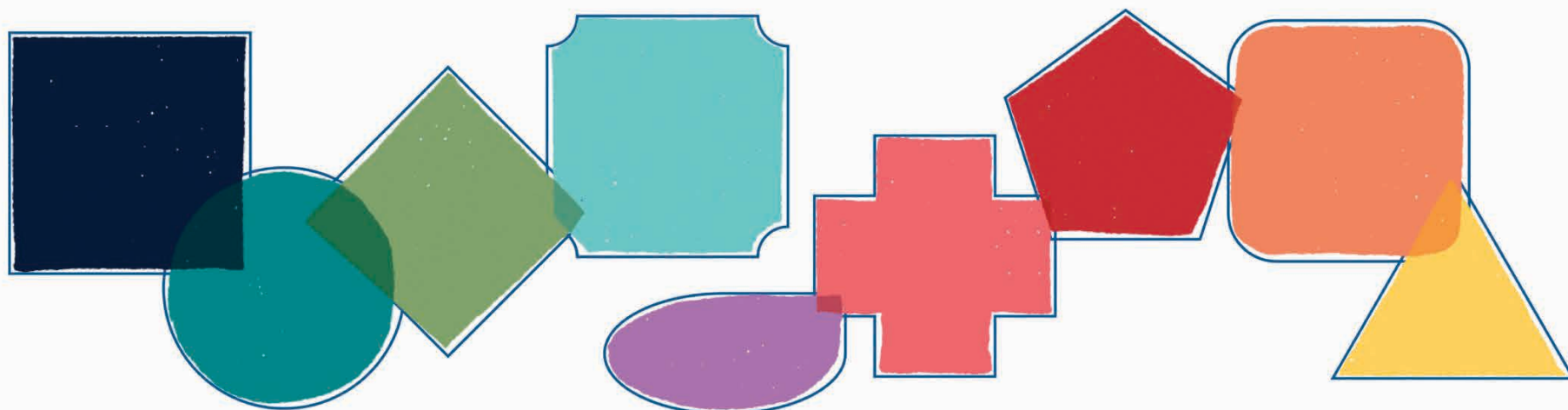




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Tool for mapping governance for health and well-being: the organigram method



Governance for Health and Well-being Programme
Division of Policy and Governance for Health and Well-being
WHO Regional Office for Europe

Tool for mapping governance for health and well-being: the organigraph method

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Abstract

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 strengthening in order to ensure that systems facilitate improved health and well-being for all. It provides background information on the organigraph method as well as a practical guide to using it, including example organigraphs.

Keywords

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GOVERNANCE

ACCOUNTABILITY

MULTISECTORAL

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Contents

Acknowledgements.....	VI
Foreword	VII
Introduction.....	1
Part 1. Background: mapping accountability for health and well-being.....	2
Development of the organigraph method.....	5
Adaptation to the health context: Benchmarking Regional Health Management II (Ben RHM II) 2004–2007	6
Further refinement for the health context: Tools to Address Childhood Trauma, Injury and Children’s Safety (TACTICS) 2007–2012	8
Why this WHO tool?.....	10
Who can use this tool?.....	11
Additional notes.....	12
Part 2. A practical guide to developing an organigraph	13
Introduction to the organigraph method	14
Methodology for organigraph development.....	14
Example organigraphs	18
References	27

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The WHO Regions for Health Network was involved in piloting the organigraph method during the European Commission-funded 2004–2007 project Benchmarking Regional Health Management II (Ben RHM II) led by the Institute for Public Health North Rhine-Westphalia. The authors would like to acknowledge and thank the regions involved in this process.

Both the Ben RHM II project and the 2007–2012 Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) project, both co-funded within the Health Programme of the European Commission, contributed to the tool's development.

This publication was produced under the guidance of Dr Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe.

Foreword

In 2015, at the 65th session of the WHO Regional Committee for Europe, WHO European Member States adopted resolution EU/RC65/16 “Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice”. This decision followed the adoption of the European policy framework Health 2020 by the 62nd session of the Regional Committee in 2012.

The adoption of these resolutions represented seminal moments for work on governance for health and well-being in the WHO European Region. Health 2020 included governance as one of its strategic objectives, and resolution EU/R65/16 outlined the key role that political will plays in ensuring that we see improvements in health and well-being across the Region. Further to this, a transformational governance agenda is crucial to the successful implementation of the United Nations 2030 Agenda for Sustainable Development.

In order to realize these Regional Committee decisions, Member States requested tools to support the strengthening of governance for health and well-being at the national level, in particular the implementation of multi- and intersectoral action for health and well-being. We cannot strengthen governance for health and well-being or implement multi- or intersectoral action without understanding our systems of governance and how they impact health and well-being. Mapping these systems is a crucial element of this process, and the organigraph tool is designed for this purpose.

