03

CAPTURING THE HEALTH 2020 CORE VALUES

Introduction

So far, *The European health report* has, in the main, taken a traditional, quantitative public health epidemiology approach. When Member States adopted Health 2020 in 2012 (EUR/RC62/R4), however, the resolution initiated a shift in public health policy-making in the WHO European Region that explicitly put the core ideals of "fairness, sustainability, quality, transparency, accountability, gender equality, dignity and the right to participate in decision-making" at the centre *(5)*. This values-based approach to public health, which advocates people-centred health systems, promotes health throughout the life-course, and strives to achieve equity and health for all, has re-engaged public health with the full complexity of the subjective, lived experience of people and communities.

Such a shift has inevitably challenged traditional, quantitative methods of gathering evidence, such as routine health information or household survey data, which are not well placed to capture subjective experience. Although quantitative data are, of course, an essential component of health information, on their own they are often inadequate to promote the acceptance of evidence-informed practices and policies *(42)*. *The European health report 2015* signalled how the WHO Regional Office for Europe was beginning to tackle the challenge of measuring and reporting on some of the key values of Health 2020 *(43)*. In particular, the report focused on well-being measurement, concluding that a more narrative approach, grounded in the local voices of communities, could be adopted to make the reporting more meaningful.

Since then, WHO has started a project on evidence for health and well-being in context, one of the key strands of which is to enhance Health 2020 monitoring and reporting *(44, 45)*. To this end, and with the support of two global research foundations, Wellcome and the Robert Wood Johnson Foundation, WHO has begun systematically exploring the Health 2020 core values and prioritizing key concepts for which to develop both quantitative and qualitative measurement and reporting strategies.

What are the Health 2020 core values?

The core values laid out in Health 2020 are that health and health care should be high quality, equitable, sustainable and universal. These core values are operationalized using a set of concepts and approaches which have gained increasing momentum in the public health sphere over recent decades, and which draw on a rich history of WHO work in areas such as health in all policies and the social determinants of health. Some of the important concepts from the Health 2020 values include:

- transparency
- community resilience
- supportive environments
- enabling environments
- a sense of belonging
- a sense of control
- a whole-of-government approach
- a whole-of-society approach
- participatory governance
- responsible governance
- accountability
- a life-course approach
- empowerment
- people-centred health systems
- fit-for-purpose health systems
- adaptive policies.

As a values-based policy framework, Health 2020 is also closely aligned with Agenda 2030. An indicator mapping exercise conducted by the Regional Office in 2016 determined that 76% of all Health 2020 indicators aligned with those of the sustainable development goals (SDGs) measurement framework *(46)*. This close parallel between the frameworks also extends to some core values. For instance, well-being is a key component of SDG3. Promoting empowerment and community resilience are also central concerns throughout Agenda 2030, particularly at the top level in SDG5 and SDG6.

Measuring values

WHO's approach to health statistics has always been firmly rooted in traditional public health epidemiology. This continues to be a fundamental component of monitoring and reporting strategies for the measurement of values-based concepts from Health 2020.

However, WHO European Region Member States have recognized that painting a fuller picture of Health 2020 implementation, and reporting meaningfully and holistically on the full breadth of the health-related SDGs, requires a broader approach to monitoring and reporting.

In order to help the organization develop a holistic approach that includes both quantitative and qualitative methods to measuring key Health 2020 concepts, WHO has, over the last three years, convened several expert group meetings, commissioned a number of reports from the Health Evidence Network (HEN), and worked with one of its collaborating centres on an innovative approach to reporting well-being. Several priority concepts from the Health 2020 values were identified for measuring, based on some agreed-upon principles (see Box 3.1). In addition to well-being, these were community resilience, community empowerment, life-course approach, and whole-of-society approach *(44, 45)*.

Subsequently, HEN reports were commissioned for each of these concepts, in order to better understand and define the concepts themselves, as well as how to measure and report on them.

Box 3.1. Principles for prioritizing key Health 2020 concepts

- New measures should strategically align with Health 2020 and have relevance to the SDGs.
- Any new measure should add value and have revelatory power.
- Data that is generated should stimulate meaningful action.
- Any new data collection should impose a minimal reporting burden on Member States.
- Concepts should have a capacity to promote equity.
- Concepts should be amenable to measurement.
- Concepts should have longevity.
- Constructs and concepts should be sound and comparable across Member States.

