World Health Organization
REGIONAL OFFICE FOR Europe

ASSESSING GOVERNANCE FOR HEALTH AND WELL-BEING:

OPERATIONALIZING WHOLE-OF-GOVERNMENT APPROACHES

Technical paper

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Abstract

This technical paper was presented as a background paper to the Expert Meeting on Governance for Health and Well-being held at the WHO Regional Office for Europe on 2 March 2020. It supports the WHO publications *Concept note: assessment tool for governance for health and well-being* and the *Tool for mapping governance for health and well-being: the organigraph method*. The paper collates the evidence on governance for health from literature and practice in the WHO European Region and presents the conceptual model and analytical framework that were developed by the Governance for Health programme of the WHO Regional Office for Europe to support countries in assessing and strengthening multi- and intersectoral governance for achieving sustainable health and well-being systems and outcomes.

Keywords

GOVERNANCE
WHOLE OF GOVERNMENT
MULTISECTORAL
INTERSECTORAL
COHERENCE
HEALTH

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Executive summary

This technical paper was presented as a background paper to the Expert Meeting on Governance for Health and Well-being held at the WHO Regional Office for Europe on 2 March 2020. It supports the WHO publications *Concept note: assessment tool for governance for health and well-being* (WHO Regional Office for Europe, 2018a) and the *Tool for mapping governance for health and well-being: the organigraph method* (WHO Regional Office for Europe, 2018b).

Through their commitment to the goals of the United Nations 2030 Agenda for Sustainable Development, countries have recognized the need to develop new models of partnership and scale-up multi- and intersectoral working with the involvement of diverse actors across and beyond government to meet global goals and today's complex challenges. This has been operationalized by WHO through the adoption of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) (WHO, 2019). GPW 13 defines WHO's strategy for the five-year period 2019–2023 and focuses on measurable impacts on people's health at country level, emphasizing the need for collaboration across all sectors to achieve the triple billion goals that are at its heart.

The move towards greater multi- and intersectoral and interagency cooperation, as well as the design and implementation of new models of partnership, requires strengthened governance approaches. This includes stronger accountability for health and well-being from different sectors and partners and better understanding of the governance and institutional needs and mechanisms for sustainable whole-of-government and whole-of-society approaches to improved health and well-being outcomes.

Countries, supported by WHO and international and regional partners, have over 40 years of experience in operationalizing multi- and intersectoral approaches, including through the Health in All Policies approach, lessons learned from health systems governance and public management, and governance lessons from international development.

As a response to a direct request from Member States of the WHO European Region, the Governance for Health programme of the WHO Regional Office for Europe has developed a conceptual model and supporting analytical framework to facilitate a systematic approach to governance for health and well-being. It followed a four-step process:

1. review the evidence in literature and practice in the European Region to identify common elements and lessons, internally and externally;
2. develop a conceptual model to support systematization of the approaches;
3. develop an analytical framework to act as a basis for an assessment process to support countries; and
4. pilot and finalize the assessment process towards the development of an assessment tool on governance for health and well-being.

Steps 1–3 are the focus of this paper. The concept note for step 4 has already been published (WHO Regional Office for Europe, 2018a).

The technical paper is structured in three main parts.

1. **Part 1. Policy context and terminology.** This section looks at definitions, the policy context and origins of governance for health and well-being and how it supports GPW 13.

2. **Part 2. conceptual model and analytical framework for governance for health and well-being.** This section breaks down the conceptual model and analytical framework into components.
3. **Part 3. Resources.** This section lists the available resources for governance for health and well-being.

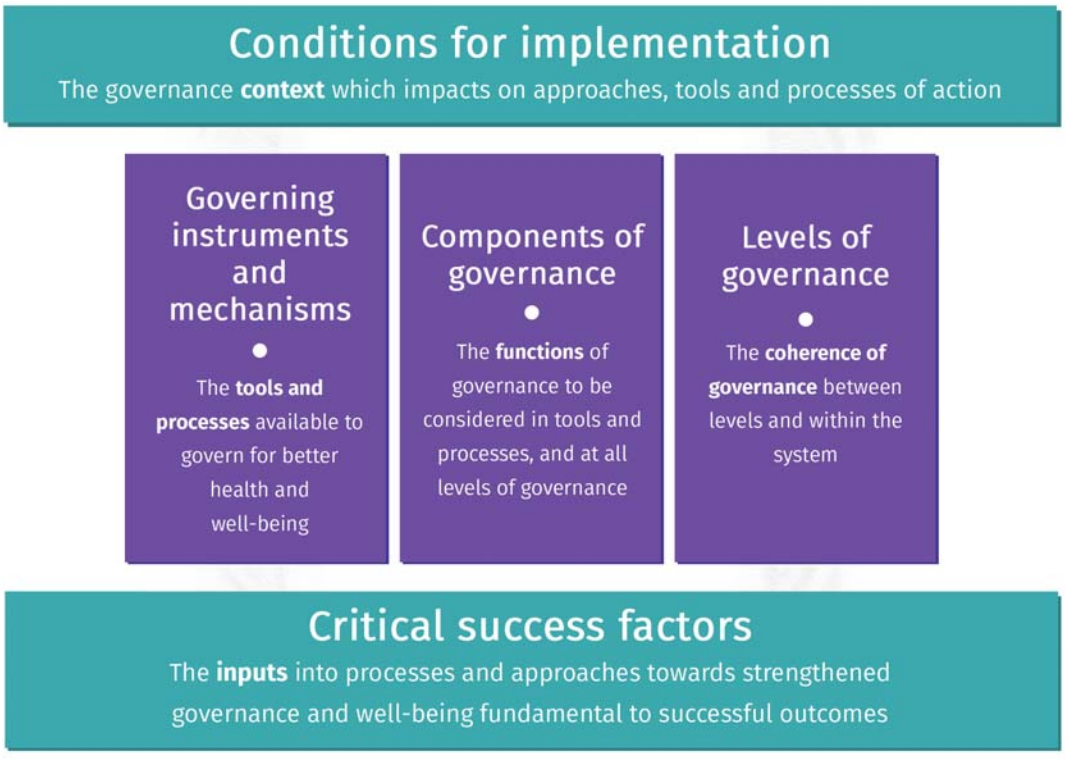
Annex 1 provides a table of international governance instruments impacting on health.

The paper collates the evidence from literature and practice in the European Region and presents the conceptual model and analytical framework to support countries in strengthening multi- and intersectoral governance for achieving sustainable health and well-being systems and outcomes throughout the Region and beyond. The conceptual model developed from evidence in the literature has five domains:

1. **governing instruments and mechanisms:** these constitute the tools and processes used to govern between and across sectors;
2. **aspects of governance:** these constitute the functions in the process of governing for action between and across sectors;
3. **levels of governance:** the different levels of governance in any process define the coherence of actions needed across different levels and actors within government;
4. **conditions for implementation:** these provide for the context and individualization of the action as relevant to each country, but also contribute to the successful scalability and transferability of the action to other countries and levels of governance; and
5. **critical success factors for multi- and intersectoral action:** these contribute the inputs to processes at a level of governance necessary for taking forward action between and across sectors.

This is illustrated in Fig. ES.1.

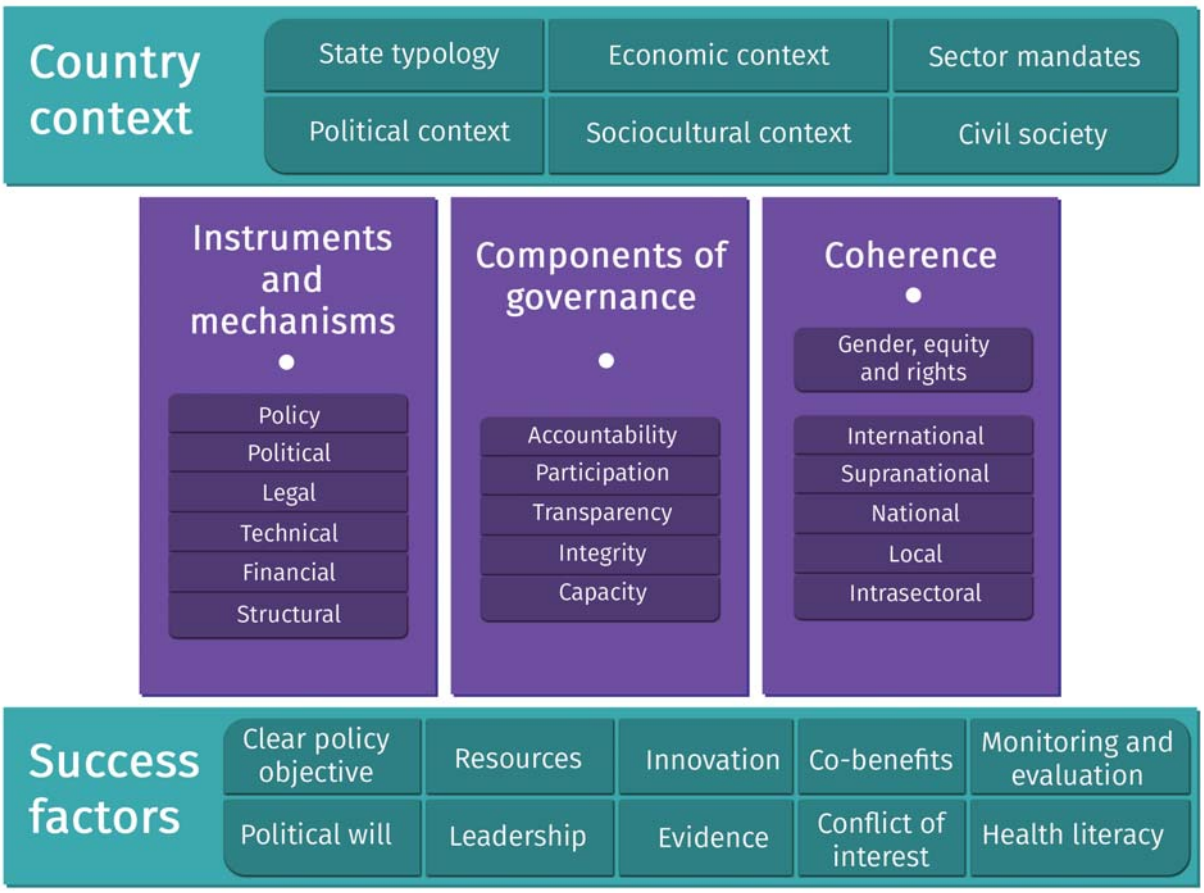
Fig. ES.1. | Conceptual model for governance for health and well-being



Source: WHO Regional Office for Europe (2018a).

This conceptual model is expanded into the analytical framework (Fig. ES.2).

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



Source: WHO Regional Office for Europe (2018a).

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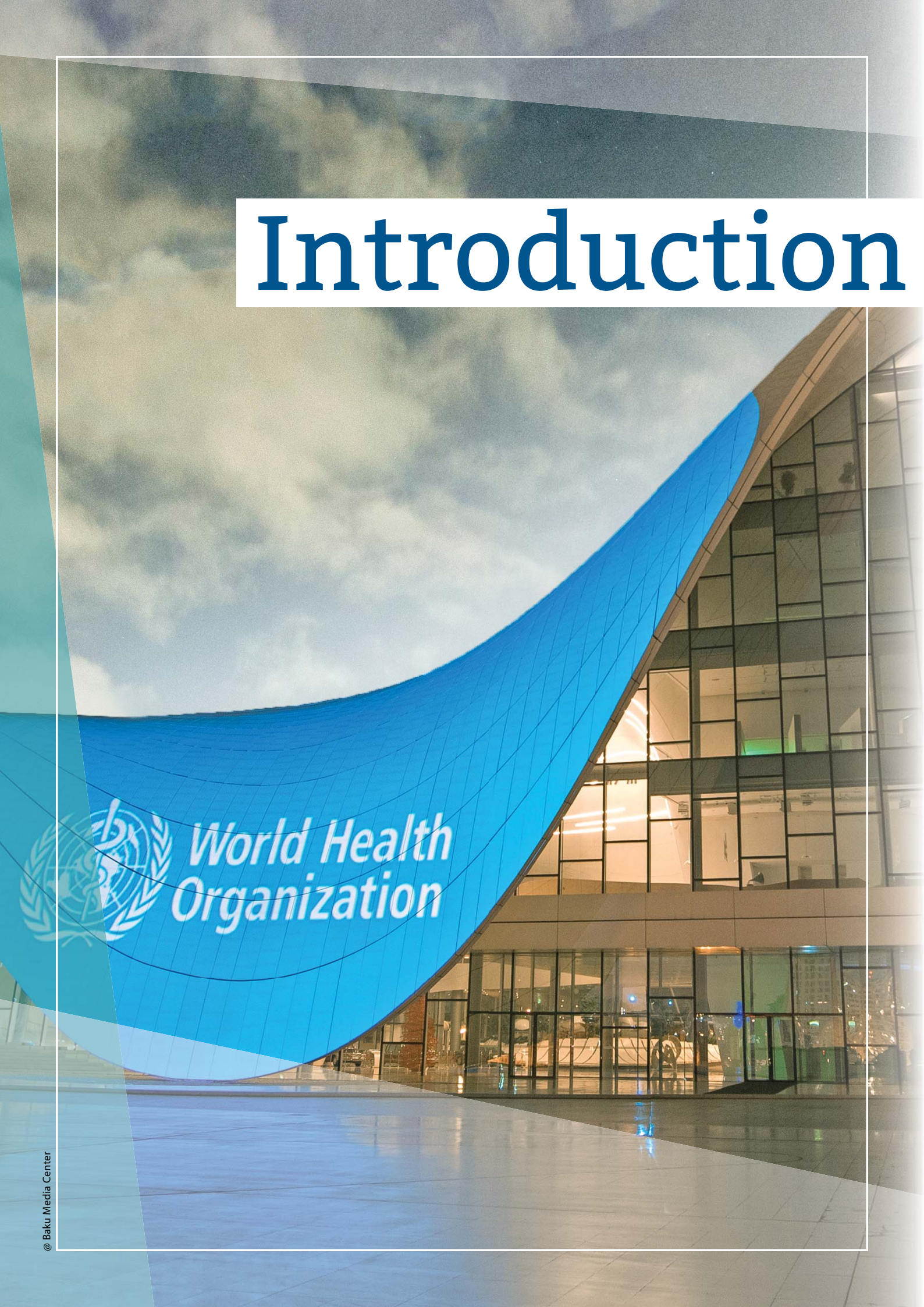
[1] All weblinks accessed 22 May 2020.

Introduction



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Health and well-being are shaped by multiple determinants that span political, cultural, social, economic, environmental, health-systems and commercial sectors and domains. Addressing these wider determinants and making a positive difference to health and well-being outcomes requires governance and policies that are intersectoral and multidimensional (WHO Regional Office for Europe, 2018a). An increasingly globalized, developed, interconnected and educated world has provided a rapidly changing global, socioeconomic, technological, environmental, demographic and health context within which to operate. Demographic shifts, the epidemiological transition of disease, increasing frequency in outbreaks, epidemics and pandemics, as well as the increasing politicization of health have created an urgent need to address the new challenges presented by this context.

It has also presented an opportunity: these challenges can be addressed through strengthened governance, with health and well-being at its centre. Multi- and intersectoral governance and synergized approaches across governance system levels, sectors, institutions, communities, cities and countries is essential for navigating through this rapidly changing and evolving context to achieve sustainable and equal health and well-being outcomes for all.

In the WHO European Region, the adoption of Health 2020 in 2012 (WHO Regional Office for Europe, 2012a) provided an increased focus on the intersectoral dimension of action to address health challenges. In 2015, WHO European Region Member States adopted the decision on promoting intersectoral action for health and well-being in the WHO European Region at the 65th session of the Regional Committee for Europe (WHO Regional Office for Europe, 2015a), requesting support for the development and implementation of governance for health and well-being approaches, including multi- and intersectoral action.

The WHO Regional Office for Europe Governance for Health programme then undertook a number of exercises to strengthen understanding of how to strengthen governance approaches through an attempt to synthesize the literature and evidence from practice that supports the operationalization of multi- and intersectoral action for better health and well-being. These exercises led to the development of the conceptual model and analytical framework that act as the basis for a specialized tool for assessing governance for health and well-being explored further in this technical paper – the Assessment Tool for Governance for Health and Well-being (WHO Regional Office for Europe, 2018a), hereafter referred to as the assessment tool.

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

The assessment tool was developed to assess the capacity of countries to design, coordinate and implement different governance approaches for improved health and well-being: whole-of-government, across sectors (multi- and intersectoral) and within sectors (intrasectoral). The tool is designed to support countries in:

- developing national and subnational development strategies focused on health and well-being;
- developing national health policies, strategies and plans;
- strengthening health system performance;
- strengthening public health services and functions;
- addressing social, economic, environmental and commercial determinants of health; and
- tackling (public) health priorities and challenges.

This technical paper presents the methodology for the development of the assessment tool (WHO Regional Office for Europe, 2018a) and the tool's limitations, followed by a summary of the domains of the tool. The paper is structured in three parts.

1. **Part 1: Policy context and terminology.** This section looks at definitions, the policy context and the origins of governance for health and well-being and how it supports WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13) (WHO, 2019a).
2. **Part 2. Conceptual model and analytical framework for governance for health and well-being.** This section breaks down the conceptual model and analytical framework into its components.
3. **Part 3. Resources.** This section lists the available resources for governance for health and well-being.

Annex 1 presents a table of international governance instruments impacting on health.

The technical paper was prepared for the Expert Meeting on Governance for Health and Well-being held at the WHO Regional Office for Europe on 2 March 2020 and supports the WHO publications *Concept note: assessment tool for governance for health and well-being* (WHO Regional Office for Europe, 2018a) and the *Tool for mapping governance for health and well-being: the organigraph method* (WHO Regional Office for Europe, 2018b).

Methodology

Development of the conceptual model and analytical framework

The approach and process was led by the Governance for Health programme in the Division for Policy and Governance for Health and Well-being of the Regional Office for Europe and followed four steps. It intended to develop and expand understanding of governance for health and well-being and how to assess it. The four steps were:

1. review the evidence in literature and practice in the European Region to identify common elements and lessons, internally and externally;
2. develop a conceptual model to support systematization of approaches;
3. develop an analytical framework to act as the basis for an assessment process to support countries; and
4. pilot and finalize an assessment tool on governance for health and well-being.

Steps 1–3 are described in this paper. Step 4 is published and available (WHO Regional Office for Europe, 2018a).

In line with step 1, a literature review was undertaken of WHO publications covering governance for health, intersectoral governance, and multi- and intersectoral action and health governance, and publications on governance for development from external United Nations and partner organizations. The purpose of the literature review was to create a conceptual framework for a systematic approach to strengthening multi- and intersectoral action for health and well-being and identify gaps for further work.[2]

This was supplemented by three mapping exercises undertaken by the Governance for Health programme:

- an internal mapping exercise across the WHO Regional Office for Europe's programme areas covering ongoing inter- and multisectoral programme work, programme conceptualization and understandings of governance for health and well-being;
- a mapping exercise of inter- and multisectoral tools produced by the WHO Regional Office for Europe; and
- an external mapping exercise undertaken in 2015–2016 to evaluate diverse good practice in multi- and intersectoral action at country level.[3]

The external exercise was undertaken using a systematic approach developed by experts from the WHO Kobe Centre for Health Development and culminated in 36 case stories, or narratives, of good practice. The process resulted in four main areas contributing to the knowledge base of multi- and intersectoral action:

1. why and how multi- and intersectoral action was initiated (initiators and triggers);
2. the focus and nature of multi- and intersectoral action across the case stories (policy areas);
3. how multi- and intersectoral action was implemented in each Member State (implementation actions); and
4. the impact and lessons learned (facilitators, challenges and barriers).

As part of the preparations for the high-level conference held in Paris, France, in December 2016, two background documents produced to inform the conference discussion contributed to the tool development: a technical thematic paper on good governance for the health and wellbeing of all children and adolescents (WHO Regional Office for Europe, 2016a) and a compendium of 101 case studies looking at partnerships for the health and well-being of young and future

[2] The 2016 internal WHO report from the literature review contributed to the technical thematic paper *Good governance for the health and well-being of all children and adolescents*, produced for the High-level Conference on Intersectoral Action held in Paris, France, in December 2016 (WHO Regional Office for Europe, 2016a).

