



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe
Sixty-second session

Malta, 10–13 September 2012



Evaluation of the European Health Policy Forum for High-Level Government Officials





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Evaluation of the European Health Policy Forum for High-Level Government Officials

Three meetings of the European Health Policy Forum for High-Level Government Officials were held in 2011 and 2012, in response to the request made by the WHO Regional Committee for Europe, at its sixtieth session (RC60), to draft a new European policy framework for health and well-being, Health 2020. The meetings of the High-level Forum were mainly, but not exclusively, used to discuss Health 2020: documents, evidence base and process, including setting Health 2020 targets. At its last meeting in Brussels a preliminary discussion was held on the need to evaluate the Forum's work, which was presented to the Nineteenth Standing Committee of the Regional Committee (SCRC) at its fourth session in May 2012 in Geneva. The SCRC endorsed the proposal to conduct a full and formal evaluation, through a written questionnaire distributed among all Member States. The evaluation was carried out in June and July 2012 and the replies of the 43 Member States that responded are summarized in the attached report.

Although all of the Member States that replied to the questionnaire unanimously agreed that the Forum had been a very useful means of ensuring that the Health 2020 development process was fully participatory, they had differing opinions on the future of the Forum. While a large proportion wanted to keep the Forum as a regular feature of the health agenda, with various ideas expressed about periodicity of meetings, others disagreed. The report tries to capture these different views, and the reasons behind them, and presents three potential scenarios for the future of the Forum for the Regional Committee's consideration. The Regional Director has also included her own perspective for the attention of the Regional Committee, emphasising that any decision the Regional Committee should make would be equally acceptable and implementable.

The views of the SCRC are found in its report to the Regional Committee, which will be presented orally to the Regional Committee by the SCRC representatives. In short, the SCRC recognized that the purpose for which the Forum had been set up had been achieved, and that Health 2020 had been greatly improved as a result. The Forum should be maintained, but only to be convened when the SCRC deemed it necessary, rather than systematically every year.

Introduction

1. The European Health Policy Forum for High-Level Government Officials (HLF) was set up in response to a request made at the sixtieth session of the WHO Regional Committee for Europe (RC60) to draft a new European policy framework for health and well-being, Health 2020. The High-level Forum was proposed as a key mechanism to ensure that Health 2020 would be developed in full consultation with all Member States, to meet the Regional Committee's concerns that the policy must be relevant to the whole of the WHO European Region. The High-level Forum would also help to ensure that the required strategic input and experience of all Member States was captured in an effective and efficient manner to help shape Health 2020.

2. The Terms of Reference were presented and discussed at the first meeting of the HLF in Andorra, after which two further meetings were held in Israel and Belgium. All three meetings were generously funded by the host countries (see Annex 1 for details).

3. Participants in the HLF were nominated by the ministers of health of all 53 Member States in the WHO European Region, and included such high-level officials as secretaries of State, deputy ministers, directors-general of health, and chief medical officers or their equivalents. Furthermore, Member States also nominated an alternate, as appropriate, and the high-level representative could be accompanied by a technical expert.

4. During the third HLF meeting, which took place in Brussels, a preliminary evaluation of the Forum's work was carried out. The relevant parts of the report of those discussions are in contained in Annex 2 to this document. In May 2012, at the fourth meeting of the nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC), the Regional Director proposed that a formal evaluation should be conducted among all Member States, to establish whether the High-level Forum's work should continue after the drafting of Health 2020 had been completed. This proposal was supported by the SCRC and the evaluation was carried out in June and July 2012, through a questionnaire with seven questions. The replies received from the Member States are summarised in this report.

Replies to the evaluation received from Member States

5. A total of 43 Member States responded to the HLF evaluation questionnaire, representing a response rate of over 80%. Of those replies, three Member States responded in general rather than answering each question. Three further Member States explained why they could not respond, for example owing to political changes in the country, or different representatives having attended the various HLF meetings.

