as part of the implementation package for Health 2020 (12); an organigraph tool has been developed alongside expert academic partners to map governance and accountability mechanisms within a governance system (publication forthcoming 2018); a framework for engagement with civil society has been developed in a book published alongside the European Observatory on Health Systems and Policies as part of the contribution to furthering whole-of-society approaches (13); two books on intersectoral governance have been published with expert academic partners (14,15); a book on health diplomacy, focusing on governance for health and well-being at the international level has been published (16); and a Health Evidence Network report on joint budgeting mechanisms for health and well-being has been published alongside expert academic partners (17).

Box 2. The role of the WHO in governance for health and well-being

A crucial element of the international level of governance is the role of the WHO itself as an actor in governance for health and well-being. This is reflected in two functions: first in relation to the role of WHO at the national level and the manner by which it engages as an actor within a national system of governance for health and well-being, and, second, through its actions at a supra- and international level. Therefore, coherence in governance for health and well-being within a country relates to the role of the WHO both in its mandated function as an international convener and as an actor at the national level through its country presence and country engagement. A system of governance for health and well-being requires technical coherence across all levels of the organization, and at the country level. The analytical framework can be used as a tool to support technical coherence to strengthen WHO support at the country level.

Goals and objectives

The goal of the assessment tool is to contribute to strengthened multi- and intersectoral approaches to health and well-being through a systematic assessment of a country's capacity to design, coordinate and implement multi- and intersectoral approaches to health and well-being.

The general objectives of the assessment tool are to:

- contribute to an enhanced understanding of a systematic approach to strengthen governance for health and well-being;
- contribute to a better understanding of country-level tools, mechanisms and instruments for governance for health and well-being; and
- identify areas to strengthen coherence between different levels of governance in the context of strengthening health and well-being for all (Box 3).

The specific objectives of the assessment tool are to:

- map the existence, use and functioning of the mechanisms, instruments and tools for multi- and intersectoral action for health and well-being at the country level;
- assess the existence, functioning and opportunities for high-level coordination for health and well-being;
- identify systemic issues and opportunities for strengthened governance for health and well-being at the country level;
- identify systemic issues and opportunities for strengthened governance for health and well-being at the local level; and
- identify improved WHO, United Nations and donor coordination for health and well-being at the country level.

The expected outcomes from the tool are:

- strengthened accountability for health and well-being at the country level, both horizontally and vertically;
- improved national capacity for governance and intersectoral action for health and well-being, including at the local level;
- improved governance coherence at the national level, horizontally across all activities and sectors involved in health and well-being;
- improved vertical governance coherence between the national and local levels, using the WHO European Healthy Cities Network to facilitate strengthened coherence and act as a key means of implementation at the local level; and
- strengthened coherence among United Nations partners in pursuit of health and well-being at the country level.

Box. 3. Moving from policy coherence towards coherence in governance for policy implementation

Achieving policy coherence is at the heart of Health 2020 and remains one of the biggest challenges of effective policy-making for health and well-being. Policy coherence is the first step necessary to effectively implement policies at the national level: of overall coherence in governance. Coherence in governance goes beyond policy and fosters coherence throughout the system, allowing coherent implementation of policies. This coherence is four-fold:

- vertical, through all levels of governance;
- horizontal, across government and all relevant sectors at each level of governance;
- intra, within sectors; and
- systemic, through the instruments governing decision-making within a system, such as stakeholder engagement processes, impact assessments and others.

New and innovative thinking on governance coherence as part of the new transformative model of governance for health and well-being must be focused around coherence being a cyclical process, not simply a linear one. It must focus on building a system of governance that works for health and well-being and that ensures there is coherency throughout that system, allowing it to work for improved health and well-being. This extends beyond policy coherence, which can focus on mainstreaming health with other relevant national agendas (such as a development). Coherence starts inside-out (putting public health and well-being into the centre of the system of governance), as well as outside-in (mainstreaming and linking other relevant agendas with the national health/public health policy or strategy).

Vertical coherence is crucial for a whole-of-government or governance approach for health and well-being as this engagement of other levels of governance, such as the local level, is essential for policy implementation and evidence-informed policy-making as it can bring local-level knowledge and needs into national processes. A whole-systems approach would prioritize coherence also within each different level of governance; in the case of the local/city level, this is a whole-of-city approach, which is a foundation of the Healthy Cities Network.

Development of the assessment tool

The assessment tool was developed through a two-part process. The first part involved a number of desk-based exercises undertaken in 2015 and 2016, which contributed to the development of a conceptual model for a systematic approach to governance for health and well-being. This conceptual model was used as the basis for an analytical framework for values-based governance. The second stage was undertaken through a pilot of the analytical framework in three countries. This pilot stage is ongoing.

Part 1: development of the conceptual model and analytical framework

A literature review was undertaken of WHO publications covering governance for health, intersectoral governance, intersectoral action and health governance; external United Nations and partner organizations were searched for publications on governance for development. The purpose of the literature review was to create a conceptual framework for a systematic approach to strengthening multisectoral and intersectoral action for health and well-being, as well as to identify gaps for further work.²

This was supplemented by an internal mapping exercise across the WHO Regional Office for Europe's programme areas covering ongoing inter- and multisectoral programme work; programme conceptualization; and understanding of governance for health and well-being. This was later supplemented by a mapping exercise of existing inter- and multisectoral tools produced by the WHO Regional Office for Europe.

In addition, an external mapping exercise was undertaken in 2015–2016 to identify good practice in multi- and intersectoral action at the country level.³ This exercise was undertaken using a systematic approach developed by experts from the WHO Kobe Centre for Health Development and culminated in 36 case stories, or narratives, of good practice. The process resulted in four main areas contributing to the knowledge base of multi- and intersectoral action: (i) why and how multi- and intersectoral action was initiated (initiators and triggers); (ii) the focus and nature of multi- and intersectoral action across the case stories (policy areas); (iii) how multi- and intersectoral action was implemented in each Member State (implementation actions); and (iv) the impact and lessons learned (facilitators, challenges and barriers).

As part of the preparations for the High Level Conference held in Paris in December 2016, two documents were produced as background and to inform the Conference discussion that contributed to the tool development: a technical thematic paper on Good Governance for the Health and Well-being of all Children and Adolescents (18); and a compendium of 101 case studies looking at partnerships for the health and well-being of young and future generations (21). Together with the database of case stories from Healthy Cities, these provided examples to validate the conceptual model and proposed analytical framework as the basis of the assessment tool.

