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HEALTH IS A POLITICAL CHOICE

**Promoting intersectoral action for
health and well-being in the
WHO European Region**



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Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice

The implementation of Health 2020 is increasing within the European Region in many Member States. Intersectoral action is key to success. Nevertheless, it remains a complex and challenging area of policy development and practice.

This document considers opportunities, challenges and experience in the field of intersectoral action and charts a possible way forward towards sharing insights and best practices across the Region.

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Executive summary

1. The implementation of Health 2020 is increasing within the European Region in many Member States. Intersectoral action is key to success. Nevertheless, it remains a complex and challenging area of policy development and practice. This document considers opportunities, challenges and experience in the field of intersectoral action and charts a possible way forward towards sharing insights and best practices across the Region.
2. The term intersectoral action is a continuum that covers bilateral and multilateral cooperation, as well as the broader Health in All Policies and whole-of-government and whole-of-society approaches. Effective intersectoral action is essential to address today's determinants of health and well-being and is at the heart of the implementation of Health 2020. The WHO European Region has considerable experience in supporting intersectoral action, for example, through the European Environment and Health Process (EHP) and the WHO European Healthy Cities Network.
3. The determinants of health of the 21st century are complex to address. Health is a political choice, and today many governments give priority to economic, trade and industrial policies rather than health. Yet health investment is vital to sustainable development, including economic development; it therefore occupies a central place in the post-2015 agenda not only as a goal in itself but also as a contributor to other sustainable development goals (SDGs), as well as a beneficiary of them.
4. Intersectoral action is difficult to achieve, yet it is essential for the policy coherence, synergy and coordination of various sectors and provides a basis for accountability in the area of health. Progress on several complex health-related issues requires intersectoral action, such as addressing the social determinants of health and health inequities.
5. Intersectoral action should focus on key public health priorities; precede interventions by addressing the determinants of health and health equity; continuously connect with important international and global agendas, such as the SDGs; strive for maximum impact and use solutions that work; and reach out to other sectors and create win-win partnerships.
6. Taking intersectoral action forward will involve new roles not only for health ministries and ministers but also for ministers of other sectors. It is important to integrate as much as possible existing and new mechanisms for intersectoral cooperation; ensure adequate capacity for intersectoral work in health ministries; create formal and informal fora and space for intersectoral dialogue and learning; and operate at the political and policy as well as the technical and logistical levels, adopting pragmatic and step-wise approaches.
7. There is now extensive knowledge and experience as to which institutional and functional processes promote intersectoral policy practice. However, achieving intersectoral action consistently and sustainably remains challenging in reality, particularly in terms of sustaining high-level political involvement and of ensuring that sustainable institutional processes are in place. Local leadership for intersectoral action can be innovative and important. The education and social sectors are key to

implementing the recommendations of the *Review of social determinants and the health divide in the European Region: final report (1)*.

8. Today health has greater significance within foreign policy processes and development cooperation than ever before. It is important to connect with global processes, such as the International Health Regulations (IHR) and the WHO Framework Convention on Tobacco Control (FCTC). Creating space at the European level, such as informal fora to facilitate intersectoral dialogue and engagement, can be very helpful not only in terms of coherent international cooperation but also to agree on evidence-informed interventions at the national level, thereby providing legitimacy for intersectoral action in countries.

9. Continued monitoring and evaluation, together with gathering information, evidence and research findings, are vital. The WHO Regional Office for Europe will continue to develop tools, including a series of sectoral and thematic briefs, as well as the roll-out of the Evidence-informed Policy Network, to support implementation, collate and analyse practices from around the Region, draw lessons, suggest helpful interventions and promote collaboration with other agencies and international partners.

Health 2020 – the argument for policy change

10. WHO, through Health 2020, has laid out the parameters for a healthier European Region. The Health 2020 policy framework presents the political, social and economic imperative for action on health and well-being and highlights key values, such as equity, accountability for health and health as a human right. Many countries in the European Region have taken up the challenge by formulating or adapting national policies to include new processes and mechanisms that reach out to other sectors to address the determinants of health. The Regional Office for Europe has been driving this process since the adoption of Health 2020 in 2012 and will continue to do so. The determinants of health in the 21st century stretch across the whole of government and of society, and so must the response. This emphasis on intersectoral action for health will be further reinforced through the adoption of the SDGs, which challenge all countries to adopt new approaches to governance. Health occupies a central place among the SDGs and is a precondition for and an outcome and an indicator of a sustainable society. The formulation of the health goal (goal 3) in the post-2015 development agenda and the overall objective of Health 2020 are fully aligned, and Health 2020 was intensively used in the European consultation to develop the health goal as part of the SDGs. This new development agenda will provide a new impetus to increase the importance of health in the development of our societies by translating the post-2015 agenda into national development plans with health having a central place.

