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The role and contribution of leadership in health policy and practice

This document examines the role and contribution of leadership in health policy and practice, and provides examples of effective leadership in public health by the WHO Regional Office for Europe.

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Introduction

1. The present document is concerned with leadership in health policy and practice. Leadership means different things to different people around the world, and different things in different situations. It may relate to political leadership, religious leadership, business leadership or community leadership. Leadership as a concept may apply to both organizations and individuals. Some quotes are illustrative here:

- “Leadership is the capacity to translate vision into reality” – Warren Bennis
- “A leader’s role is to raise people’s aspirations for what they can become and to release their energies so they will try to get there” – David R. Gergen
- “Leadership is the art of getting someone else to do something you want done because he wants to do it” – Dwight D. Eisenhower

2. Leadership can be distinguished from management. Although the two are similar in some respects, they may involve different types of outlook, skills and behaviours. Management is a set of processes that keeps an organization functioning. Leadership is about creating a vision, aligning people to that vision through “buy-in” and communication and providing motivation and inspiration. Good managers should strive to be good leaders; good leaders need management skills to be effective.

Leadership in health policy and practice

3. Modern public health and health policy and practice have moved beyond sanitation, epidemiology and health education. Health leaders and health-promoting organizations work across sectors to address the social, environmental and economic determinants of health. To be successful, all must have a vision – to see the future as different from the status quo – and have the influence to drive change – being able to communicate a vision and win others over to embrace and implement it.

4. Such leadership for health requires commitment at the highest political levels across all sectors and the ability to convince partners that health is a vital investment for development overall, as is made clear in the United Nations Sustainable Development Goals (SDGs). Achieving this requires an understanding of all the perspectives that partners bring to an issue, with an approach that transcends the differences they bring to the table. Meeting the challenges of reaching out to other sectors and partners and accentuating intersectoral work requires emotional intelligence and the ability to listen to others, as well as group-working and team-building competencies. It is vital to allow others to take the lead, recognize their skills and strengths, and provide support and encouragement rather than competing with them. Underlying these skills, leaders need personal integrity and moral values that earn respect and trust. Most of all, a leader must have the courage to speak truth to power and to act on his/her values.

5. The concept of leadership in terms of global health is closely linked to the notion of governance, which explains how governments and other social organizations interact, how they relate to citizens and how they take decisions.

6. The above-mentioned characteristics of leadership for health have inspired WHO’s leaders for generations, for example following the adoption of the Declaration of Alma-Ata (1978) and the Ottawa Charter for Health Promotion (1986), and in the global movement for

health for all (1981). In 1988, the charismatic Halfdan Mahler, then Director-General of WHO, quoted a historic speech by John F. Kennedy (made before the Irish Parliament in 1963) at the closing ceremony of the Second International Conference on Health Promotion (Adelaide, Australia, 5–9 April 1988): “The problems of the world cannot possibly be solved by sceptics or cynics whose horizons are limited by the obvious realities. We need men who can dream of things that never were, and ask why not”. It follows that our public health leaders must be imaginative, as well as having managerial skills and respecting and using technical evidence.

7. Illustrative of the leadership qualities required to be a 21st century health leader are the nine criteria required of a Director-General of WHO, adopted by the World Health Assembly in resolution WHA65.15. A Director-General must have:

- a strong technical background in a health field, including experience in public health;
- exposure to and extensive experience in international health;
- demonstrable leadership skills and experience;
- excellent communication and advocacy skills;
- demonstrable competence in organizational management;
- sensitivity to cultural, social and political differences;
- strong commitment to the mission and objectives of WHO;
- good health condition required of all staff members of the Organization; and
- sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly.

8. To summarize, leadership is about influence, in contrast to authority or power. It is aspirational and aims for the development and implementation of a shared vision. It looks to the future, to what is possible, and to what is to be accomplished. Leadership creates followers. This occurs naturally, as effective leaders demonstrate and motivate with a palpable sense of clarity, momentum, action, integrity and vision.