² The 2016 internal WHO report from the literature review contributed to the technical thematic paper Good Governance for the Health and Well-being of all Children and Adolescents, produced for the High Level Conference on Intersectoral Action held in Paris France in December 2016 (18).

³ This external exercise culminated in two reports: a full report of case stories, learning and good practice across all the countries (19) and a report focusing on the case stories from the WHO Europe Small Countries Initiative (20).

Consultation on the conceptual model and analytical framework was carried out with input from academic partners, external independent experts, selected experts and colleagues in WHO Regional Office for Europe.

Part 2: pilot of the analytical framework at the country level

The pilot of the analytical framework and development of the assessment tool was initially concentrated in a single country in the European Region: the government invited WHO in 2017 to review the functioning of its high-level coordination mechanism adopted in 2014 to steer the implementation of the national health policy aligned with Health 2020. Following an initial assessment mission, the assessment of national capacity for multi- and intersectoral action was undertaken by the Governance for Health and Well-being programme using the analytical framework and was completed in 2017. Following a request from the country office in another country, a second pilot was initiated in 2018 and is currently underway, with completion expected by end of 2018.

The completion of the in-depth review in the first pilot country and ongoing assessment in second pilot country informed the development of a draft background report to the assessment tool and a draft country review guide.⁴

The tool was further piloted in a third country in June 2018 using a rapid assessment approach and the background report and country review guide are being amended to include the lessons learned from this process, with a view to finalization and publication of these documents by the end of 2018.

4 The health systems approach to noncommunicable diseases (22) was used as a model for the tool development.

Conceptual model and analytical framework

The conceptual model was developed on the basis of the work undertaken in Part 1 of the tool development. The outcome of Part 1 of the tool development led to the identification of five domains for a systematic assessment.

Critical success factors for multi- and intersectoral action. These contribute the inputs to processes at a level of governance necessary for taking forward action between and across sectors.

Governing instruments and mechanisms. These constitute the tools and processes used to govern between and across sectors.

Aspects of governance. These constitute the functions in the process of governing for action between and across sectors.

Levels of governance. These contribute to the coherence of actions across different levels and actors within government.

Conditions for implementation. These provide for the context and individualization of the action as relevant to each country, but also contribute to the successful scalability and transferability of the action to other countries and levels of governance.

The conceptual model is visualized in Fig 1.

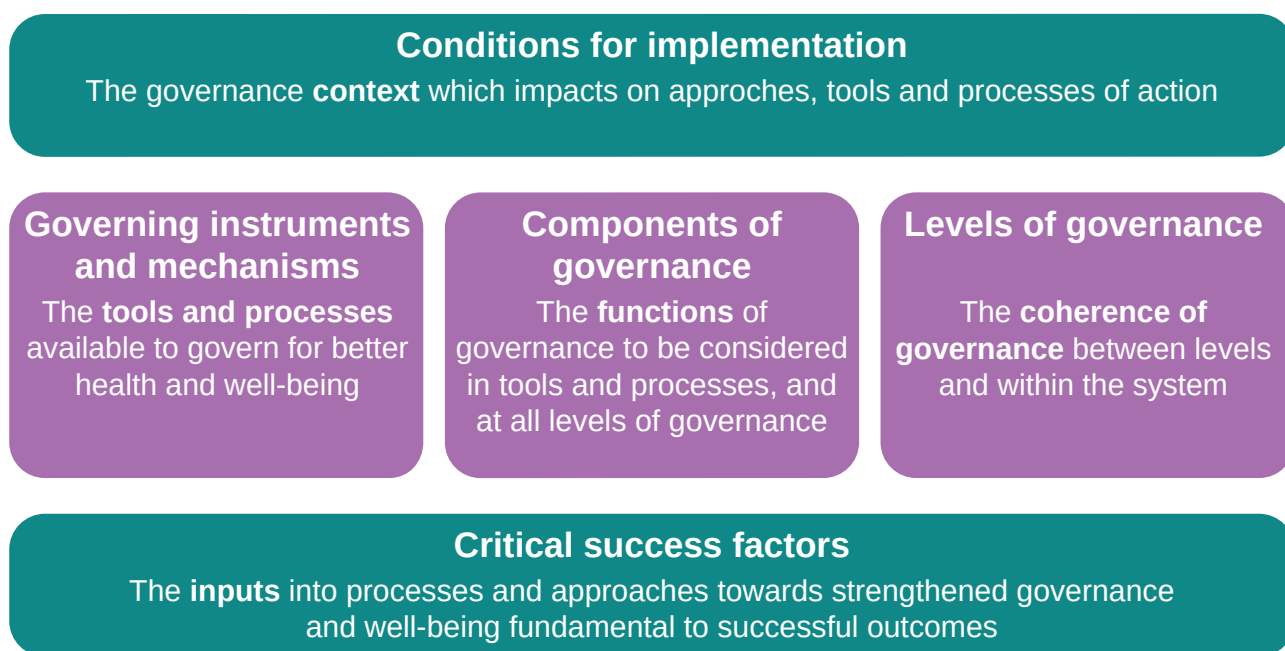


Fig. 1. Conceptual model for governance for health and well-being.

The analytical framework was developed by extrapolating the different domains of governance identified in Fig. 1: the instruments and mechanisms for governing and building accountability; the various levels of governance and drivers of coherence or incoherence; and the aspects of good governance in a well-functioning system, such as transparency and integrity. The analytical

framework is presented in Fig. 2 and is a simplified systems approach addressing the functions within a system of governance that goes beyond the health sector.