[3] This external exercise culminated in two reports: a full report of case stories, learning and good practice across all the countries (WHO Regional Office for Europe, 2018c) and a report focusing on case stories from the WHO European Small Countries Initiative (WHO Regional Office for Europe, 2016b).

generations (WHO Regional Office for Europe, 2016c). Together with the database of case stories from the WHO European Healthy Cities Network, these provided examples to validate the conceptual model and proposed analytical framework as the basis of the assessment tool (WHO Regional Office for Europe, 2018a).

More detail on the second and third steps of the process – the development of the conceptual model and analytical framework – are provided in Part 2.

Limitations of the conceptual model

The conceptual model presented in this technical paper, which informs the analytical framework, is a working model. Some limitations to the model were identified throughout the process. The conceptual framework was designed for multi- and intersectoral action using a whole-of-government approach. Further adaptation and research could be conducted on adapting the framework for whole-of-society approaches. The purpose of the framework is to be deconstructive in taking apart the different components, layers and elements required to achieve good governance.[4] It is neither designed to act as a model to construct or prescribe good governance, nor to assess whole-of-society approaches. The field of public health has constantly been changing and evolving for over a century, with accelerated focus and development taking place in the last two decades, given rapid globalization, socioeconomic development, and scientific and technological developments. This has brought many new challenges and opportunities to influence health outcomes through the wider determinants of health, the distribution of power and resources, external environmental and demographic pressures, political upheaval and changes in social and behavioural norms (Kosinska & Palumbo, 2012).

The conceptual model is mechanistic by design, with a view to allowing a diagnostic process for systemic challenges. It can support understanding of the *how* in terms of public responses to public health challenges and opportunities.

The model is a systems model designed to focus on mechanisms and instruments of governance, so other so-called softer aspects and skills of governance, including, trust, diplomacy and communication, have deliberately been excluded. These nevertheless are critical tools and elements of governance and are considered from the governance-for-health perspective through a different strand of work under the Governance for Health programme.

When considering equity and rights and how they relate to governance, it is important to understand that this analytical framework for governance is not a qualitative assessment methodology. Rather, it is a tool for assessment of mechanisms and processes in which health equity (including gender equality) and rights are essential elements for policy and governance

[4] Defined as: "action across sectors for health and health equity is not just about achieving better health outcomes through securing 'favours' from other sectors. Rather, it is about the health sector supporting and collaborating with other sectors to develop and implement policies, programmes and projects in their own remit, in a way that optimizes co-benefits for all sectors involved" (WHO, 2016a).

coherence throughout the policy process, both horizontally and vertically across different levels of government. The aim of the framework in its current state is to deconstruct different elements and dimensions of governance. As governance for health and well-being is explored further and a constructive approach is developed, it will be essential to include equity, gender and rights as inputs into processes from the outset to ensure they are reflected in policy outcomes.

Part 1.

Policy context and terminology

Definitions and goals

The purpose of strengthening multi- and intersectoral action is to improve the health and well-being of all in society through building accountability and responsibility among all sectors that can impact on the wider determinants of health. This can foster coordinated action across sectors, with or without health sector involvement, that influences health and well-being and improves coherence and sustainability between sectoral policies and approaches towards better health and well-being for all (WHO Regional Office for Europe, 2015b).

Some current approaches advance intersectoral action for health (McQueen et al., 2012; WHO Regional Office for Europe, 2015b). The working document for the 65th session of the WHO Regional Committee for Europe identified and defined four strategic approaches.

- Health in All Policies (HiAP): the approach originated under the Finnish Presidency of the Council of the European Union (EU) in 2006 (Ståhl et al., 2006) and was reinforced in the 2013 Helsinki Statement on Health in All Policies at the 8th Global Conference on Health Promotion (Leppo et al., 2013;WHO, 2013a).
- Whole-of-government and whole-of-society: these approaches originate from the field of public management and argue for comprehensive and cross-sectoral responses to complex public policy problems (Christensen & Lægreid, 2007) and are recognized as strategic approaches to address health challenges, including emergencies (WHO, 2020a).
- Intersectoral action for health: Health 2020 emphasizes the importance of intersectoral action for health, stating that the "health sector must engage in working with other sectors in ways that are mutually supportive and constructive, in engagements that are 'win-win' for overall societal public health goals, in addition to delivering individual health care services" (WHO Regional Office for Europe, 2013). The United Nations also stressed the "need to put forward a multisectoral approach for health at all government levels" in its 2011 Political Declaration at the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (United Nations, 2011).
- Governance for health: a governance process involving multiple sectors and actors to achieve better health and well-being outcomes (WHO Regional Office for Europe, 2015b).

There are several definitions of governance but no commonly agreed definition (Barbazza & Tello, 2014) due to the extent of different concepts, elements and dimensions related to governance. The analytical framework and assessment tool (WHO Regional Office for Europe, 2018a) builds on previous work on governance. For the purposes of this paper, the definition used is based on

the World Bank's definition. Governance is: *the process and institutions through which decisions are made and authority in a country is exercised*. Essentially, therefore, governance can be defined as *how societies make and implement decisions* (Greer et al., 2016).

The WHO health system building blocks (WHO, 2010) state:

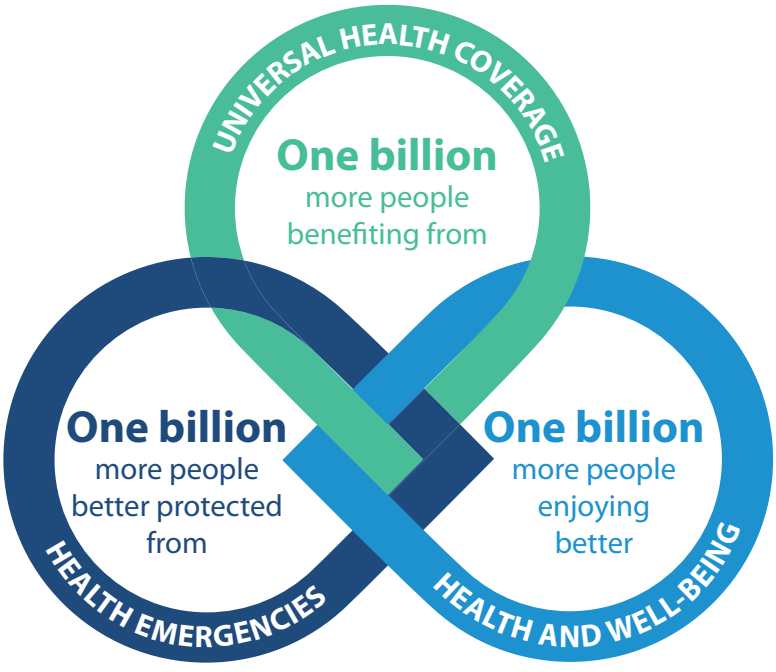
> Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. The need for greater accountability arises both from increased funding and a growing demand to demonstrate results.

Governance for health and well-being in the GPW 13

GPW 13 was adopted by all Member States at the World Health Assembly in May 2018 (WHO, 2019a). It affirms that governance for health and well-being and multisectoral action are crucial for: achieving universal health coverage in Member States; achieving United Nations Sustainable Development Goal (SDG) 3 on health and well-being and other health-related goals; designing, implementing, monitoring and evaluating national health policies, strategies and plans; setting strategic priorities; and achieving strategic organizational shifts.

To achieve the goals and objectives set by GPW 13 and the impacts of the triple billion scale, it is necessary to ensure that countries have systems to facilitate improvement in health and well-being of all people – those living in, visiting and passing through the country. This requires effective governance for health and well-being. Without effective and strengthened governance for health and well-being, it will not be possible to achieve the goals and objectives of GPW 13 (Fig. 1).

Fig. 1 | Goals and objectives of GPW 13



Source: WHO (2019a).

The following governance approaches are mentioned in GPW 13:

- multi- and intersectoral action for better health and well-being
- whole-of-government approach
- whole-of-society approach
- HiAP
- policy coherence
- instruments in global health governance.

Table 1 includes the full text for the references to each of these governance approaches in GPW 13 (WHO, 2019a). Following the table, each of the approaches is described further. Importantly, each of these governance approaches is imbedded in, and not separate to, the overall system of governance – and governance capacity – of a country. Fig. 2 provides a visualization of this nested nature of governance-for-health approaches within an overall governance system.

Table 1 | References to governance approaches in GPW13

GPW13 page number	References to governance for health and well-being approaches
10	The response to social, environmental and economic determinants of health requires **multisectoral approaches** anchored in a human rights perspective. **Multisectoral action** is central to the SDG agenda because of the range of determinants acting upon people's health, such as socioeconomic status, gender and other social determinants.
10	WHO will support **action across government and society** to improve the health and well-being of populations and achieve health equity through the life course. This will require health policies that engage the **governance and social structures**, and that focus on **multisectoral "whole-of-government", "whole-of-society" and Health in All Policies** approaches that deal comprehensively with all health determinants.
10	A major constraint in advancing health priorities, is the lack of adequate capacity in public health. Assessment of essential public health functions in many countries reveals major gaps that impede the achievement of health goals. Public health needs to be strengthened with **appropriate governance arrangements and the development of essential institutional architecture**, as well as an increased pool of trained professionals.
18	**Effective governance is critical** if countries are to move towards UHC. Governments' central role includes policy and planning, the organization of the health system, the regulation of services, financing, human resources and technologies. The WHO Secretariat will work with Member States to strengthen **governance in health**, focusing on strengthening people-led and people-centred service provision. **Governance actions will help strengthen local and national health capacities, including policy development, financing and regulation**. WHO will also support strengthening the voice of the people in policy definition, service provision and monitoring of services, supporting the development of citizens' platforms such as National Health Assemblies.

Table 1 |

GPW13 page number	References to governance for health and well-being approaches
34	**Multisectoral action** Since key determinants of health often lie outside the health sector, countries can only work towards the health SDGs by **engaging sectors beyond health and adopting a "whole-of-government" and "whole-of-society" approach**. Multisectoral action is also the **pathway through which WHO will contribute to health in all 17 SDGs**. The United Nations reform agenda should enable **WHO to work more effectively with non-health sectors at the country level** to address the health impacts of climate change and the environment, and of other factors that have a major impact on health. Multisectoral action becomes possible when **health actors are empowered to effectively engage in and support policy processes in other sectors**. WHO will promote **"Health in All Policies" and governmental cabinet approaches to cross-sectoral action and policy coherence**. WHO will engage Heads of State in **championing a coherent multisectoral agenda** and addressing the main determinants of health in their countries. WHO will support private and public sector investments in primary prevention, as appropriate, and will provide evidence-based guidance that supports healthy choices and interventions, applying the WHO Framework of Engagement with Non-State Actors.
37	WHO is unique among global health organizations in its mandate to provide independent normative guidance, which is a key source of its authority and comparative advantage. WHO's Framework Convention on Tobacco Control, the International Health Regulations (2005), and the Pandemic Influenza Preparedness Framework are examples of **unique instruments in global health governance.**

Source: WHO (2019a).

Multi- and intersectoral action for better health and well-being

Multisectoral action refers to multiple sectors working independently for a common goal (WHO Regional Office for Europe, 2015b, 2018c).

Intersectoral action refers to two or more sectors working together for a common goal. This includes (WHO & Public Health Agency of Canada, 2008; WHO Regional Office for Europe 2015b):

> actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity.

Both approaches can also be referred to as cross-sectoral.

A whole-of-government approach

Whole of government refers to the diffusion of governance vertically across levels of government and arenas of governance and horizontally throughout sectors. Whole-of-government activities are multilevel, encompassing government activities and actors from local to global levels, and increasingly also involving groups outside government.

HiAP is one whole-of-government approach to making governance for health and well-being a priority for more than the health sector. This works in both directions, taking account of the impact of other sectors on health and the impact of health on other sectors.

A whole-of-government approach to health and well-being signifies a commitment to health and well-being at all levels of government, including at the very top. The commitment needs to be coherent vertically through all levels of government, from national to subnational and local, and coherent horizontally across all sectors of government. Many of the complex public health challenges of the 21st century transcend sectoral boundaries and require multi- and intersectoral action. A whole-of-government approach ensures, among other things, that political will is secured, and that coordination and coherence – two of the main challenges to effective implementation of multi- and intersectoral action – are addressed.

A whole-of-society approach

A whole-of-society approach aims to extend the whole-of-government approach by placing additional emphasis on the roles of the private sector, civil society and political decision-makers, such as parliamentarians.

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.

Tackling the public health challenges of the 21st century and addressing the wider determinants of health, including the social determinants, requires engagement with all actors and stakeholders across society. In several countries, the private sector and civil society are recognized as playing key roles in achieving the goals of the 2030 Agenda, capitalizing on the positive synergies between government, private sector and civil society efforts to achieve the ambitious 2030 Agenda targets.

A health-in-all-policies approach

HiAP is a whole-system approach that aims to integrate health considerations into policies that lie outside the health sector. The term was first used in 2006, when Finland adopted it as a theme during its EU presidency. HiAP has been defined as an approach that "systematically takes into account the health and health-system implications of decisions, seeks synergies and avoids

harmful health impacts" (Ståhl et al., 2006). These principles were endorsed in the 2013 Helsinki Statement on Health in All Policies at the Eighth Global Conference on Health Promotion (WHO, 2013a).

Policy coherence

Policy coherence is the systematic promotion of mutually reinforcing policies across government departments to create synergies towards achieving agreed objectives and to avoid or minimize negative spill overs in other policy areas (Lasekit, 2020). It can be horizontal across government departments and vertical through different levels of government.

Instruments in global health governance

Instruments of global health governance[5] play an important role as tools for shaping collective responses to global health challenges. WHO's Framework Convention on Tobacco Control (WHO, 2003), the International Health Regulations (WHO, 2005a) and the Pandemic Influenza Preparedness Framework are examples of unique instruments in global health governance.

An enabling system of governance

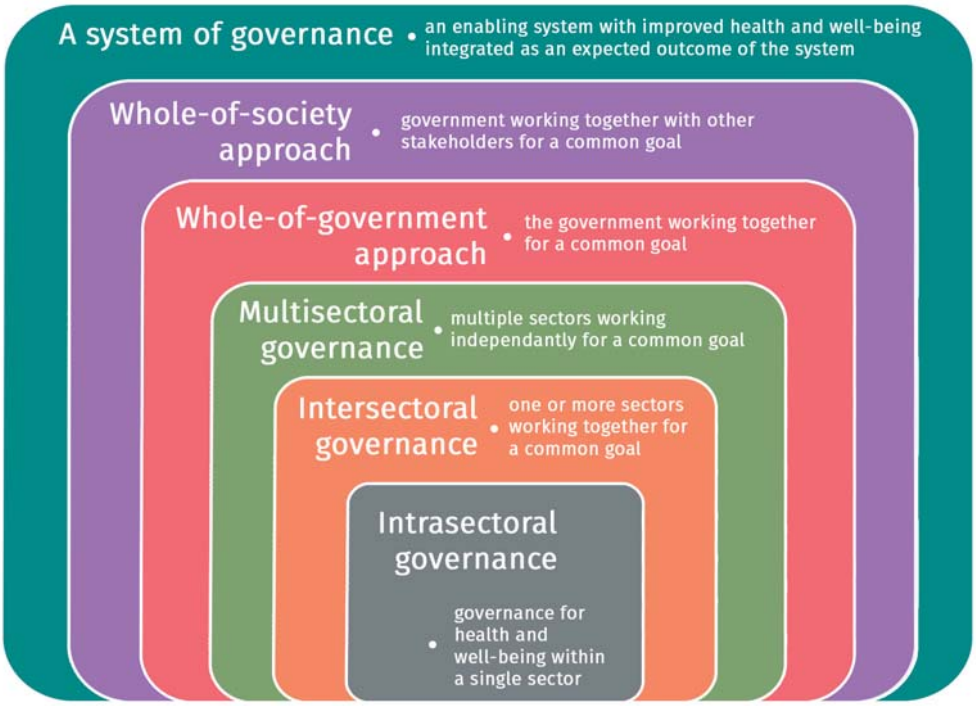
All of the approaches referenced in Table 1 sit within an overall system of governance at national level. This is visualized in Fig. 2. To achieve governance that works best for health and well-being for all, the overall system of governance needs to function as an enabling system, with improved health and well-being integrated as an expected societal (and economic) outcome. The governance-for-health approach needed is highly specific to the context of each country, as competences, capacities and responsibilities differ from country to country at national and subnational levels. The national context is of particular importance given the vast diversity in the European Region – culturally, socially, politically and legally.

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

The only approach that appears in Fig. 2 below but is not elaborated in this section is **intrasectoral governance**. This refers to ensuring horizontal and vertical coherence within a particular sector. Horizontally, it includes relationships between different agencies and health facilities, and vertically, it includes the sector at national, regional and local levels.

[5] Table A1.1 in Annex 1 presents the main governance instruments at international level impacting on health.

Fig. 2 | Conceptual model for governance for health and well-being



Source: WHO Regional Office for Europe (2018a).

Policy context of governance for health and well-being

Promoting intersectoral action for health has been one of the strategic objectives of WHO for over 40 years: from the Alma-Ata declaration (WHO Regional Office for Europe, 1978), Article 4 of which called for the involvement of "all related sectors and aspects of national and community development" in efforts to promote health (WHO Regional Office for Europe, 1978), through to the prominent role of both equity and intersectoral action in the health-for-all movement and Health 21, the health-for-all policy framework for the European Region (WHO, 1997, 1986a; WHO Regional Office for Europe, 1999), to the principles of healthy public policy and the need to involve other sectors in health promotion recognized in the 1986 Ottawa Charter (WHO, 1986b). More recently, this has been reinforced in the WHO recommendations for implementing sustainable policies to promote health (WHO, 2011a) and the Rio Political Declaration (WHO, 2011b), which called for action on the social determinants of health by involving all sectors of society. In 2014, the report by the secretariat to the Sixty-seventh World Health Assembly (A67/25) on contributing to social and economic development, sustainable action across sectors to improve health and health equity (WHO, 2014a) repeated the call to strengthen intersectoral action.

Introducing a political economy of health and well-being

The WHO Commission on Social Determinants of Health marks a significant point in the movement towards governance for health. Its final report in 2008 included recommendations that reach beyond the health sector, suggesting that reducing health inequities required "improving daily living conditions" and "tackling the inequitable distribution of power, money, and resources" (WHO, 2008). This represents an important milestone in the acknowledgement of the concept of the *political economy of health*, which was further developed by the working document for decision EU/RC65(1) on promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice, adopted in 2015 during the 65th session of the WHO Regional Committee for Europe (WHO Regional Office for Europe, 2015b).

The adoption of the Health 2020 health policy framework for the WHO European Region in 2012 by all Member States, with governance for health and well-being as a twin strategic objective alongside improved health equity (WHO Regional Office for Europe, 2013), marked a strategic approach in the European Region to strengthen intersectoral action further; in 2015, the WHO Regional Committee for Europe reaffirmed the key role of intersectoral action in its implementation (WHO Regional Office for Europe, 2015b).