11. In essence, Health 2020 is about political choices for health – political commitment to health and well-being is required at the highest levels of government and must be supported through parliamentary processes and decision-making at the different levels of national and local governance. A key role for ministries of health is to protect health as a universal value and a public good and to promote it as a shared social and political objective for all sectors and government as a whole. It must define the short- and long-term issues at stake and provide options and evidence for political decision-making. The final outcomes are usually shaped through a complex political

process involving a wide range of actors with very different levels of power and influence. Technical excellence alone is not sufficient – success is more likely if the political processes and actors are well understood.

12. In implementing Health 2020, ministries of health face increasing challenges. In the Europe in which we live, health is frequently not a priority but an afterthought; in many countries, economic, trade and industrial policies dominate. In a context of economic crisis and austerity, investments in health are harder to achieve, even if the evidence points to the economic and social benefits of such policy choices. As pressures mount on the health sector to maintain the present level of services, taking on new roles and engaging with others can become increasingly difficult.

13. By way of example, economic, trade and industrial policy, as well as restrictions to health-related knowledge production, including through intellectual property rights, profoundly affects health, and the voice of the health sector must be heard alongside such powerful voices. Health must no longer be an afterthought but be an integral consideration in such sectoral policy development. Health in All Policies describes this approach, alongside whole-of-government and whole-of-society approaches to modern governance for health. Health 2020 fully describes all these concepts. The World Health Assembly also recently reviewed this topic (2).

14. Through Health 2020, governments recognize that they can achieve real improvements in health if they work across government to fulfil two linked strategic objectives: improving health for all and reducing health inequalities and improving leadership and participatory governance for health. Experience demonstrates that these objectives are best supported by legal mandates that provide ministries of health with the political authority and space to act and extend the accountability for health across government in an effective way through assessment of the impact of health policy. While examples show that convergence and synergies are possible across sectors, many areas of disagreement and conflict remain to be addressed.

15. It is also acknowledged that practically every area of work of the Regional Office and of Member States is engaged in some form of intersectoral action. Within the Health 2020 strategic objectives and policy priority areas for action, several complex health-related issues cannot be adequately addressed without an intersectoral response, for example, reducing inequalities and addressing health and development (strategic objective 1); striving for healthy children, promoting healthy ageing and supporting groups in vulnerable situations (priority 1); preventing communicable diseases, tackling noncommunicable diseases and mental health, fighting obesity and implementing the WHO FCTC and antimicrobial resistance action plans (priority 2); strengthening public health and implementing the IHR (priority 3); and promoting health literacy and environment and health (priority 4). The Health 2020 framework can help to identify the key areas and entry points for intersectoral action and assist in making the links for adopting better integrated approaches.

16. Taking leadership on such multistakeholder processes requires a new mindset and new types of capacities within ministries of health. WHO has an important role to play in supporting countries to gain such capacities through learning from one another how to implement successful intersectoral action for health and well-being. Such a process has already started and is demonstrating positive results. The Regional Office has

supported the establishment of intersectoral committees in countries since 2012. Based on the extensive need and demand, it developed sectoral and thematic policy briefs to contribute to the agenda-setting and successful outcome of such discussions. It also continuously charts good practices, both through a mapping exercise and through various meetings, such as the small countries' initiative or the Ad-hoc Ministerial Meeting of the South-Eastern Europe Health Network. Regular health diplomacy training also contributes to building capacity in this area. The two volumes of governance studies that informed Health 2020, the *Review of social determinants and the health divide in the WHO European Region (1)* and the study on the economics of prevention (3), provide support for capacity-building. This latter document summarizes guidance on implementing different types of intersectoral approaches.