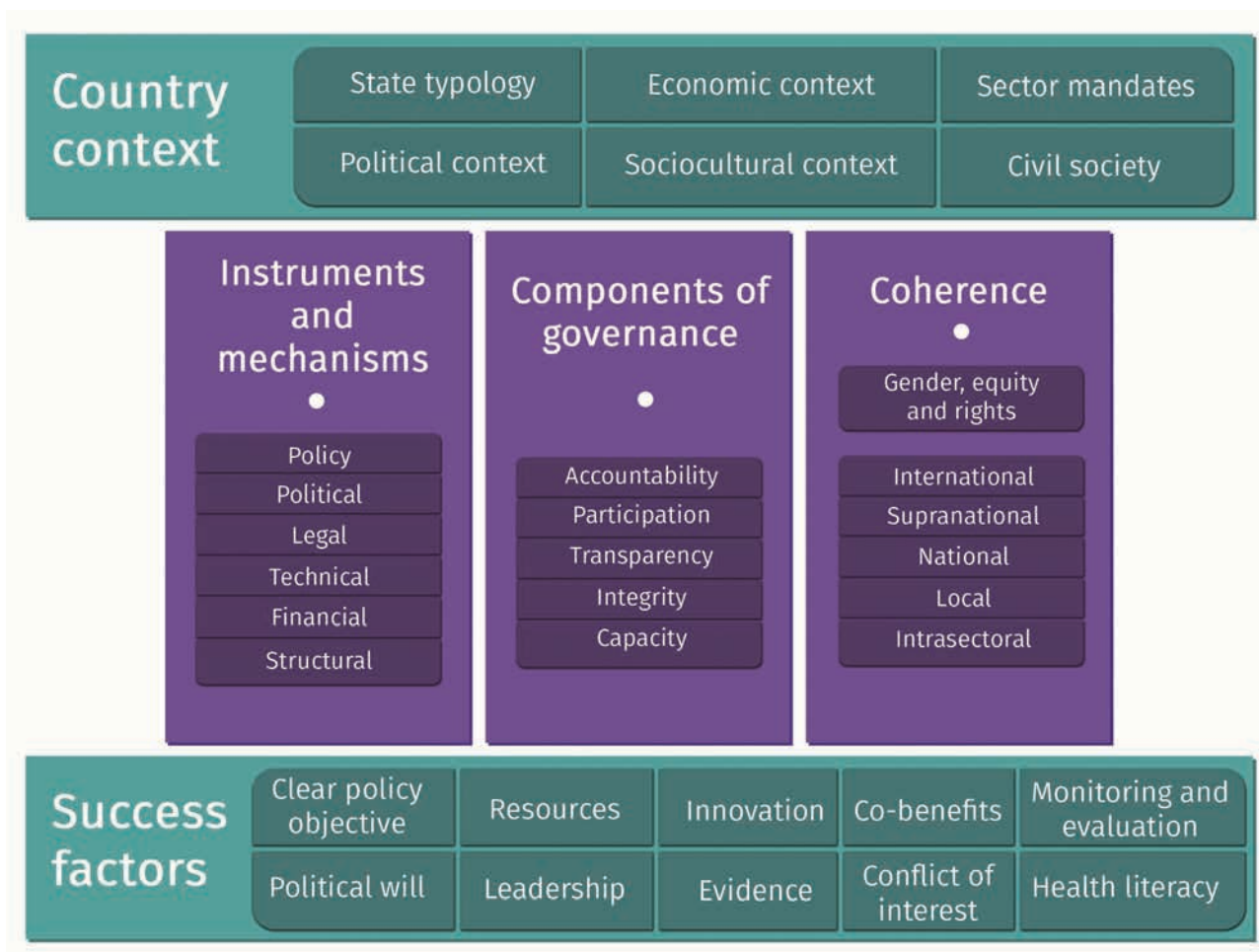


Fig. 2. Analytical framework for governance for health and well-being.

The instruments and mechanisms for governance are broken down and elaborated in Box.4. It is these instruments and mechanisms that are the tools at the disposal of countries for governing, and they can be used separately or in conjunction with each other. Many of these instruments and mechanisms are dependent on others in order to function or to operate; for example, public sector financing mechanisms require legal mandates. The assessment tool focuses on an analysis of these instruments and mechanisms in the national context, and snapshot results of each domain are presented in the report.

Box 4. Details of the six domains in the analytical framework for governance

Policy. This grouping of mechanisms refers to the soft instruments available to government and subnational government. It includes targets, policies, strategies and plans, both at the highest level of government and for different line ministries, departments and subnational government.

Political. Formal political mechanisms include high-level committees within government bodies, bringing together different sectors with a mandate for intersectoral action, as well as select committees in parliaments and similar structures in subnational political bodies.

Box 4. Contd

Legal. Legal and regulatory frameworks and acts that impact on health and well-being include legislation with a direct mandate/accountability for health and well-being (e.g. public health acts, legal provisions for the implementation of international obligations, food and consumer safety legislation and medicines regulation), legislation with an indirect mandate/accountability for the determinants of health and well-being (e.g. environment, employment, education, transport and housing) and enabling legislative frameworks with an indirect effect on whole-of-government approaches to health and well-being (e.g. public procurement, impact assessment, information systems and lobbying registries). The legal grouping of mechanisms also includes compliance with international instruments with a legally binding status, such as the WHO Framework Convention for Tobacco Control. Compliance can take the form of being a party to, ratifying or enforcing an international regulatory instrument.

Technical. This grouping of mechanisms refers to the technical processes and instruments that integrate a health and well-being dimension to work in other sectors. It includes health impact assessments, guidelines, norms and standards set directly by the ministry of health or by other ministries with an explicit mandated responsibility to include health dimensions.

Financial. This refers to the funding mechanisms and instruments available for action for health and well-being, including dedicated funding, delegated funding, joint or pooled budgets, direct investment and external assistance.

Structural. This grouping of mechanisms refers to the architecture within government as well as beyond government that impacts on decisions on health and well-being. It can include mega-ministries, public agencies, delegated bodies, interdepartmental committees and working groups.

The different instruments and mechanisms as represented in Box 1 are reviewed and applied to the national context in the application of the tool.

The objective of the analytical framework is to support the “how” in designing, implementing and evaluating intersectoral, multisectoral and health in all policies approaches to health and well-being by addressing the mechanisms and instruments of governance. For this reason, the assessment tool considers policy as a critical governance tool, aligning and steering national priorities and development directions. Legislation and the regulatory framework, financing and technical standards and norms are considered as the supporting tools to enable and govern the implementation of policy. Political tools steer coordination and provide stewardship and leadership for the development, implementation and evaluation of policies.

Each grouping of instruments and mechanisms is considered with an equity lens, where possible identifying how their design, implementation and evaluation are needs based and consider gender, socioeconomic status, ethnic minorities, migrants (including migrants in irregular situations) and other groups. The level of governance for each grouping is considered (international, supranational, national, subnational and civil society if appropriate), and to what extent the components of governance are identifiable (transparency, accountability, participation, integrity and capacity).