6. The 43 replies received are summarized below (an overview is contained in Annex 3), with due regard for the views of all Member States and the differences in their replies.

Question 1: Were the three meetings of the European Health Policy Forum in 2011 and 2012 useful? Please specify why.

7. Nearly all of the Member States that took part in the evaluation agreed that the three meetings had been very useful for consulting on Health 2020, especially since Health 2020 had to be drafted in a short period of time. Many also found the discussions useful for policy development at national level, and they found the discussion of other policies helpful. Some of

the reasons given for the positive response to the HLF were its open, participatory, frank, constructive and strategic nature, which allowed the participants to share, exchange and learn from each other's experience and best practice. Participants described the meetings as "inspirational" and said that written consultation could not replace the richness of real-life discussions.

8. Three Member States also qualified their positive replies by saying that the HLF had served its purpose of enabling strategic level consultation on Health 2020 (see also replies to questions 3 and 6 below).

Question 2: Did the meetings help to ensure a participatory process for elaborating the new European policy framework for health and well-being, Health 2020, and other ongoing strategic developments?

9. All Member States responded positively and remarked that the meetings had been helpful for building consensus "outside the pressures of more formal meetings", as well as for the developing policies in their countries. Some highlighted the broad, collective and active participation as one of the Forum's strengths, as well as welcoming its inclusiveness and commending the use of web-based consultations to complement the Forum's work. Some Member States also commented that structured debate was better than an open format and one was unsure whether participation in the HLF had been more active than in other meetings, and whether that was an appropriate criterion for assessing the Forum's value.

Question 3: Does the European Health Policy Forum fill the gap by ensuring strategic-level engagement/discussion with Member States?

10. An overwhelming majority of participants replied that the HLF had bridged the gap in, or at least increased the opportunity to hold, strategic level discussions with the participation of the whole Region in an environment and setting (outside the usual framework of governing body meetings, which had heavy agendas that allowed little time for discussion and exchanges on any one topic, and were focussed on resolutions and procedural issues) that allowed sufficient time for reflection and to "take the pulse" of strategic issues. The HLF had also enabled Member States to express their interests and concerns and to discuss and align the evidence for developing regional and national strategic policies. The Forum had also allowed for the participation of high-level officials, who did not usually attend the SCRC or the Regional Committee and whose views on major policy and strategic issues are particularly important. No other such opportunity or forum exists: the HLF is new and bridges the gap between policy and technical levels. Furthermore, as more items from the agenda of the World Health Assembly are included on the agenda of the Regional Committee for Europe, the Forum would provide a useful additional discussion mechanism for the Region. It was also pointed out that the HLF does not threaten decision-making processes, the responsibility for which remains with the governing bodies.

11. Eight Member States did not agree that the work of the HLF should continue. While they agreed that the HLF had served its purpose for consultation on Health 2020, for which it had been very useful, they said that it should not be a permanent fixture on the Regional Office's agenda since there was no permanent need for it. Some of the other reasons given for discontinuing the HLF included the demands of too many meetings and the costs incurred. The existing governing bodies should meet Member States' strategic needs and if they did not, an evaluation should be conducted, in the context of WHO reform, to see how they could be better used. Should the need to reconvene the HLF arise again in future, however, the existing HLF format could be revisited, or the possibility of using the "open" May session of the SCRC (with its welcome increased transparency), could be explored. Greater and more systematic use could also be made of written consultations. One Member State cautioned, however, that it would be

difficult to use the “open” session of the SCRC to hold a meeting of the HLF, since the SCRC agenda was usually very heavy.

12. (See also the responses to question 6 below).

Question 4: Were the topics adequately selected?

13. All Member States replied positively, saying that the topics selected had been relevant and of high priority, and had addressed issues that reflected the diversity of the Region. A few Member States cautioned that the inclusion of topics other than Health 2020 on the agenda of the HLF could potentially duplicate work done in the context of other existing processes and the governing bodies.