Governance at the centre of all major health challenges and policy responses

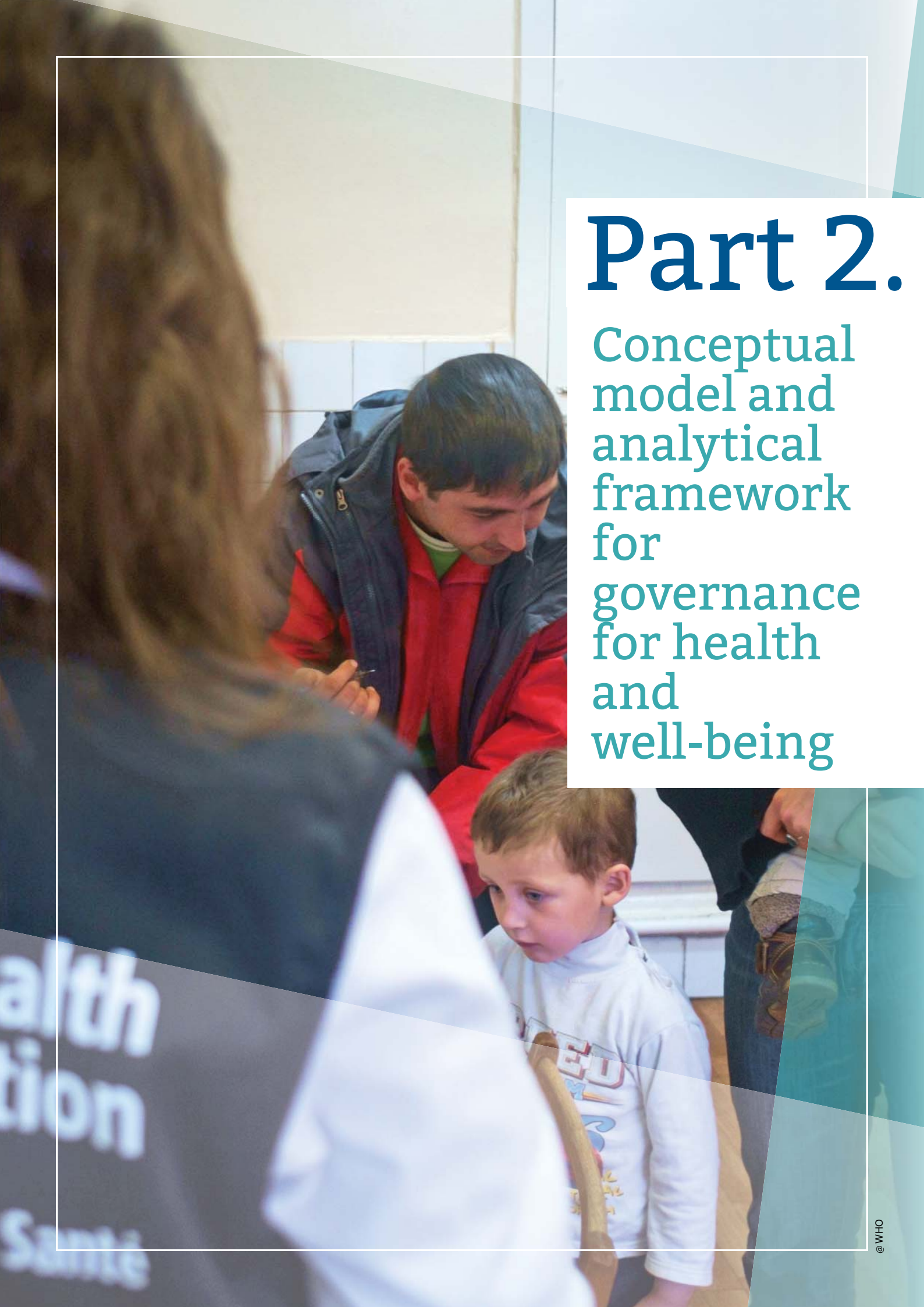
Governance in all its component approaches (including multi- and intersectoral action, good governance, strengthening accountability and coherence) is crucial to addressing the major health challenges of our time. It therefore is reflected in the global policy agendas that include the goal of responding to and tackling these major global challenges to health and well-being: the 2030 Agenda ; the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (WHO, 2013b); the International Health Regulations (WHO, 2005a); the health dimension of the Global Compact for Migration (International Organization for Migration, 2018); Health 2020 (WHO Regional Office for Europe, 2013) ; the European Action Plan for the Strengthening of Public Health Capacities and Services and its associated Essential Public Health Operations (WHO Regional Office for Europe, 2012b); the Global Strategy on Human Resources for Health: Workforce 2030 (WHO, 2016b); the draft Global Strategy on Digital Health 2020–2024 (WHO, 2019b); WHO Executive Board resolution EB138/R5 on strengthening essential public health functions in support of the achievement of universal health coverage (WHO, 2016c); Working for Health: a Five-year Action Plan for Health Employment and Inclusive Economic Growth 2017–2021 (WHO, 2018a); the Global Strategy and Action Plan on Ageing and Health (WHO, 2017a); the Multisectoral Accountability Framework to Accelerate Progress to end TB by 2030 (WHO, 2019c); the Global Action Plan on Antimicrobial Resistance (WHO, 2015); A Strategic Framework for Emergency Preparedness (WHO, 2017b); and the Sendai Framework for Disaster Risk Reduction 2015–2030 (United Nations Office for Disaster Risk Reduction, 2015) as well as other global and regional polices, strategies, agendas and action plans.

Effective governance for health and well-being is essential to strengthening universal health coverage, a key principle of the GPW 13 (WHO, 2019a) and a global priority area for WHO.

Governance at the centre of high-level political responses to health challenges

The need for governance is not simply reflected in issue-specific policy responses. It is also a central element of high-level political declarations and responses to these challenges. At United Nations level, the need for multi- and intersectoral action has been recognized by heads of state and government in the Political Declaration of the High-level Meeting of the United Nations General Assembly on Antimicrobial Resistance (United Nations, 2016), the Political Declaration on the Fight against Tuberculosis (United Nations, 2018) and the Political Declaration of the High-level Meeting on Universal Health Coverage "Universal Health Coverage: Moving Together to Build a Healthier World" (United Nations, 2019). The 2017 resolution A/RES/72/139 on global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, also called on Member States to engage in dialogue with stakeholders, including civil society, academia and the private sector, to maximize their engagement in, and contribution to, the implementation of health goals and targets through an intersectoral and multistakeholder approach (United Nations, 2017). Ministers of health have recognized the need for multi- and intersectoral action through the 2019 Okayama Declaration of the G20 Health Ministers (G20 Health Ministers, 2019) and the 2018 G20 Mar del Plata Health Ministers Declaration (G20 Health Ministers, 2018).

As operationalization and implementation of the 2030 Agenda is moved forward, new models of partnership and scaling-up of multi- and intersectoral action will be explored further, with the involvement of diverse actors as the means to achieve global, regional and national goals and targets and to meet today's complex global challenges. These partnerships are necessary to achieve all the SDGs; health actors also have a role to play in the achievement of SDG 16 on peace, justice and strong institutions.



Part 2.

Conceptual model and analytical framework for governance for health and well-being

Deconstructing governance approaches to health and well-being

From narrative review of the literature undertaken and the subsequent synthesis, three dimensions of governing for health and well-being emerged as being distinct but interrelated:

1. the **instruments and mechanisms** for strengthened accountability across sectors, which include legal, financial, technical and policy instruments, as well as the political instruments and structural mechanisms to integrate sectors;
2. the **components of governance** for consideration in delivering strengthened multi- and intersectoral governance, which include transparency, accountability, participation, integrity and capacity (these components interact, wherein the success of the process is dependent on the participation of the relevant actors and their trust in the process: the former is dependent on their capacity to strengthen accountability for decisions affecting health and well-being, while the latter is dependent in part on transparency and communication in the process; the components also contribute to the successful implementation of the instruments and mechanisms); and
3. **policy coherence for health and well-being** across sectors within government and between the different levels of governance emerges as a key contributor to the successful implementation of multi- and intersectoral action for health and well-being; it promotes an approach focusing on instruments and mechanisms that address the multilevel nature of governance necessary to tackle modern public health challenges.

Each grouping of instruments and mechanisms is considered with an equity and rights lens, where possible identifying how their design, implementation and evaluation are needs-based and consider gender, socioeconomic status, ethnic minorities, migrants (including migrants in irregular situations) and other groups. In this sense, gender, equity and human rights are not only important to the coherence and levels of governance, but also cannot be ignored in the instruments, mechanisms and components of governance.

The context of, and conditions for, governance

Two elements facilitate and shape the three core dimensions.

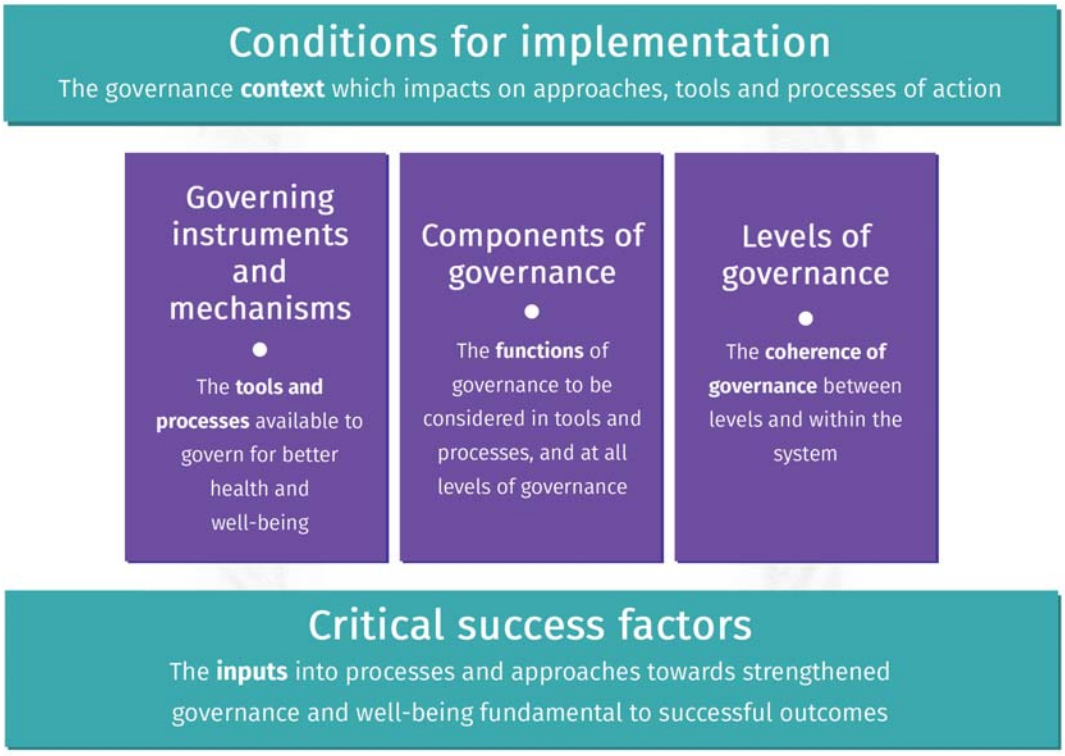
1. **The context of the multi-/intersectoral action is critical** in all analytical approaches and interventions towards strengthening governance for health and well-being. This applies to the varied capacity of different actors in the process, the political and economic context, competences across sectors and the cultural context, involving the wider social context and the working cultures of the actors and institutions involved in the process.
2. **Certain conditions act as essential ingredients to facilitate the initiation and implementation** of successful multi-/intersectoral policies and processes. These include: evidence (whether data or political evidence, such as the onset of a crisis) that can act as a trigger for political will; space for innovation (whether in policy or practice); leadership and stewardship (WHO, 2019c) by the health sector in steering the process; resources (financial, human and time) being dedicated to multi-/intersectoral action; and maintaining an equity and rights lens in planning and delivering implementation. Experience from the European Region shows that clearly identified mutual goals and co-benefits can increase the commitment of all parties involved. The role of these preconditions influences the likelihood of success not only at the outset of the process, but also throughout the implementation and evaluation phases.

These three dimensions and two elements form the basis for the conceptual model shown in Fig. 3. The findings were developed into five domains that make up the conceptual model:

1. **governing instruments and mechanisms**, which constitute the tools and processes used to govern between and across sectors;
2. **aspects of governance**, constituting the functions in the process of governing for action between and across sectors;
3. **levels of governance**, which in any process define the coherence of actions needed across different levels and actors within government;
4. **conditions for implementation**, providing for the context and individualization of the action as relevant to each country, and also contributing to the successful scalability and transferability of the action to other countries and levels of governance; and
5. **critical success factors for multi- and intersectoral action**, which contribute the inputs to processes at a level of governance necessary for taking forward action between and across sectors and are elaborated further below.

The conceptual model in Fig. 3 forms the basis for the analytical framework presented in Fig 4.

Fig. 3 | Conceptual model for governance for health and well-being



Source: WHO Regional Office for Europe (2018a).

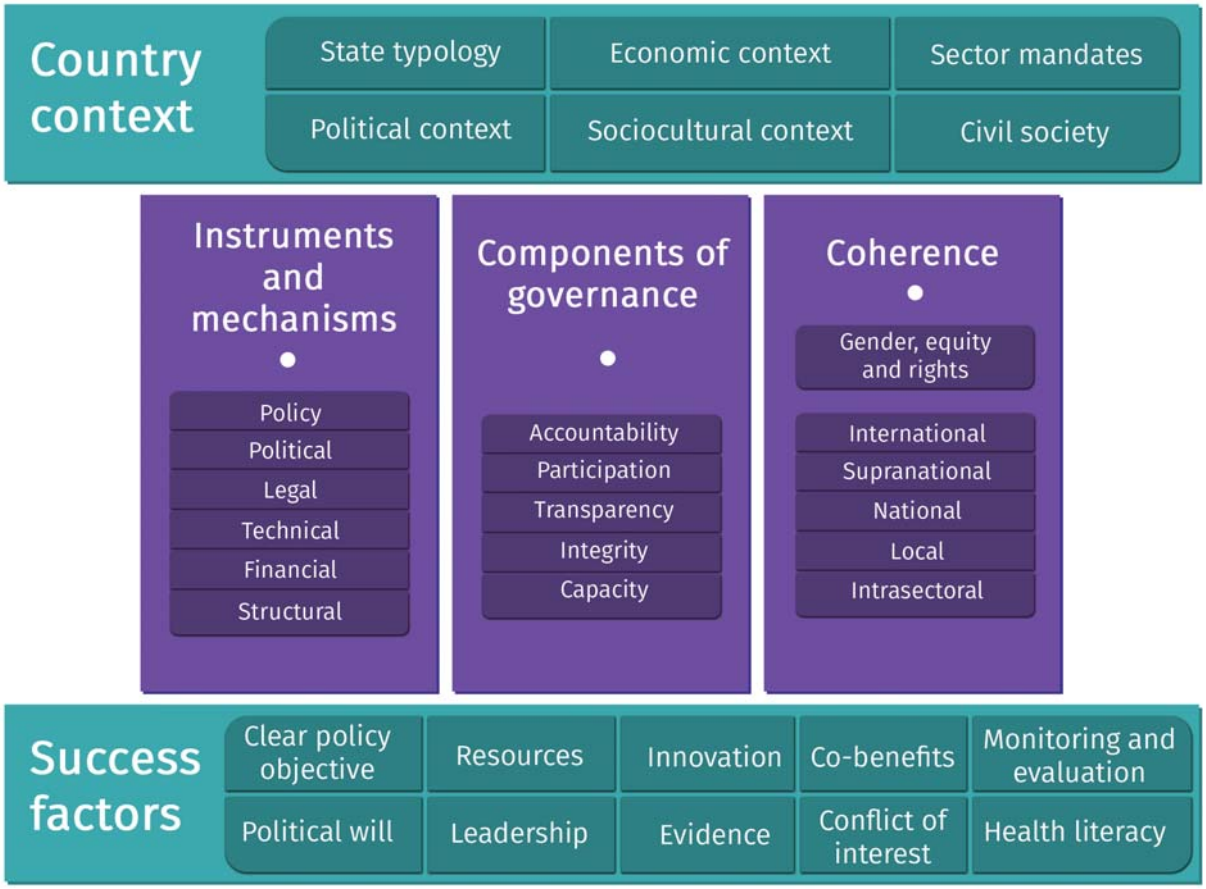
Analytical framework for governance for health and well-being

The development of the analytical framework has been outlined in WHO publications (WHO Regional Office for Europe, 2018a). The assessment tool (WHO Regional Office for Europe, 2018a) was developed through a two-part process. The first part involved the desk-based exercises undertaken in 2015 and 2016 described above, which contributed to the development of a conceptual model for a systematic approach to governance for health and well-being. The conceptual model was used as the basis for an analytical framework for value-based governance.[6] The second stage was undertaken through a pilot of the analytical framework in a number of countries.

The developed analytical framework deconstructs the complex governance process and outlines the domains and interrelated elements contributing to the start, continuation and success of multi- and intersectoral action (Fig. 4).

[6] The principle of values-based governance supports recent approaches for social return on investment as an investment approach aiming to maximize the synergies and co-benefits for health and sustainable development (see Hamelmann et al. (2017) for further information).

Fig. 4 | Analytical framework for governance for health and well-being



Source: WHO Regional Office for Europe (2018a).

The analytical framework aims to support the development and implementation of national and subnational health policies, strategies and plans and was developed with the objective of facilitating transferability across policy objectives.

The primary aim is an integrated national approach to governance for health and well-being. The secondary aim is to deconstruct the different elements as building blocks relevant to specific policy objectives in particular contexts, and is supported by WHO-developed diagnostic tools that are used to diagnose particular governance issues impacting on health and well-being, such as the assessment tool (WHO Regional Office for Europe, 2018a) and the organigraph tool (WHO Regional Office for Europe, 2018b).

The analytical framework can be adapted for other policy areas, such as tobacco and air quality, and has the potential for further adaptations, including for noncommunicable diseases (NCDs), pharmaceuticals and settings-based approaches.

The different elements should not be considered as absolute or prescriptive, but rather should act as guides to planning and implementation and should complement the framework for country action across sectors for health and health equity (WHO, 2013a).

The five domains of the analytical framework are presented below.

Domain 1. Instruments and mechanisms for governance

In a socially and politically diverse world, complex public sector systems require *mechanisms* and *instruments* of governance that can be adapted to governance arrangements that include multiple sectors, multiple levels and multiple stakeholders (McQueen et al., 2012).

The literature identifies a focus on the type of interventions the health sector would like to see from other sectors, and the *mechanisms* and *instruments* to implement these interventions and stimulate policy in other sectors, as a means of tackling this requirement. This includes literature on the manner by which governance structures can trigger governance actions to support HiAP, as well as the integration of health outcomes into the agendas of other sectors (Ritsatakis & Jarvisalo, 2006; Sihto et al., 2006; Gilson et al., 2007; Kickbusch, 2010; Shankardass et al., 2011; McQueen et al., 2012). Much of this literature focuses on the HiAP approach, within which it is well established that coordinated action across multiple levels is more effective in promoting health than singular interventions.

The instruments and mechanisms for governance are broken down and elaborated in Table 2. These instruments and mechanisms are at the disposal of countries for governing and can be used separately or in conjunction. Many of the instruments and mechanisms are dependent on others to function or to operate; for example, public sector financing mechanisms require legal mandates. The assessment tool (WHO Regional Office for Europe, 2018a) focuses on an analysis of the instruments and mechanisms in the national context, and snapshot results of each domain are presented in this report.

Table. 2 | Details of the six groupings of instruments and mechanisms in the analytical framework for governance for health and well-being

Grouping	Details
Policy	This grouping of mechanisms refers to the policy instruments available to governments and subnational governments. It includes targets, policies, strategies and plans at the highest level of government and for different line ministries, departments and subnational governments (WHO, 2014).
Political	Formal political mechanisms include high-level committees within government bodies that bring together different sectors with a mandate for intersectoral action, and select committees in parliaments and similar structures in subnational political bodies (Earwicker, 2012; Metcalfe & Lavin, 2012).

Table. 2 |

Grouping	Details
Legal	Legal and regulatory frameworks and acts that impact on health and well-being include legislation with a direct mandate/accountability for health and well-being (such as public health acts, legal provisions for the implementation of international obligations, food and consumer safety legislation and medicines regulation), legislation with an direct mandate/accountability for the determinants of health and well-being (including environment, employment, education, transport and housing) and enabling legislative frameworks with an indirect effect on whole-of-government approaches to health and well-being (public procurement, impact assessment, information systems and lobbying registries, for example). The legal grouping of mechanisms also includes compliance with international instruments with a legally binding status, such as the WHO Framework Convention on Tobacco Control (WHO, 2003). Compliance can take the form of being a party to, ratifying or enforcing an international regulatory instrument (Ritsatakis & Makara, 2009; WHO Regional Office for Europe, 2012c).
Technical	This grouping of mechanisms refers to the technical processes and instruments that integrate a health and well-being dimension to work in other sectors. It includes health impact assessments, guidelines, norms and standards set directly by the ministry of health or other ministries with an explicit mandated responsibility to include health dimensions (Ritsatakis & Makara, 2009).
Financial	This refers to the funding mechanisms and instruments available for action for health and well-being, including dedicated funding, delegated funding, joint or pooled budgets, direct investment and external assistance (McDaid, 2012; Schang & Lin, 2012; McQueen et al., 2012; McDaid & Park, 2016).
Structural	This grouping of mechanisms refers to the architecture within and beyond government that impacts on decisions on health and well-being. It can include megaministries, public agencies, delegated bodies, interdepartmental committees and working groups (Greer, 2012a; Greer, 2012b; McQueen et al., 2012).