Outline of assessment tool

Theory of change

The pilot processes in the three pilot countries in the European Region contributed to the development of the methodology of the assessment tool, which was also informed by the methodology for the assessment tool on health systems strengthening for noncommunicable diseases (22). The assessment process is undertaken in four phases, using the theory of change in relation to the “how” in terms of implementing multi- and intersectoral action for health and well-being, as identified in Part 1 of the tool development. This includes three interlinked and interdependent areas determining a country’s capacity for governance for health and well-being:

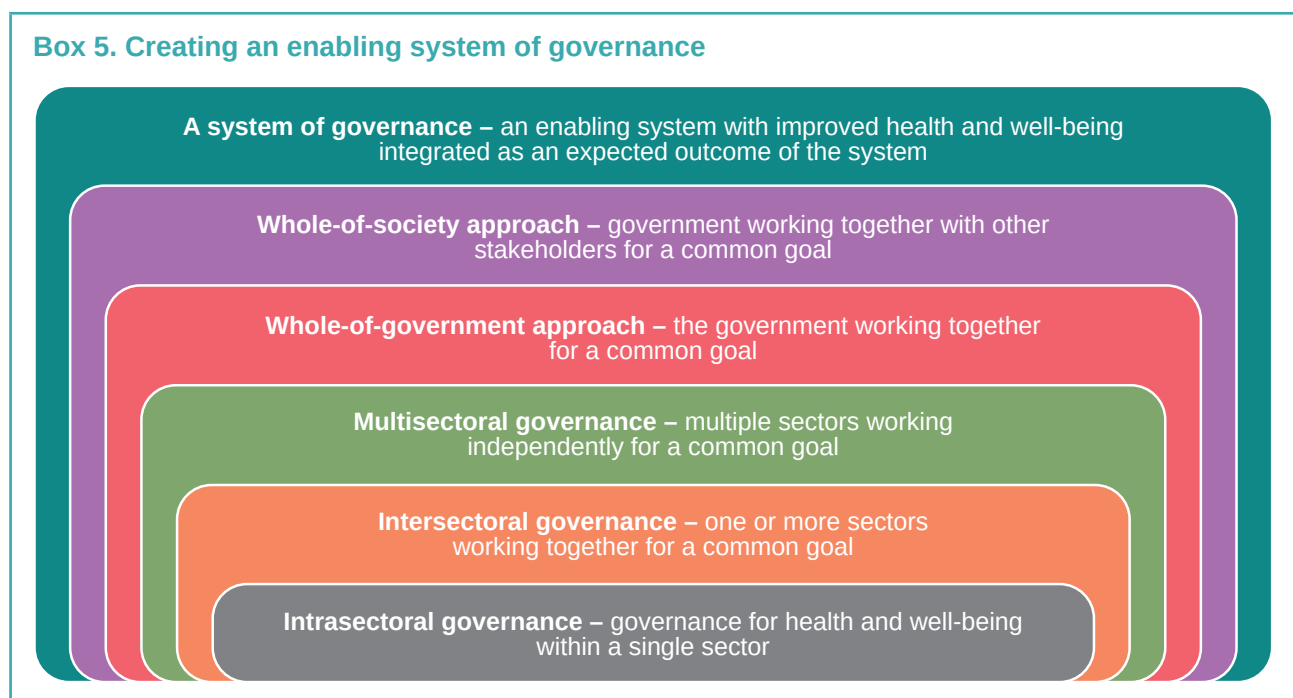
- the right to health, and sector mandates for multi- and intersectoral action for health and well-being;
- resourcing and organization for multi- and intersectoral action for health and well-being; and
- capacity of institutions and individuals for designing, implementing and delivering multi- and intersectoral action for health and well-being.

These areas are assessed using the analytical framework presented above through four phases with an underlying critical assumption:

- governance for health and well-being is imbedded in and not separate to the overall governance capacity of a country (Box 5).

The theory of change provides the working model for the assessment tool and informs the four phases of the implementation of the tool through the application of the analytical framework.

Box 5. Creating an enabling system of governance



Box 5. Contd

The assessment tool works towards creating an enabling system of governance, with improved health and well-being integrated as an expected outcome of the system. This is achieved by governments undertaking different governance approaches to facilitate improved health and well-being for all. The governance approach needed is highly specific to the context of each country, as competences, capacities and responsibilities differ from country to country at the national and subnational levels. The national context is of particular importance in the European Region, with its vast diversity, culturally, socially, politically and legally.

The assessment tool is, therefore, used to identify the most appropriate governance approach from the following.

Intrasectoral governance. This refers to ensuring that there is horizontal and vertical coherence *within* a particular sector. Horizontally, it includes relationships between different agencies and health facilities, and vertically it includes the sector at the national, regional and local levels.

Intersectoral governance. This refers to one or more sectors working together for a common goal, including “actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity” (22).

Multisectoral governance. This refers to multiple sectors working independently for a common goal.

Whole-of-government approach. This refers to multilevel activities and actions (from local to global) undertaken by a government, also engaging groups outside of government. It requires building trust, common ethics, a cohesive culture and new skills. It stresses the need for better coordination and integration centred on the overall societal goals for which the government stands (1).

Whole-of-society approach. This refers to the government working together with other stakeholders for a common goal. The whole-of-society approach engages the private sector, civil society, communities and individuals. It can strengthen the resilience of communities and societies, allowing them to withstand threats to their health, security and well-being.

A system of governance. Governance for health and well-being is about ensuring that a system of governance within a country works best for the people within it. By building, or strengthening, a system of governance that works for improving health and well-being, it is possible to systematically and comprehensively address the wider determinants of health and well-being (cultural, social, political, commercial and economic) that can negatively impact on health and well-being, perpetuate inequalities, lead societies towards conflict and instability and isolate those most at risk of vulnerabilities across our communities and societies.

Four phases of the assessment tool

The four phases of the methodology are presented in Table 1.

Table 1. The four phases of the assessment tool

Phase	Objectives
Mapping instruments and mechanisms of governance for health and well-being	<ul style="list-style-type: none"> ● Produce a country profile with the main context for governance for health and well-being ● Document the initial map of governance for health and well-being in the country, allowing for specific gaps and areas to focus on during the remainder of the review to be identified ● Provide background information to the governance review ● Provide an initial working model for context of governance for health and well-being

Phase	Objectives
Review governance for health and well-being challenges and opportunities	<ul style="list-style-type: none"> • Identify gaps, weaknesses and opportunities for strengthening governance for health and well-being for all in the context of ongoing implementation of Health 2020, the 2030 Agenda and GPW13 • Identify underlying systemic barriers to challenges for governance for health and well-being • Produce an organigraph with a visual representation of the governance for health and well-being in the country
Spotlight on country innovations and good practices	<ul style="list-style-type: none"> • Highlight good practices, achievements and learning that could be transferable
Recommendations	<ul style="list-style-type: none"> • Provide prioritized recommendations to support strengthening governance for health and well-being for all

Phase 1

For Phase 1, an initial desk review is undertaken to collate and consolidate the existing evidence on governance for health and well-being across different public health entry points and through different processes.