Using qualitative approaches

Besides identifying a potential list of quantitative indicators, an important task for each of the HEN reports was also to consider ways in which qualitative approaches might enhance the measurement and reporting of these concepts. A recently published WHO policy brief entitled *Culture matters: using a cultural contexts of health approach to enhance policy-making*, argues forcefully for the importance of expanding the evidence base to systematically include research from the humanities and social sciences, with a focus on mixed-methods research on the social and cultural drivers of health and well-being *(47)*.

Qualitative approaches from the humanities and social sciences are uniquely positioned to reveal truths beyond hard numbers and can provide valuable insights on the more intangible drivers of health and well-being. Statistical data can be enriched by qualitative evidence that:

• helps to interpret and contextualize quantitative data, in order to reduce cultural bias in measuring and reporting on health and well-being;
• captures and clarifies the diverse cultural contexts in which well-being is defined and experienced by particular population subsets (based on factors such as age, gender, and socioeconomic status) and those that are not always captured by quantitative methodologies, e.g. migrant communities;
• explores the ways in which cultural factors might be used to enhance the health and resilience of individuals and communities across the Region;
• facilitates multidimensional, cross-sectoral, and culturally specific approaches to enhancing health and well-being;
• informs research priorities by enabling the identification of gaps in knowledge, including perhaps the selection of further indicators in the future.

Using qualitative and quantitative methods in tandem can generate new types of information to inform policy in a meaningful way. It is an approach that has been firmly supported by the UN Secretary-General's Independent Expert Advisory Group on a Data Revolution for Sustainable Development, which encouraged the whole UN family to "provide a place for experimentation with methods for integrating different data sources, including qualitative data, perceptions data and citizen-generated data" *(48)*.

Box 3.2. Health Evidence Network (HEN) synthesis reports

HEN is an information service for public health decision-makers in the WHO European Region, which has been operating since 2003. The network is coordinated by the Regional Office under the umbrella of the WHO European Health Information Initiative. HEN assists public health decision-makers to use the best available evidence when formulating policy and strategy. Its report series provides summaries of what is known about a policy issue, identifies the gaps in the evidence and explains the issues under debate. Based on the synthesized evidence, HEN proposes policy options for further consideration by policy-makers. While policy-makers are the primary target group for HEN synthesis reports, increasingly the Regional Office is using the evidence provided as an authoritative source to guide the formulation of action plans, strategies – or as shown in the *European health report* – to develop Health 2020-related indicators. So far more than 50 reports have been published, on a diversity of health topics.

Under the umbrella of the WHO European Health Information Initiative (EHII) (a network coordinating all health information activities in the WHO European Region), the WHO Regional Office for Europe has therefore developed an action plan which promotes the use of innovative monitoring techniques for values-based concepts, including well-being, community resilience and empowerment. As such, the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (EUR/RC66/12) is particularly concerned with developing new and relevant forms of quantitative and qualitative evidence from various sectors and disciplines.

In the sections that follow, this chapter outlines the five concepts from the Health 2020 values for which the Regional Office is developing measurement and reporting frameworks. In so doing, the chapter draws heavily on the findings of a variety of HEN reports, which have provided important summaries of the best evidence and good practice in these areas.

Measuring and reporting on well-being

Well-being has long been recognized as an important component of health. In 1948, WHO defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" *(49)*. More recently, Health 2020 has identified the enhancement of well-being as a key target of health policies across the Region, while Agenda 2030 highlights the importance of promoting well-being for all at all ages as part of SDG3.

How does WHO define well-being?

For the purposes of Health 2020, the WHO Regional Office for Europe has defined well-being as existing in two dimensions: subjective and objective. It comprises an individual's experience of their life and a comparison of life circumstances with social norms and values *(43)*. WHO measures objective well-being in terms of social connections, economic security, environment and education, and subjective well-being in terms of life satisfaction. However, effective measurement of well-being is limited by inadequate data sources, a reliance on mortality and morbidity statistics rather than measures of positive health, and difficulties associated with presenting and interpreting complex information. If Health 2020 targets are to be met, additional approaches are needed that enrich the current understanding of health and well-being.