Domain 2. Components of governance

Development and implementation of the instruments and mechanisms presented in Domain 1 is the key business of governance. There is increasing awareness and understanding, of the importance of *governance* in the success of these *instruments* and mechanisms (Kickbusch & Gleicher, 2012; Kickbusch & Behrendt, 2013; Kickbusch & Gleicher, 2014; Greer et al., 2016; Schröder-Bäck et al., 2019). Key background and implementation documents linked to Health 2020 draw from the governance field and emphasize the importance of governance for health (Kickbusch & Gleicher, 2012; Brown et al., 2013; Kickbusch & Behrendt, 2013; Kickbusch & Gleicher, 2014). Discussions in the literature have contributed to stimulating conversations about the role of governance in the adoption, success or failure of goals and instruments. These discussions led to a developing understanding around the *components of governance*.

The *components of governance* were elaborated by Greer et al. (2016) who, on the basis of an extensive review of scientific, governmental and international literature, identified five elements of governance as being key to ensuring effective health systems governance:

- transparency,
- accountability,
- participation,
- integrity and
- policy capacity.

These components form Domain 2.

There is potential to explore the transferability of these aspects of governance to intersectoral action (Greer et al., 2015) and this has occurred to a certain extent, particularly in the development of the concept of governance for heath equity (Brown et al., 2013; WHO Regional Office for Europe, 2017a). These components are also desired outcomes of effective governance for health and well-being and can therefore be used as domains by which to evaluate the instruments and mechanisms used in governance processes.

The importance of accountability

There is consensus in the literature on addressing these *components of governance* that shared *accountability* – that is, of health and non-health sectors, public and private actors, and of citizens – has become a factor of primary importance for the achievement of successful governance for intersectoral action for health and well-being (Boston & Gill, 2011; Committee on Public Health Strategies to Improve Health et al., 2011; Greer et al., 2015). This is due particularly to the increased participation of, interaction between and interdependence among, actors.

The other four components therefore stem from a starting point of *accountability*. In striving for greater *accountability* for health across sectors and new actors, the *capacity* of all sectors and actors to participate in the process is paramount. *Transparency* plays a role in supporting accountability and building trust in, and therefore the integrity of, the process (Greer et al., 2016).

Table 3 shows examples of mechanisms to strengthen these five components of governance: transparency, accountability, participation, integrity and policy capacity.

Table. 3 | Examples of mechanisms to strengthen transparency, accountability, participation, integrity and policy capacity

Mechanisms	Examples
Transparency	
Transparency mechanisms ensure that decisions and the grounds on which they are being made are clear and public. They also ensure that forthcoming decisions, decision-makers and relevant data are known to the public.	Mechanisms to improve transparency include: • watchdog committees; • inspectorates; • regular reporting; • freedom of information legislation; • performance managing/reporting/assessment; and • clear and useful public information, such as open meetings, clarity about key personnel, and information presented in clear and usable formats.

Table. 3 | (Contd.)

Mechanisms	Examples
Accountability	
The most effective accountability mechanisms are interactive, iterative and focused: focused, meaning that it is clear what is wanted at a fairly high level (such as quality improvement); iterative, meaning that goals are revisited with learning; and interactive, meaning that mandates are closer to agreements about what is possible and desirable. For example, it is better to hold an agency accountable for the output associated with a budget rather than the process of management of that budget.	Mechanisms to improve accountability include: • contracts; • other financial mechanisms, such as pay for performance; • laws that specify objectives, reporting and mechanisms; • competitive bidding; • organizational separation; • conflict-of-interest policies; • regulation; • delegated regulation, such as to professional bodies; • standards; • codes of conduct; and • so-called horizontal accountability or choice mechanisms that let users vote with their feet.
Participation	
Participation at its best means that affected legitimate interests are consulted in a way that reaps information, fosters legitimacy and improves implementation (Fung, 2006). It therefore must be appropriate to the different kinds of relevant interests. It must also not be too energy-intensive, expensive or complex because that will empower the best-resourced actors. Nor does it mean that every affected interest should have a veto. The participation mechanisms suitable for negotiating with doctors, consulting communities and managing intergovernmental relations should differ.	Mechanisms to improve participation include: • advisory committees, ad hoc or otherwise; • partnerships; • surveys; • joint budgets, joint workforce, etc. (when the problem is the participation of different parts of government in a particular policy area); and • more radically democratic innovations, such as participatory budgeting and citizens' juries.
Integrity	
Integrity measures work at organizational level. The focus is on rules about the use of resources that preserve the integrity of organizations: trying to increase the odds that hiring and promotion are meritocratic, contracts are awarded without favouritism, and trying to increase the sense of mission and coherence of each organization in a system.	Mechanisms to improve integrity include: • solid and well rewarded internal career trajectories that allow high-level officials to be rewarded for service rather than seeking profit or positions outside government; • internal audit (to ensure that money moves appropriately); • personnel policies (hiring, job descriptions, and procedures to identify and manage people whose performance is substandard); • clear and clearly written legislative mandates; • a clear budget; • procedures (such as document management, board behaviour and minuting meetings); • external audit; and • clear organizational roles and purposes.

Table. 3 | (Contd.)

Mechanisms	Examples
Policy capacity	
Policy capacity is the capacity of policy-makers at the centre. It means resources that allow them to understand health systems and policies and present or future challenges (such as resource and financial issues). This means expertise and capacity to monitor, understand and evaluate, including commissioning, evaluating and terminating the work of government partners such as contractors and consultants. It also means expertise in the work of government itself: legislative timetabling, drafting and passage of secondary legislation, anticipation and defence against legal challenge, and interactions between politics and policy.	Mechanisms to improve transparency include: • intelligence on performance so that central policy-makers can identify problems and gauge the effects of what they are doing; • intelligence on process (such as understanding of legal and budgetary issues and the system that is being changed); • research/analysis capacity (for instance, trained staff with skills such as research and the ability to identify and work with useful outsiders); • staff training to improve their technical policy capacity (for example, if a doctor is hired in a health ministry, provide opportunities to complement medical education with policy education); • hiring procedures, to improve the quality of the policy bureaucracy; • procedures to incorporate specialist advice into policy formulation and recommendations; • good buy/make decisions (develop sufficient in-house capacity to manage contractors such as consultancy firms and know when it is more efficient to do the work and when it is more efficient to contract the work); and • delegation of non-policy work such as routine management and budgeting away from the central policy-makers to, for example, executive agencies.

Source: Greer et al. (2019).

Anti-corruption and the institutionalization of integrity

It is necessary to highlight the importance of the component *integrity* in addressing corruption – one of the foremost governance challenges globally – at all levels of governance and across all sectors. Corruption is a complex social, political and economic phenomenon that affects all countries and hinders the rule of law. It undermines democratic institutions, erodes economies and contributes to political instability. While there is no internationally agreed definition of corruption, many actions are recognized as forming corruption (United Nations Office on Drugs and Crime, 2020) Anti-corruption tools, instruments and mechanisms are therefore crucial elements of effective governance.

The health sector is widely acknowledged to be one of the most corrupt sectors globally (Office of the United Nations High Commissioner for Human Rights (OHCHR), 2017; Garcia, 2019). A recent WHO report (WHO, 2020b) stated that:

> Corruption in health systems not only wastes limited public resources and/or development funds allocated to the health sector, but also limits population access to goods and services, undermines citizens' trust in governments and causes health services to deteriorate. Poor and marginalized populations typically suffer the most from the consequences of corruption in health systems. Accordingly, anti-corruption, transparency and accountability measures are central components of health systems strengthening for universal health coverage. Such measures are also critical for upholding the right to health.

A crucial element of governance for health, therefore, is building systems that are resilient in the face of corruption. This requires the institutionalization of integrity throughout the system. A particularly important challenge is the development of a truly effective system of auditing and accountability that not only exposes corruption, but also acts on such revelations. All the processes of such a system need to be explicit and transparent, and anti-corruption laws and regulations need to be enforced scrupulously (Ensor & Duran-Moreno, 2002). Anti-corruption efforts must include not only the appropriate tools, instruments and mechanisms, but also the building of a culture and context that dissuades corruption – a culture of transparency and accountability, and a context of adequate resources and capacity.

Domain 3. Coherence

Domain 3 relates to achieving *coherence* throughout the system of governance across, within, and throughout a system. It includes coherence vertically through multilevel governance, horizontally across actors and sectors, and significantly (and often overlooked) the need to ensure the coherence of gender, equity and human rights not only throughout the system of governance and all of its component levels and actors, but also throughout governance processes and policies. This is necessary to achieve coherent, values-based outcomes for population health. Gender, equity and human rights warrant separate and contextualized consideration, both horizontally across the three domains of the governance analytical framework, and vertically, through domain 2 in particular. The manner in which they are then individually addressed and operationalized is different in each domain.

Identifying optimal and coherent ways to include and mainstream gender, equity and human rights considerations into the design, development, implementation and evaluation of multi- and intersectoral policies, strategies and interventions is an essential consideration if the process of multi/intersectoral action is to be successful (WHO, 2008; WHO & Public Health Agency of Canada, 2008). This is consistent with the concept of governance for health and well-being, necessitating a move beyond government into broader whole-of-society approaches. Integrating gender, equity and human rights considerations into these processes needs to include improving the participation of communities and groups in the decisions that affect them, as well as strengthening the accountability for health among new and non-traditional actors, such as the private sector (WHO Regional Office for Europe, 2015a).

This requires a dual *push and pull* approach: first empowering people and communities to contribute to the improvement of their own health and well-being, thereby building their capacity and overall community assets to ensure a circular impact on health and well-being (Morgan & Ziglio, 2007; Brown et al., 2013; WHO, 2013a), and secondly strengthening coherent governance approaches on the commercial determinants of health (WHO Regional Office for Europe, 2015a). Concurrently prioritizing the health of vulnerable populations also requires strong governance through hard measures such as fiscal and financial regulatory instruments and policies at both national and international levels, plus soft measures such as policy dialogues across sectors and stakeholders; this is particularly true when considering the commercial determinants of health.

This focus on values-based outcomes is crucial for policy coherence for health and well-being. It is possible to be coherent in policies and approaches, but not achieve the outcomes that work most effectively for the alleviation of inequalities and improvement of health and well-being. The starting point for a focus on values-based outcomes is a focus on being coherent *towards* realizing the right to health.

Realizing the right to health through strengthened governance

The right to health provides the basis and starting point for any governance approach aimed at improving the health and well-being of the population. The right to health is operationalized through the governance mechanisms and processes, which determine the extent to which a population is able to enjoy and exercise its right to health. The WHO Constitution of 1946 envisages "… the highest attainable standard of health as a fundamental right of every human being."

Understanding health as a human right creates a legal obligation on countries to ensure access to timely, acceptable and affordable health care of appropriate quality, provide for the social and environmental determinants of health, such as water, sanitation, food and housing, and promote gender equality (OHCHR & WHO, 2008; WHO, 2017c). A country's legal obligation to support the right to health includes the allocation of "maximum available resources" to progressively realize this goal. Various international human rights mechanisms monitor the realization of the right to health, such as the Universal Periodic Review, the Committee on Economic, Social and Cultural Rights and the Council of Europe European Committee of Social Rights (WHO, 2017c).

Many countries have adopted the right to health in domestic or constitutional law. The Constitution – and its commitment to the right to health – is often the highest legal code within a country and provides the starting point for a systematic review of the legislative component of governance for health and well-being within a country. The regulatory frameworks that provide the enabling legal code already shape the delivery of health and well-being for all. This includes governing how sectors can act, and interact, with one another, providing for budgetary distribution and fiscal mechanisms, often with requesting mandatory economic impact assessment across the policy domains, and other conditionalities.

Another feature of a rights-based approach is meaningful participation. Participation means ensuring that national stakeholders are meaningfully involved in all phases of programming: assessment, analysis, planning, implementation, monitoring and evaluation. This includes nongovernmental organizations and other non-state actors, as well as vulnerable and underrepresented groups. A rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind towards greater equity.

A human rights-based approach to health provides a set of clear principles for setting and evaluating health policy and service delivery, targeting discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes. The right to health must be enjoyed without discrimination on the grounds of race, age, ethnicity or any other status. Nondiscrimination and equality requires states to take steps to redress any discriminatory law, practice or policy. In pursuing a rights-based approach, health policy, strategies and programmes should be designed explicitly to improve the enjoyment of all people to the right to health, with a focus on the furthest behind first (WHO, 2017c).

Gender responsiveness in governance

Gender responsiveness in governance – both governance for health and health systems governance – has the potential to improve health and well-being outcomes not only for women, but also for the entire community. Gender-responsive governance is ensuring that governance decision-makers respond to different needs of their internal and external populations arising from gender. This ranges from collecting and using sex-disaggregated data for decision-making to establishing gender-sensitive implementation processes for policy decisions.

Despite the recognition of gender equality in relation to health outcomes, relatively little investigation has focused on the nexus of gender, health and governance (Pendleton et al., 2015). The African Development Bank Group and World Bank have developed a gender-mainstreaming checklist to help the health sector design appropriate gender-sensitive strategies and components, allocate resources and define monitoring indicators for all stages of the project or programme cycle (Kickbush & Gleicher, 2014).

Pendleton et al. (2015) have identified "gender machineries", defined as "the national and subnational governance bodies assigned to promote gender equality and/or improve the rights and status of women", as being at the centre of improving gender-responsive health governance and the political, financial and human-resource barriers that hinder the efforts of these machineries (including efforts to integrate gender considerations into sector-specific programmes and planning). Mainstreaming gender coherently into and throughout governance for health and well-being approaches is one step in strengthening coherence towards values-based improved health and health outcomes for women and the whole community.

Equity, governance and power

WHO defines equity as the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically (WHO, 2020c). Health inequities that persist globally and across the European

Region both within and between countries therefore transcend access to resources and services that are needed for sustaining and improving health and well-being and health outcomes. The focus must be on governance processes that consider wider determinants of health and address failures to avoid or overcome inequalities that infringe on fairness and human rights norms.

Health inequities almost invariably reside in social inequities (WHO, 2008) that reflect systems of social stratification: class, gender, ethnicity or race, geography and various forms of discrimination or social exclusion. Underpinning the concept of equity is social justice, and action to reduce health inequities is action to realize health as a fundamental human right.

A characteristic common experience of groups who experience health inequities is lack of political, social or economic power. To be effective and sustainable, interventions that aim to redress inequities must therefore typically go beyond remedying a particular health inequality and also help empower the group in question through systemic changes (WHO, 2020c).

In 2008, the WHO Commission on Social Determinants (WHO, 2008) marked a significant point in the recognition of the role of governance and power in successful actions to address health inequities and reduce inequalities. It identified political empowerment, inclusion and voice across levels of government, policy development and institutional decision-making as critical. The Commission's final report (WHO, 2008) states:

> Any serious effort to reduce health inequities will involve changing the distribution of power within society and global regions, empowering individuals and groups to represent strongly and effectively their needs and interests and, in so doing, to challenge and change the unfair and steeply graded distribution of social resources (the conditions for health) to which all, as citizens, have claims and rights.

It also recognizes the crucial role of policy coherence in tackling the inequitable distribution of power, money and resources that pervades and perpetuates health inequalities across generations.

Ensuring that actions do not inadvertently contribute to growing inequalities through interventions that are not sufficiently sensitive (Whitehead et al., 2013) is equally important as a governance action striving for policy coherence. This adds a further layer of complexity to policy development and governance processes, as it necessitates the use of proportionate universalism: an approach which believes that "to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage" (Marmot et al., 2010).

Ensuring that the most vulnerable actors are participating in policy processes, have the required capacity to participate meaningfully, and are considered in terms of both risks and outcomes throughout the process, is essential to successfully achieving the overall goal of improving equity and reducing inequalities (Brown et al., 2013). Labonté (2010) highlights the importance of defining participation in what as part of a coherent governance approach to improve health equity. He has also acknowledged that although active citizenship is important for health promotion and health outcomes in its own right (Labonté & Laverack, 2001), participation should be seen in relation to some task or purpose. Whether participation for political activism, volunteer labour or as part of programme development or delivery, governance approaches throughout the system to allow people to choose what, and how, they engage with decisions that affect them is critical for coherence.

Coherence in governance - across, within and throughout the system

One of the central drivers for governance for health and well-being is fostering and building coherence in governance. This includes policy coherence across policies that can have an impact on health and well-being (Elinder, 2005; WHO, 2008; Brown et al., 2013) and across mechanisms and instruments of governance. This is highly specific to the governance context of each country, where competences, capacities and responsibilities differ from country to country across different levels. Recent reviews of HiAP approaches globally have identified the need for vertical and horizontal governance structures to move away from traditional departmental boundaries and towards joint responsibility across departments (WHO, 2018b). Coherence in the context of governance for health can be considered also within sectors as well as among the instruments of governance themselves, therefore highlighting the need for a four-fold approach to achieving governance coherence:

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

For public health, coherence is both inside–out (putting public health and well-being into the centre of the system of governance) and outside–in (mainstreaming and linking other relevant agendas with the national health/public health policy or strategy). Policy coherence is the first necessary step to effectively implementing policies at national level and ensuring overall coherence in governance. Coherence in governance goes beyond policy and fosters coherence throughout the system, allowing coherent implementation of policies (WHO Regional Office for Europe, 2018a).

Policy coherence

Policy coherence is a crucial element of coherence in governance. As a concept, it has existed for over three decades in policy discourse among practitioners and academics. The term was first used by the Development Assistance Committee in 1991 and was institutionalized through the publication of strategic documents by the European Commission and the Organisation for Economic Co-operation and Development (OECD) in the field of development policy throughout the 1990s and 2000s (Carbone, 2008; Carbone & Keijzer, 2016). Although the concept of policy coherence originated in the development policy field, similar terms and concepts have been applied in other policy areas. Policy integration, for example, is used predominantly in studies concentrating on climate and environmental policy, and nexus in the alignment of climate change, energy, food and water policy (Tosun & Leininger, 2017).

To meet the challenge of achieving sustainable development, governments need to design more effective policies which avoid impacts that adversely affect the development prospects of other countries. This development in the concept has led to policy coherence for sustainable development (OECD, 2019a). At the same time, they need to enhance their capacities to exploit synergies across policy areas with important cross-border dimensions, such as trade, investment,

agriculture, health, education, environment, migration and development co-operation, to create national and international environments that are conducive to development (OECD, 2019a).

Policy coherence is a central component of the 2030 Agenda, with a direct reference to policy coherence for sustainable development made in SDG target 17.14. In 2019, the OECD released a framework for policy coherence for sustainable development, an approach and policy tool to integrate the economic, social, environmental and governance dimensions of sustainable development at all stages of domestic and international policy-making (OECD, 2019a). This definition places greater emphasis on the effects of policies on the well-being of people in other countries and regions and on the well-being of future generations. The OECD framework explains that a coherent policy would be one that takes into account (OECD, 2019a):

1. the roles of diverse actors at different levels (governments, international organizations, private sector and nongovernmental organizations) as well as the diverse sources of finance – public and private, domestic and international – for achieving sustainable development outcomes;
2. policy interlinkages across economic, social and environmental areas, including the identification of synergies, contradictions and trade-offs and interactions between domestic and international policies;
3. contextual factors – the enablers (that can contribute to) and disablers (that hamper) sustainable development at global, national, local and regional levels; and
4. policy effects on the well-being in one particular country here and now on the well-being of people living in other countries elsewhere, and on that of future generations later.

From this perspective, a coherent policy would be one that enables developing countries to have greater access to markets for their exports, while also helping them boost their export supply capacity. Conversely, an incoherent policy would be one that provides official development assistance to support a country's agricultural development while simultaneously blocking its exports and pushing its farmers to compete with subsidized agricultural production (OECD, 2019a).

Policy coherence within WHO and the United Nations system

A solid foundation of policy coherence is being promoted by WHO. It is referenced in a number of WHO documents, including: 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (WHO, 2009); World Health Assembly resolution WHA58.32 on infant and young child nutrition (WHO, 2005b); the Pan American Health Organization (PAHO) Strategic Plan 2014–2019 (PAHO, 2014); the Bangkok Charter for Health Promotion in a Globalized World (WHO Regional Office for South-East Asia, 2008); the Human Resources for Health Action Framework for the Western Pacific Region 2011–2015 (WHO Regional Office for the Western Pacific, 2011); Health 2020 (WHO Regional Office for Europe, 2013a); the Roadmap for Access 2019–2023 (to medicines, vaccines and other health products) (WHO, 2019d); and the follow-up of the report of the Consultative Expert Working Group on Research and Development (WHO, 2013c). In 2017, WHO and PAHO organized a conference on enhancing policy coherence between different spheres of policy-making that have a bearing on attaining SDG target 3.4 on NCDs by 2030 (WHO, 2017d).