17. The issues outlined below build on a mapping exercise of experiences in intersectoral action in the European Region, the examples provided in the governance for health and intersectoral action studies that informed Health 2020, the evaluation of the work of the WHO European Healthy Cities Network (4) and experiences of the EHP. Three recent meetings provided further input: there was a meeting in Paris, France, on 24 April 2015 on collaboration with the education and social sectors; lessons learned for the health sector in working together with the transport and environment sectors as part of the EHP that has been ongoing in the European Region for nearly three decades were reviewed at the Mid-term Review Meeting of the EHP, held in Haifa, Israel, on 28–30 April 2015; and lessons learned from cooperation between the health and foreign policy sectors were considered at the meeting on health in foreign policy and development cooperation in Berlin, Germany, on 28–29 April 2015. The discussions at the 65th session of the WHO Regional Committee for Europe (RC) will provide further guidance to WHO on how best to support Member States.

From the why to the how of Health 2020

18. Implementing intersectoral action for health and well-being within the machinery of government is challenging. The complexity of the issues involved, the extent of the challenges and the inherent functioning of bureaucratic systems, together with the unequal distribution of resources, as well as conflicts of interest within government, require a determined effort. This document uses the term intersectoral action to cover a wide range of bilateral and multilateral cooperation among sectors, as well as the broader Health in All Policies and whole-of-government approaches. Over the past decades, a set of terms has been developed to describe this work – all of which are referred to in this paper. They are summarized in Box 1 below. It is recognized that some terms are more accepted in specific contexts and political systems. However, it is important to point out that all of them have legitimacy and justification, depending on the context and issues that they seek to promote.

Box 1. Four strategic approaches for Health 2020 implementation

- **Intersectoral action for health:** a recognized relationship between part, or parts, of the health sector with parts of another sector that has been formed to take action on an issue so as to achieve health outcomes (or intermediate health outcomes) in a more effective, efficient or sustainable way than could be achieved by the health sector acting alone (5).
- **Whole of government:** denotes public service 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, programme management or service delivery (6).
- **Health in All Policies:** an approach to public policies across sectors that systematically takes into account the health and health system implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity. A Health in All Policies approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on determinants of health and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.¹
- **Governance for health:** defined as the attempts of governments or other actors to steer communities, countries or groups of countries in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches (7).

19. Although there is no shortage of various types of intersectoral action in the European Region, Health 2020 challenges the Regional Office and Member States to scale up implementation and to address the role of health in relation to difficult political, economic and social challenges facing the Region. While much experience has been gained in intersectoral action in relation to life-style and environment and health issues, the challenge is for WHO, together with Member States, to take forward the role of health in areas such as economic and fiscal policies, social and education policies, trade policies and migration policies. Health 2020 has prioritized the social determinants of health and, as a next step, the social policy issues – ranging from employment, education, housing and decent income to dignified retirement – must be given strategic priority. This is a formidable challenge (1).

20. The EHP has been a flagship intersectoral governance mechanism, driven by a series of ministerial conferences, held every five years and coordinated by the Regional Office in close collaboration with other agencies. Member States have found the EHP very useful for domestic implementation. It can provide a model for processes that seek to advance a shared issue-focused intersectoral agenda with the support of WHO. It illustrates the importance of developing a well-constructed political process supported by technical excellence and a wide range of network actors.

¹ Adapted from the WHO working definition prepared for the 8th Global Conference on Health Promotion, Helsinki, Finland, 2013.

21. Three lessons from the EHP can guide further action. First, through politically relevant content and topics, the EHP was able to mobilize Member States and stakeholders and capture the political attention of the highest policy-making levels, as well as fully engage ministers from both the health and the environment sectors. Secondly, by ensuring technical excellence and access to knowledge and by supporting good technical networks and platforms for collaboration, credibility and continuity was ensured. Thirdly, the national implementation mechanisms were, in turn, linked with the political commitments at the international level by setting targets that connect the domestic agenda with multilateral instruments, which supports achievements and monitors progress. Making the global agenda tangible through focused high-level political messages at the national level provides strong institutional legitimacy, broad convening power among partners and actors and excellent links to political bodies. It also demonstrates the added value of WHO involvement. The recent mid-term evaluation in Haifa clearly demonstrated the achievements and impact of the EHP and the added value that it brings through its governance mechanism.

22. To address the intersectoral challenge of implementing Health 2020, six essential components of the change process have been identified through the extensive analytical work that has been conducted: ensuring political commitment, focusing on upstream interventions, achieving policy coherence, the role of local leadership, ensuring capacity and recognizing the global dimensions.