The organigraph method is simple and user-friendly, and yet it is also transformational. For the first time globally, WHO is presenting a tool that Member States can use to map governance and accountability relationships at the national level. A wide range of stakeholders can use it in a technical or academic context, but also as a stakeholder participation tool. This is because the process of mapping and drawing an organigraph can involve bringing relevant stakeholders to the table to discuss how they interact and how the system can better facilitate their interaction. The organigraph tool is part of the Assessment Tool for Governance for Health and Well-being, the first of its kind globally, but it can also stand alone.

I truly believe that this tool can contribute to both increased understanding and strengthening of governance for health and well-being, and aid the implementation of both Health 2020 and the 2030 Agenda. I welcome its application across the Region, and anticipate with interest the results of its application.

Dr Piroska Östlin
Director, Division of Policy and Governance for Health and Well-being
WHO Regional Office for Europe

Introduction

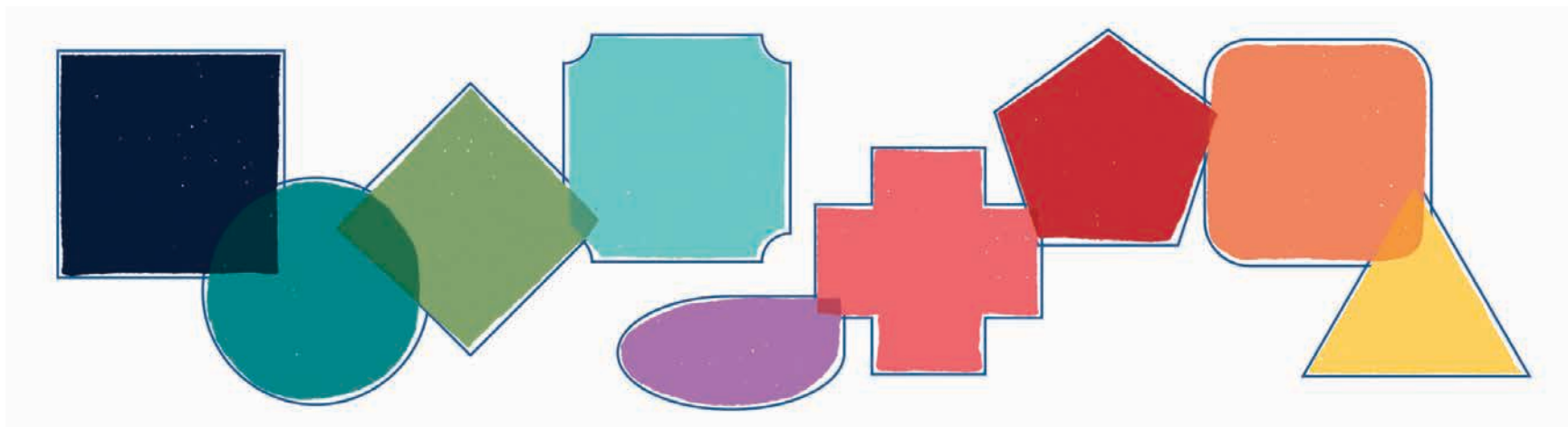
Improving systems of governance for health and well-being is at the heart of global, regional, national and local responses to public health challenges. It is one of the main elements that will enable countries to deliver on a new public health agenda that responds to the health and development needs of the 21st century. Adopting systematic approaches to, and models of, governance that deliver health, equity and well-being is crucial to achieving the United Nations 2030 Agenda for Sustainable Development (1), and to secure a sustainable future for both people and planet.

The WHO Regional Office for Europe and expert academic partners developed an organigraph tool for mapping governance and accountability mechanisms within governance systems (see Box 1). This publication aims to help countries and relevant stakeholders use the tool to identify which areas need strengthening in order to ensure that systems facilitate improved health and well-being for all.

The tool was developed to be used as part of the Assessment Tool for Governance for Health and Well-being, developed by the Governance for Health and Well-being Programme at the WHO Regional Office for Europe (2). This publication provides background to the tool and serves as a practical guide to using it, including through example organigraphs.

Box 1. The aim of the organigraph tool

The aim of the organigraph tool is to visually represent the relationships between actors, stakeholders and sectors when observing and/or planning multisectoral and intersectoral action for health and well-being.



Part 1. Background: mapping accountability for health and well-being

In order to realize the systems and models of governance that facilitate improved health and well-being (see Fig. 1), it is crucial to map governance structures and accountability relationships in existing systems (see Box 2). While this is new to the sector of health governance, methods of mapping governance exist in various other sectors and can be applied to the health sector.