9. At the individual level, leadership does not require a certain position or title. The focus of leadership is on empowering followers and bringing the vision to life, rather than on the leader him- or herself. A leader is attentive to others and cares about empowering them to achieve their greatest potential. Leadership is authentic, and leaders set an example for others, keep their word and communicate openly. They create relationships of trust. Other necessary characteristics are effective communication and listening; emotional intelligence; a capacity for networking and relationship-building; empathy; a capacity for advocacy, patience and resilience; and negotiating skills.

Public health leadership in the WHO Regional Office for Europe

10. The decade since 2010 and the global economic crisis have seen very significant political, economic, social and technological changes, as well as increased scientific knowledge and understanding of the impact of multiple determinants of health. Particular attention has been paid to improving health and well-being overall and reducing health

inequalities, with a focus on vulnerable people and those populations across the WHO European Region whose life expectancy and health experiences have improved the least. All-determinant approaches to health improvement necessitated new skills and organizational behaviours, facilitated by reinvigorated public health capacities and services.

11. These public health goals were promoted through the development of Health 2020, the European health policy framework (adopted by the WHO Regional Committee for Europe in 2012), the European Action Plan for Strengthening Public Health Capacities and Services (endorsed by the Regional Committee in 2012) and, latterly, by a 2018 resolution of the Regional Committee on advancing public health for sustainable development in the WHO European Region (resolution EUR/RC68/R6). All these initiatives respect human rights, as well as health improvement and health equity perspectives and objectives.

12. All these regional initiatives reflected, and to a significant extent anticipated, global trends and developments, particularly the United Nations 2030 Agenda for Sustainable Development, the SDGs, and the series of United Nations high-level meetings on noncommunicable diseases (NCDs). In all of these processes, improvement of health has been considered to be a vital investment in human and societal development. Health has therefore become a higher priority in Member State governance at the highest levels, with responsibility for health spread across the whole of government and the whole of society. In the words of David Fidler, health leaders must learn to “speak health to power”.

13. Achieving these high-level aspirations across the Region in a complex and challenging global and regional environment has required courageous leadership at both the individual and the organizational level. The present document will focus on such leadership across the Region and on the role of the WHO Regional Office for Europe as a public health leader during the period 2010–2019. As the final year of Health 2020 approaches, it will look at the implementation and achievements of the Health 2020 policy framework and the European Action Plan for Strengthening Public Health Capacities and Services, and at what has been learned over the last decade. It will also look at leadership models of good practice and lessons for the future beyond 2020.

14. The present document is intended to be informative for several audiences, including Member States, staff members of WHO regionally and globally and WHO’s many partner organizations and institutions.

The development and impact of Health 2020

15. Leadership, and most particularly political leadership, is crucial to promoting health and well-being and to supporting public health officials, workers and advocates in achieving the new skills and capacities needed to respond to changing constituencies, complexities and challenges.

16. Health 2020 was underpinned by an agreed vision and values; by design, it was developed using collaborative and participative approaches, including background debates and meetings with Member States. It was also underpinned by the newly developed evidence base on the social determinants of health and the health divide across the Region and by current approaches to governance for health.

17. Health 2020 reflected the complex nature of health determinants, as well as the whole-of-government, whole-of-society and health-in-all-policies approaches, and the leadership necessary to address these determinants. It also inspired the development of the health policies, strategies and plans needed to achieve equitable health improvement at national and local levels.

18. In many ways, this push for implementation within the European Region provided leadership globally for the whole Organization and influenced current organizational developments within WHO more widely. This is true both for the new WHO process of transformation overall and, specifically, for the new Thirteenth General Programme of Work, 2019–2023, with its visionary commitment to the “triple billion” targets of delivering universal health coverage, addressing health emergencies and promoting healthier populations, as well as for more specific innovations, such as the WHO Ambassadors, the WHO Academy, and improved links with nongovernmental organizations (NGOs) and parliamentarians.