Importance of political commitment and upstream intersectoral action

23. Political commitment is required in order to put health high on the political, social and development agendas of governments at all levels; to do this, the political determinants of health must be acknowledged and acted on as whole-of-government priorities. Investment that responds to the social determinants of health and promotes health equity will require long-term and sustainable policies across many sectors. Such commitment may be difficult to achieve and sustain across different political perceptions and values, and it must be recognized that policies to achieve these two goals have been difficult to introduce and to maintain. That is why, for many countries, WHO's role in promoting Health 2020 and in acting as a convener for Health in All Policies is essential to support action at the national level.

24. The necessary political will for tackling the determinants of health cannot always be taken for granted. Health is not always high on the agendas of governments, sometimes despite the rhetoric. Political values and priorities differ. The evidence shows that investing in more equitable societies and in health throughout the life-course makes good economic and political sense (8). As a fundamental political responsibility, political choices need to be made regarding investment and expenditure. Political choices therefore decisively influence health inequities, which are shaped by the circumstances and opportunities of life. These, in turn, are influenced by the distribution of power, money and resources at the global, national and local levels. The following examples of political choices for health and well-being faced by many Member States in implementing Health 2020 may illustrate this:

- choices on welfare policies that address the causes of the causes, such as investment for both mothers and infants to promote early childhood development and a good start in life;
- choices on collaboration on financial and social protection measures, such as those designed to provide or to strengthen safety nets for people who are at risk of unemployment or poverty, as well as migration policies;
- choices on access to health care: for example, by reducing access through user charges and co-payments that discriminate against less affluent people or by reducing access to good maternity care;
- choices on health protection, health promotion and disease prevention: for example, implementing the IHR, taking forward tobacco policies within the WHO FCTC; reducing access to alcohol; or providing access to healthy school meals;
- choices on other policies that affect health: for example, regulation of road traffic; extending opportunities for cycling and walking; and controlling environmental hazards, such as air pollution; and
- choices in relation to the commercial determinants, including fiscal policies, reformulation, advertising and marketing, and economic and trade policies.

25. Upstream interventions are essential for the implementation of Health 2020 in Member States. This means creating mechanisms of governance that allow ministries of health to engage other ministries in addressing the wide range of determinants of health, particularly the social determinants. This applies at all levels of governance – from national to local – and requires horizontal and vertical cooperation. In some countries, this has been enabled through legal mandates; in others, through more administrative procedures; and in yet others, through ad-hoc issue-based cooperation. The action of local governments is increasing in importance, and the WHO European Healthy Cities Network, the Regions for Health Network and other setting initiatives can provide examples of significant successes in intersectoral practices and whole-of-local-government approaches for health. These networks must therefore be further scaled up.

26. Three important factors have emerged. First, it is helpful if the Ministry of Health or public health departments at the local level have identified intersectoral and interdepartmental initiatives that act upon the key determinants of health. Secondly, it is helpful to have agreed mechanisms for decision-making, such as interdepartmental health councils, and to ensure the accountability for health of the various sectors involved. Thirdly, it is critical to monitor progress and track health indicators, ideally on the basis of jointly agreed targets. In a number of countries, public health acts have provided such frameworks for action, including accountability processes that report back to the whole of government and, in some cases, to a broader public through intersectoral public health reports.

27. Although individuals have autonomy and responsibility for behaviour, such individual opportunities are politically and socially determined. Healthy choices may be difficult or costly. Individuals may lack the information, skills and resources to make good choices. The health implications of options may be unclear. There may be no healthy options available at all – only unhealthy choices; or lives may be led in difficult situations, with high levels of stress and deprivation, in communities that face prejudice

and discrimination without the means or opportunity to fulfil one's potential. Such challenges require a portfolio of approaches that are complex, including information and education; dealing with the social determinants that affect opportunities to make healthy choices; nudge-type policies; and fiscal and regulatory policies. Such action also involves the enabling and supporting policies of other sectors, such as a strong commitment to the health literacy of populations. Such approaches must be accompanied by measures to empower and engage people in their particular settings at home, in educational institutions, at work and in communities.