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



Source: WHO Assessment Tool for Governance for Health and Well-being (2).

With the adoption of the 2030 Agenda (1) and its 17 global Sustainable Development Goals (SDGs) (8) in September 2015, such mechanisms and tools to map accountability for health and well-being will become increasingly pertinent for countries. The 2030 Agenda (1) and the SDGs, together with other global policy agendas, act as a catalyst for strengthening understanding of accountability relationships within systems to ensure that they are best arranged to improve health and well-being for all (see Box 3). The organigraph method is a tool designed to facilitate this process.

Box 2. Governance for health and well-being: the importance of accountability

There is consensus in the literature addressing governance for health and well-being that shared accountability – that is, of health and non-health sectors, public and private actors, and citizens – has become a factor of primary importance for the achievement of successful governance for intersectoral action for health and well-being (3–5). In particular, this is due to increased participation of, interaction among and interdependence of actors.

In striving for greater accountability for health across sectors and among new actors, the capacity of all sectors and actors to participate in the process is paramount. Transparency plays a role in supporting accountability as well as building trust in – and therefore the integrity of – the process (6).

Discussions at the WHO high-level technical meeting “Promoting intersectoral and interagency action for health and well-being in the WHO European Region: synergy among the health, education and social sectors”, held in Paris, France, on 24 April 2015 (7), highlighted and recognized the importance of accountability and transparency for governance. In particular, it emphasized the need for sufficient capacity to manage-building to increase participation and measurement to strengthen accountability as a key area for Member States to work with WHO to address.

Box 3. The 2030 Agenda: a catalyst for strengthening accountability for health and well-being

The 2030 Agenda and its 17 SDGs act together as a catalyst, a tool and a mechanism for increasing accountability for health and well-being among all 53 European Member States (see Fig. 2). While SDG 3 specifically addresses health and well-being, all 17 of the SDGs are universal, integrated, interdependent and indivisible. Working for the improvement of health and well-being for all and for the reduction of health inequalities therefore contributes to reaching the targets of all 17 SDGs (1,8).

The 2030 Agenda and the SDGs also contribute to strengthening political accountability for health and well-being. Adopted by all 193 Member States at the United Nations Sustainable Development Summit in September 2015 in New York, United States of America, they provide a political mandate at the highest level in every country to work towards improving health and well-being sustainably, without leaving anybody behind.

They also strengthen community accountability through the promotion of mechanisms to ensure participation across the whole of society, including participatory governance, civic engagement, increased monitoring, improved accessibility to services, and the constant use of evidence and research in decision-making.

Furthermore, the global process of localizing the SDGs requires countries to strengthen national accountability mechanisms for health and well-being. Countries must align new or existing targets with the health-related SDG targets at the national level, and focus on improving national measurement and accountability platforms and systems in order to collect necessary data and information. This requires whole-of-government and whole-of-society approaches, and a focus on quality of data – all of which require strong accountability mechanisms and the ability to map them.

Fig. 2 SDGs



Development of the organigraph method

The method of drawing organigraphs was originally developed by Mintzberg and Van der Heyden in order to better understand how organizations and corporations function (9). They developed organigraphs for the corporate sector in order to provide a graphical representation of a company's structure and processes, and to provide a map reflecting the relationships between different parts of the company (9).

Mintzberg and Van der Heyden considered that in a time of new and increasingly complex organizational forms, the traditional organization chart depicting management hierarchies in a vertical chain of command did not give an adequate illustration of the way organizations operate. In particular, it did not illustrate what parts connect to one another, how processes and people come together, and what information has to flow where (9).

The organigraph method was intended to address these perceived deficiencies by mapping in greater detail what relationships exist within an organization, the manner of interactions among actors within it, and how information spreads through the system (see Box 4).

Box 4. Four components of an organigraph

An organigraph is composed of the following four components (10).

1. Organizations can be seen as a **set** of items such as people and machines that form a collection, group or portfolio, often barely related to each other but sharing common resources such as facilities, funds or overall management. A professional service firm, for example, operates as a set with a group of professionals each working almost exclusively with their own clients.
2. A **chain** consists of items/groups that connect in an orderly operation, a progression like an assembly line. Chains are linear, they promote standardization, they systematize an operation and can be controlled. Chains can show a connection between different events which, when combined, create a business process.
3. A **hub** is a coordinating centre for process activities where people, things or information come together. A hub acts as a central checkpoint and depicts movement to and from one focal point. A hub can be a person, such as a manager or a football coach, a building, or a machine such as a computer. A core competence in an organization could be regarded as a hub. In a health service context, a hub could also be a nurse coordinator for patient care rather than a doctor or hospital administrator.
4. Numerous hubs connected in a network can represent a **web**, which can also be regarded as different nodes – people, teams, computers, etc. – that communicate together without going through a central coordinator. Any complex project or set of activities can be seen as a web. A web can characterize a range of activities, often creative, innovative or developmental in nature, in which various people talk to and collaborate with each other in either informal or team settings. Open-ended communication and collaboration are features that energize a network.