Challenges to measuring well-being

A number of challenges exist when it comes to both measuring and reporting on well-being. For WHO, one of the key challenges is data availability. Although there is an increasing interest among European Member States in capturing objective and subjective well-being data, the availability of such data continues to be variable across the Region. Given this variability, participants at an expert group meeting deemed the expansion of the subjective well-being indicator set to be currently unfeasible. *(50)*. The Regional Office is in the position that it can only report on one

indicator (life satisfaction), making it difficult to meaningfully analyse any subjective well-being trends among the European population.

Another important limiting factor of the quantitative approach that dominates well-being measurement is the fact that the concept is shaped by cultural factors, such as values, traditions and beliefs. Culture influences all health outcomes by impacting on people's health choices, the beliefs and attitudes of policy-makers, health care professionals and members of the public, and the ways in which health systems operate. A better, more qualitatively informed understanding of the cultural contexts of health can therefore improve the monitoring and comparability of well-being indicators across a culturally diverse region and help governments design and implement health policies that reflect the needs of particular communities.

Qualitative approaches to measuring well-being

A HEN synthesis report describes how narrative research on well-being "offers great potential for exploring the cultural nuances of quantitative well-being metrics, refining those metrics and informing the debate on how and to what extent well-being can meaningfully be compared across cultures" *(51)*. The following sections introduce some of the qualitative methods and sources that can be used to supplement statistical data and help to clarify the importance of culture in shaping health and well-being across the Region.

Historical studies

Historical studies can reveal a lot about the social, political, economic and cultural determinants of health and well-being *(52—54)*. Historians use a wide range of sources, such as written records, oral history and visual media, to investigate how social, cultural and economic factors have influenced developments in medicine and health care and shaped subjective experiences of health and disease. By employing the same methodologies we can:

- help to understand how cultural beliefs and norms have shaped health and well-being over time and across the Region;
- show how the collection, presentation and interpretation of quantitative well-being data have been influenced by social and cultural factors;
- investigate the interactions between shifting cultural values, expectations and norms and health behaviours; and
- demonstrate the impact of changing economic, political and cultural contexts on the development and delivery of public health services.

In-depth qualitative and ethnographic studies

Researchers within the social sciences use a range of qualitative methods, including interviews, focus groups and ethnographic approaches, to compare experiences of health and well-being across and within geographical and cultural settings (see Box 3.3 for an example). Much of this work has examined the manner in which cultural factors intersect with social, political and economic circumstances to determine patterns of disease and ill-health and influence the way people experience well-being. A major benefit of such approaches lies in their capacity to pay close attention to lived experience and to reveal factors that enhance or undermine resilience within particular population subgroups *(55, 56)*.

Box 3.3. Gender, health and well-being in the Russian Federation: using an ethnographic approach to understanding well-being

Life expectancy in the Russian Federation is 12 years lower for men than for women. Qualitative research examined gendered meanings of health and illness among the Russian lay public in order to explain this disparity. The study demonstrated how cultural norms and expectations relating to gender roles and strong notions of masculinity reinforced the role of alcohol in men's lives. Discourses relating to individual choice and responsibility in health and well-being were found to be weak, with culturally defined gender roles and relations static and unquestioned. The study argues that more explicit promotion of "gender awareness" within society and policy would have beneficial health and well-being outcomes.

Source: Pietilä I and Rytkönen M *(57)*.

Study of cultural heritage

Examination of cultural heritage can provide important insights into the societal norms and values that influence people's daily choices and health-related behaviours. It can also enable an understanding of the factors that promote resilience and a sense of belonging, and the factors that exclude certain groups from this. Much of the work undertaken on cultural heritage has focused around the analysis of literature, films, art and sites deemed to be of historical or cultural significance. However, it is increasingly recognized that more mundane, everyday outputs and rituals, such as food consumption, can also shape, and be shaped by, local norms, values and behaviours. Examining how people engage with forms of cultural heritage, such as visiting museums and galleries, and take part in creative activities such as reading can provide insights into the ways that diverse social groups seek and obtain a sense of well-being *(58, 59)*.