Policy coherence for health – types of intersectoral governance mechanisms

28. Intersectoral governance is essential for developing and implementing effective policies based on Health 2020 and to allow other sectors to develop or strengthen their responsibility for health outcomes. Member States have developed a wide range of different approaches suited to their political and administrative systems and processes. National health policies can be a clear expression of high-level political commitment to health as a whole-of-government priority and provide the mandate for greater intersectoral action on health. National health goals and targets are increasingly developed through intersectoral processes and reach out to other stakeholders more and more. In some countries, health conferences organized by national or regional governments fulfil this function.

29. An important strategy to strengthen intersectoral governance is to establish reliable institutionalized mechanisms. Many countries have introduced various concurrent intersectoral committees at different levels (both political and/or technical) and with diverse sectors and stakeholders. Health 2020 provides the legitimacy and the framework for establishing an intersectoral committee for health at the highest level (ministerial), chaired by the prime minister or a deputy prime minister, to function as the overarching policy umbrella for health, equity and well-being and sustainable development. Parliamentary committees can be important in overcoming partisan divisions, provide grounds for cross-party consensus and ensure government accountability for health. In rare cases, joint budgets are used as an instrument to facilitate intersectoral action.

30. Member States may use different entry points to promote intersectoral cooperation; intersectoral issue-based committees are the most frequently used intersectoral governance structures. Starting with high-level interministerial committees, other thematic intersectoral mechanisms, such as committees, commissions and task forces, can be linked to that high-level committee like the hanging components of a chandelier (9). Such integrated approaches to intersectoral work provide the basis for better coherence and coordination. Interministerial committees need to be supported by a secretariat that underpins the work of the committee and coordinates with other thematic committees.

31. Interministerial and intersectoral committees work effectively only under very specific circumstances, and although they are useful for overcoming bureaucratic issues, they cannot resolve political ones. They work best in the case of important issues on which a wide consensus already exists and work worst when consensus is lacking or

when the issue is not considered a priority (10). Experience shows that the translation of high-level political commitment requires functioning mechanisms that can produce intersectoral action in a sustainable manner. Health in All Policies offers an effective mechanism and concrete tool for making health commensurate with, and influential alongside, other sectoral interests. WHO has recently adopted a framework for country action that outlines concrete steps and mechanisms for implementation.

32. Reaching out to other sectors means understanding their goals and agendas, developing a common language and identifying and sharing outcomes and co-benefits (the approach of “what you can do for health and what health can do for you”); and sharing the evidence, as well as the right to initiate and lead intersectoral actions. Policy coherence, synergies and coordinated activities with different sectors for better health and well-being are all central to intersectoral action; interministerial and intersectoral mechanisms promote integration throughout government and between sectors. Setting targets, ensuring transparency, applying pragmatic and step-wise approaches, focusing on solutions that work and defining best buys for all those involved can drive the agenda forward. It must be recognized that intersectoral collaboration mechanisms take time and require well-assigned responsibilities, agreed agendas and good administrative support. There are many different approaches and mechanisms to establishing policy coherence at the cabinet and government levels; these have been described in great detail in other publications (11).

33. It is particularly useful to have complementary processes where political and technical mechanisms reinforce one another: Ministerial links bring together policy-makers at the highest decision-making level to ensure political support; the highest executive level can set targets and oversee the implementation of joint interdepartmental plans and policies, structures and mechanisms for interdepartmental cooperation can ensure and drive forward the implementation; and mechanisms for monitoring and reporting can ensure accountability. Existing interdepartmental structures and mechanisms can develop plans and policies that are not immediately supported politically as policy but may be highly relevant to future opportunities (12).

34. However, it must be understood that some public health issues will remain contentious – some are ahead of their time, others touch on political or commercial interests, yet more require major cultural shifts. In some cases, the public health ethos and its commitment to human rights and equity will lead to controversy. Health 2020 assists countries in implementing such policies and in holding policy-makers at the local, national and European levels accountable for their support to health (13). Ensuring the promotion and protection of the right to health by strengthening political, legal, health and social welfare systems and by supporting the needs and claims of population groups experiencing poverty and social exclusion are a political and social imperative.

35. Within the Health 2020 strategic objectives and priority areas for action, in fact, no health issue today can be adequately dealt with without an intersectoral response. As a further strategy to strengthen the relationship between health and other sectors, the Regional Office is preparing a series of sectoral and thematic briefs that explore joint work and outcomes with a number of other sectors, which will be made available on its website. The briefs will address creating shared goals within the framework of Health 2020 and provide examples of actions for collaboration.