Adaptation to the health context: Benchmarking Regional Health Management II (Ben RHM II) 2004–2007

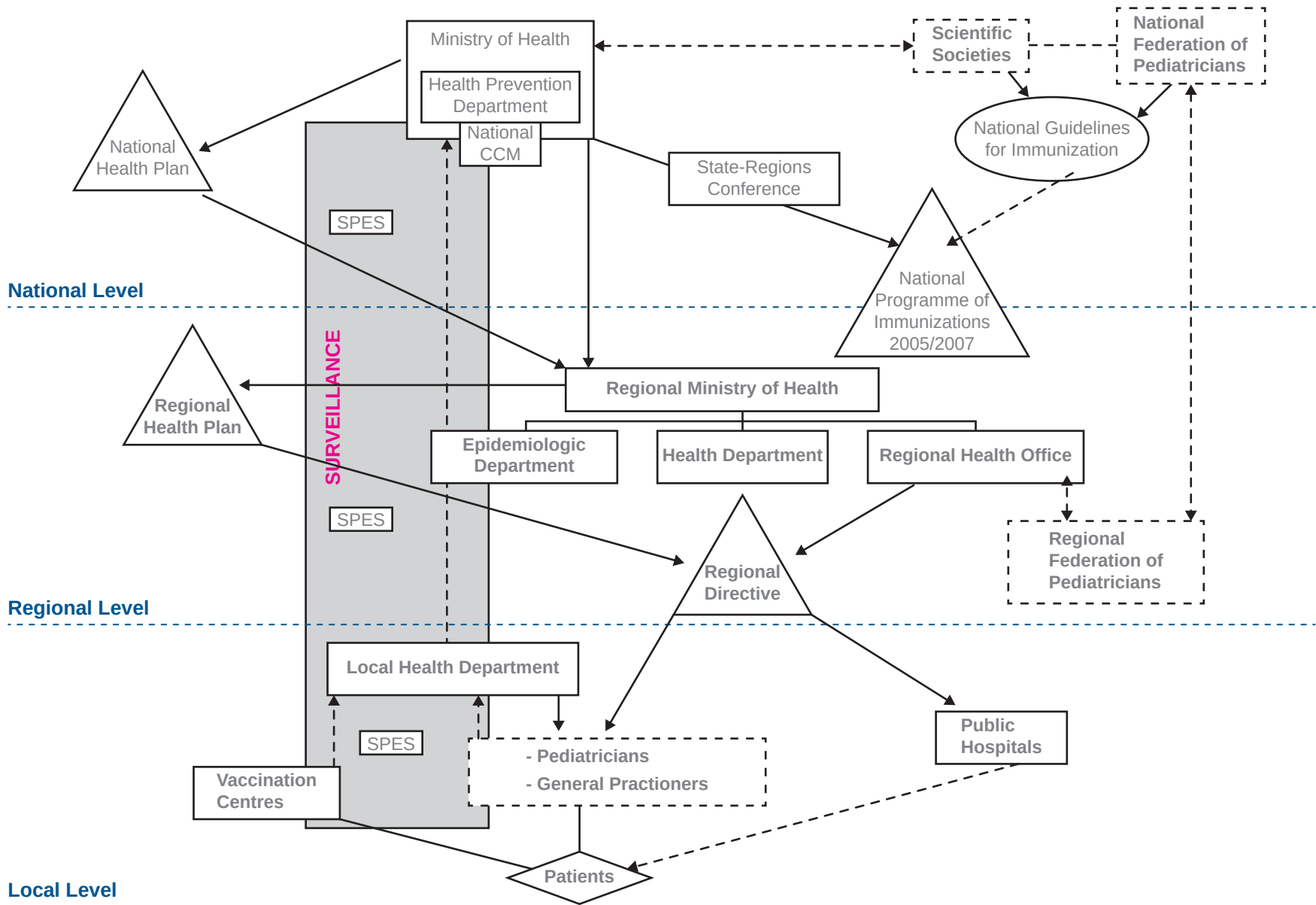
The organigraph method was adjusted to the health sector and first used in this context in the European Commission-funded project Ben RHM II. The Institute of Public Health North Rhine-Westphalia led the Ben RHM II project with WHO and the Regions for Health Network as partners (10,11).