Question 5: Did you prefer the meetings of the European Health Policy Forum held back-to-back with other events (as in Andorra in March 2011 and Israel in November 2011) or as stand alone meetings (as in Brussels in April 2012)?

14. Countries either had no preference or were undecided, since there were advantages to both the back-to-back and stand alone options. While from a technical point of view there was preference for stand alone meetings, from a logistical and financial perspective back-to-back meetings were preferred. It was pointed out, however, that back-to-back meetings would only save time and money if the same representative could attend both meetings, which would be most likely if the content of both meetings were related. On the other hand, the possibility for senior representatives to be out of the country for an extended period could pose problems. Some of the Member States that did not support the idea of continuing to hold meetings of the HLF (see question 3 above) either reiterated that position or marked this question as “not applicable.

Question 6: Would you like to continue with meetings of the European Health Policy Forum? If so, what frequency do you consider appropriate?

15. Twenty seven Member States wanted the HLF to continue as a permanent feature on the health agenda but were divided about the ideal periodicity of meetings, which varied from at least once a year (the preferred option) to two or three times a year (depending on need). Member States cautioned that topics for discussion should be selected carefully and could include monitoring the implementation of strategies discussed during the previous meetings of the HLF and the RC.

16. The remaining sixteen countries expressed various concerns regarding the permanent continuation of the HLF. Six of these countries (five of which had said in reply to question 3 that the HLF had served its purpose) said that they did not wish the HLF to continue under any circumstances, and that the active participation of Member States in the RC and the SCRC should be sufficient. The remaining 10 countries suggested that, since the HLF had proven very useful, it could be convened when needed and if there was a specific purpose (after consultation with the RC or the SCRC). Three of the countries that had said, in response to question 3, that the HLF had served its purpose were part of this group of 10, as they also foresaw that there may be a need to convene such meetings in future although only on an ad hoc basis, and with the agreement of the RC or the SCRC.

Question 7: Is the composition of the HLF appropriate with Member States’ representatives only, or would you like to change it (and/or expand it to include representatives of other stakeholders)?

17. Of the Member States that replied to this question (including some who did not want the HLF to continue) the majority was in favour of HLF meetings being exclusively for Member

States, with one suggesting that SCRC and Executive Board members should also be invited to attend. Some also suggested that other stakeholders could be invited to participate, as observers, in discussions on specific agenda items and participation in working groups.

18. Those in favour of an extended membership wanted to include other “engaged” stakeholders including regional organizations, NGOs and representatives of United Nations agencies and other international organizations.

Conclusions

19. All Member States that replied underscored how important the HLF had been in the process of drafting Health 2020. They repeatedly pointed out that the HLF had played a very positive role by bringing together the appropriate people three times over two years to work on Health 2020 together with WHO, ensuring a truly participatory approach with the opportunity to share national experiences. This enabled a Region-wide consensus to be reached, which could not have been achieved otherwise, as any differences in opinion would have required discussion in the Regional Committee. Such an approach would have created delays in the development and adoption of Health 2020.

20. Of the 43 Member States that replied, 27 were in favour of continuing the HLF, since it had proven successful and useful to Member States in the Health 2020 process. There were many clear expressions of support for continuing the HLF.

21. Sixteen Member States said they did not wish to make the HLF permanent, since it had served its purpose, overlapped with the work of the Regional Committee and the SCRC, and placed extra burdens, including costs, on Member States. Ten countries said that the HLF format had proven to be useful and should therefore be kept as a useful tool for discussing strategic issues on ad hoc basis, when the need arose, and in consultation with the RC and the SCRC.

22. On the question of periodicity (which was only relevant for 37 countries, since six were opposed to continuing the HLF in any form):

- twenty seven countries wanted the HLF to meet regularly, with suggested periodicity of meetings varying from once to three times a year;
- ten Member States did not want the HLF to be a regular fixture on the health calendar but, given how useful it had been, would like to maintain the possibility of convening it on an ad hoc basis when the need arose (with the agreement of the RC and the SCRC).