Local leadership for health and well-being

36. Many social determinants of health operate at the local and community level, and local government is therefore well positioned to influence the determinants of health and inequalities. Local government has the capability to develop and implement integrated strategies for health promotion, and its democratic mandate conveys authority to convene partnerships and encourage contributions from many sectors. Local government presents unique opportunities for partnering with the private and not-for-profit sectors, civil society and citizens' groups. It also has the capacity to mobilize local resources and to deploy them to create more opportunities for poor and vulnerable population groups.

37. Local leadership for health and well-being means having a vision and an understanding of the importance of health in social and economic development. Similar to the global and national levels, such leadership requires political commitment, a vision and a strategic approach, supportive institutional arrangements, and networking and connecting with others who are working towards similar goals.

38. Such leadership promotes accountability for health by statutory and non-statutory local actors; aligns local action with integrated approaches at the national and regional levels; anticipates and plans for change; and, ultimately, acts as a guardian, facilitator, catalyst, advocate and defender of the right to the highest level of health for all residents. The WHO European Healthy Cities Network and the Network of European National Healthy Cities Networks have built up a substantial legacy of intersectoral and whole-of-local-government approaches for health and well-being over the years.

Capacity for taking intersectoral action forward

39. Health ministers must not only convince other sectors of the co-benefits that intersectoral cooperation can achieve but also gain the support of heads of government and of parliaments in giving priority to investment in health and in aligning multiple interests in support of health and well-being. The governance-for-health reviews supporting Health 2020 emphasize that intersectoral work is essential to address the complexity arising from the interrelationships between the social, economic, environmental and health systems determinants of health and health outcomes within society. Strengthening the capacity and knowledge of ministries of health to lead and to act is therefore vital. Today, their responsibilities and challenges are increasingly complex, ranging beyond ensuring high-quality and affordable health-care services to protecting public health, promoting intersectoral and whole-of-government approaches and Health in All Policies. These are complex demands and, realistically, health must find its voice within an agenda traditionally dominated by other interests. This can often include difficult balancing acts. It should be noted that health ministers and ministries may have restricted capacity for action within decentralized countries, in which the responsibility for many health policy decisions may lie at the regional or the local level.

40. Building awareness of the importance of determinants of health, health equity and governance for health and well-being among politicians, policy-makers and the public requires strong leadership capability and strengthening the capacity of ministries of health in this area. This includes analysis of the political and social context, as well as of

the power and interests of stakeholders. It involves not only consensus-building but also dealing with conflicts and power differentials. In particular, the challenges mentioned with regard to economic, trade and migration policies, as well as social and welfare policies, require types of expertise not usually available in ministries of health. This will require strengthened technical and managerial capability to facilitate, support and sustain engagement with other sectors, from policy conception to implementation. Engaging with others is a very time-consuming activity, and a critical mass of staff, as well as a designated unit and/or focal point, has been helpful in countries that are spearheading such approaches.

Recognizing global dimensions

41. Health is moving higher on the global political agenda and evidence on the links between domestic and global health is richer than ever. The processes of globalization have profoundly affected health opportunities. Recognizing the global dimensions that have an impact on the work of ministries of health has gained increasing relevance, as has the need for regional and global cooperation. Ministers of health now play a more active role both nationally and internationally, as many of the challenges that they face extend beyond domestic policies. This was already acknowledged in the discussions at RC60 and in the actions to implement resolution EUR/RC60/R6 on health in foreign policy and development cooperation: public health is global health.

42. Continuous connections must be made with international and global commitments, for example, implementation of international treaties, such as the WHO FCTC, the IHR or the Convention on the Rights of the Child, a range of agreed action plans and, soon, the new SDGs. In general, the impact of globalization needs to be better understood by ministries of health in relation to social, economic and commercial determinants. Health diplomacy skills can help to provide a bridge between the health, development and global health agendas, but are also required to manage conflicts of interest.

43. This subject was recently reviewed at a meeting on strengthening health in foreign policy and development cooperation, held in Berlin, Germany, on 28–29 April 2015. The meeting brought together representatives from the health, foreign policy and development cooperation sectors of several countries with relevant experience in this field and reviewed several country and institutional examples of global health action: for example, in national health policy development linked with foreign policy strategies; strengthening global health through national policies and strategies across sectors; global access to pharmaceuticals; tackling health security challenges; addressing complex global health challenges within the United Nations system; and positioning health in high-level political processes and settings.