In the wider United Nations system, the former United Nations Secretary-General Ban Ki-moon announced in 2016 the creation of a High-level Panel on Innovation and Access to Health Technologies that included for the first time a mandate to review policy incoherence (United Nations Secretary-General, 2016). The 2017 United Nations General Assembly resolution A/RES/72/139 on global health and foreign policy recognizes that global health challenges require policy coherence across government (United Nations, 2017).

Multilevel governance and vertical coherence

Multilevel governance is generally understood as being the participation of many different types of actors (public/private) in the development and implementation of policies through both formal and informal means (European Parliament, 2013). The EU use of the term (European Commission, 2015) focuses less on hierarchical, and more on network-like, structures: "collective decision making processes where authority and influence are shared between stakeholders operating at multiple levels of governance and in different policy sectors".

The relationship between different levels of governance can be seen in two contrasting manners: as a system of relatively stable relationships demarcated by territorial borders, with minimal overlap among jurisdictions in terms of policy-making, authority and responsibility; or the allocation of responsibilities according to the nature of the specific policy rather than territory, producing a more complex and integrated process (Hooghe & Marks, 2003).

Multilevel governance can act as a vehicle to improve policy coherence. OECD reviews on decentralization and the environment show that a variety of soft and hard governance mechanisms can be used to address gaps and ensure coherence across all levels of governance and improve coordination. Coherence also goes beyond policy coherence, and ensuring coherence of public governance at all levels can ensure outcomes of public policies such as efficiency, equity and sustainability (Charbit, 2011; WHO Regional Office for Europe, 2018a).

One of the most important aspects of multilevel governance is analysing and understanding the complex interactions that occur among actors at (and between) different levels of governance within the system. From a national perspective, the vertical dimension refers to higher (supranational) and lower (regional) government levels, while the horizontal constitutes interactions with other states, nongovernmental organizations and novel forms of public–private partnerships. The temporal dimension of governance is less well articulated and tends to be partially overlooked, but is nevertheless significant. It elucidates the heterogeneous involvement of actors on multiple levels at different stages of the decision-making or policy-generating process, from identification and communication of issues to policy development, implementation, monitoring and evaluation (Tomson et al., 2014).

Ensuring that vertical coherence extends down to local level is vitally important, as it is at local level that implementation occurs. For a policy or action to be most effective, coherence must be present from international level through intermediate levels and extend to local level. In many countries, local and regional authorities are responsible for the delivery of health care and health promotion. In the European Region, it has emerged that more WHO support for local-level implementation is needed; this could be delivered through existing networks such as the WHO European Healthy Cities Network and the Regions for Health Network.

While vertical coherence between levels is crucial, each level of governance plays a specific role within a system of governance. The role of each level individually is equally as important as interaction with and between different levels, and how they impact upon policies or governance processes.

International governance for health and well-being and the role of foreign policy

International – or global – health governance originated in the 1990s in response to increasing international health cooperation and the growing impacts of globalization on health and health determinants (Lee, 2000). International governance for health exists if there is recognized authority, agreed rules for decision-making and accountability (Walt & Buse, 2006). Three broad ontological variations are identified in the literature – globalization and health governance, global governance and health, and governance for global health (Lee & Kamradt-Scott, 2014). For the purpose of the assessment tool, which is focused on the operationalization of governance approaches, these are not explored further; rather the tool addresses national implications in terms of engaging in international governance processes or implementing international commitments with direct or indirect health impacts.

As the level of foreign-policy involvement, interest in global health has grown dramatically as the world has globalized. The relationship between global health and foreign policy is seen at all levels of governance. This change reinforces the importance of concerted and sustained mechanisms and processes that ensure the interfaces between policy arenas exist. The role of health in foreign policy – whether through direct diplomatic engagement, multilateral organizations or the negotiation of international instruments (see Annex 1) – has become increasingly important in recent years, and this will continue given the global nature of complex public health challenges (WHO Regional Office for Europe, 2010). It is important when approaching national whole-of-government approaches to review the alignment with international commitments and health instruments to ensure multilevel governance. It is possible to achieve policy coherence without this dimension, but it will be out of context with international norms, standards and political priorities and may create potential tensions between health and (for example) trade, and therefore would not be policy coherence for sustainable development.

WHO's role as an actor in governance for health and well-being is a crucial element of the international level of governance. This is reflected in two functions: first, in relation to the role of WHO at national level and the manner by which it engages as an actor within a national system of governance for health and well-being; and secondly, through its actions at supra- and international levels. WHO therefore plays a role in supporting coherence for health and well-being in its mandated function as an international convener and as an actor at national level through its country presence and country engagement. A system of governance for health and well-being requires technical coherence across all levels of the organization and at country level. The analytical framework can be used as a tool to support technical coherence to strengthen WHO support at country level (WHO Regional Office for Europe, 2018a).

Supranational governance for health and well-being in the European Region

Multilevel governance and, specifically, vertical coherence are of particular contextual importance in the European Region. The 27 EU Member States, for example, have an additional level of governance complexity that is not present anywhere else in the world; the integrational dimension that stems from the EU structure and processes. The five Member States of the Eurasian Economic Union are also moving in a similar fashion towards increasing transfers of competences from their national levels towards the supranational level of governance of the EEU. This includes significant competences that impact on health significantly, such as trade, movement of goods and people, and other issues.

Governance for health and well-being at national level

Considering multi- or intersectoral action at national level through whole-of-government or HiAP approaches may mask the complexity involved in implementing the approach once it is operationalized. Governance for health and well-being at national level is context-specific: the political system and state structure (whether presidential, parliamentary, democratic, nondemocratic, federal ot centralized) determines differing competences, responsibilities and scope of actors involved horizontally across government (Krahmann, 2003). Governance arrangements vary across sectors and ministries: implementation bodies do not always align with the health sector and additional complexity is created through shared accountability with subnational actors (International Federation of Accountants, 2001). Understanding how different sectors are organized and governed is important for the design and implementation of effective multi- and intersectoral policies for health and well-being, in particular the wider determinants. Ensuring governance arrangements (legislative mandates, coordination mechanisms, financing flows, human-resource distribution) are flexible and responsive to function during both peace time and during emergencies is critical (Adey et al., 2015).

Governing for health and well-being at local level

The role of local government in governing for health and well-being is highly context-specific, yet is always critical. As a subnational actor, local government needs to be considered as not only an important partner sector for the health sector, but also as a layer of government in its own right that independently impacts on health and health outcomes. This applies equally to countries with state/regional governments. The municipal level of government is also of particular importance in many European countries. In many cases, it is politically independent from other levels of government, causing it to function as an important independent governance actor within a system. Governance arrangements in the European Region vary greatly and the role and health competences of local government differ accordingly, calling for a contextualized approach in each instance.

Local government has been identified as being critical for health improvement, including health equity through health promotion, disease prevention and action on social, environmental and commercial determinants of health (Tsouros at al., 2015). Given the autonomy and independence of local government from national government in many countries, the role of so-called networked governance as a soft mechanism for steering communities of local government towards common goals and values of health and equity is critical for improved health outcomes (de Leeuw et al., 2015).

Vertical whole-of-government approaches therefore strengthen coherence among international-, national- and local-level policy and implementation: examples include the Norwegian national system for the follow-up of public health policies established in its public health report, *Good health: common responsibility* (Norwegian Ministry of Health and Care Services, 2013), the Estonian national health plan for 2009–2020 (Estonian Ministry of Social Affairs, 2012) and the Swiss health foreign policy (Swiss Confederation Federal Office of Public Health, 2020).

Decentralization and health

A trend towards the decentralization of government and the ensuing dispersion of power is taking place across many countries in the European Region and globally (OECD, 2019b). Although some decentralization exists due to historical context such as federal or unitary systems, more recently this trend has been reported as being driven initially for fiscal purposes (OECD, 2015) and due to "actual political drivers of decentralization reforms and their ability to help unleash the potential of territories in order to effectively fight inequality, create wealth and jobs, and tackle other pressing development challenges" (European Commission, 2016). Subcentral health spending and standards of delivery therefore are often influenced by central government regulation, legislation and convention, which reduces the discretion subnational governments have over health policy and service delivery.

The extent to which a country has decentralized is a critical consideration in assessing governance for health and well-being, and governance is a key consideration in national decentralization considerations. Decentralization remains a key policy consideration for health and health-care governance for the European Region and is likely to remain so as part of overall drivers and trends in the sector, such as privatization and centralization (Saltman et al., 2007).

Place-making and local governance

The role of place-based governance approaches is increasingly being understood as important to engaging local communities, civil society and other actors and stakeholders in the decisions that affect them (Edge & McAllister, 2009; Bynner, 2016; Lankelly Chase, 2017; WHO Regional Office for Europe, 2018c). Such engagement is understood to be essential in empowering communities, utilizing community assets and reducing health inequalities (WHO Regional Office for Europe, 2014).

Place-based approaches developed due to the existence of, and the necessity of addressing, spatial concentration of poverty and inequality. As the evidence base demonstrating the links between inequality and health outcomes has growth, the place-based response to addressing issues of health inequities has become more prominent and pertinent. This is recognized in the European Region at local level through the work of the WHO European Healthy Cities Network through its "Place" theme of Phase VII of the Network for 2019–2024 (WHO Regional Office for Europe, 2019a) and at national level through the WHO European Region Roadmap to Implement the 2030 Agenda for Sustainable Development (WHO Regional Office for Europe, 2017b, 2018c).

Monitoring and evaluation

An increased focus on monitoring and evaluation can be used as an approach for strengthening coherence between different sectoral policies and subsequently ensuring better governance for health and well-being and health equity (Greer et al., 2016; Savedoff & Smith, 2016; WHO Regional Office for Europe, 2019b). Sharing targets, setting indicators and integrating reporting systems in countries are examples of how monitoring and evaluation can strengthen governance for better health and social outcomes by increasing coherence and accountability (Savedoff & Smith, 2016).

Health impact assessment

Health impact assessment helps policy-makers to make more informed decisions to avoid unintentional consequences for health. Institutionalizing health impact assessment in a whole-of-government strategic plan will help other sectors to achieve their goals while promoting health and without adding an additional burden. Health impact assessment is applicable at local, federal (or provincial), national and supranational levels. The Health Impact Assessment Tool (Kickbusch & Gleicher, 2014) can be adapted to the determinants of health inequities.

Coordination and collaboration

Coordination gaps can hamper governance processes and health or other outcomes. The OECD has developed tools to diagnose coordination gaps and policy instruments that can help remedy gaps (Charbit, 2011). Considering the design of mechanisms from this perspective and employing a mix of coordination tools may be needed to bridge these gaps. Barbazza & Tello (2014) outline a number of common tools used to enable types of relationships for collaboration, including national partnership platforms, interministerial and interdepartmental committees, co-funding agreements and earmarked grants, ad hoc committees on specific initiatives, and partnerships with civil society or nongovernmental organizations. Stakeholder engagement or participatory governance for health through partnerships with civil society or nongovernmental organizations are recognized as a way to ensure accountability and transparency and to generate ownership of health issues by strengthening community resilience (Hamelmann et al., 2017).

Domain 4. Conditions for implementation

Academic literature has noted that models for governance are insensitive to context (Andrews, 2013; Bevir et al., 2003). Through the work of piloting the analytical framework, the country context has emerged as an additional domain that facilitates and shapes the three core dimensions of governance for health and well-being. The country context does not simply refer to the national context: these conditions are likely to be different at different levels within a country at, for example, national, state, regional and local levels. They should therefore be considered independently at the different levels.

The context of multi-/intersectoral action, whether through the capacity of different actors in the process, political and economic context, competences across sectors and cultural context, in both the wider social context as well as the working cultures of the actors and institutions involved in the process, is a key facilitating factor and determinant of success. Other facilitating factors include the engagement of civil society and international partners. Additionally, some contextual factors have been identified as facilitators and enablers, such as smaller size of the country, a working culture of collaboration and governing jointly, openness of the system to allowing learning and the implementation of new mechanisms, and an environment that encourages risk, creativity and innovation in a safe environment.

The factors are as follows.

Public management

When the framework refers to state typology, the capabilities of institutions and conditions of public management should be considered. This includes levels of devolution, maturity of the state and the structure of decision-making bodies, regulatory agencies and the institutional framework. New thinking on governance is based on the changing context of the practice of public administration and the resulting changes in interjurisdictional, cross-sectoral and third-party relationships (Frederickson, 2005; Klijn, 2005). The work on health system governance of Greer et al. (2016) incorporates elements of both new public management and network governance, both of which have limitations but establish the need to look at governance alongside public administration.

Political context

The political context will look at elements such as the level of stability, power-sharing among parties, the point in the election cycle and other factors that may be relevant for the country context. According to Kickbusch & Gleicher (2014), adherence to the principles of good governance and the willingness and ability to introduce new governance approaches depends largely on the strength of institutions; the role of the state is viewed differently in different parts of Europe, reflecting each country's historical development and political culture.

Economic context

The economic context is particularly relevant from the governance perspective because transparency, accountability, participation, integrity and capacity are components of the rule of law and effective policies that support human and economic development (Greer et al., 2016). It also impacts on countries' policy space: this can be illustrated by the accountability relationships displayed in the economic and financial crisis. International financial mechanisms such as bailout agreements required national health systems to cut costs, while the population expected governments to maintain health-care delivery even while the crisis created additional needs, particularly in mental health services. In this situation, national authorities must either cut benefits or deliver health care more efficiently. These two options represent their dual accountability to international lenders and the domestic population (Greer et al., 2016).

Sociocultural context

The link between sociocultural context and governance is also complex. The determinants of health and well-being – commercial, cultural, economic, environmental, political and social – are influenced by policies beyond the health sector. At the same time, health and well-being are critical components of good governance and, as such, constitute a social value in themselves. Social values such as human rights, social justice, well-being and global public goods also guide governance for health and well-being and provide a value framework within which to act (Kickbusch & Gleicher, 2014).

Civil society context

The engagement of civil society from planning through to implementation and evaluation stages is seen to increase the legitimacy of action and expose governments to wider perspectives and concerns. Creating a platform for civil society participation is a way to strengthen participatory governance in health decisions. The bottom-up approach is often seen to be helpful in raising perspectives that might be lost in more high-level, top–down planning. Public pressure and media involvement are also considered great motivators for facilitating multi- and intersectoral action. A group of active citizens can hold governments accountable, particularly at local level, and can persuade governments to create comprehensive solutions to health challenges. Similarly, the media can raise awareness and effectively disseminate information about problems that require a stronger governance response (WHO Regional Office for Europe, 2018d).

Experience from the European Region demonstrates that civil society is very diverse. To have successful meaningful engagement, it is important to take policy objectives into consideration. There has to be clear understanding of the role of civil society, and civil society has to understand what is expected of it to be able to contribute meaningfully. Many types of civil society exist, with a range of local, national and international policy processes and varying levels of complexity. This raises legitimate questions on which civil society organizations should be involved and at what stage in the process. Simple assumptions and language about the strength, weakness and geography of civil society will fail (Greer et al., 2017).

Domain 5. Conditions for success

Systematically engaging participants from various sectors is not enough to facilitate effective multi- and intersectoral action. It is widely recognized that conditions conducive to the process of multi- and intersectoral action are important factors in the success of multi- and intersectoral approaches. The development and outcome of the process of multi-/intersectoral action therefore are affected by a number of conditions that contribute to its success. These conditions support the creation of an enabling environment, which allows the different stages of the process to evolve and develop.

The conditions are not absolute and do not comprise a checklist for the potential success of a multi- or intersectoral initiative. Rather, they are elements that contribute to the likelihood of success that will manifest differently in different contexts throughout the Region. As multi-/intersectoral action is often a process that takes time to implement, the objectives and intended outcomes will develop and change during the process, but progress will be achieved throughout.

Where the conditions are not perfect, the process can still elicit positive outputs. While it may not be realistic to achieve the overall goal of a successful process of multi-/intersectoral action when the conditions are lacking, convening the process means that progress will be made and the foundation laid for greater likelihood of success when a similar process is next attempted. Merely undertaking the process will probably contribute positively to the conditions that will create the enabling environment that can be acted upon when the next opportunity to implement multi-/intersectoral action for health is identified.

The conditions are as follows.

Clear and shared policy objectives

First, a clear, common policy objective for multi-/intersectoral action needs to be identified. The notion that multi-/intersectoral collaboration helps to reach the goals of all sectors involved is a key facilitating factor, as is consensus that the action is suitable, feasible and acceptable. Clearly identified mutual goals and co-benefits have been shown to increase the commitment of all parties involved. Early engagement with other sectors, as well as the ability to identify common ground, is described as crucial for success. The attainment of co-benefits refers to a situation where different sectors identify mutually beneficial results for themselves. At the same time, imposing health-related goals and targets on other sectors without understanding their unique challenges and policy processes would most likely be counterproductive (WHO Regional Office for Europe, 2018d).

Political will

Political will at international, national and local levels (Erica Ison, WHO Regional Office for Europe, unpublished report, 2014; WHO Regional Office for Europe, unpublished report, 2016) could be considered the second factor and has been raised consistently and repeatedly as a precursor to successful action (Post et al., 2010; Nye, 2011; Brown et al., 2013; Kickbusch & Gleicher, 2014; WHO Regional Office for Europe, 2015c). Political will creates the space for actors to come together in new or innovative ways and is often triggered as a response to evidence or data due to political change or as a response to a crisis (WHO Regional Office for Europe, 2018d).

Leadership

Leadership of the health sector is considered another important condition for the success of multi- and intersectoral action for health and well-being (WHO Regional Office for Europe, 2015c, 2015d). In an environment in which global health issues increasingly are falling under the responsibility of other sectors, such as development or foreign or economic affairs, the leadership and active involvement of the health sector is necessary to maintain the position of health and well-being high on national agendas, and for integrating the health perspective into non-health goals, policies, agendas or interventions (Brown et al., 2013; WHO Regional Office for Europe, 2015c; WHO, 2019a).

Stewardship

Beyond the formal health system, stewardship means ensuring that other areas of government policy and legislation promote (or at least do not undermine) people's health. In countries that receive significant amounts of development assistance, stewardship will be concerned with managing resources in ways that promote national leadership, contribute to the achievement of agreed policy goals and strengthen national management systems. While the scope for exercising stewardship functions is greatest at national level, the concept can also cover the steering role of regional and local authorities.

Building the capacity needed to carry out stewardship functions effectively is a key concern in many countries. This in turn requires a better understanding of what constitutes best practice when it comes to stewardship and how national leadership can be developed. It increasingly is recognized that the provision of development assistance needs to be geared to fulfilling these objectives (WHO, 2019e).

Adequate and appropriate resources

A fourth factor is *resources*. This includes financial resources (WHO Regional Office for Europe, 2015c), but also dedicated human resources, including administration (WHO Regional Office for Europe, 2015d). Additionally, time is also an important resource (WHO Regional Office for Europe, 2015c, 2015d), not only to enable processes to develop and evolve, but also to allow trust and capacity to be built. Resource prioritization and allocation towards achieving better

health and well-being, which is an essential part of the governance process, also influences and to a certain extent determines coherence, innovation and other enabling process (Hammelmann et al., 2017). Investment in good governance in terms of processes and structures is part of a sustainable investment approach advocated by the 2030 Agenda and positions health as a driver of sustainability in the health sector and an enabler of governance and regulatory processes that steer investment in other sectors to meet their own goals and contribute to sustainable development, health and well-being (Dyakova et al., 2017).

Conditions to support innovation

An important fifth factor implied in the literature on multi- and intersectoral action is the necessity to be able to *innovate* and pull together new actors in new configurations and with new forms of governance (Kickbusch & Gleicher, 2014). Enabling the conditions for innovation in policy requires a change-management approach and a working culture that is flexible and adaptive. It also presupposes an element of acceptable risk: where there is innovation, there is inevitably a degree of failure. Ensuring that there is both the room to fail, and that the consequences of failure are not overly severe, is an important factor in creating the conditions for effective policy innovation (Brown et al., 2013).