Measuring and reporting on community resilience

The concept of resilience has gained a lot of traction in the public health arena over the last decade, featuring most recently as a theme at the 2017 European Public Health Conference. Generally, resilience refers to positive adaptation, or the ability to recover from significant adversity *(60)*. It is argued that the ability to bounce back (or indeed, "bounce forward"), enables individuals and communities to face life's difficulties head on and to utilize their skills and strengths to cope with and recover from problems and challenges without resorting to unhealthy, destructive or dangerous coping mechanisms.

Although some research suggests that an individual's capacity for resilience is at least partly genetically determined *(61)*, it is generally agreed that resilience is best conceived as a dynamic process, rather than merely as a trait or a quality that can be possessed. As such, resilience can be shaped and strengthened through outside interventions, making it a trait that is amenable to policy action *(62)*.

How does WHO define resilience?

In Health 2020, the Regional Office has defined resilience as the dynamic process of adapting well and responding individually or collectively in the face of challenging circumstances, economic crisis, psychological stress, trauma, tragedy, threats and other significant sources of stress. It can be described as an ability to withstand, to cope with or to recover from the effects of such circumstances and the process of identifying assets and enabling factors. Health 2020 places particular emphasis on the importance of creating resilient communities and the idea of helping people to help themselves.

The concept of resilience, and indeed resilient communities, is also frequently used in the context of disaster risk reduction (such as flooding) and the importance of creating appropriate infrastructures, systems and decision-making processes. In fact, like many concepts from Health 2020, resilience is a multisectoral concept, and defined slightly differently according to the context in which it is used.

Challenges to measuring community resilience

Measuring resilience is, therefore, a complicated undertaking involving complex pathways of change between individuals, communities and systems. While broad descriptions of resilience make it possible to provide a framework for understanding it *(62)*, specific definitions vary by disciplinary perspective. Thus, while resilience is often defined as the ability to adapt and bounce back from adversity, it can also refer to the ability of a system to absorb, change, and still carry on *(63)*. As applied to social systems, resilience can refer to the capacity of a community system, or part of that system, to absorb and recover from disruptive events *(64)*.

Given the importance that Health 2020 places specifically on community resilience, the focus for its measurement is also placed on a community level. Community resilience involves the interaction of individuals, families, groups and the environment and is influenced by a wide range of factors that may promote, represent or threaten resilience in diverse community settings. Challenges in measuring the resilience in a population or community can vary from the issue of cross-cultural equivalence to the way one measures exposure to a significant threat or severe adversity and the quality of positive adaptation among individuals at risk. Monitoring community resilience also brings into focus the individuals who constitute a community, the informal community leaders, the formal and informal networks, and the hierarchies that exist at different levels in the local area *(65)*, all of which can be extremely difficult to measure. In addition to these general concerns, there are also specific issues where the voices of certain populations, such as young people or vulnerable groups, may not be adequately represented. For instance, in the case of young refugees, there is frequently a reliance on the answers of informants such as parents rather than on information provided by the young refugees themselves *(66)*.

Identifying resilience at a community level involves uncovering strengths (such as networks and activism), as well as vulnerabilities (such as social isolation), in order to see a community in its totality. Resilience has been evaluated as a decrease or an absence of psychopathology *(67)*, success in meeting developmental milestones *(68)*, or

a high state of well-being. However, indicators associated with resilience are often overlooked by traditional forms of measurement and some initiatives and their outcomes will not be readily captured by traditional measurement tools (e.g. surveys and interviews). Qualitative approaches, on the other hand, focus on subjective feelings, meanings, and experiences and in doing so make it possible to understand why people behave in particular ways *(69)*. Researchers argue that qualitative research can explain not only what is going on but how and why. It can account for cross-cultural diversity in individual contexts by producing authentic results that reflect the lives of the people studied *(70, 71)*.

Approaches to measuring community resilience

Monitoring community resilience brings into focus the individuals who constitute a community (such as the informal community leaders), the formal and informal networks, and the hierarchies that exist at different levels within the local area.