44. The preconditions for policy coherence among the health, foreign policy and development sectors were also reviewed. These include the importance of high-level political commitment; the requirement for ministries of health to play an active role in global health; focusing on the importance of the process; building trust, understanding and a common working culture among professionals from different sectors; providing time and financial resources; and helping diplomats to achieve a good understanding of health matters. Since ministries of foreign affairs are usually responsible for

international negotiations, it is crucial that ministries of health be able to provide input on the potential health effects of decisions in sectors other than health.

45. To ensure increased policy coherence, several countries in the European Region have developed global health policies that bring together many different sectors; ensure more coherence between areas of domestic and foreign policy concern; and set priorities and goals that enable more accountability among the sectors and towards civil society. In addition, global developments heavily influence many areas of domestic health, and a wide range of determinants of health are the subject of international treaty negotiation, including agreements clearly relating to health, such as the IHR and the WHO FCTC, as well as human rights treaties, trade agreements and environmental regimes.

46. The Regional Office has supported Member States through training courses in health diplomacy in different parts of the Region and will continue this practice in the new biennium in close cooperation with Member States. These training courses will have a strong component of intersectoral collaboration, as well as leadership for health.

Monitoring and evaluation – the role of information, evidence, research and the Health 2020 monitoring framework

47. A further strategy to strengthen the work of health with other sectors is to develop accountability mechanisms similar to those that already exist for some public health issues. Such accountability would be based on proper policies, regulatory contexts and information transparency. Monitoring and evaluation will ensure accountability for governance for health across the whole of government. The role of information and evidence at the country level is vital not only to ensure accountability but also to inform and tailor policy options and interventions at the national level. Governance and intersectoral action in the European Region should be monitored and evaluated. A core activity of the WHO European Health Information Initiative is the development of new indicators for Health 2020 and monitoring progress in implementation through the new Regional Office web portal.

48. Specifically, there are several areas where monitoring and evaluation or enhancing evidence seem particularly significant for informing intersectoral action within the European Region. Policy analysis, new types of data, including qualitative information, narratives and institutional capacity could support public health analysis and reporting. Such areas could include a cost–benefit analysis of intersectoral action for health, which could provide estimates of potential savings and revenue arising from such increased action; further developing approaches to health impact assessment; and implementing intersectoral action to improve health equity.

Exploring new European fora for discussion with priority sectors and key partners

49. To date, implementing Health 2020 has been the priority task for the European Region and its 53 countries. The Regional Office continues to help governments at all levels to establish formal structures and processes that support coherence and intersectoral problem-solving. It has increased its capacity to assist through a portfolio

of engagement, including country and multicountry events and launches, policy dialogues and sectoral briefs, technical dialogues, senior-level leadership seminars, assessment missions and workshops, case studies, the development of skills and capacity (for example, the WHO Health in All Policies training manual (14)), communication packs and tools, and individualized consultancy.

50. More is now needed if the key WHO actions indicated above are to be achieved. Building trust and communicating goals and approaches are vitally important. The gaps between the theoretical need determined by both new scientific findings and the Health 2020 policy framework and the opportunities missed through poor uptake of collaborative action provide the impetus to strengthen and promote intersectoral work across the European Region.

51. Working closely with the Standing Committee of the Regional Committee for Europe and under the leadership of the Regional Committee, the Regional Office proposes to explore strengthening collaboration with key sectors in order to achieve the common objective of improved health and well-being across the Region. One possibility would be to act, together with interested Member States, as a convener of fora to promote intersectoral working across the European Region, focusing on these substantive policy issues with the aim of integrating them into national policy processes and mechanisms (as is the case with the EHP). These would allow for facilitated dialogue, the sharing of experiences, and possible common actions between sectors. It is suggested that the focus would initially be on the relationship between the health, education, finance and social sectors. The aim would be twofold: to make progress in the implementation of the recommendations of the review of social determinants and the health divide in the WHO European Region, as well as to improve the health literacy of the population across the Region.