The Ben RHM II project was piloted in 15 European Union Member States and 19 regions of the WHO Regions for Health Network, selected to ensure that a broad range of political and sociodemographic backgrounds as well as different epidemiological states of development were represented. It utilized the organigraph method in an intrasectoral manner within the health sector and focused on health management. The organigraphs provided overviews of the organization of the regional health management programmes for breast cancer, diabetes (type II) and measles. These were intended to “depict the relationship of the different decision-making bodies to each other as well as the flow of actions within the health management system” (11).

This was deemed essential because “it is not only the outcome of regional health management that is important but also the understanding of how it is organized ... Organigraphs are a good means to illustrate how institutions, organizations or companies function in certain sectors” (11). An example of an early organigraph from the Ben RHM II project is shown in Fig. 3.

Fig. 3. Example of an organigraph from the Ben RHM II project

Organigraph for measles – Sicily, Italy



Notes: CCM: National Centre for Disease Prevention and Control; SPES: Surveillance of Sentinel Pediatricians

Source: CEFPAS - Centre for Training and Research in Public Health - Caltanissetta, Sicily, reproduced by permission of the publisher from the Institute of Public Health North Rhine-Westphalia (11).

Further refinement for the health context: Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) 2007–2012

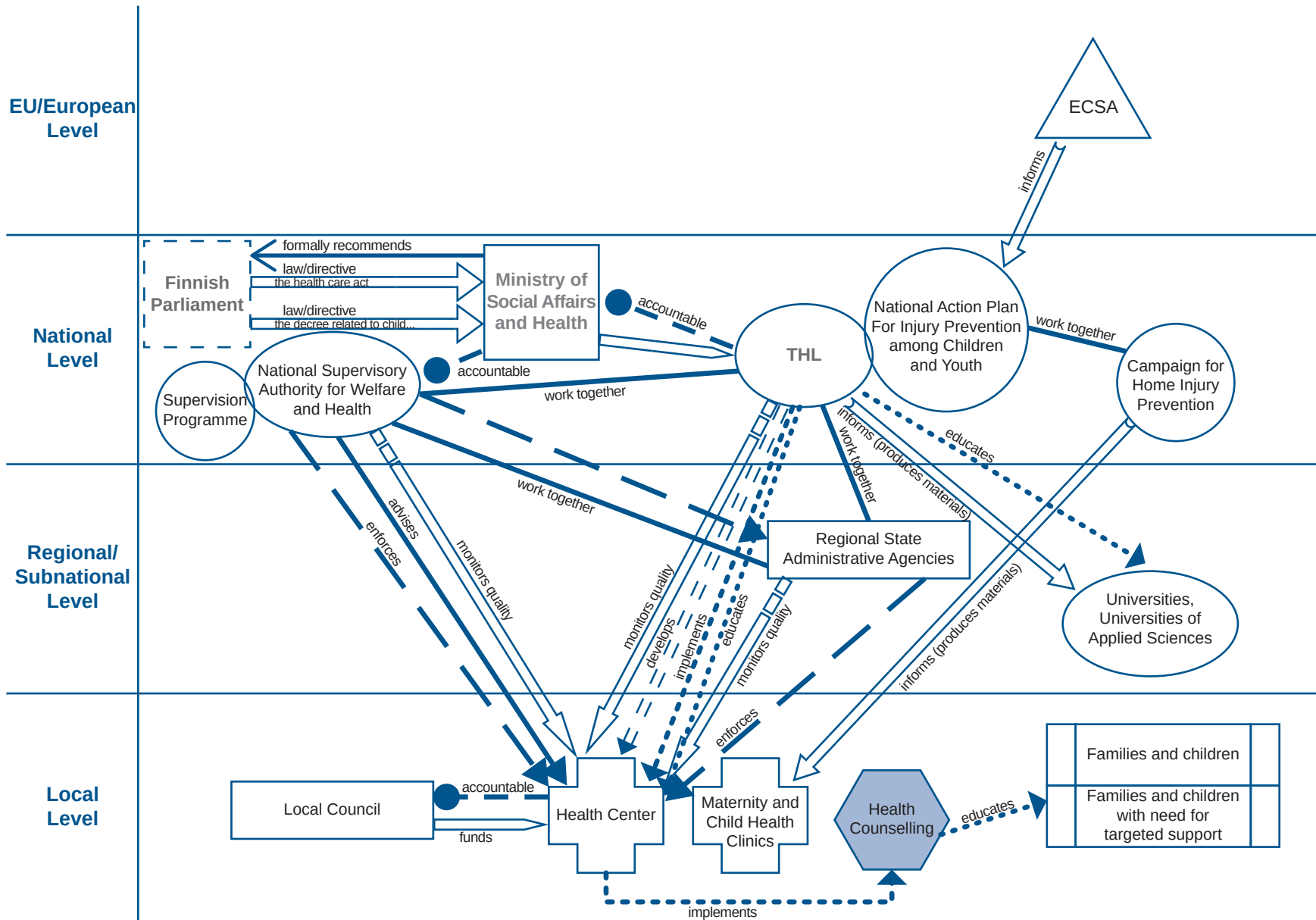
The organigraph method was further refined for the health context and tested in the European Commission-funded TACTICS project to map the cases of intersectoral child safety policies in Europe between 2007 and 2012 (12). In contrast to the Ben RHM II project, the TACTICS project took an intersectoral approach and focused on non-health sectors that have an impact on health, and on childhood trauma and child safety in particular.