The work for Phase 1 is undertaken through a desk review, meetings and consultations across the WHO Regional Office and through identified different governance aspects of relevant reports where available (WHO, United Nations, ministries of health, government reports, international organizations, internal WHO staff travel reports). The desk review includes mapping the scope and nature of the existing governance mechanisms and instruments where available.

This produces an initial country profile and mapping of governance for health and well-being. Fig 3 provides a visualization example from pilot country.

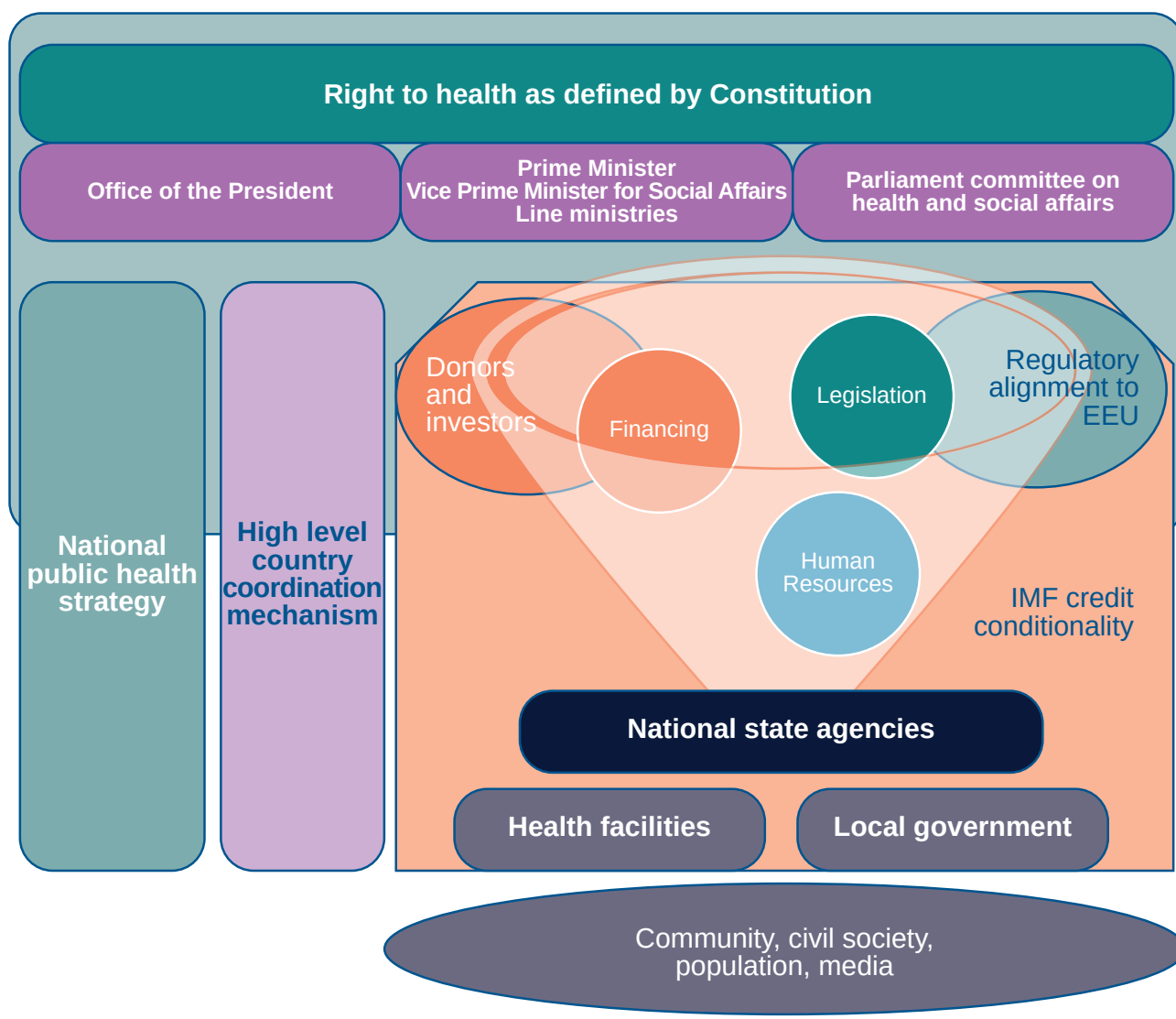


Fig 3. Conceptual model of governance for health and well-being in a pilot country.

Notes: IMF: International Monetary Fund; EEU: Eurasian Economic Union.

Phase 2

Phase 2 builds directly on the work undertaken in Phase 1, and the desk reviews are supplemented by in-country mission(s) and field visits. The visiting team conducts semi-structured interviews with key government officials, directors and staff of relevant government agencies, political leaders at national and local levels, United Nations partners, representatives of nongovernmental organizations and academic partners; undertakes field visits to regional health facilities and local authorities; and conducts policy dialogues and training as appropriate.

For the in-depth review, this phase can be supplemented by in-depth analysis on particular domains of instruments and mechanisms of governance for health and well-being conducted by local experts and consultants to validate the findings from the semi-structured interview. The local experts and consultants need to be governance experts, preferably with a background in

public administration or constitutional law. One of the outcomes of Phase 2 is an organigraph of governance for health and accountability in the country. These organigraphs are developed using the WHO Tool for mapping governance for health and well-being: the organigraph method, published in 2018 (24). Fig 4 provides the example from a pilot country.