Identification of co-benefits

The identification of *co-benefits* for sectors is an important precondition for success, as it helps determine the instrument or mechanism that would then be used in the process to facilitate the multi-/intersectoral action. If co-benefits have been identified and the process and outcomes of engaging in multi-/intersectoral action have mutually been identified as a *win–win*, it is feasible to use a policy (or so-called soft) instrument; if it has been acknowledged that compromise will have to be made by the collaborating sector, it may be necessary to utilize a legislative (or hard) instrument to ensure the multi-/intersectoral action is realized (WHO Regional Office for Europe, 2015d).

Leveraging windows of opportunity

The importance of particular events, such as crises, acting as catalysts to stimulate a response involving an intersectoral approach or process has been identified by many countries during regional discussion (WHO Regional Office for Europe, 2015d, 2018c). Many Member States report *data* as playing a significant role in triggering the political will to allow new approaches to address public health challenges (WHO Regional Office for Europe, 2018d). This is not necessarily a linear process, but rather an iterative one that evolves over time as the evidence or data begin to dominate the discussion surrounding a particular issue. Responding to a crisis, or simply a change in government, is also identified as being of significance in starting multi- and intersectoral processes to address particular policy problems (WHO Regional Office for Europe, 2018d). Evidence needs to be multifaceted (quantitative, qualitative and narrative) and transformative, but with an awareness that this can potentially be hindered by benchmarking. Even when evidence is complex, it needs to be presented in a simple way: it should tell a story and be placed in context (especially cultural), as policy implementation operates in contexts (WHO Regional Office for Europe, 2016d).

Conflict of interest

To ensure good health outcomes, it is crucial that governance mechanisms, by design, account for conflicts of interest. Risks related to conflict of interest are widespread across the health sector and other policy areas impacting on health (Kickbusch & Gleicher, 2014). This has significant consequences for how health policies are framed and where accountability lines lie, as it is here where conflicts of interest emerge. As health and risks to health exist across policy areas, every place or setting in society can support or endanger it. When considering these stakeholders, it is not only the producers of unhealthy products and substances, but also places where the products are acquired and consumed – supermarkets, restaurants, fast-food outlets, kiosks and others – that need to be taken into account. For this reason, it is crucial to understand and explore the role of the commercial determinants of health alongside other more established determinants of health, such as social and environmental.

Monitoring and evaluation

The role of monitoring and evaluation approaches as tools to promote coherence is touched upon in the section on Domain 3 above. Broader consideration must be given to the role of monitoring and evaluation as part of the overall policy-making process and how it contributes to governance. For example, Kickbusch & Gleicher (2014) note that:

> Information metrics help anticipate risks, shape priorities and benchmark performance. Strong metrics and continuous monitoring are essential for all of the above, as they can assist with anticipating risks, shaping priorities and benchmarking performance and progress. They can also be extremely powerful in influencing political debate and agendas, shaping policy, supporting planning and resource allocation, and tracking results. Greater impact is achieved by making information metrics independent and neutral. Metrics should reflect new frameworks of health governance and measures for all stakeholders to track progress and accountability.

Further work on governance for health and well-being indicators is needed. Although some indicators have been developed through various processes, notably the WHO Regional Office for Europe targets and indicators for Health 2020 (WHO Regional Office for Europe, 2016e), measuring governance and leadership for universal health coverage (WHO, 2014c) and assessing governance and leadership dimensions of development projects (United States Agency for International Development, 2015), less attention is paid by the literature to the bidirectional relationship between good governance and health outcomes, whether through the impact on public health (Klomp & De Haan, 2008; Kim & Wang, 2019) or the impact of health investments on governance (Cammett et al., 2015). In relation to monitoring and evaluation, performance and outcomes therefore need to be considered through this dual lens.

Health literacy

The process of co-production of health is facilitated by new technologies and access to information. As health is increasingly part of a larger and wider knowledge economy based on knowledge work, health literacy becomes a critical factor in both health governance and governance for health (Kickbusch & Gleicher, 2014). Health literacy is an important dimension in the communicative relationships between individuals and the health sector (in their capacity as citizens, patients, caregivers, consumers or health-care professionals).

Improving understanding of the potential health and public health impacts at domestic level of transnational events and actions will further strengthen the health literacy of national institutions and policy-makers and reinforce global health diplomacy (Kosińska & Tiliouine, 2019).

Conclusions

The five domains explored and presented in this paper contribute to the successful development of governance for health and well-being, as identified by academic and grey literature and evidence collated through practice from Member States across the European Region.

Building on the conceptual model, these domains together create the analytical framework for governance for health and well-being (see Fig. 4). The framework is the product of ongoing discussion at local, regional, national and international levels around approaches towards governance for health and well-being, such as multi- and intersectoral action for health, and whole-of-government and whole-of-society approaches.

Ultimately, the analytical framework aims to facilitate the operationalization and implementation of these approaches within and across Member States of the European Region. The development of the framework has involved numerous consultations and discussions with stakeholders at different levels of government – international, national and local – all of which have contributed to shaping and validating the architecture of the framework (WHO Regional Office for Europe, 2015a–e).

In the process of developing the technical paper and validating the analytical framework, a number of areas have been identified for further exploration in the pursuit of supporting countries in operationalizing governance-for-health approaches:

- the interplay between rights, gender, governance, health and well-being;
- equity and ethics dimensions in designing governance frameworks, including governance for health and well-being;
- state-building approaches and the shifting development narrative and its impact on governance for health and well-being, including in fragile and conflict-affected countries;
- multilevel governance implications for multi- and intersectoral action for health and well-being;
- digitalization of institutions and public services in the context of improving transparency and anti-corruption efforts;
- governance of private sector, civil society and third sector engagement on health-related policy development and implementation, including public–private partnerships and commercial determinants of health;
- further exploration of so-called soft skills of governance, including trust, diplomacy, communication and health literacy;
- health diplomacy as a tool of governance for health and well-being;
- the contribution of governance for health and well-being to achieving sustainable development in the context of the 2030 Agenda; and
- synergizing with other WHO tools and resources related to policy and governance, equity and development.

Part 3.
Resources

© WHO

This section provides links to further resources and reading related to governance for health and well-being.[7] It includes:

Policy documents

These policy documents include some of the key documents setting global and regional policy related to governance for health and well-being. They are drawn from WHO and its governing body (the World Health Assembly), the WHO Regional Office for Europe and its governing body (the Regional Committee for Europe), the United Nations and its governing body (the United Nations General Assembly) and other United Nations agencies.

[7] All weblinks accessed 22 May 2020.

WHO European Region

World Health Organization
REGIONAL OFFICE FOR Europe

WHO Regional Committee for Europe

Document EUR/RC69/11 Rev.1. Accelerating progress for equity in health in the context of Health 2020 and the 2030 Agenda for Sustainable Development towards leaving no one behind in the WHO European Region (2019)

Resolution EUR/RC69/R5. Accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region (2019)

Decision EUR/RC65(1). Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice (2015)

Resolution EUR/RC65/16. Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice (2015)

Resolution EUR/RC62/R4. Health 2020 – the European policy framework for health and well-being (2012)

Resolution EUR/RC62/12. European action plan for the strengthening of public health capacities and services strategy (2012)

Health in foreign policy and development cooperation: public health is global health. Document for the sixtieth session of the WHO Regional Committee for Europe, Moscow, Russian Federation, 13–16 September 2010 (2010)

WHO European Region conference declarations

Declaration of the Sixth Ministerial Conference on Environment and Health. 13–15 June 2017, Ostrava, Czech Republic (2017)

Declaration. Partnerships for the health and well-being of our young and future generations. Working together for better health and well-being (2016)

World Health Organization

World Health Assembly

Document A69/6. Framework of engagement with non-state actors. Report by the Director-General to the sixty-ninth World Health Assembly, 23–28 May 2016 (2016)

Document A67/25. Contributing to social and economic development: sustainable action across sectors to improve health and health equity. Report to the sixty-seventh World Health Assembly, 19–24 May 2014, Geneva (2014)

Global WHO conference declarations

Shanghai Consensus on Healthy Cities 2016 (2016)

Helsinki statement on Health in All Policies. Adopted at the Eight Global Conference on Health Promotion, 10–14 June, Helsinki (2013)

Rio political declaration on social determinants of health. Adopted at the World Conference on social determinants of health, 19–21 October 2011, Rio de Janeiro, Brazil (2011)

International Health Regulations (2005)

Resolution WHO/HPR/HEP/95.1 Ottawa Charter for Health Promotion. Charter adopted at an International Conference on Health Promotion, 17–21 November 1986, Ottawa, Canada (1986)

Declaration of Alma-Ata. Declaration adopted at the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (1978)

United Nations

UNITED NATIONS

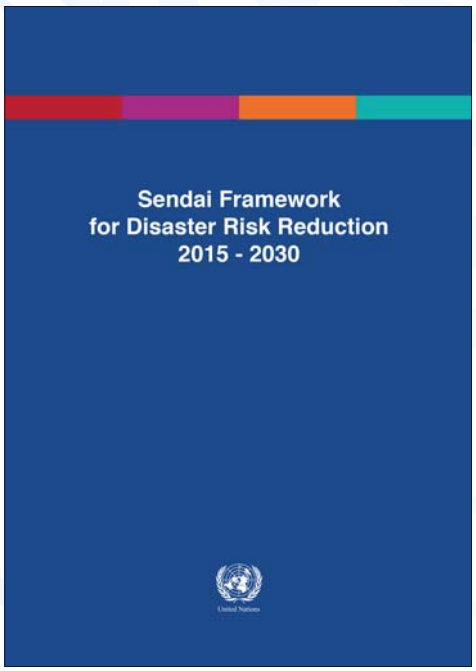
United Nations General Assembly

Fulfilling the promise of globalization: advancing sustainable development in an interconnected world. Report of the Secretary General (2017)

United Nations resolution A/RES/70/1. Transforming our world: the 2030 Agenda for sustainable development (2015)

United Nations resolution A/RES/67/289. The United Nations in global economic governance (2013)

Other United Nations agencies



Sendai Framework for Disaster Risk Reduction 2015–2030 (2015)
United Nations Office for Disaster Risk Reduction

Evidence

The documents in this section represent the WHO foundation of the evidence base for governance for health and well-being and the topics explored throughout this technical paper.

Promoting anti-corruption, transparency and accountability to achieve universal health coverage
Koller T, Clarke D, Vian T (2020). Glob Health Action 13(Suppl. 1):1700660.

Special issue: anti-corruption, transparency and accountability in health systems strengthening for Universal Health Coverage
Various authors (2020). Glob Health Action 13(Suppl. 1).

Working paper: findings from a rapid review of literature on ghost workers in the health sector: towards improving detection and prevention
WHO (2020). Geneva: World Health Organization.

Working paper: potential corruption risks in health financing arrangements: report of a rapid literature review
WHO (2020). Geneva: World Health Organization.

Health diplomacy: spotlight on refugees and migrants
WHO Regional Office for Europe (2019). Copenhagen: WHO Regional Office for Europe.

Health systems respond to noncommunicable diseases: time for ambition
WHO Regional Office for Europe (2018). Copenhagen: WHO Regional Office for Europe.

Civil society and health. Contributions and potential
Greer S, Wismar M, Pastorino G, Kosinska M, editors (2017). Copenhagen: WHO Regional Office for Europe.

Health diplomacy: European perspectives
Kickbusch I, Kökény M, editors (2017). Copenhagen: WHO Regional Office for Europe ().

Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020
Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K et al. (2017). Copenhagen: WHO Regional Office for Europe.

Social return on investment: accounting for value in the context of implementing Health 2020 and the 2030 Agenda for Sustainable Development
Hamelmann C, Turatto F, Then V, Dyakova M (2017). Copenhagen: WHO Regional Office for Europe.

Background paper. Working together for better health and well-being
WHO Regional Office for Europe (2016). Copenhagen: WHO Regional Office for Europe.

Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors
McDaid D, Park A-L (2016). Copenhagen: WHO Regional Office for Europe.

More intersectoral action for health and well-being
Various authors (2016). Public Health Panorama 2(2):117–247.

Strengthening health system governance: better policies, stronger performance
Greer S, Wismar M, Figueras J, editors (2016). Maidenhead: Open University Press.

Thematic paper 3. Good governance for the health and well-being of all children and adolescents
WHO Regional Office for Europe (2016). Copenhagen: WHO Regional Office for Europe.

Universal social protection floors for better health and well-being for all children and adolescents
WHO Regional Office for Europe (2016). Copenhagen: WHO Regional Office for Europe.

Intersectoral action for health
Jakab Z (2015). Public Health Panorama 1(2):113–6.

Intersectoral action for health and well-being
Various authors (2015). Public Health Panorama 1(2):111–204. ().

Review of social determinants and the health divide in the WHO European Region: final report (updated reprint 2014)
WHO Regional Office for Europe (2014). Copenhagen: WHO Regional Office for Europe.

Smart governance for health and well-being: the evidence
Kickbusch I, Gleicher D (2014). Copenhagen: WHO Regional Office for Europe.

The equity action spectrum: taking a comprehensive approach. Guidance for addressing inequities in health
Whitehead M, Povall S, Loring B (2014). Copenhagen: WHO Regional Office for Europe.

Governance for health equity: taking forward the equity values and goals of Health 2020 in the WHO European Region
Brown C, Harrison D, Burns H, Ziglio E (2013). Copenhagen: WHO Regional Office for Europe.

Health literacy. The solid facts
Kickbusch I, Pelikan JM, Apfel F, Tsouros Ad, editors (2013). Copenhagen: WHO Regional Office for Europe.

Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen
Kickbusch I, Behrendt T (2013). Copenhagen: WHO Regional Office for Europe.

Governance for health in the 21st century
Kickbusch I, Gleicher D (2012). Copenhagen: WHO Regional Office for Europe.

Intersectoral governance for health in all policies: structures, actions, and experiences
McQueen D, Wismar M, Lin V, Jones CM, Davies M, editors (2012). Copenhagen: WHO Regional Office for Europe behalf of the European Observatory on Health Systems and Policies.

Closing the gap in a generation: health equity through action on the social determinants of health
WHO (2008). Geneva: World Health Organization.

Neglected health systems research: governance and accountability
Alliance for Health Policy and Systems Research (2008). Geneva: World Health Organization.

Tools

WHO has developed a number of tools over recent years that support Member States and policy makers at all levels of government in various areas of governance for health and well-being. These tools are presented below.

2019

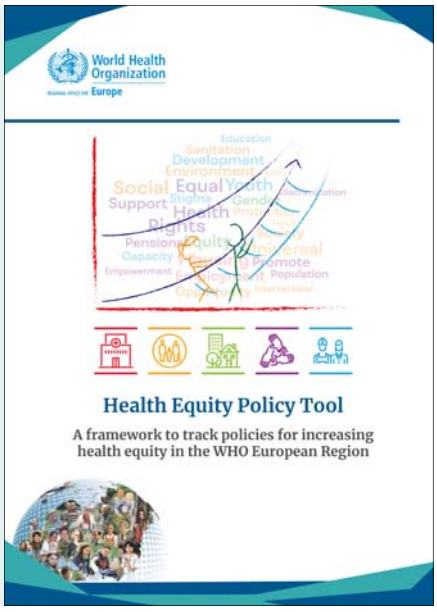
A multilevel governance approach to preventing and managing noncommunicable diseases: the role of cities and urban settings
WHO Regional Office for Europe

With over half of the world's population now living in urban settings, cities, municipal governments and urban places are uniquely placed to transform the fight against NCDs and injuries. A multilevel governance approach is necessary effectively to manage and tackle NCDs, with cites operating within an enabling national framework and with coherence between the different levels of governance.

Health Equity Policy Tool
WHO Regional Office for Europe

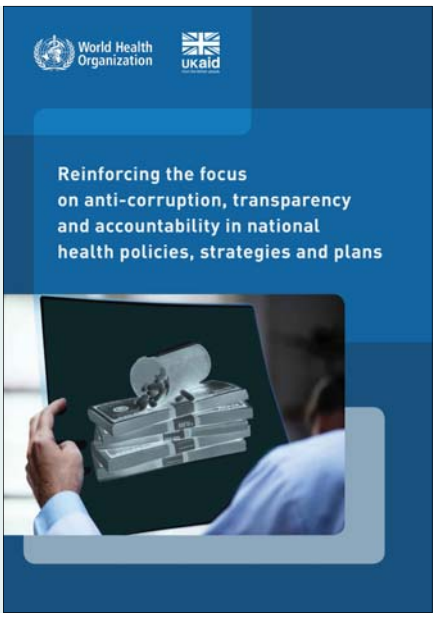
Policy action policy action is required that reaches not only the most vulnerable, but also those disproportionally at risk of avoidable poor health, is required to accelerate progress in reaching those being left behind because of poor health and to prevent others from falling behind. The Health Equity Policy Tool will act as an enabler to promote and monitor such policies in the Region through:

- creating equal opportunities for health across the life-course
- reducing unequal exposure to avoidable health risks
- mitigating the consequences of accumulated social, economic and health disadvantage.



Reinforcing the focus on anti-corruption, transparency and accountability in national health policies, strategies and plans
WHO

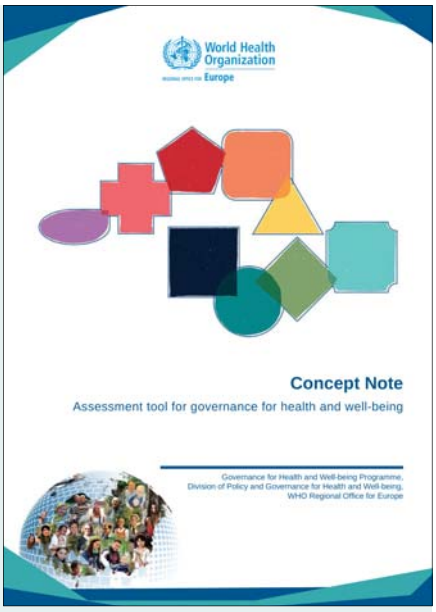
WHO supports the efforts of Member States to prevent corruption through greater transparency and reinforced accountability mechanisms in their health systems. To concretely support these efforts, this document proposes ways to approach national health planning and the development of policies and strategies to identify corruption risk areas and help countries to decide which anti-corruption, transparency and accountability approaches should be deployed in response.



2018

Concept note: assessment tool for governance for health and well-being
WHO Regional Office for Europe

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



Integrating a focus on anti-corruption, transparency and accountability in health systems assessments
WHO

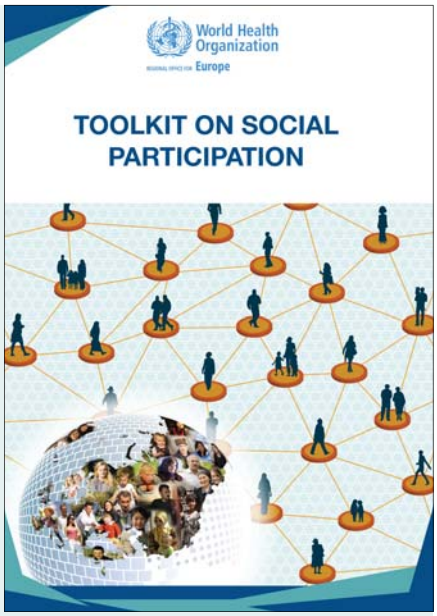
Corruption in the health sector has high costs both in terms of lives lost and financial resources wasted. Recognizing the importance of this issue, WHO Member States and development partners are working to prevent and control corruption. As part of this effort, it is critical to advance a more coherent approach towards mainstreaming anti-corruption efforts into work to strengthen and repurpose health systems towards universal health coverage. The goal of this work is to support the efforts of WHO Member States to prevent corruption through greater transparency and reinforced accountability mechanisms in their health systems. To concretely support these efforts, this document proposes new ways to approach health systems assessment to help diagnose corruption risk areas and help countries to decide which anti-corruption, transparency and accountability approaches should be deployed in response.

Tool for mapping governance for health and well-being: the organigraph method
WHO Regional Office for Europe

The WHO Regional Office for Europe and expert academic partners developed an organigraph tool for mapping governance structures and accountability mechanisms within governance systems. This publication aims to help countries and relevant stakeholders to use the tool to identify which areas need to be strengthened to ensure that systems facilitate improved health and well-being for all. It provides background information about the organigraph method and a practical guide to using it, including example organigraphs.