The European Child Safety Alliance led the project, which involved a broad range of partners across 30 European Union Member States. By placing the stakeholders and their interaction for each child safety intervention on a single graph, this method helped to identify how governance for child safety in different areas and countries works in practice. The professionals involved also had an opportunity to assess their own activities and networks (10,13).

An example of an early organigraph from the TACTICS project is shown in Fig. 4.

Fig. 4. Example of an organigraph from the TACTICS project

Mandated for health counselling related to unintentional responsibility injury prevention in maternity and child health clinics in Finland



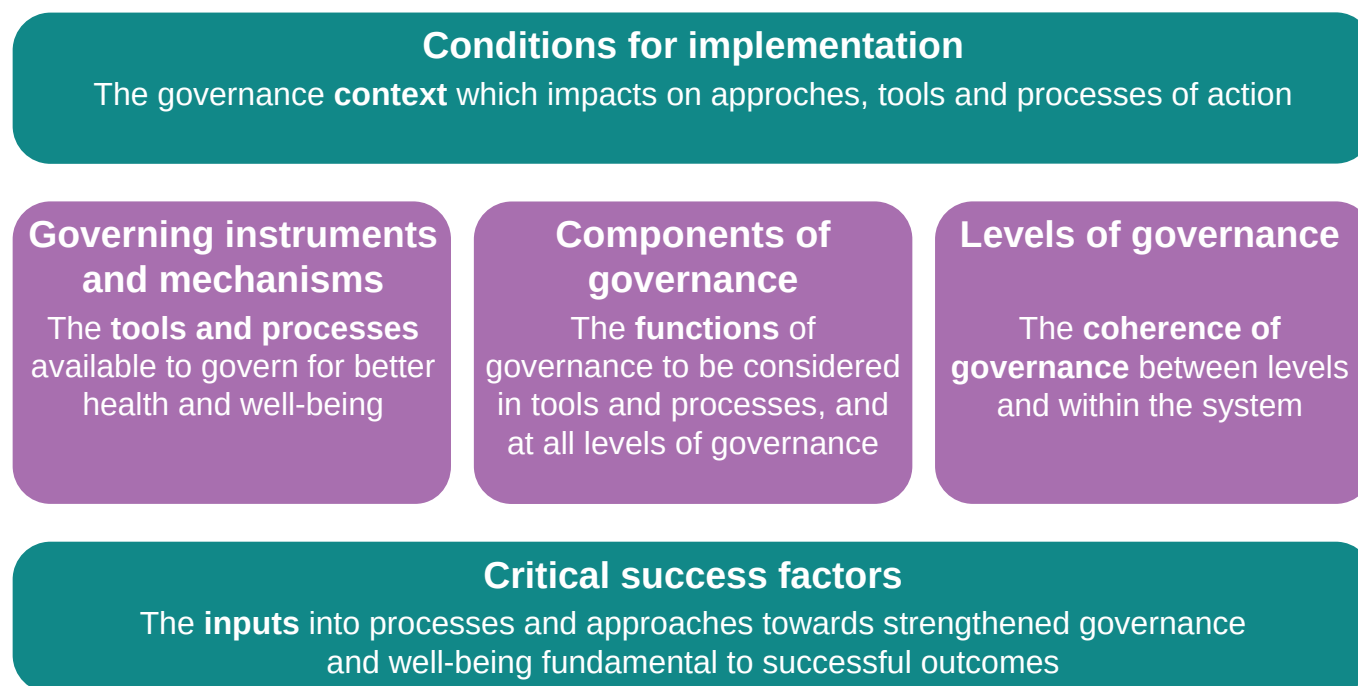
Notes: ECSA: European Child Safety Alliance; THL: National Institute for Health and Welfare
 Source: reproduced by permission of the publisher from the European Child Safety Alliance (10).