19. Health 2020 also anticipated the global processes that led to the 2030 Agenda and the SDGs. For example, Health 2020 successfully generated and promoted country commitments, and helped in the development of partnerships and the linking of strategic and policy processes with financing.

20. In its development and implementation, Health 2020 provides an illustrative example for our times of the “directing and coordinating role” of WHO, in which collaborative and participative leadership can achieve positive change towards a shared vision, in the absence of political enforceability of responsibility and accountability.

The leadership required to implement Health 2020

21. Health 2020 and its associated governance studies identified the capacities and skills needed for today’s public health leaders to be successful. These include adopting an extended approach towards health that takes account of all determinants; looking outwards towards other sectors, as well as inwards; abandoning linear thinking; and accepting the unpredictability and uncertainty of complexity. Public health leaders also need the capacity to build trustworthy health policies and institutions that reflect: better use of foresight; multistakeholder deliberations; the development of self-organizing networks and decentralized decision-making; and continual learning to manage risks and create more enduring policies.

22. Such skills and capacities need focused training and development. Also needed are the resources and, above all, the time and perseverance to build intersectoral institutions and capacity based on trust and understanding. Leaders need to facilitate the identification of interdependent goals jointly with sectoral partners in other ministries, the private sector and communities, and to take on the role of network manager where required, with skill and respect for all network partners.

23. Since 2012, many countries have expressed high-level political support for the implementation of Health 2020 in the context of the SDGs, not only at the level of ministries of health but also through multi-ministerial working and oversight bodies, and at presidential and prime ministerial levels. Intersectoral collaboration was mostly seen between the sectors of environment and health, but has now been accepted as a goal by other sectors.

24. These approaches are working. Progress in Member States towards improving health for all and improving health equity through the implementation of Health 2020 has been reported in the *European health report 2018*. Countries have also adopted focused, stand-alone policies to address health inequities. Countries with biennial collaborative agreements (BCAs) have used other entry points to take forward the Health 2020 approach, closely related to specific or immediate challenges such as NCDs, emergencies and migrant health.

25. The scope of policies inspired by Health 2020 has broadened. At first, a common focus was improving the health of disadvantaged groups and ensuring a healthy start in life. Later, more policies addressed issues such as tackling poverty and improving the physical environment. Encouragingly, most Member States have explicitly included equity, social determinants, gender and human rights values and approaches in the design of national and local health policies, strategies and plans. Broad equity goals have been expressed in the form of improved health access and coverage, reduced lifestyle gaps, reduced gaps in life expectancy, and reduced social gradient.

26. The leadership qualities necessary to promote and develop national health policies, strategies and plans that are multisectoral and based on whole-of-government, whole-of-society and health-in-all-policies approaches are easy to describe, but formidably difficult to acquire and deliver. Success requires new skills and a recognition of the increasing global emphasis on health as a core component of development and an important dimension of global security and economic, environmental and trade discussions. Those concerned with promoting health need to understand and be able to operate convincingly in these areas.

27. Overall, the processes of development and implementation of Health 2020 have been inspirational, reflecting the leadership necessary to deal with 21st century health challenges.

Examples of good leadership in the WHO European Region

28. Health 2020 was used as an internal framework for all other regional processes, for example as a background for the programme budget; as a frame for strategic and technical work across the whole of the Regional Office's public health responsibilities, with all strategies and action plans being guided by Health 2020; as the basis for the training of staff; as the basis for the development of the Health 2020 monitoring system and the six headline targets; as the basis for country work; and as the theoretical basis for the development of national policy-making in (as at 2019) almost 90% of Member States in the Region.