2016

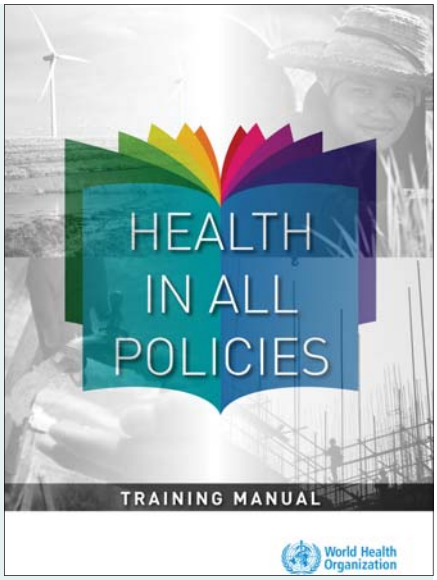
Toolkit on social participation. Methods and techniques for ensuring the social participation of Roma populations and other social groups in the design, implementation, monitoring and evaluation of policies and programmes to improve their health
WHO Regional Office for Europe



The WHO Regional Office for Europe developed the toolkit on social participation to help various stakeholders to promote social participation in the design, implementation, monitoring and evaluation of strategies, programmes and activities to improve population health. This publication is intended for use by policy-makers, project coordinators, professionals and nongovernmental organizations involved in promoting social participation by the general population, including Roma and other social groups (with the understanding that social participation processes must explicitly, but not exclusively, include Roma). The toolkit comprises a detailed list of methods and techniques for promoting social participation throughout the policy process, providing examples and case studies mainly based on experience with promoting social participation by Roma populations in the WHO European Region.

2015

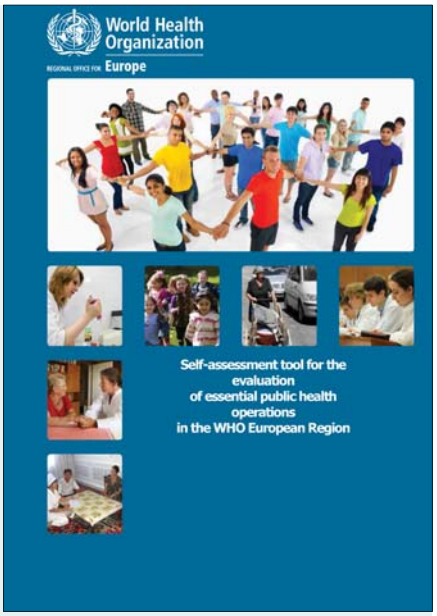
Health in all policies training manual
WHO



This manual is a training resource to increase understanding of the importance of HiAP among health and other professionals. The material will form the basis of two- and three-day workshops, which will:

- build capacity to promote, implement and evaluate HiAP
- encourage engagement and collaboration across sectors
- facilitate the exchange of experiences and lessons learned
- promote regional and global collaboration on HiAP
- promote dissemination of skills to develop training courses for trainers.

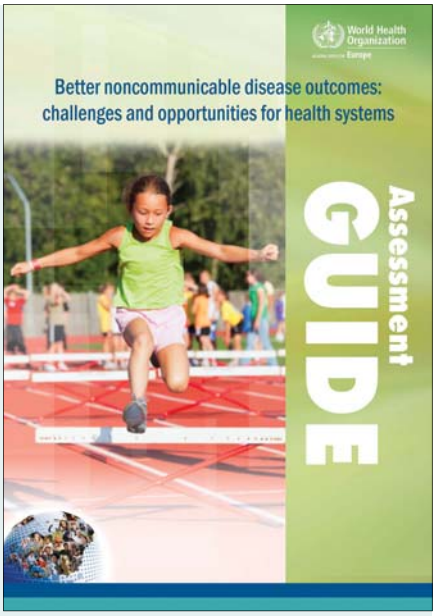
Self-assessment tool for the evaluation of essential public health operations in the WHO European Region
WHO Regional Office for Europe



Through a process of extensive and iterative consultation, the WHO Regional Office for Europe devised 10 essential public health operations (EPHOs) that define the field of modern public health for the Member States of the WHO European Region. Formally endorsed by all of the Region's Member States, the EPHOs form a comprehensive package that all countries should aim to provide to their populations. This publication presents a public health self-assessment tool that provides a series of criteria that national public health officials can use to evaluate the delivery of the EPHOs in their particular settings. Wherever possible, the criteria were developed on the basis of existing WHO guidance. The tool can be used to foster dialogue on the strengths, weaknesses and gaps in EPHOs, generate policy options or recommendations for public health reforms and contribute to the development of public health policies, or be used for educational or training purposes.

2014

Better noncommunicable disease outcomes: challenges and opportunities for health systems. Country assessment guide
WHO Regional Office for Europe



This document contains guidelines for country assessments that aim to identify health-system challenges and opportunities to improve outcomes for NCDs. The guide outlines a five-step process to arrive at policy-relevant and contextualized conclusions, starting from an analysis of key indicators for NCD outcomes, which is then linked to the coverage of core population interventions and individual services. This is followed by an in-depth exploration of the health-system challenges that prevent more extensive coverage with core NCD interventions and services, as well as identification of opportunities. The assessments also explore innovations and good practices that can be used for cross-country learning. The assessments conclude by producing contextualized country-specific policy recommendations.

2013

Toolkit on social participation. Methods and techniques for ensuring the social participation of Roma populations and other social groups in the design, implementation, monitoring and evaluation of policies and programmes to improve their health
WHO

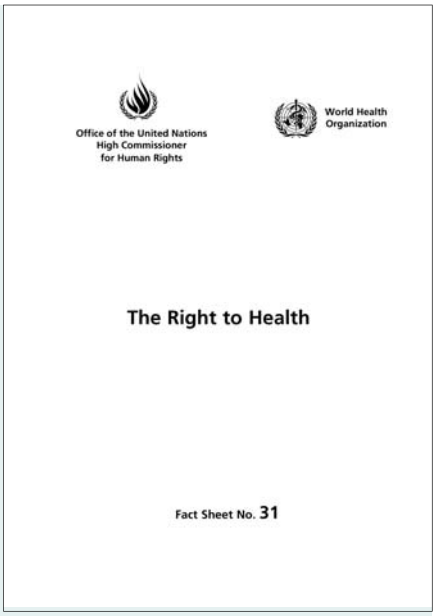
This framework provides countries with a practical means of enhancing a coherent approach to HiAP, particularly at national level. Some countries have already adopted a HiAP approach, even though this may not be explicit, whereas in other countries the concept is new and has yet to be operationalized. This framework has also been developed so that it can be adapted for supranational-level decision-making and for government structures at national level but also at local level, as decentralization of government functions has empowered local authorities in many areas.

2008

Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry
WHO

At its third session in November 2008, the Conference of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) adopted guidelines for implementation of Article 5.3 of the WHO FCTC on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry (decision FCTC/COP3(7)).

The right to health. Fact sheet No. 31
Office of the United Nations High Commissioner for Human Rights and WHO



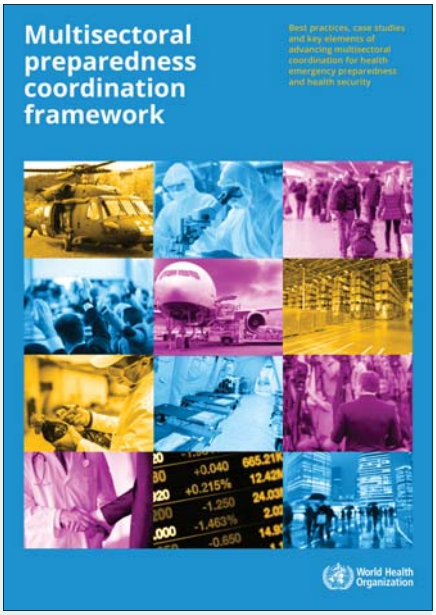
This fact sheet aims to shed light on the right to health in international human rights law as it currently stands, amid the plethora of initiatives and proposals as to what the right to health may or should be. Consequently, it does not purport to provide an exhaustive list of relevant issues or to identify specific standards in relation to them. The fact sheet starts by explaining what the right to health is and illustrates its implications for specific individuals and groups, then elaborates upon states' obligations with respect to the right. It ends with an overview of national, regional and international accountability and monitoring mechanisms.

Good-practice case studies

The following collections of case studies provide examples of good practice, learning and experience in different areas of governance for health collated and reported by WHO and Member States.

2020

Multisectoral preparedness coordination framework: best practices, case studies and key elements of advancing multisectoral coordination for health emergency preparedness and health security
WHO



Countries must be better prepared to detect and respond to public health threats to prevent public health emergencies and the devastating impact they can have on people's lives and well-being, as well as on travel and trade, national economies and society as a whole. Public health challenges are complex and cannot effectively be addressed by one sector alone. A holistic, multisectoral and multidisciplinary approach is needed to address gaps and advance coordination for health emergency preparedness and health security, and is essential for implementing the International Health Regulations (2005). This document provides States Parties, ministries and relevant sectors and stakeholders with an overview of the key elements for overarching, all-hazard multisectoral coordination for emergency preparedness and health security, informed by best practices, country case studies and technical input from an expert group.

2018

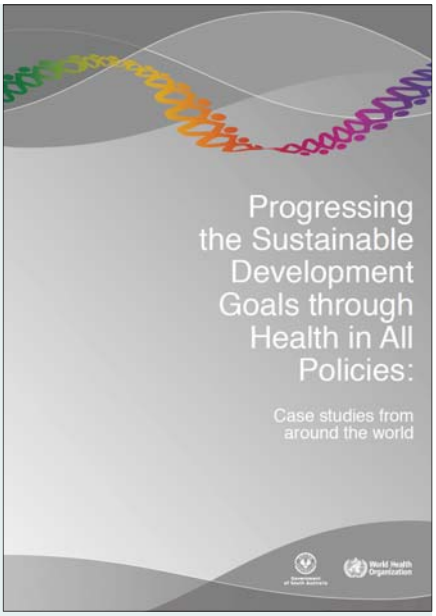
Reinforcing the focus on anti-corruption, transparency and accountability in national health policies, strategies and plans
WHO Regional Office for Europe

WHO supports the efforts of Member States to prevent corruption through greater transparency and reinforced accountability mechanisms in their health systems. To

concretely support these efforts, this document proposes ways to approach national health planning and the development of policies and strategies to identify corruption risk areas and help countries to decide which anti-corruption, transparency and accountability approaches should be deployed in response.

2017

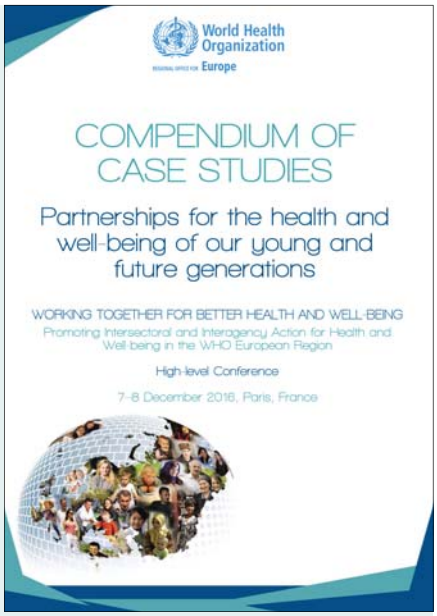
Progressing the Sustainable Development Goals through health in all policies. Case studies from around the world
WHO



WHO and the Government of South Australia published the case study book on HiAP, which describes experiences from around the world in the context of the 2030 Sustainable Development Agenda. While there is no single or simple model for HiAP, there is a growing evidence base for facilitating conditions for HiAP. The case study book documents experiences, capturing important elements of HiAP practice through an analysis of established and emerging models. The book is aimed at the international community and the broader sustainable development network. It will be of interest to those who want to know more about implementing HiAP.

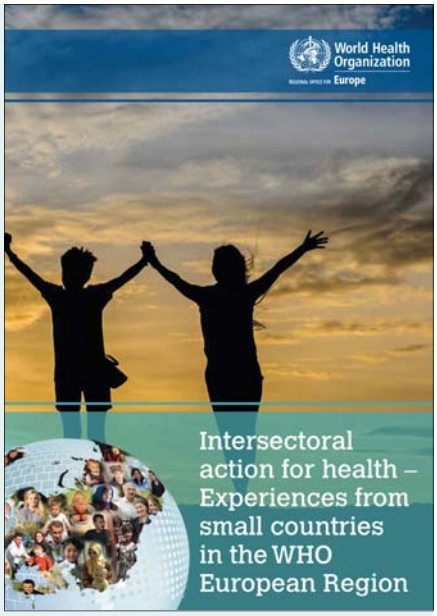
2016

Compendium of case studies. Partnerships for the health and well-being of our young and future generations. Working together for better health and well-being: promoting intersectoral and interagency action for health and well-being in the WHO European Region
WHO Regional Office for Europe



This compendium of case studies and case stories has been compiled to demonstrate examples of cooperation between the health and education sectors and the health and social sectors within the WHO European Region. It was compiled for the High-level Conference on Promoting Intersectoral and Interagency action for Health and Well-being in the European Region: working together for better health and well-being, which took place in Paris, France on 7–8 December 2016, hosted by the Ministry of Social Affairs and Health of France.

Intersectoral action for health – experiences from small countries in the WHO European Region
WHO Regional Office for Europe



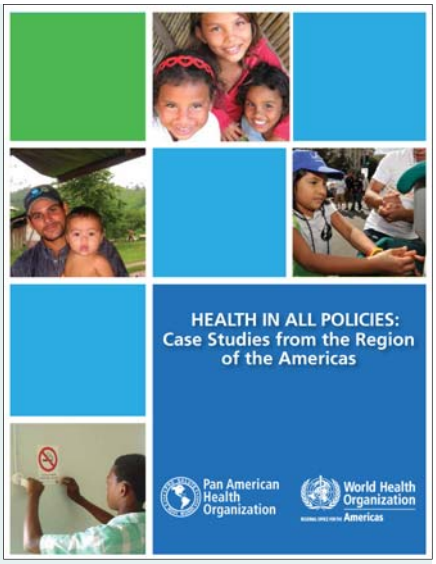
Health and well-being are affected by social, economic and environmental determinants. Intersectoral action can play a crucial role in addressing today's biggest public health challenges. This report shows how eight small countries, with populations of less than one million, used intersectoral action to address a diverse set of health needs, thereby sharing their knowledge on implementing Health 2020. Many sectors were involved in the country case stories, with the health sector taking the lead in most cases by coordinating action and engaging other players. The other main sectors involved were agriculture, education, family affairs, interior, labour, justice, sports and tourism. The case stories reveal a number of mechanisms that facilitated intersectoral action, with lessons learned focusing on the importance of establishing common goals, engaging sectors and implementing mechanisms for intersectoral work.

Meeting report: preparatory meeting on promoting intersectoral and interagency action for health and well-being in the WHO European Region. 11 July 2016, Paris, France
WHO Regional Office for Europe

This is a report of the preparatory meeting for the High-level Conference on Promoting Intersectoral and Interagency Action for Health and Well-being in the European Region: working together for better health and well-being, which took place in Paris, France on 7–8 December 2016, hosted by the Ministry of Social Affairs and Health of France. It provides an analytical overview of discussions about the experiences of countries in implementing intersectoral action for health and well-being among the health, education and social sectors, challenges faced, approaches and mechanisms used, lessons learned, and how the experiences can contribute to developing the recommendations to be presented in the outcome document of the high-level conference.

2015

Health in all policies: case studies from the Region of the Americas
Pan American Health Organization and WHO

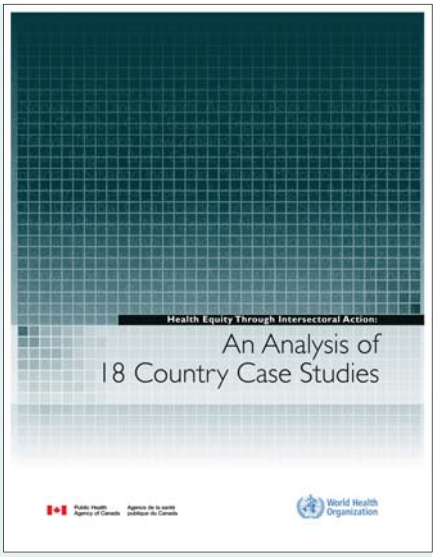


This report presents five case studies that highlight some of the best country experiences with application of the HiAP approach in the WHO Region of the Americas. The case studies were selected from a collection of 26 cases put together by countries in preparation for the 8th Global Conference on Health Promotion, held in June 2013. They were prepared using a common framework developed for this purpose and represent some of the Region's best practical experiences in developing HiAP, highlighting the key principles and factors that made HiAP possible and some of the challenges faced. The case studies can serve to orient future regional initiatives and policy processes and improve north–south and south–south cooperation.

2008

Health equity through intersectoral action: an analysis of 18 country case studies
Public Health Agency of Canada and WHO

WHO and the Public Health Agency of Canada (PHAC) have jointly commissioned a set of 18 case studies from high-, middle- and low-income countries. The case studies outline diverse experiences of action across sectors with positive impacts for health and health equity. This paper, part of a joint multiphase initiative of PHAC and the Secretariat to the WHO Commission on Social Determinants of Health, provides an analysis of key learning from the 18 case studies.



Governance for health sector briefs: multi- and intersectoral action for better health and well-being

The governance for health sector briefs series includes briefs on multi- and intersectoral action between health and other sectors to address particular areas of public health concern. They explore synergies between other sectors and the health sector and identify examples of multi- and intersectoral policies and interventions that can be used to support sectors working together for improved health and well-being. They were developed by the Governance for Health programme in partnership with relevant technical experts from across the WHO Regional Office for Europe.

Intersectoral action between health and agriculture

WHO Regional Office for Europe (2019)

Intersectoral action between health, social protection and labour market policy

WHO Regional Office for Europe (2019)

Intersectoral action between the arts, health and well-being

WHO Regional Office for Europe (2019)

Multisectoral action for mental health

WHO Regional Office for Europe (2019)

Multisectoral action to tackle antimicrobial resistance

WHO Regional Office for Europe (2019)

Multisectoral action in developing information systems for health

WHO Regional Office for Europe (2019)

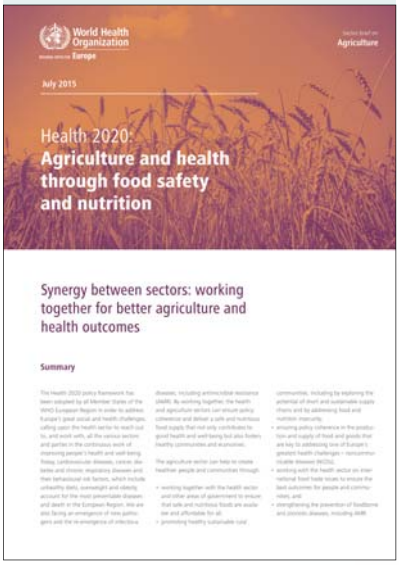
Multisectoral action for the health of migrants

WHO Regional Office for Europe (2016)

Social protection, housing and health

WHO Regional Office for Europe (2016)

Agriculture and health through food safety and nutrition



WHO Regional Office for Europe (2015)

Transport and health

Synergy between sectors: working together for better transport and health outcomes

Summary

WHO Regional Office for Europe (2015)

Social protection and health

Synergy between sectors: fostering better social and health outcomes

Summary

WHO Regional Office for Europe (2015)

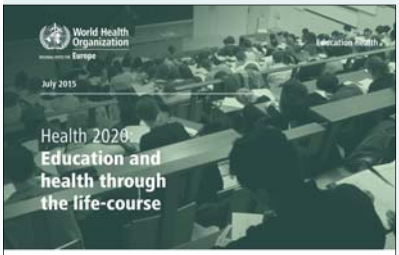
Foreign policy and health

Synergy between sectors: ensuring global health policy coherence

Summary

WHO Regional Office for Europe (2015)

Education and health through the life-course



Synergy between sectors: fostering better education and health outcomes

Summary

WHO Regional Office for Europe (2015)

Education and health through early development

Synergy between sectors: fostering better education and health outcomes

Summary

WHO Regional Office for Europe (2015)

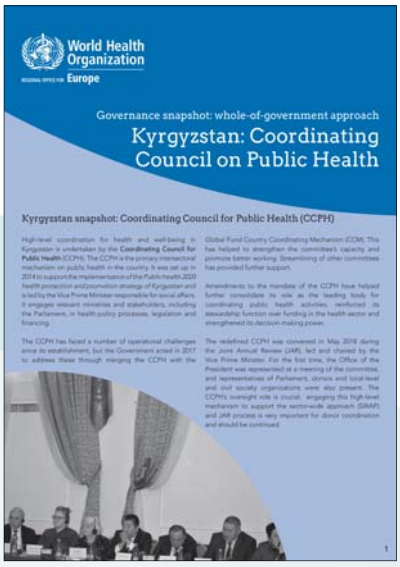
Governance snapshot series

The governance snapshot series captures examples of whole-of-government and whole-of-society approaches to strengthen health and well-being for all from across the WHO European Region.