Decisions required from the Regional Committee

23. The Regional Committee is required to decide whether the HLF should continue as a regular fixture on the Regional Office’s calendar.

24. The opinions expressed in the course of the evaluation have resulted in three possible scenarios.

- Twenty seven countries wished to keep the HLF as a permanent feature on the European health calendar (meeting at least once a year, with a fixed date, and high-level participation) as a mechanism for in-depth discussion of important policy and strategic issues, as well as emerging issues in the European Region, in an informal setting and under the guidance of high-level government officials, prior to discussions and decisions

in the WHO governing bodies. The HLF would not duplicate the work of, or be in competition with, the governing bodies, since it has no decision-making authority. It would simply bring the added value of more in-depth discussion of important issues between the appropriate experts.

- Six countries said they wished to discontinue the work of the HLF, which had been set up specifically to assist in the process of drafting Health 2020, and had served its purpose. Henceforth, all discussions should take place in the governing bodies – the Regional Committee and the SCRC – making particular use of the “open” session of the SCRC, held each year in May.
- Ten countries wished to maintain the concept of the HLF as a tool that could be used in future, on an ad hoc basis, in consultation with the governing bodies.

The Regional Director’s perspective

25. The Regional Director would like to thank all Member States for their active involvement and hard work to summarize and share their experiences and best practices, and build consensus around Health 2020. She agrees with the general view of the Member States that without the HLF the discussions on Health 2020 would have taken place in the Regional Committee, which could have slowed the process considerably.

26. The Regional Director believes that the HLF had an appropriate level of attendance, enabled continuity in discussions, and that, owing to its relaxed and informal atmosphere, without tight time pressures, it enabled proper discussions to be held and input provided. The HLF is not a governing body and thus has no decision-making powers, all of which lie with the Regional Committee.

27. Finally the Regional Director would like to emphasise that she would agree to any of the three proposed courses of action, but would also draw attention to the time and cost consequences of each scenario.

Annex 1. Meetings held in 2011 and 2012

Three HLF meetings were held in 2011 and 2012:

- Andorra (March 2011): Back-to-back with the second meeting to share experiences and strategies in implementing the Tallinn Charter: Health Systems for Health and Wealth: “Sustaining performance in the context of the global economic crisis”. HLF members from 46 Member States participated, with a total cost to WHO of US\$ 98 300.

During this meeting, the terms of reference of the HLF were agreed. The scene was set, with early advice given on Health 2020. Discussions were also held on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (for RC61); Strengthening public health capacities and services in Europe: a framework for action (RC61); governance for health in the 21st century; and intersectoral action and health in all policies.

- Israel (November 2011): Back-to-back with the First WHO European Conference on the New European Policy for Health - Health 2020. HLF members from 41 Member States participated, with a cost to WHO of US\$ 34 600.

The main issues for discussion and exchange at this meeting were interventions and solutions to address Europe’s public health challenges and proposals for Health 2020 targets. This HLF meeting was followed by the First WHO European Conference on the New European Policy for Health - Health 2020.

- Belgium (April 2012): Stand alone meeting on Health 2020 and its targets, with additional discussions on the Strategy and action plan for healthy ageing in Europe, 2012–2020; the European Action Plan for Strengthening Public Health Capacities and Services; and A country strategy for the WHO Regional Office for Europe 2012–2014. HLF members from 43 Member States participated, with a cost to WHO of US\$ 27 000.

This was a particularly important meeting, at which consensus was reached on the Health 2020 “short document” and the Health 2020 targets and their quantification (see Annex 2 for excerpts from the report of the meeting).