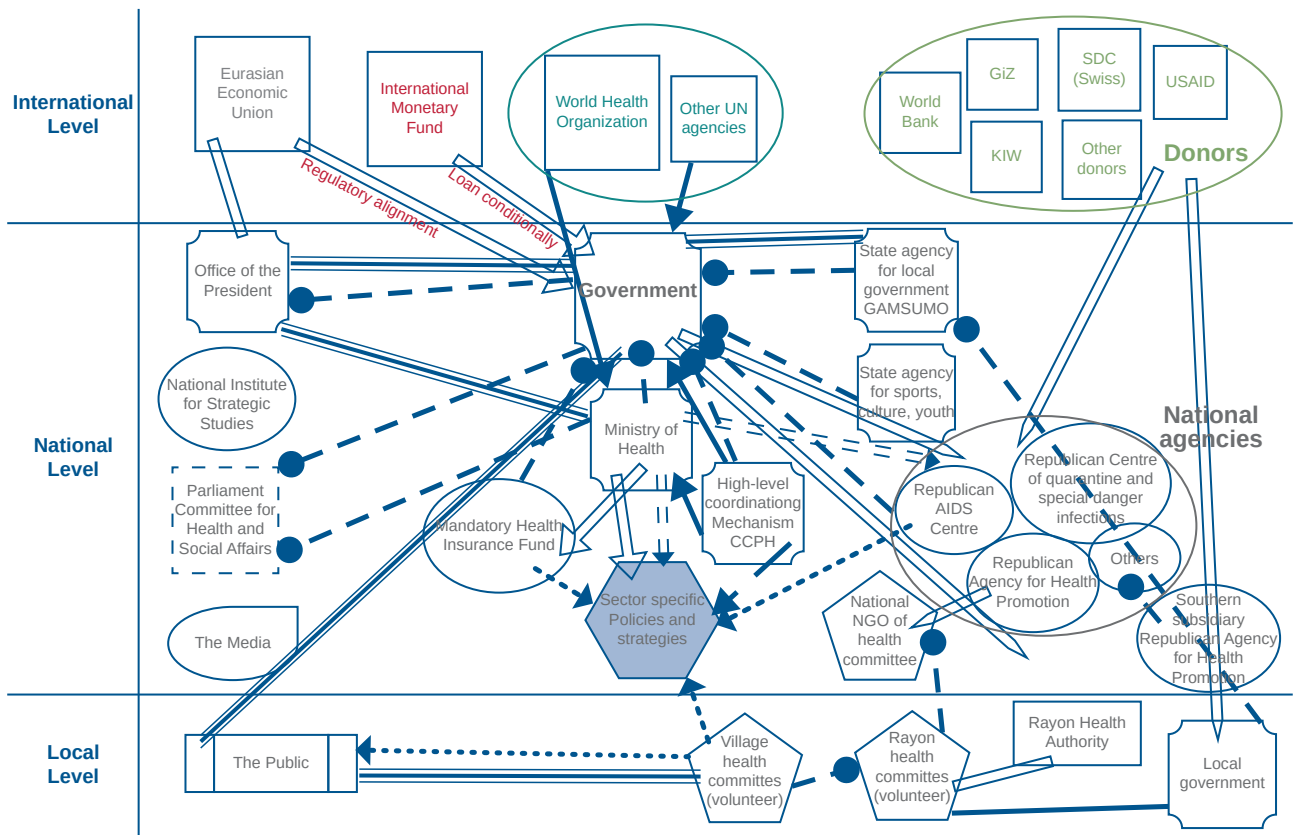
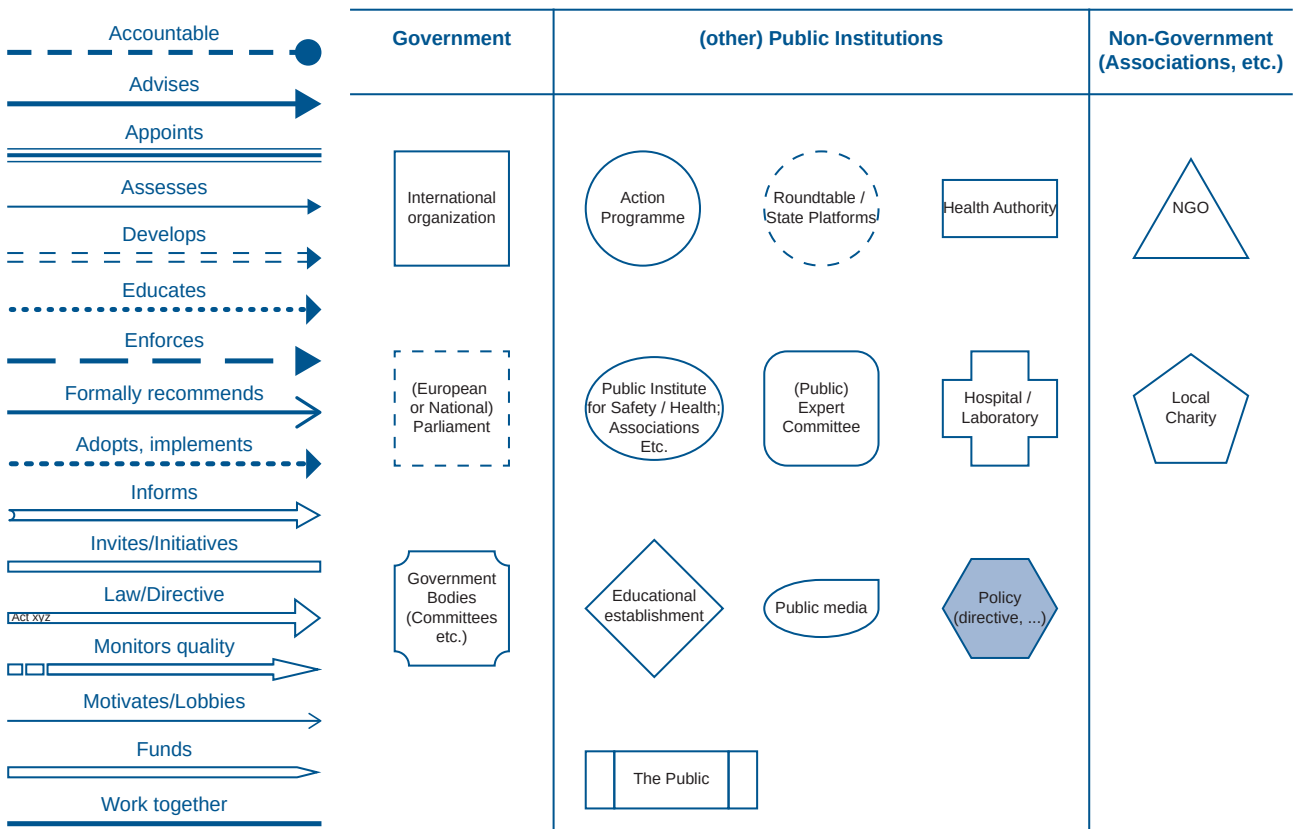


Fig.4. Organigraph visualizing decision-making and accountability for health and well-being in a pilot country.