Based on evidence reviewed in a forthcoming HEN report, several possible options for measuring community resilience have been identified *(72)*. At a minimum, 4–5 core indicators could be selected from two key domains: social and economic. In the social domain, this might include access to social networks, family support and civic participation. In the social domain, this could be measures of unemployment and poverty/financial insecurity. A further set of 5–6 additional indicators could include crime and safety, education and skills, and quality of the built environment. This could then be further supplemented with efforts to build good practice on the measurement of health-related community resilience, by building a learning network. For instance the HEN report highlighted that many cities and areas in Europe have started to focus on community resilience and the measurement of vulnerabilities and assets.

Importantly, however, the report also emphasizes that, for a measurement framework on resilience to be truly comprehensive, the analysis of meta-data across dimensions would need to be supplemented with qualitative participatory case studies to support the engagement of communities facing marginalization or high levels of adversity. This is because qualitative research:

- allows communities to identify what aspects of community resilience are important for them;
- facilitates identification of vulnerabilities and assets in a local context so that people can build joint actions over time; and
- helps to build an evidence base by unpacking the social connections and mechanisms of change between wider determinants of health and community resilience.

While qualitative case study research is usually small scale and can be difficult to scale up, the insights that are gained can nevertheless often uncover important transferrable lessons, particularly when the approach is underpinned by a coherent conceptual framework, as illustrated by the case study detailed in Box 3.4.

Box 3.4. Exploring community resilience in a village context – a qualitative case study from Norway

The coastal village of Senja lies in the arctic region of northern Norway. This village is reported to have suffered a number of challenges mostly in relation to climate change and a fall in population numbers. A qualitative case study examined the community response to change and sought to understand the role of community resilience in adapting to change in this specific arctic context. A mixed-method approach was considered essential to explore community resilience in the local context, drawing on conceptual frameworks to understand the domains of community resilience, and qualitative data from interviews, participant observation, document analysis and media searches. Six dimensions of community resilience were identified in the village:

- *Community resources*. Senja was seen to be "resourceful" in terms of human and natural resources, but the population fall was a threat to increasing community resilience.

- *Community networks*. The residents in the village were strongly engaged with evidence of activities to maintain and improve networks.

- *Institutions and funding*. "Dugnad" is the contribution of community volunteering which helps to maintain services and institutions. Active contribution from local government and the community was seen as critical.

- *People–place connection*. Many of the initiatives to develop the village focused on well-being and a sense of place.

- *Active agents*. People who make things happen both as informal or formal leaders or as facilitators of the process.

- *Learning*. Continued learning was regarded as vital in responding to future unpredictable challenges.

Source: HEN Report 63. What quantitative and qualitative methods have been developed to measure health-related community resilience at a national level? *(72)*.

Measuring and reporting on community empowerment

In 2006, the WHO Regional Office for Europe commissioned a HEN report which addressed the question: *What is the evidence on effectiveness of empowerment to improve health? (73)*. The report concluded that empowerment is indeed one of the prerequisites for health. Increasingly, the Regional Office has therefore looked to integrate the concept into its health policy thinking.

Empowerment has a very wide range of meanings, definitions and interpretations. Broadly speaking, the concept refers to the process of enabling individuals and communities to increase control over their lives. Empowering communities brings with it a wide range of benefits such as cost–effectiveness, increased cohesiveness, reductions in mortality, capacity-building and improvements in health *(74)*. When empowerment is foregrounded by policy-makers it can lead to positive health-related outcomes in a range of social and cultural contexts *(75–79)*. These outcomes include enhanced personal and coping skills, more effective use of health services *(80, 81)*, reduced disparities in access to resources and improved implementation of the policies themselves *(76, 82)*.

How does WHO define empowerment?

In the context of Health 2020, empowerment is the means through which people can gain greater control over decisions and actions affecting their health. Because the concept of empowerment addresses the social, cultural, political and economic determinants of health, it plays a central role within Health 2020. Empowering people is therefore one of its priority areas.

There is consequently a clear need to be able to measure and report on the degree to which Member States have been successful in implementing policies that help to empower communities.