Annex 2: Extract from the Brussels HLF Meeting on the proposed Evaluation of the HLF

The moderator, Professor Alex Leventhal, Director, Department of International relations, Ministry of Health, Israel, invited Mr Arun Nanda, Adviser to the Regional Director, to introduce the agenda item on the Evaluation of the mechanism of the European Health Policy Forum of High-Level Government Officials. The Forum had been set up to provide high-level input to help shape Health 2020, as requested by the WHO Regional Committee for Europe at its sixtieth session, and to provide a mechanism for strategic-level discussions with and between Member States. In order to ensure greater interaction at the appropriate level, all Ministers of Health had nominated one high-level official at the level of Secretary of State, Deputy Minister, Director-General of Health, Chief Medical Officer or equivalent (and an alternate, as appropriate) to represent them at the High-level Forum. Previous comments regarding the Forum had been reflected in the Terms of Reference for the High-level Forum, which had been presented at the Forum's first meeting in Andorra. The technical and content achievements of the three Forum meetings and costs (plus some indicators of increasing level of interest and commitment from Member States) were also presented. Finally, the meeting was presented with some sample questions for a formal evaluation of the High-level Forum, with three potential scenarios for how the evaluation could be conducted, and a proposal for reporting the results of the evaluation to the Regional Committee.

Participants all welcomed the establishment of the Forum and underscored its particular importance as a mechanism for holding strategic-level discussions. It had provided a very useful arena in which the development of Health 2020, and guidance thereon, could be discussed in an open manner, perhaps because it was not a decision-making body. Without the discussions held in the context of the High-level Forum, the quality of the Health 2020 policy would have been inferior and would have required much greater discussion in the context of the Regional Committee. Such an approach could have adversely affected Regional Committee procedures, discussions and decisions. Participants recognized the need to conserve resources and one participant suggested that the Forum did not necessarily need to meet every year, but rather could be reserved as a body that could be convened as and when the need arose. Others, however, said they would prefer the Forum to meet annually as a matter of course (with regular meeting dates set, although subject to cancellation if necessary), since it provided an important opportunity to share experience and best practices and to hold open discussions in order to prepare strategies for the health sector. On the issue of extending participation to include other stakeholders, participants said they would prefer to keep the existing membership in order to preserve the existing dynamic of the meetings.