29. Strong leadership was required to achieve these organizational changes, which were dependent on some specific requirements that can be identified and summarized as follows:

- political commitment across the Region and the establishment of an open and transparent partnership between the Regional Office and Member States;
- extending the breadth of public health inputs through an improved relationship with WHO collaborating centres;
- values-based governance within the Regional Office, based on the principles of transparency, accountability, participation, integrity and appropriate capacity;
- a Regional Office managerial team promoting the values of Health 2020 and empowered to lead in its members' individual areas of responsibility, building

trust, ensuring transparency and accountability, and promoting constructive dialogue;

- an internal managerial climate based on constructive criticism and the avoidance of confrontation;
- a strong ambition across the Regional Office at all levels to strengthen collective ways of working, thereby contributing to synergies and improved policy implementation;
- strong, consistent investment in staff development, so that the Regional Office is better able to exercise public health leadership at all levels.

30. In addition, several other topics may be considered to be examples of good leadership in the WHO European Region, some of which are described below.

Strengthening of the role and participation of the Regional Office in United Nations reform

31. Health 2020 and the roadmap to implement the 2030 Agenda for Sustainable Development strengthened the health and development perspective in United Nations reform processes, supported by the new frame of reference provided by the SDGs. WHO has worked closely with United Nations country teams and resident coordinators, using common United Nations instruments such as the common country assessments and United Nations Development Assistance Frameworks (UNDAFs). WHO country offices have promoted Health 2020 as the policy framework for health in individual UNDAFs. The forthcoming United Nations reform, and the new United Nations Sustainable Development Cooperation Framework, will continue to integrate the vision, strategic directions and enablers of Health 2020 and the roadmap to implement the 2030 Agenda.

32. At the regional level, the Regional Office has also collaborated with the Regional Coordination Mechanism and the Regional United Nations Development Group. The WHO Regional Director for Europe has been a very active member of the United Nations coordination mechanism for Europe and Central Asia, and in 2018 served as Acting Director.

33. The United Nations Issue-based Coalition (IBC) on Health and Well-being is one of six issue-based coalitions that have been established under the United Nations coordination mechanism for Europe and Central Asia. The Regional Director has chaired the health group of the IBC which, in its first three years (2017–2019), has focused on areas where there is existing cooperation, a degree of urgency for further action, high political importance, and a high burden of disease or high unmet population needs. In the future the IBC will further strengthen the NCD and primary health care work components.

34. Within the IBC, the Regional Office has also contributed to the joint United Nations Development Group through participation in joint Mainstreaming, Acceleration and Policy Support, which supports governments in consolidating and contextualizing the SDG agenda at the national and local levels in a number of Member States.

Courage to address the public health interests of the Region, including potentially challenging topics

35. The Regional Office has taken a leadership role in the promotion of the WHO Framework Convention on Tobacco Control, supported by the six MPOWER measures aligned with the treaty, which help countries to reduce the demand for tobacco. It has also supported the movement for plain packaging of tobacco products, which has been given a major boost globally through the leadership of European Member States, seven of which (at the time of writing) have enacted legislation to this effect.

36. There exists a large body of evidence indicating that lack of progress in implementing tobacco control is associated with interference by the tobacco industry. Two examples of the role WHO has played at the international policy development level to counter the weight of powerful vested tobacco interests in public health policy illustrate this point.

- As part of WHO's dynamic and growing relationship with the European Union: during the European Union negotiations on the Tobacco Product Directive, the tobacco industry was lobbying in Brussels. WHO was one of the few actors working against these industry voices by providing evidence and policy analysis. Its dialogues with the European Parliament and its members were vital for obtaining the approval of the Directive by the European Council.
- WHO also assisted individual countries in parliamentary and other discussions on tobacco control initiatives at country level to counter arguments and lobbying by the tobacco industry.

37. The Action Plan for Sexual and Reproductive Health is another example of a sensitive initiative in a potentially contentious area of public health. The Regional Office was successful in seeking and achieving substantial consensus on the Action Plan.¹

An emphasis on country work and the reform of country offices, including strengthening of the capacities of WHO representatives and country representatives

38. The Regional Office has created new types of collaborative agreements with countries. While bilateral agreements and BCAs have continued to be the main framework for health development work, country cooperation strategies have now been agreed in several countries. Both BCAs and common country assessments provide the focus for intensive strategic work in key technical areas.