Challenges to measuring community empowerment

Although the concept of empowerment has been well studied, it is still difficult to measure and implement. This is partly because it has been engaged with from a variety of perspectives, including community development, community psychology and economics. This definitional complexity is further compounded by the fact that empowerment is a multilayered concept operating at a psychological, family, organizational and community level. These layers are interlinked, culturally and contextually, and the process of empowerment is likely to vary according to the community, organization or society where it is being operationalized *(83)*.

A recent systematic review of empowerment measures in health promotion evaluated the measurement properties of quantitative empowerment scales and their applicability in health promotion programmes *(84)*. Although this review has done much to summarize the current state of play, it has two significant limitations. Firstly, its focus is on measuring the impact of interventions in small communities, rather than assessing the level of empowerment within a broader population. Secondly, it exclusively surveys research literature in English. Thirdly, and most importantly, the study deliberately leaves out qualitative and mixed-method approaches to measuring empowerment.

Approaches to measuring community empowerment

A first attempt at measuring community empowerment might draw on quantitative indicators relevant to community empowerment that are commonly available at the national level, such as the following.

- The percentage of communities (as defined at a geographical or administrative level through census clusters) with access to a functioning paved road (or percentage of communities with access to sufficiently developed infrastructure).
- The percentage of single-headed households.
- The percentage of women in political office or senior management positions.
- The percentage of communities in which all adult members have at least completed the minimum legal required level of education.
- The percentage of total government budget transferred to community-based organizations.
- The average social network density; for example, the number of formally registered nongovernmental organizations per capita.

Additional indicators relevant to civil society, including access to social networks and the opportunities created by government for civic spaces, could further enhance a quantitative measurement approach.

Once again, however, qualitative methods have a vital and complementary role to play in understanding the meaning and experience of empowerment for different groups (85). Given that empowerment is a complex multilevel construct, mixed-method approaches can facilitate a deeper understanding of the social and political dynamics through which this is achieved, for instance where community mobilization or policy advocacy is being undertaken (86). Empowering communities also involves making a qualitative and subjective improvement in people's lives, which can be difficult to measure. In particular, qualitative approaches could help access the narratives of marginalized populations in society, using focus group discussions, semi-structured interviews and other in-depth qualitative techniques. A purposive sampling strategy would help identify participants by choosing specific characteristics that would allow for a range of perspectives.

Measuring and reporting implementation of the life-course approach

The life-course is a socio-culturally defined sequence of age categories that people are normally expected to pass through as they progress from birth to death (87). The concept is based on an understanding that a complex interplay of biological, cultural, psychological, and social protective and risk factors contribute to health outcomes across the span of a person's life (88).

Life-course theory first emerged in the fields of sociology and developmental psychology in the early 1900s. It was subsequently developed in the 1960s into an approach intended to analyse people's lives within structural, social, and cultural contexts (89, 90). Over the last two decades, the life-course approach has become a powerful organizing framework for the study of health, illness, and mortality, and is now frequently con-

sidered as the leading theoretical orientation for the study of patterns of lives as they unfold *(91)*.

How does WHO define the life-course approach?

With the introduction of Health 2020, the life-course approach has become a fundamental organizing principle for the way in which the Regional Office and its Member States seek to approach health and health care. At the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk in October 2015, Member States signed a declaration in which they agreed that a life-course approach *(92)*:

- "builds on the interaction of multiple promotive, protective and risk factors throughout people's lives"

- "adopts a temporal and societal perspective on the health of individuals and generations, and on the intergenerational determinants of health"

- "encompasses actions that are taken early, appropriately to transitions in life and together as a whole society"

- "confers benefits to the whole population across the lifespan, as well as benefits accruing to the next generations".

Beyond Health 2020, the relevance of the life-course approach has been further reinforced as part of Agenda 2030 and the SDGs. Preparing for an ageing population, for instance, is vital to the achievement of the integrated 2030 Agenda, with the issue of ageing cutting across the goals on poverty eradication, good health, gender equality, economic growth and decent work, reduced inequalities and sustainable cities.

Challenges to measuring implementation of the life-course approach

At the 63rd European Regional Committee, Member States adopted a resolution on indicators for Health 2020 targets (EUR/RC63/R3) in which they requested the Regional Office to lead further work to explore means of measuring and setting targets for health. Subsequently, as part of the Minsk Declaration, Member States resolved to make greater use of the life-course approach as a basis for assessing and monitoring the effectiveness of policies and programmes.