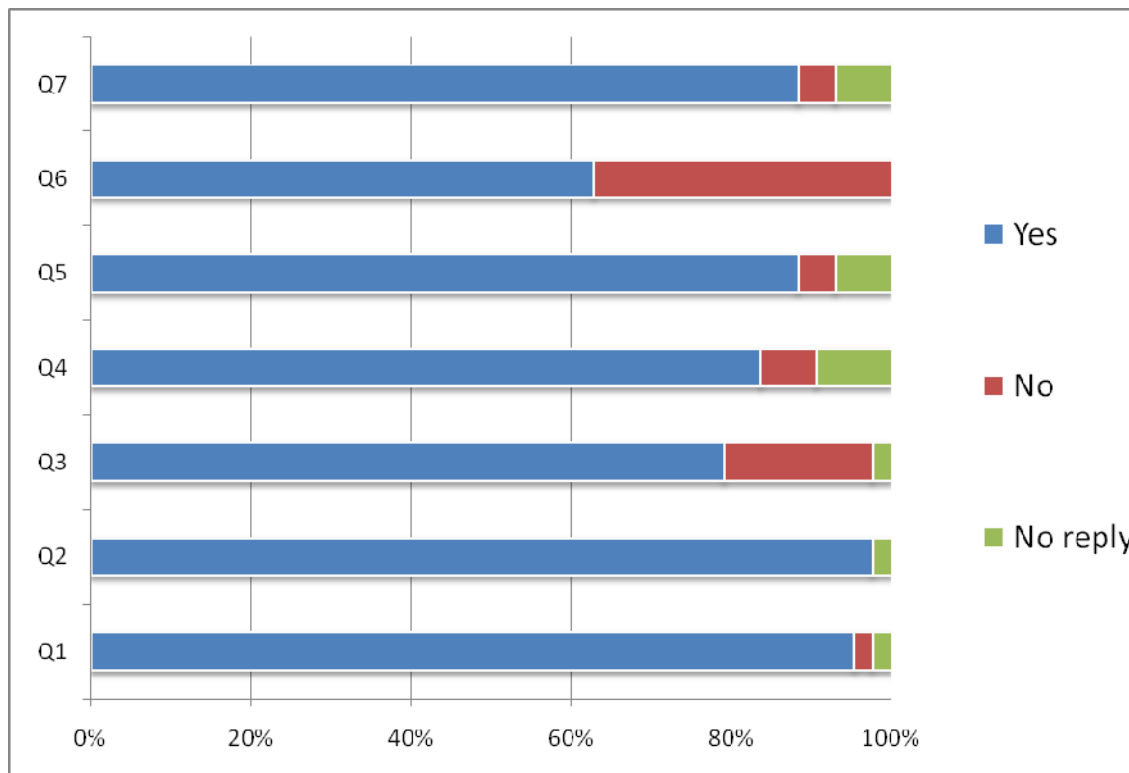
Some participants wished to set a date for a meeting of the Forum in 2013, without a break in the sequence of meetings, and therefore said that the evaluation of the High-level Forum should be conducted as swiftly as possible. Several participants mentioned that the Forum must not duplicate the work of the Regional Committee or the SCRC, but rather should complement them and provide added value. Some suggested using the opportunity of the "open" SCRC meeting in May every year (since all Member States would already be present) to hold a meeting of the Forum, in order to make better use of existing meetings and thus save resources. The terms of reference for the Forum should be reviewed, and clear tasks set for the future. Agenda items for future meetings should be carefully selected in an interactive manner, given that the primary task of advising the Regional Director on Health 2020 had been completed. Several representatives said that they wished to discuss the issue with their respective health ministries before recommending how to proceed.

The Regional Director, responding to the points raised, said that she was a firm supporter of strong governing bodies and agreed that the Forum was an important means for the Office to be able to reach out to all 53 Member States in the WHO European Region in a participatory process on strategic issues (which, if discussed in the SCRC would mean that not all Member States were present). The Forum had been particularly useful for consultations on Health 2020. The opinions expressed on the continuation of the Forum would be summarized and discussed at the forthcoming session of the SCRC. A questionnaire would be drafted and sent to all Member States, the responses to which would be analysed and discussed at RC62. The general opinion seemed to be that the Forum should meet once each year to discuss strategic issues related to aspects of the Regional Committee's agenda.

In closing the session, the Moderator expressed a personal opinion that having attended two of the three meetings of the Forum, the acid test was to consider how Health 2020 would have developed had the Forum not been established. The answer was that the quality of Health 2020 would probably have been considerably less, and that it would not have been ready for approval at RC62.

Annex 3: Overview of replies to the HLF Questionnaire

Out of 53 Members States 43 responded as following:



	Q1	Q2	Q3	Q4	Q5	Q6	Q7
Yes	41	42	34	36	38	27	38
No	1	0	8	3	2	16	2
No reply	1	1	1	4	3	0	3
Sum	43	43	43	43	43	43	43

Q1: 95.3% yes; 2.3% no; 2.3% no reply.

Q2: 97.7% yes; 2.3% no reply.

Q3: 79.1% yes; 18.3% no; 2.3% no reply.

Q4: 83.7% yes; 7% no; 9.3% no reply.

Q5: 88.4% yes (out of which 15 replies were in favour of back-to-back meetings, 9 in favour of stand alone meetings, and 14 in favour of either of the above); 4.7% no; 7% no reply.

Q6: 62.8% yes; 37.2 % no.

Q7: 88.4% yes (of which 20 replies were in favour of extending the composition of the Forum to include other stakeholders); 4.7% no; 7% no reply.