WHO Regional Office for Europe (2019)

Governance snapshot: whole-of-government approach Healthy Ireland

Governance snapshot: whole-of-government approach Kyrgyzstan



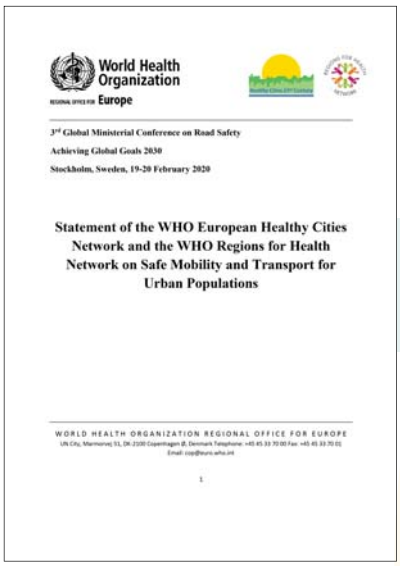
WHO Regional Office for Europe (2019)

WHO Regional Office for Europe (2019)

Governance snapshot: whole-of-society approach – the coalition of partners for strengthening public health services in the European Region

Local governance

Local governance is crucial to effective governance for health and well-being. These resources consist of policy documents from the WHO European Healthy Cities Network and other resources that relate specifically to the local level of governance.

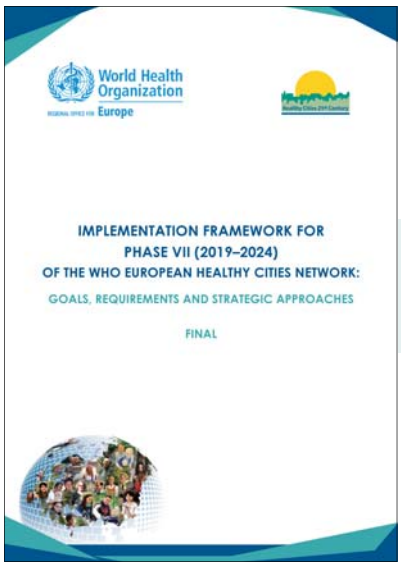


Statement of the WHO European Healthy Cities Network and the WHO Regions for Health Network on Safe Mobility and Transport for Urban Populations

WHO European Healthy Cities Network (2020). Copenhagen: WHO Regional Office for Europe.

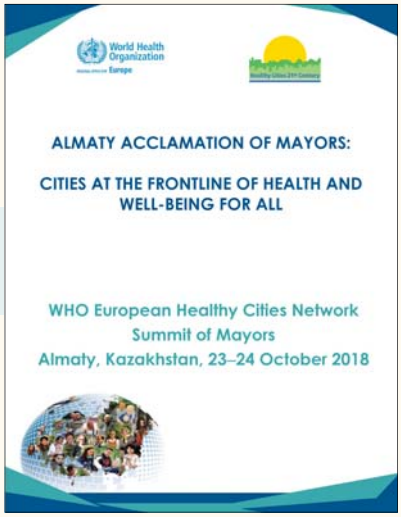
Statement of the WHO European Healthy Cities Network and WHO Regions for Health Network presented at the High-level Conference on Health Equity – Accelerating Progress towards Healthy and Prosperous Lives for all in the WHO European Region, 11–13 June 2019

WHO European Healthy Cities Network (2019). Copenhagen: WHO Regional Office for Europe.



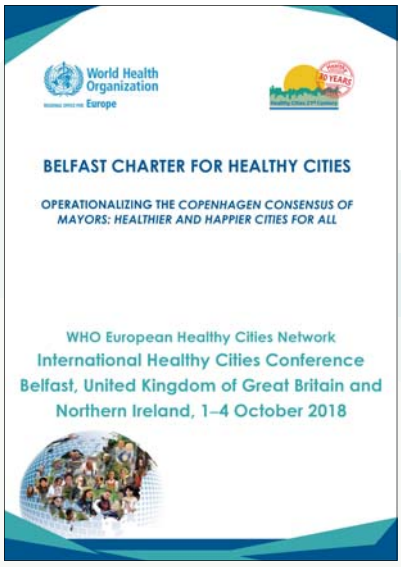
Implementation framework for Phase VII (2019–2024) of the WHO European Healthy Cities Network: goals, requirements and strategic approaches

WHO European Healthy Cities Network (2019). Copenhagen: WHO Regional Office for Europe.



Almaty Acclamation of Mayors: Cities at the Frontline of Health and Well-being for All

WHO European Healthy Cities Network (2018). Copenhagen: WHO Regional Office for Europe.

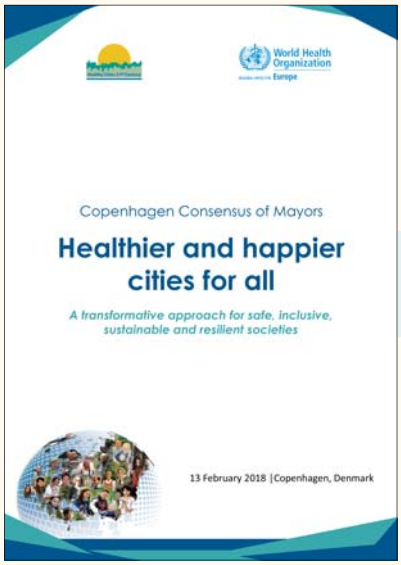


Belfast Charter for Healthy Cities

WHO European Healthy Cities Network (2018). Copenhagen: WHO Regional Office for Europe.

WHO European Healthy Cities Network: gender and health survey

WHO European Healthy Cities Network (2018). Copenhagen: WHO Regional Office for Europe.



WHO European Healthy Cities Network Copenhagen Consensus of Mayors: healthier and happier cities for all

WHO European Healthy Cities Network (2018). Copenhagen: WHO Regional Office for Europe.

Fact sheet – cities. Transport, health and environment

WHO Regional Office for Europe (2017). Copenhagen: WHO Regional Office for Europe.

Fact sheet – cities. Urban planning and health

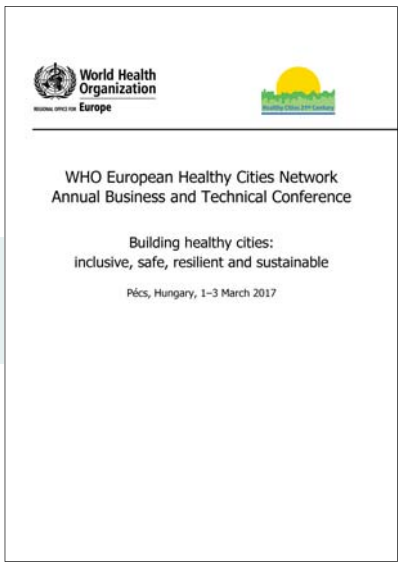
WHO Regional Office for Europe (2017). Copenhagen: WHO Regional Office for Europe.

Age-friendly environments in Europe. A handbook of domains for policy action

WHO Regional Office for Europe (2017). Copenhagen: WHO Regional Office for Europe.

Health economic assessment tool (HEAT) for walking and for cycling. Methods and user guide on physical activity, air pollution, injuries and carbon impact assessment

WHO Regional Office for Europe (2017). Copenhagen: WHO Regional Office for Europe.


World Health Organization Europe

WHO European Healthy Cities Network
Annual Business and Technical Conference

Building healthy cities:
inclusive, safe, resilient and sustainable

Pécs, Hungary, 1–3 March 2017

Building healthy cities: inclusive, safe, resilient and sustainable. Report of the WHO European Healthy Cities Network annual business and technical conference

WHO European Healthy Cities Network (2017). Copenhagen: WHO Regional Office for Europe.


World Health Organization Europe

Statement of the WHO European Healthy Cities Network and WHO Regions for Health Network presented at the Sixth Ministerial Conference on Environment and Health Ostrava, Czech Republic, 13–15 June 2017

Annex to the *Pécs Declaration*, outcome of the WHO European Healthy Cities Network Annual Business and Technical Conference, Pécs, Hungary, 1–3 March 2017

We, the cities and national networks of the WHO European Healthy Cities Network, together with the regions of the WHO Regions for Health Network, fully support the Ostrava Declaration. In doing so, we emphasize the leading roles of cities and regions in addressing and promoting the co-benefits to health and well-being from action to protect the environment.

We are fully committed to ensure the highest attainable level of health and well-being for all people in the European Region. We emphasize that health is a fundamental human right and a human necessity, and that only collaborative, coordinated action at all levels will allow us to achieve health, well-being, and sustainable and equitable development for all people and communities.

We emphasize the strength of the mandate held by cities and regions to take action, and that we cannot afford to fail.

We, as cities and regions, are closest to the people and our input is crucial in decision-making at all levels, for the sustainable and equitable development of healthier, happier, more resilient people and communities, both now and in the future.

We acknowledge the progress that is being made in addressing health inequalities in the European Region, but find their persistence unacceptable.

We emphasize the urgency of focusing on reducing health inequalities by addressing the social, cultural, economic and environmental determinants of health and well-being, especially among groups at risk of vulnerability. We stress the need for strengthened policy coherence, and better governance for health and well-being, across all levels.

We emphasize the important roles of cities, municipalities, and regions in creating inclusive, participatory governance processes that promote empowerment and trust.

Statement of the WHO European Healthy Cities Network and WHO Regions for Health Network presented at the Sixth Ministerial Conference on Environment and Health

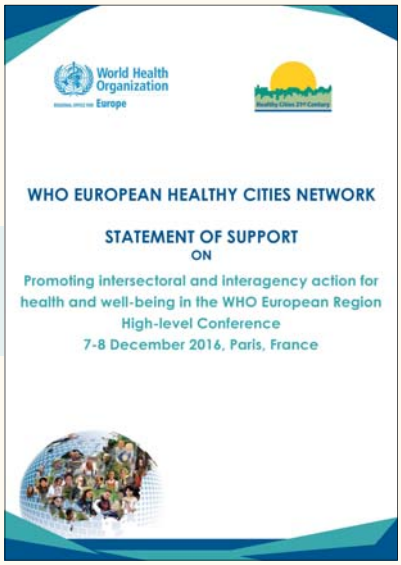
WHO European Healthy Cities Network (2018). Copenhagen: WHO Regional Office for Europe.

Urban green spaces: a brief for action

WHO Regional Office for Europe (2017). Copenhagen: WHO Regional Office for Europe.

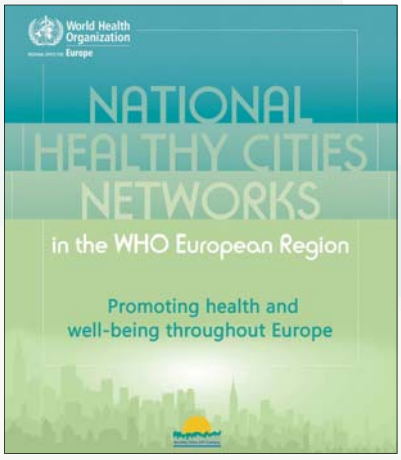
The new urban agenda – Habitat 3. Habitat III – 17–20 October 2016. The United Nations Conference on Housing and Sustainable Urban Development

United Nations (2016). New York (NY): United Nations.



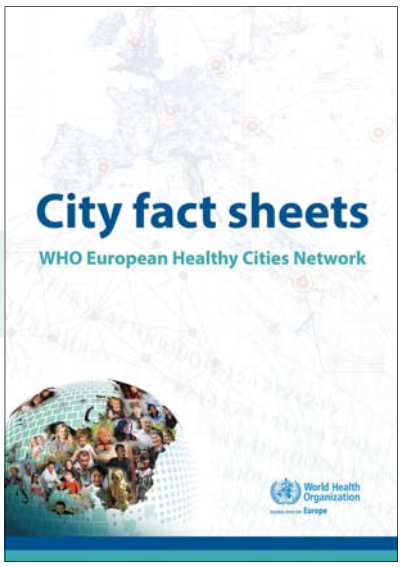
WHO European Healthy Cities Network statement of support – promoting intersectoral and interagency action for health and well-being in the WHO European Region

WHO European Healthy Cities Network (2016). Copenhagen: WHO Regional Office for Europe.



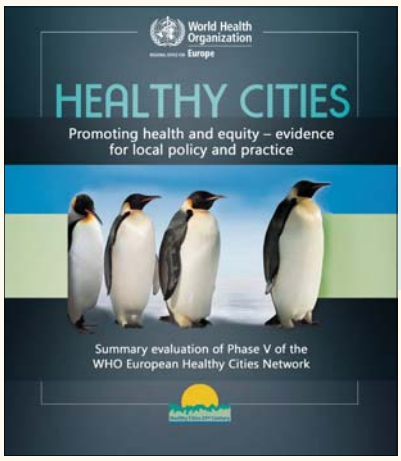
National healthy cities networks in the WHO European Region. Promoting health and well-being throughout Europe

WHO European Healthy Cities Network (2015). Copenhagen: WHO Regional Office for Europe.



City fact sheets:
WHO European Healthy Cities Network

WHO European Healthy Cities Network (2015). Copenhagen: WHO Regional Office for Europe.



Healthy cities. Promoting health and equality – evidence for local policy and practice. Summary evaluation of Phase V of the WHO European Healthy Cities Network

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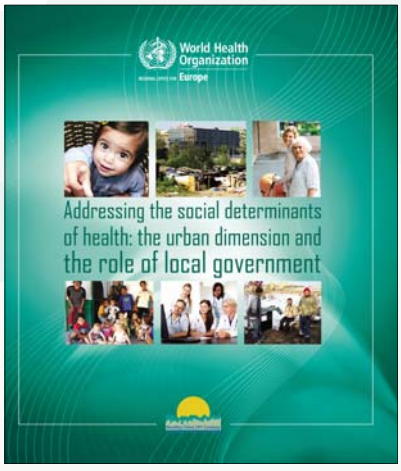
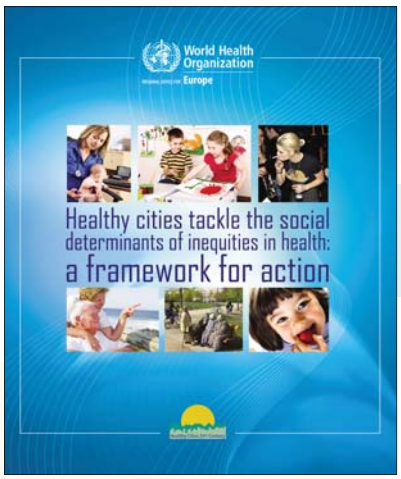


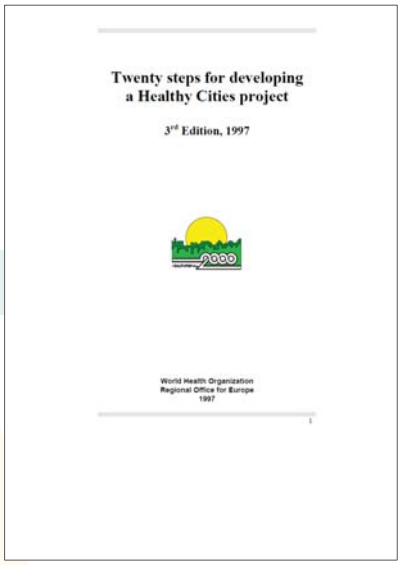
Addressing the social determinants of health: the urban dimension and the role of local government

WHO Regional Office for Europe (2012). Copenhagen: WHO Regional Office for Europe.



Healthy cities tackle the social determinants of inequalities in health: a framework for action

WHO European Healthy Cities Network (2012). Copenhagen: WHO Regional Office for Europe.



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[8] All weblinks accessed 22 May 2020.

Annex 1 INTERNATIONAL GOVERNANCE INSTRUMENTS IMPACTING ON HEALTH

Table A1.1 summarizes international governance instruments impacting on health.

Table A1.1 | International governance instruments impacting on health.

Topic	Document	Year of adoption	Secretariat hosted by	Link
WHO international conventions and instruments				
Tobacco	Protocol to Eliminate Illicit Trade in Tobacco Products	2013	WHO	https://www.who.int/fctc/protocol/illicit_trade/protocol-publication/en/
Health security	International Health Regulations	2005	WHO	http://www.who.int/ihr/9789241596664/en/
Tobacco	WHO Framework Convention on Tobacco Control	2003	WHO	http://www.who.int/fctc/text_download/en/
International conventions with health components				
Environment – mercury	Minamata Convention on Mercury	2013	United Nations Environment Programme (UNEP)	http://mercuryconvention.org/Convention/tabid/3426/language/en-US/Default.aspx
Environment – water	Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Water Convention)	2003 (amended 2013)	United Nations Economic Commission for Europe	http://www.unece.org/env/water/text/text.html
Environment – organic pollutants	Stockholm Convention on Persistent Organic Pollutants	2001	Secretariat of the Basel, Rotterdam and Stockholm Conventions (BRSMEAS)	http://www.pops.int/TheConvention/Overview/TextoftheConvention/tabid/2232/Default.aspx
Environment – climate change	The United Nations Framework Convention on Climate Change (UNFCCC)	1992	UNFCCC Secretariat (UN Climate Change)	https://unfccc.int/files/essential_background/convention/background/application/pdf/convention_text_with_annexes_english_for_posting.pdf

Table A1.1 | (Contd.)

Topic	Document	Year of adoption	Secretariat hosted by	Link
International conventions with health components (cont.)				
Environment – chemicals and pesticides	Rotterdam Convention on Certain Hazardous Chemicals and Pesticides in International Trade	1998	BRSMEAS	http://www.pic.int/TheConvention/Overview/TextoftheConventi on/tabid/1048/language/en-US/Default.aspx
Environment – hazardous wastes	Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal	1989	BRSMEAS	http://www.basel.int/TheConvention/Overview/TextoftheConvention/tabid/1275/Default.aspx
Environment – ozone layer	Vienna Convention for the Protection of the Ozone Layer	1985	UNEP	http://www2.ecolex.org/server2neu.php/libcat/docs/TRE/Full/En/TRE-000829.pdf
Gender equality	Convention on the Elimination of All Forms of Discrimination Against Women	1979	Committee on the Elimination of Discrimination Against Women	https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm
Child protection	Convention on the Rights of the Child	1989	United Nations Committee on the Rights of the Child	https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
Humanitarian	Convention for the Amelioration of the Condition of the Wounded in Armies in the Field	1864	International Committee of the Red Cross	https://ihl-databases.icrc.org/ihl/INTRO/120
Social rights	International Covenant on Economic, Social and Cultural Rights	1978	Committee on Economic, Social and Cultural Rights	https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx
Social rights	Convention onthe Rights of Persons with Disabilities	2006	Committee on the Rights of Persons with Disabilities	https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html

Table A1.1 | (Contd.)

Topic	Document	Year of adoption	Secretariat hosted by	Link
International agreements with health components (cont.)				
Environment – biological diversity	Cartagena Protocol on Biosafety to the convention on Biological Diversity	2000	Secretariat of the Convention on Biological Diversity	https://bch.cbd.int/protocol/text/
Food safety	Codex Alimentarius	1963	Food and Agriculture Organization of the United Nations	http://www.fao.org/fao-who-codexalimentarius/home/en/
Migration	The Global Compact for Safe, Orderly and Regular Migration (GCM)[a]	2018	International Organization for Migration	https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/195
Refugees	Global Compact on Refugees[a]	2018	United Nations High Commissioner for Refugees	https://www.unhcr.org/gcr/GCR_English.pdf
Environment – climate change	Paris agreement on climate change[a]	2015	UNFCCC Secretariat (UN Climate Change)	https://unfccc.int/sites/default/files/english_paris_agreement.pdf
Intellectual property	The Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement)	1995	World Trade Organization	https://www.wto.org/english/docs_e/legal_e/27-trips_03_e.htm

[a] Denotes a non-legally binding governance instrument.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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