52. In this regard, collaborative action among WHO, other health-interested United Nations bodies, the European Union, the Organisation for Economic Co-operation and Development, the Council of Europe, civil society and other relevant agencies and institutions would be of fundamental importance. The creation of such fora provides an opportunity for dialogue and the sharing of best practices among countries, institutions and sectors. Several other significant intersectoral initiatives by other organizations and sectors, as well as local government, that are instrumental in addressing improved health and health equity in the Region, will be considered. Such fora might include meetings, dialogues and conferences, and the Regional Office will report on progress to RC66 in 2016. Two technical meetings were held in April 2015 to start this process of exploring areas for collaboration: between health, education and social affairs in Paris, France, and on health, development and foreign policy in Berlin, Germany. The reports of these meetings are available as background documents on the Regional Office website. A follow-up high-level conference is planned in Paris, France, in 2016.

Supporting intersectoral action in the WHO European Region

53. To assist Member States in implementing Health 2020 by focusing on intersectoral action, the Regional Office will continue to strengthen and expand its assistance in increasing the capacity of health ministries, both in the technical and managerial areas, so as to facilitate and support engagement and interaction with other

sectors by, inter alia, defining the joint and coherent policy agenda for implementation not only at the regional but primarily at the national level. Box 2 below shows the key areas that the Regional Office has identified to promote intersectoral action in the Region and that are proposed for consideration by Member States. These will allow the Regional Office together with Member States in the European Region to significantly move Health 2020 implementation forward.

Box 2. Key areas for the promotion of intersectoral action

- Exploring and creating European fora for dialogue and agreeing on joint policy issues; fostering policy coherence among sectors to promote the social determinants, health literacy and health as integral parts of sustainable economic and social development; and then translating policy into national action through national mechanisms.
- Member States should be supported in implementing intersectoral action by developing national policies and strategies for health and well-being; improving basic data collection and analysis, as well as institutional capacity, in support of public health institutes and analysis; advancing Health in All Policies and whole-of-government approaches by sharing experience and practice; supporting the establishment and sustainability of strategic national processes and mechanisms; facilitating the exchange of experiences and peer learning; and increasing the skills and capacity for governance, leadership and management.
- The knowledge base in intersectoral governance, including practice and experience, should be synthesized by collating policy tools and instruments to initiate, implement and/or scale up intersectoral governance; further mapping existing practices, experience and learning; developing and aligning literature and practice towards a common understanding of intersectoral governance for health and well-being; and sharing best practices on how to promote an intersectoral approach in community settings, such as community-based disease prevention and health promotion initiatives.
- Existing partnerships, focused on both development assistance and the normative aspects of global and regional policy-making, should be strengthened and several new diverse partners engaged through interagency cooperation within the United Nations system, using reform and coordination mechanisms, such as the United Nations Development Assistance Framework process, to identify high-level intersectoral development agendas and programmes with commitments to improving health and well-being, particularly in the context of the SDGs; and developing initiatives relating to health and foreign policy within a United Nations framework. National development plans will be key for translating the SDGs into national policies in line with Health 2020 and in putting health high on the political and social agendas.
- The implementation of intersectoral governance for health and well-being should be supported by fostering coherence at different levels of authority, aligning policy and implementation; promoting capacity-building in international public health law; and furthering the economic case for intersectoral approaches to health and well-being.

Conclusion

54. Intersectoral working holds great promise for the development and implementation of policies to advance health and well-being in the 21st century. It is crucial for allowing and encouraging health to make the maximum possible contribution to sustainable development. Nevertheless, experience suggests that achieving this is difficult, but the positive element is that there are many good examples of intersectoral action in countries. There is, however, no alternative to intersectoral approaches and intersectoral working if the ambitious goals of Health 2020 are to be realized. This document has aimed to outline possibilities, reflect experience and promote discussion and good practice for the 21st century.

55. With the strengthened impetus to take intersectoral action forward following endorsement by the Regional Committee, the WHO Regional Office for Europe will organize a series of meetings in 2016 and onward. These will be aimed at specifically reaching out to other sectors, thereby starting a process of more systematic dialogue with key stakeholders for health, well-being and development in the Region. This is key to fully implementing Health 2020. The timing of these events is also ideal in the context of the launch of the new post-2015 development agenda and the SDGs.

56. These issues will be the theme throughout RC65 and will be specifically discussed on Tuesday, 15 September 2015, through ministerial panels. This paper serves to inform these discussions. With the support of the Regional Committee, initiatives will be taken to organize events to further promote the intersectoral work discussed above. The Regional Committee is therefore expected to adopt the decision to promote intersectoral work on health and well-being.

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