39. WHO representation in countries has also been further improved. A developmental strategy led to country offices being strengthened, increasingly by the employment of international staff members. Extensive training and communication efforts have helped staff to provide Health 2020 perspectives and sound technical contributions in the development and implementation of national health policies, strategies and plans. Extensive national health partnerships have also been further developed.

¹ Hungary, Poland and Turkey disassociated themselves from the Action Plan for Sexual and Reproductive Health.

Early attention to migrant health, and the development of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region

40. Since 2012, the Regional Office has taken a leading role in assisting Member States in promoting and protecting the health of migrants, successfully identifying opportunities, initiating research and collecting evidence, and achieving strong political influence.

41. In 2012, the Regional Office established the Public Health Aspects of Migration in Europe (PHAME) project. Since then, PHAME has provided continuous support for ministries of health. Health systems assessment missions have been conducted in several countries. The Regional Office has provided support and policy advice on contingency planning, technical assistance and guidance, public information and communication tools, medical supplies, and training modules on migrant health for health and non-health professionals. A collaborating centre on migration and health has been set up at Pécs University, Hungary.

42. In 2016, the Regional Committee adopted the Strategy and Action Plan for Refugee and Migrant Health. The work on this issue contributed to the development of the global WHO framework of priorities and guiding principles to promote the health of refugees and migrants, which was endorsed by the World Health Assembly in 2017 in resolution WHA70.15. Subsequently, a number of supporting initiatives were developed, encouraging an evidence-based approach to a potentially difficult social and political issue.

43. A Knowledge Hub on Health and Migration has also been established as a joint effort between the Regional Office, the Ministry of Health of Italy, the Regional Health Council of Sicily and the European Commission. Two successful summer schools on refugee and migrant health were conducted in 2017 and 2018, with the support of the Italian Ministry of Health and the Regional Health Council of Sicily and in collaboration with the International Organization for Migration, the European Commission, the European Public Health Association and the National Institute for Health, Migration and Poverty, Italy.

44. In December 2018, the Regional Office published a report on the health of refugees and migrants in the Region. This report was the first of its kind, aiming to support evidence-informed policy-making to meet the health needs of both migrant and host populations.

Innovative approaches to health systems strengthening

45. In the last 10 years, several processes have made progress in strengthening health systems to respond to the challenges of the 21st century. These processes incorporated the latest evidence and examples of good practice and resulted in three important events.

- The high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region, held in 2018 in Sitges, Spain, successfully brought together evidence and experience of how governments can adapt their health systems to meet the growing challenge of NCDs effectively, and provided a platform for reflection on progress in health systems strengthening.
- The high-level regional meeting, Health Systems for Prosperity and Solidarity: Leaving No One Behind, held in Tallinn, Estonia in 2018, was held in conjunction with the 10th anniversary of the signing of the Tallinn Charter: Health Systems

for Health and Wealth. It reaffirmed the values embedded in the Charter, building on the new opportunities created by the SDGs.

- The Region also contributed significantly to the Global Conference on Primary Health Care, held in Nur-Sultan, Kazakhstan in 2018. This conference reaffirmed the values and principles of the Declaration of Alma-Ata of 1978, and provided perspectives on the contribution of primary health care to 21st century health policy and practice.

Innovative approaches: the Coalition of Partners to advance public health capacities and services

46. To advance public health capacities and services, the Regional Office has established a Coalition of Partners to strengthen essential public health operations (EPHOs) in a coordinated, systematic and proactive way. The Coalition of Partners seeks innovative approaches to public health reform, both in terms of applying expertise and in funding agreed activities, in order to support Member States in assessing and improving EPHOs.

47. The Coalition of Partners aims to strengthen public health capacities by creating a critical mass of public health intelligence to counterbalance approaches that are not based on evidence. Importantly, the collaboration is directly and continuously informed and driven by Member States' needs.