Why this WHO tool?

Following the adoption of Health 2020 in 2012 by the 62nd session of the WHO Regional Committee for Europe (14), European Member States adopted resolution EU/RC65/16 “Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice” (13) in 2015 at the 65th session of the Regional Committee. In order to support the implementation of Health 2020, Member States requested support in the development and implementation of multisectoral and intersectoral action to improve health and well-being.

In response to this request, the WHO Governance for Health and Well-being Programme undertook a multitude of exercises to develop a systematic approach to strengthening intersectoral action. This has resulted in a new conceptual model for governance for health and well-being (see Fig. 5), and a number of tools to support its implementation.

Fig. 5. Conceptual model for governance for health and well-being



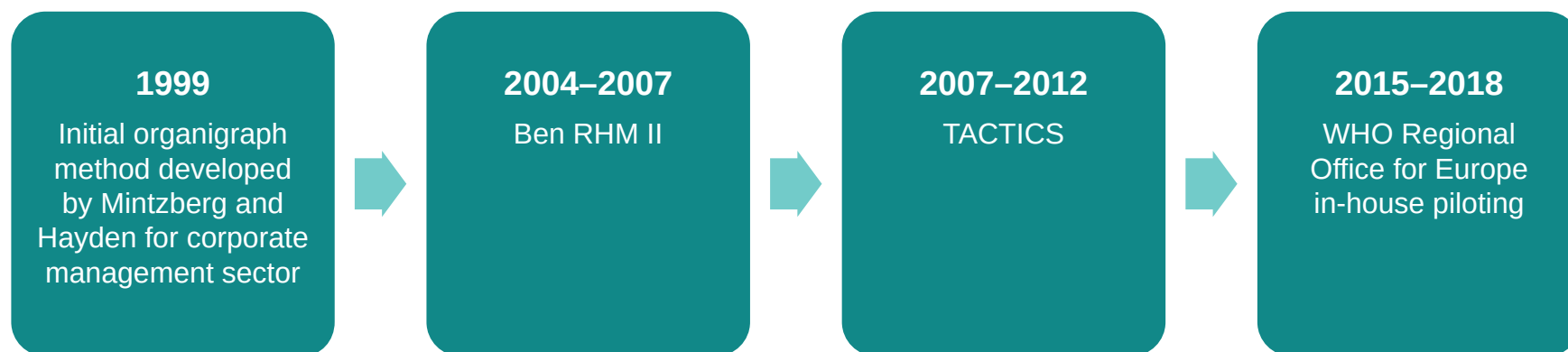
Source: WHO Assessment Tool for Governance for Health and Well-being (2).

As part of the process, it was necessary to develop a systematic means by which to map governance structures and accountability relationships within systems of governance. Through an internal mapping of governance tools throughout the Region undertaken by the Governance for Health and Well-being Programme in 2015, the organigraph method was identified as a tool that could feasibly be adapted and implemented further across the Region.

Together with Maastricht University (the Netherlands), the Governance for Health and Well-being Programme established collaboration with a view to mainstreaming the organigraph method as an integral part of the Assessment Tool for Governance for Health and Well-being (2).

It was also tested as a standalone tool to map the governance of regional policy processes, particularly in preparation for the high-level conference “Working together for better health and well-being. Promoting intersectoral and interagency action for health and well-being in the WHO European Region” held in Paris, France, in December 2016 (16). It was then piloted in cooperation with particular technical units within the Regional Office to map governance relationships in specific technical areas, such as child and adolescent health. For a visualization of the development timeline, see Fig. 6.

Fig. 6. Development timeline of the WHO organigraph tool



Who can use this tool?

The organigraph tool is designed to be used by any actor or stakeholder involved in systems of governance for health and well-being, in particular by public health professionals, civil servants, and technical staff or different ministries.

It can be used by individuals or in groups, and can be used as a participatory tool to bring different sectors together to discuss working and accountability relationships and identify where they could be strengthened.

The tool can be used intrasectorally (within a single sector, as in the Ben RHM II project (11)), or intersectorally (across the health sector and other relevant sectors, as in the TACTICS project (10)). It can also be useful for academic purposes to map systems and the relationships within them.

Additional notes

The organigraph method and tool presented here is intended to map governance for health and well-being, including the accountability relationships among different actors and stakeholders. While it performs this function, it is not definitive, particularly in a changing context: maps and relationships among actors often change.

The method is also subject to practical limitations. For instance, it can be challenging to map an entire system of governance onto a single page or slide simply due to the number of actors and relationships involved, which can result in a complex visual. This can represent a finding in itself, and the organigraph can become useful medium by which to communicate the complexity of a system. However, the result may not necessarily be the most adequate governance map.