Legend: Connectors

Legend: Shapes

Phase 3

During Phase 3, good practices are identified by the review team to be published separately as a good practice brief.

Phase 4

A report is produced and discussed with the government and/or key stakeholders. The report includes both general and specific recommendations structured around the following sections:

- multisectoral and intersectoral action for health and well-being
- high-level coordination for health and well-being
- systemic issues for governance for health and well-being
- governance for health and well-being at the local level
- WHO, United Nations and donor coordination for health and well-being.

The implementation of the four phases of the tool is supported through a number of documents: the background report to the tool, the country review guide, the guidance for the desk review, the guidance for the semi-structured interviews and the guidance for the organigraph development.

Concluding remarks

The 2030 Agenda calls for a transformative approach to meet the demands of the 21st century and ensure global sustainable development. WHO strives to improve health and well-being for all within this overarching policy framework. Neither can be achieved without transformative governance. The assessment tool presented in this concept note provides a systematic mechanism to assess governance for health and well-being and to identify how systems of governance can be strengthened. The tool aims to support Member States in strengthening governance to improve health and well-being, reduce inequalities and ensure a sustainable future. This tool is the first tool internationally with the aim of providing a comprehensive systemization of national health governance as a public health domain.

The piloting of the tool provides an opportunity for learning and contributing to the global knowledge and evidence base on strengthening approaches to national health policy development; securing health and well-being centrally in development strategies; and for supporting public health priority areas, universal health coverage, health determinants, emergency preparedness and other health domains. It has been designed to be applied in different and contrasting contexts: low- and high-resource settings; subnational governance territories; and fragile, conflict-affected or vulnerable states.

Further development of the tool will continue throughout the pilot phase and will be informed through the establishment of a supporting scientific committee.

References

1. Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 (EUR/RC62/9; <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>, accessed 2 September 2018).
2. Resolution 70/1. Transforming our world: the 2030 agenda for sustainable development. Resolution adopted by the General Assembly on 25 September 2015. New York: United Nations; 2015 (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E, accessed 2 September 2018).
3. Review of social determinants and the health divide in the WHO European Region: final updated report. Copenhagen: WHO Regional Office for Europe; 2014 (http://www.euro.who.int/__data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf, accessed 2 September 2018).
4. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=E94831EB3D582546AA0CEB7815FA2B58?sequence=1, accessed 2 September 2018).
5. International health regulations [website]. Geneva: World Health Organization; 2018 (http://www.who.int/topics/international_health_regulations/en/, accessed 2 September 2018).
6. Global compact for migration [website]. Geneva: International Organization for Migration; 2018 (<https://www.iom.int/global-compact-migration>, accessed 2 September 2018).
7. WHO Regional Committee for Europe resolution EUR/RC62/12 on a European action plan for the strengthening of public health capacities and services strategy. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services>, accessed 2 September 2018).
8. The 10 essential public health operations. In: Health topics [website]. Copenhagen: WHO Regional Office for Europe; 2018 (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/policy/the-10-essential-public-health-operations>, accessed 2 September 2018).
9. On the road to Health 2020 policy targets: monitoring qualitative indicators. An update. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0010/345799/Quality_Indicators_2017_EN_FINAL_WEB.pdf?ua=1, accessed 2 September 2018).
10. WHO Regional Committee for Europe resolution EUR/RC65/16 on promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6516-promoting-intersectoral-action-for-health-and-well-being-in-the-who-european-region-health-is-a-political-choice>, accessed 2 September 2018).
11. Strengthening governance is top-of-mind for opinion leaders in developing countries. Washington (DC): World Bank; 2017 (<https://blogs.worldbank.org/publicsphere/strengthening-governance-top-mind-opinion-leaders-developing-countries>, accessed 2 September 2018).
12. Sector briefs: intersectoral action for better health and well-being [website]. Copenhagen: WHO Regional Office for Europe; 2018 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/implementation-package/1.-introducing-health-2020-to-different-stakeholders-across-sectors/sector-briefs-intersectoral-action-for-better-health-and-well-being>, accessed 2 September 2018).
13. Scott L, Greer SL, Wismar M, Pastorino G, Kosinska M, editors. Civil society and health. Copenhagen: WHO Regional Office for Europe for the European Observatory on Health Systems

- and Policies; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0011/349526/Civil-society-web-back-cover-updated.pdf, accessed 2 September 2018).
14. McQueen D, Wismar M, Lin V, Jones CM, Davies M. Intersectoral governance for health in all policies: structures, actions, and experiences. Copenhagen: WHO Regional Office for Europe for the European Observatory on Health Systems and Policies; 2012 (Observatory Studies Series No. 26; http://www.euro.who.int/__data/assets/pdf_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf, accessed 2 September 2018).
 15. Greer S, Wismar M, Figueras J, editors. Strengthening health system governance: better policies, stronger performance. Maidenhead: Open University Press; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/307939/Strengthening-health-system-governance-better-policies-stronger-performance.pdf?ua=1, accessed 2 September 2018).
 16. Kickbusch I, Kökény M. Health diplomacy: European perspectives (2017) [online]. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0009/347688/Health_Diplomacy_European_Perspectives.pdf, accessed 2 September 2018).
 17. McDaid D, Park A-L. Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors. Copenhagen: WHO Regional Office for Europe; 2016 (Health Evidence Network (HEN) synthesis report 48; http://www.euro.who.int/__data/assets/pdf_file/0004/318136/HEN-synthesis-report-48.pdf?ua=1, accessed 2 September 2018).
 18. Good governance for the health and well-being of all children and adolescents. Working together for better health and well-being: promoting intersectoral and interagency action for health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (High-level Conference 7–8 December 2016, Paris, Thematic paper 3; http://www.euro.who.int/__data/assets/pdf_file/0011/324659/Thematic-Paper-3-Governance.pdf?ua=1, accessed 2 September 2018).
 19. Multisectoral and intersectoral action for improved health and well-being for all: mapping of the WHO European Region. Governance for a sustainable future: improving health and well-being for all. Copenhagen: WHO Regional Office for Europe; 2018 (Final report; http://www.euro.who.int/__data/assets/pdf_file/0005/371435/multisectoral-report-h1720-eng.pdf, accessed 2 September 2018).
 20. Intersectoral action for health: experiences from small countries in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0017/325322/ISA-Experiences-small-countries-WHO-ER.pdf, accessed 2 September 2018).
 21. Compendium of case studies. Partnerships for the health and well-being of our young and future generations. Working together for better health and well-being: promoting intersectoral and interagency action for health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (High-level Conference 7–8 December 2016, Paris; http://www.euro.who.int/__data/assets/pdf_file/0011/324947/Compendium-case-studies.pdf, accessed 2 September 2018).
 22. Better noncommunicable disease outcomes: challenges and opportunities for health systems. Country assessment guide. Copenhagen: WHO Regional Office for Europe; 2014 (http://www.euro.who.int/__data/assets/pdf_file/0005/247649/HSS-NCDs_Guide_WEB_Version_20-11.pdf?ua=1, accessed 2 September 2018).
 23. Health equity through intersectoral action: an analysis of 18 country case studies. Ottawa: Public Health Agency of Canada and World Health Organization; 2008 (http://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf, accessed 2 September 2018).
 24. Tool for mapping governance for health and well-being: the organigraph method. Copenhagen: WHO Regional Office for Europe; 2018. (http://www.euro.who.int/__data/assets/pdf_file/0011/389999/20181218-h1015-toolkit.pdf?ua=1, accessed 9 January 2019).