Early and effective introduction of the Framework of Engagement with Non-State Actors in the European Region

48. The Regional Office has collaborated with many non-State actors, including NGOs, philanthropic foundations, academia and the private sector. It now does so in the context of the Framework of Engagement with Non-State Actors, adopted by the World Health Assembly in 2016. The Regional Office made an early commitment to the implementation of the Framework of Engagement in the Region, and its experience has contributed to global implementation.

49. The Regional Office has also established official relations with several regional NGOs, overcoming fears that NGOs might promote private interests and self-interested policies and criteria. This has allowed for increased visibility of, and increased networking between, NGOs. For example, in 2018 the European Public Health Association took the initiative of contacting all NGOs in official relations with the Regional Office before the Regional Committee session, and organized joint statements on various agenda items.

Strengthening control of antimicrobial resistance, including assessments in countries

50. Antimicrobial resistance has been made a priority in the Region, which has advocated that it should become a global health priority. In 2011, the Regional Committee adopted the European Strategic Action Plan on Antibiotic Resistance.

51. The Regional Office is supporting Member States in preventing and controlling antimicrobial resistance in collaboration with the National Institute for Public Health and the

Environment of the Netherlands and the European Society of Clinical Microbiology and Infectious Diseases.

52. Regarding communication and advocacy, the Regional Office has championed the call by the United Nations General Assembly for immediate action against antimicrobial resistance and has urged all countries in the Region to take part in World Antibiotic Awareness Week.

Support for public health networks

53. The goal of working together for improvements in health and well-being must be shared with new and evolving types of network partnerships for health across the Region. Examples include intercountry networks such as the South-eastern Europe Health Network, the Small Countries Initiative and subnational networks such as the WHO European Healthy Cities Network and the Regions for Health Network.

54. Such like-minded groups bring regional aspirations closer to decision-making and improve visibility of important health issues. It is crucial for local understandings of the impact of policies to be discussed and considered at the national and international levels.

Conclusion

55. Over the last decade, the Regional Office has successfully improved health policy and practice and driven health improvement across the Region. It has focused on reducing health inequalities, with an emphasis on vulnerable people and on the populations whose health had previously been improving most slowly.

56. These improvements have been achieved through the development and implementation of health policies and practices, including advances in public health capacities, which have met 21st century challenges. Such approaches have anticipated global initiatives such as the SDGs and initiatives within WHO, such as the Thirteenth General Programme of Work, 2019–2023. In this sense, the Regional Office can be said to have provided remarkable global as well as regional leadership for Member States, partner organizations and the public health community.

57. Nevertheless, new challenges confront health and health policy today. There is a major change globally in the political environment, towards more divisive and less consensus-based policy thinking. This may make it more difficult to respond to today's vital health issues, including (inter alia) planetary health, climate change, and migration and health challenges.

58. Other challenges include ageing, urbanization and the challenges of life-course and multideterminant policy development, including dealing effectively with behavioural determinants of health (such as tobacco, alcohol, diet and exercise). While these are today's challenges, even more significant issues probably lie ahead, namely the exponential acceleration of technological progress, including predictive and personal approaches, which may outstrip the capacity of any health system to be able to provide them on a universal basis. While such approaches do not currently outweigh the influence of the social determinants of health, over time health-care spending may become the main driver of gains in life expectancy. The political and policy challenges in this regard will be enormous.

59. The impact of developments in areas such as information technology and big data is also hard to predict. These developments create new opportunities for improved health outcomes and the integrated management of patient care, yet raise profound issues of ownership and confidentiality, to which societies must respond. Social media also present profound challenges as well as important opportunities for health promotion. Artificial intelligence is just around the corner.

60. The work of the Regional Office over the last decade has made a significant contribution to meeting today's challenges, and to providing important pointers for the future, both regionally and globally. Visionary health leadership will be needed, more than ever, both now and in the future.

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