Consequently, there is now a need to develop a measurement strategy which would allow the Regional Office to monitor and report on how Member States are in fact implementing a life-course approach within their health policies and programmes. It is understood, however, that part of the strength of the life-course approach is its multidimensional nature. For instance, the approach emphasizes resilience, equity, and social and cultural contexts, among many other protective and risk factors. In order to adequately understand the impact of a life-course approach on public health policies, a purely quantitative measurement strategy may not be sufficient.

Possible ways of measuring implementation of the life-course approach

One way of arriving at a measurement strategy for implementation of the life-course approach would be to improve the efficacy of data collection efforts by aligning existing monitoring frameworks more explicitly with the core principles of the life-course approach itself. For this, unambiguous definitions of the core concepts and the con-

structs that need to measured must be generated as a priority. The next step is to then identify the key areas and targets for monitoring a life-course approach and conduct in-depth reviews for each area to identify indicators with the necessary characteristics.

Quantitative measurements via surveys and other tools can potentially overlook or poorly interpret the context-specific, individual, cultural, sociopolitical, economic and environmental factors that influence health and well-being throughout life. However, qualitative life-course methodologies are rather peripheral and have not been harnessed to their full potential *(93)*. Qualitative methods help to present narratives that broadly reflect the gendered social norms about parent-child relations. They also provide "lived experiences" from ageing populations about how satisfied they are with the life they have lived. Such information enables a deeper understanding of motivations, desires and regrets. For the evaluation of the Healthy Start programme *(94)*, site visits were conducted to gain an understand-

ing of how projects design and implement service and system components as well as the perceptions of the programme staff on how these components influence intermediate outcomes. Interviews with project directors, case managers, local evaluators, clinicians, consortium members, outreach/lay workers and other stakeholders were conducted. Results suggested that outreach, case management, and health education were perceived as the service components that contributed most to their achievements and cultural competence and community voice were overarching project components that addressed racial and ethnic disparities.

Moving towards a life-course paradigm is a long process and requires a lot of groundwork to initiate long-lasting change. Targeting key stages such as pre-conception and pregnancy and early childhood will provide long-term sustained benefits. The life-course approach can be executed in parallel with measures to achieve the SDGs, with supportive leadership and commitment.

Measuring and reporting implementation of the whole-of-society approach

The concept of a whole-of-society approach first emerged in the field of public policy around the turn of the millennium to describe the need for a holistic response to changing social and health challenges *(95, 96)*. Researchers and nongovernmental organizations have since refined the concept in an effort to create novel multidisciplinary, multisector and multilevel approaches to science, education and governance *(97, 98)*.

Public health research from recent decades has shown that improving health is a multisectoral process. Population health and well-being are in-

fluenced by a range of issues that lie outside of the health sector's remit *(99)*. This has led to a more integrated, whole-of-governance approach. It has also highlighted the need to include nongovernmental actors in political processes aimed at improving public health.

How does WHO define the whole-of-society approach?

The whole-of-society approach acknowledges the importance of all sectors of society on people's

mental and physical health and thus the importance of multisectoral collaboration for improving public health. According to the WHO definition of the term, "whole-of-society" refers to an approach that aims to extend the whole-of-government approach by placing additional emphasis on the roles of the private sector and civil society. By engaging the private sector, civil society, communities and individuals, the whole-of-society approach can strengthen the resilience of communities to withstand threats to their health, security and well-being. A whole-of-society approach goes beyond institutions: it influences and mobilizes local and global culture and media, rural and urban communities and all relevant policy sectors, such as the education system, the transport sector, the environment and even urban design *(100)*.

Over the course of the last two decades, the whole-of-society approach has become an important framework for public health policy. In 2012, the UN General Assembly adopted a whole-of-society approach as a response to the challenge of noncommunicable diseases *(101)*.

Whole-of-society approaches towards public health have been implemented in several European Member States (e.g. Austria, Finland and the Netherlands) *(102, 103)*. For instance, the "Decade of Roma Inclusion 2005–2015" is a multicountry whole-of-society initiative that brings together governments, intergovernmental and nongovernmental organizations as well as Romani civil society to accelerate progress towards improving the welfare of Roma. Despite mixed outcomes, there is some evidence to suggest that some progress has been made on Roma health since the beginning of the project *(104)*.