Key documents

Greer S, Wismar M, Figueras J, editors (2016). Strengthening health system governance: better policies, stronger performance. Maidenhead: Open University Press (http://www.euro.who.int/__data/assets/pdf_file/0004/307939/Strengthening-health-system-governance-better-policies-stronger-performance.pdf?ua=1, accessed 2 September 2018).

Kickbusch I, Behrendt T (2013). Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen. Copenhagen: WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf, accessed 2 September 2018).

Kickbusch I, Gleicher D (2012). Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf, accessed 2 September 2018).

Kickbush I, Gleicher D (2014). Smart governance for health and well-being: the evidence. Copenhagen: WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0005/257513/Smart-governance-for-health-and-well-being-the-evidence.pdf, accessed 2 September 2018).

Kreisel W, von Schirnding Y (1998). Intersectoral action for health: a cornerstone for health-for-all in the 21st century. Geneva: World Health Organization (Report of the International Conference, 20–23 April 1997, Halifax).

McQueen D, Wismar M, Lin V, Jones CM, Davies M (2012). Intersectoral governance for health in all policies: structures, actions, and experiences. Copenhagen: WHO Regional Office for Europe for the European Observatory on Health Systems and Policies; 2012 (Observatory Studies Series No. 26; http://www.euro.who.int/__data/assets/pdf_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf, accessed 2 September 2018).

United Nations (2015). Resolution 70/1. Transforming our world: the 2030 Agenda for sustainable development. Resolution adopted by the General Assembly on 25 September 2015. New York: United Nations (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E, accessed 2 September 2018).

World Health Organization (1986). Intersectoral action for health: the role of intersectoral cooperation in national strategies for health-for-all. Geneva: World Health Organization (http://apps.who.int/iris/bitstream/handle/10665/41545/9241560967_eng.pdf?sequence=1&isAllowed=y, accessed 2 September 2018).

World Health Organization (2003). Framework convention on tobacco control. Geneva: World Health Organization (<http://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf?sequence=1>, accessed 2 September 2018).

WHO Regional Office for Europe (2013). Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe (EUR/RC62/9; <http://www.euro.who.int/en/health-topics/health-policy/>

health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being, accessed 2 September 2018).

WHO Regional Office for Europe (2015). WHO Regional Committee for Europe resolution EUR/RC65/16 on promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6516-promoting-intersectoral-action-for-health-and-well-being-in-the-who-european-region-health-is-a-political-choice>, accessed 2 September 2018).

WHO Regional Office for Europe (2016). Compendium of case studies. Partnerships for the health and well-being of our young and future generations. Working together for better health and well-being: promoting intersectoral and interagency action for health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe (High-level Conference 7–8 December 2016, Paris; http://www.euro.who.int/__data/assets/pdf_file/0011/324947/Compendium-case-studies.pdf, accessed 2 September 2018).

WHO Regional Office for Europe (2016). Good governance for the health and well-being of all children and adolescents. Working together for better health and well-being: promoting intersectoral and interagency action for health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe (High-level Conference 7–8 December 2016, Paris, Thematic paper 3; (http://www.euro.who.int/__data/assets/pdf_file/0011/324659/Thematic-Paper-3-Governance.pdf?ua=1, accessed 2 September 2018).

WHO Regional Office for Europe (2016). Universal social protection floors for better health and well-being for all children and adolescents. Working together for better health and well-being. Promoting intersectoral and interagency action for health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe (High-level Conference 7–8 December 2016, Paris, Thematic paper 1; http://www.euro.who.int/__data/assets/pdf_file/0009/324657/Thematic-Paper-1-Social-Protection.pdf?ua=1,

WHO Regional Office for Europe (2016). Working together for better health and well-being. Promoting intersectoral and interagency action for health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe (High-level Conference 7–8 December 2016, Paris, Background paper; http://www.euro.who.int/__data/assets/pdf_file/0008/324656/Background-Paper.pdf?ua=1,

WHO Regional Office for Europe (2018). Multisectoral and intersectoral action for improved health and well-being for all: mapping of the WHO European Region. Governance for a sustainable future: improving health and well-being for all. Copenhagen: WHO Regional Office for Europe (Final report; http://www.euro.who.int/__data/assets/pdf_file/0005/371435/multisectoral-report-h1720-eng.pdf, accessed 2 September 2018).

WHO Regional Office for Europe (2018). Sector briefs: intersectoral action for better health and well-being [website]. Copenhagen: WHO Regional Office for Europe; 2018 (Health 2020 implementation package; <http://www.euro.who.int/en/health-topics/health-policy/health-2020->

the-european-policy-for-health-and-well-being/implementation-package/1.-introducing-health-2020-to-different-stakeholders-across-sectors/sector-briefs-intersectoral-action-for-better-health-and-well-being, accessed 2 September 2018).

WHO Regional Office for Europe (2018). The 10 essential public health operations. In: Health topics [website]. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/policy/the-10-essential-public-health-operations>, accessed 2 September 2018).

WHO Regional Office for Europe (2018). Tool for mapping governance for health and well-being: the organigraph method. Copenhagen: WHO Regional Office for Europe. (http://www.euro.who.int/__data/assets/pdf_file/0011/389999/20181218-h1015-toolkit.pdf?ua=1, accessed 9 January 2019).

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

Original: English

World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: eurocontact@who.int