WHO's "Government for health" strategy is based on the understanding that "the entire society must be understood as being responsible for its health" *(100)*. In line with this, the whole-of-society approach seeks to include all sectors of society in the political process. Thus, the approach constitutes an overarching principle for several of the other concepts considered essential to Health 2020: e.g. health in all policies, the whole-of-government approach and the contribution of civil society.

Like Health 2020, Agenda 2030 stresses the necessity for partnerships between governments, the private sector and civil society, in order to meet the SDGs. Among the targets for Goal 17 "Revitalize the global partnership for sustainable development", is "encourage and promote effective public, public–private and civil society partnerships, building on the experience and resourcing strategies of partnerships" *(105)*. Thus, a better understanding of the whole-of-society approach would be crucial for monitoring the implementation not only of Health 2020 but also of Agenda 2030.

Challenges to measuring implementation of the whole-of-society approach

Measuring the degree to which the whole-of-society approach has been implemented is, however, a complicated undertaking. The whole-of-society approach involves the interaction of individuals, communities, private sector companies, nongovernmental organizations and governments and is influenced by a wide range of factors that may promote, represent or threaten the involvement of various sectors of society.

Possible ways of measuring implementation of the whole-of-society approach

While the concept of the whole-of-society approach has been used in the development arena for several decades, measurement strategies for monitoring the degree to which it has been deployed have not yet existed to any robust degree. One of the reasons for this might be because at the heart of this approach lies the idea that governments

should adopt more of a stewardship role, and that the responsibility for the implementation of a whole-of-society approach is shared across all stakeholders *(106)*. Nevertheless, governments can be held accountable for the degree to which they enable this approach to take root, and as such, finding ways to measure the implementation of the whole-of-society approach is vital.

A useful starting point for the purposes of Health 2020 might be to see the measurement of implementing this approach as an amalgam of the other concepts which have been described in this chapter. In particular, well-being, community resilience, and community empowerment should be considered important components of this kind of approach, and the various ways of measuring these should also be integrated into measuring the implementation of a whole-of-society approach. On a more finely grained level, recent work by the International Labour Organization and the United Nations Volunteers has suggested that volunteerism is an excellent source of information that can be used by countries to show a whole-of-society approach *(107)*. Qualitative evidence, particularly in the form of case studies, could be useful to demonstrate what countries are already doing with regard to public, private and civil society initiatives to reach out to ordinary citizens so that they can become drivers of their own health and development in the spirit of Health 2020 and Agenda 2030.

The relevance of community-based participatory research and implementation strategies that have already been mentioned with regard to other Health 2020 concepts should also be highlighted. Individual and community knowledge can be collected through a variety of sound methodological approaches (such as photovoice techniques, forum theatre sessions, focus groups, etc.). These should be hallmarks of a whole-of-society approach that actively involves the public in setting research priorities and validating the relevance of the evidence base. When cultural contexts are valued in this way, real-world relevance and translatability are enhanced and stakeholders are empowered to partner actively with academics and policy-makers throughout the governance process.

Conclusion

While important inroads have been made into better understanding how values-based concepts, such as those introduced by Health 2020, can be measured and reported on, much work still needs to be done. It is worth reiterating, for example, that the concepts outlined in this chapter represent only a small (albeit important) number of the Health 2020 values. In order to properly evaluate the impact of Health 2020, the remaining concepts from the Health 2020 values also need to be systematically reviewed, and options for measuring them, based on the best available evidence, need to be developed.

Beyond just reporting on Health 2020, however, further efforts need to be made by WHO across the entire organization, to consistently incorporate a mixed-methods approach into its reporting outputs, particularly at the country level. For any public health agency to convince its stakeholders of the importance and validity of its data, the analysis has to be contextualized using evidence from a wide range of quantitative approaches.

These new forms of evidence will help create a more holistic understanding of health and well-being in the 21st century, and will also equip the Regional Office to support its Member States to better report on, and implement, the SDGs.