The organigraph method serves as one important element of the process of mapping and understanding governance for health and well-being. In order to ensure comprehensive understanding of a system of governance and the accountability relationships that lie within it, it is important to use this tool with a variety of different actors and stakeholders involved in the same process before comparing findings and analysing the perceptions of the system. It should be used in conjunction with other governance analyses to complement findings.

The organigraph tool is one of several developed to support the implementation of Health 2020, and yet its use is not limited to this. It can be used for various sectors and systems, and to analyse various relationships and functions within these systems. It forms an integral part of the WHO Assessment Tool for Governance for Health and Well-being (2), but can also be used on its own.

The next step in the development of this tool involves the production of an online version to facilitate its use and application.

Part 2. A practical guide to developing an organigraph

Introduction to the organigraph method

Introduction

The aim of this guide is to demonstrate how to use the **organigraph method as a tool to map governance for health and well-being** through the relationships among actors and stakeholders. In the organigraph methodology, **digital presentation software** is used to modulate the shapes and connectors for mapping relationships among stakeholders.

Purpose of the organigraph method

The aim of the organigraph method is **to visually represent the relationships among stakeholders and sectors** on a single sheet when observing and/or planning multisectoral and intersectoral action for health and well-being.

- Organigraphs represent three elements:
 1. **implicated actors** (shapes representing governmental and other public and nongovernmental actors);
 2. **relationships among actors** (connectors); and
 3. **their interactions in a multilevel system** (the backdrop of local/national/international levels).

Methodology for organigraph development

Technical instructions

1. Draw a different organigraph for each of the domains on which your project focuses.
2. Each organigraph should depict the mandated responsibilities for the adoption, development, implementation, enforcement and monitoring of the relevant policy-making dimensions in the respective domain.
3. Organigraphs should contain: relevant institutions, organizations, central norms (for example, directives and regulations), campaigns, action programmes, etc.; their relationships to each other; and how they work together.
4. Organigraphs should be **accompanied by a written description** to guide the reader and add a chronological dimension.
5. The description should explain the chronological process of implementing the intervention from adoption through to monitoring, describing how each organization was involved (see Fig.7).

Key questions to help with the drawing process

The following **key questions** are designed to help you conduct the necessary research to ensure that the information in your organigraph is as accurate as possible.

1. **Which institutions are involved** in the adoption, development, implementation, enforcement (as appropriate) and monitoring of the chosen intervention?
2. How do these institutions **relate to each other** and/or work together?

Accompanying text

- Accompanying text relates to **the way the authors want the reader to understand the organigraph.**
- Descriptions should be written in a **step-by-step manner** that indicates which steps were taken first and how the problem was approached chronologically.
- Limit the description of the problem. Instead, **focus on the how and why.**
- Describe which **actors and stakeholders** were involved and how.
- Include **references** in the accompanying text when necessary.

Key point to keep in mind during the drawing process

An organigraph is intended to map processes in order to understand critical interactions, the relationships and responsibilities that exist, and how information spreads through the system and its individual levels.

Shapes and connectors














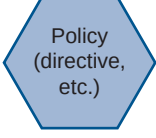
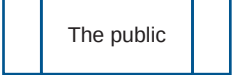
- To maintain comparability, use **only the shapes and connectors outlined in Fig. 7.**
- When drawing an organigraph, place the name of the connector above the corresponding arrow or line. For very complex organigraphs, name only the most important connections.
- Use the appropriate connector together with the action it signifies written above.
- Adjust the font and connector size accordingly.

Template and examples

- Fig. 8 shows the template for the organigraph. Please draw the organigraph directly onto the template using the connectors and shapes copied and pasted from Fig. 7. See Figs. 9–16 for example organigraphs.
- Try to draw the organigraph as neatly as possible in **black and white** and avoid too many crossing arrows. This may not always be possible, but it is important for clarity.
- If the organigraph is particularly complex, it is possible to layer the different processes or sectors involved by using more than one template.

Fig. 7. Shapes and connectors

Shapes

Government	(other) Public institutions			Nongovernment (Associations, etc.)
 <p>International organization</p>	 <p>Action programme</p>	 <p>Roundtable / State platforms</p>	 <p>Health authority</p>	 <p>NGO</p>
 <p>(European or national) parliament</p>	 <p>Public institute for safety/health; associations etc.</p>	 <p>(Public) Expert committee</p>	 <p>Hospital/Laboratory</p>	 <p>Local charity</p>
 <p>Government bodies (committees etc.)</p>	 <p>Educational establishment</p>	 <p>Public media</p>	 <p>Policy (directive, etc.)</p>	 <p>The public</p>

Connectors

















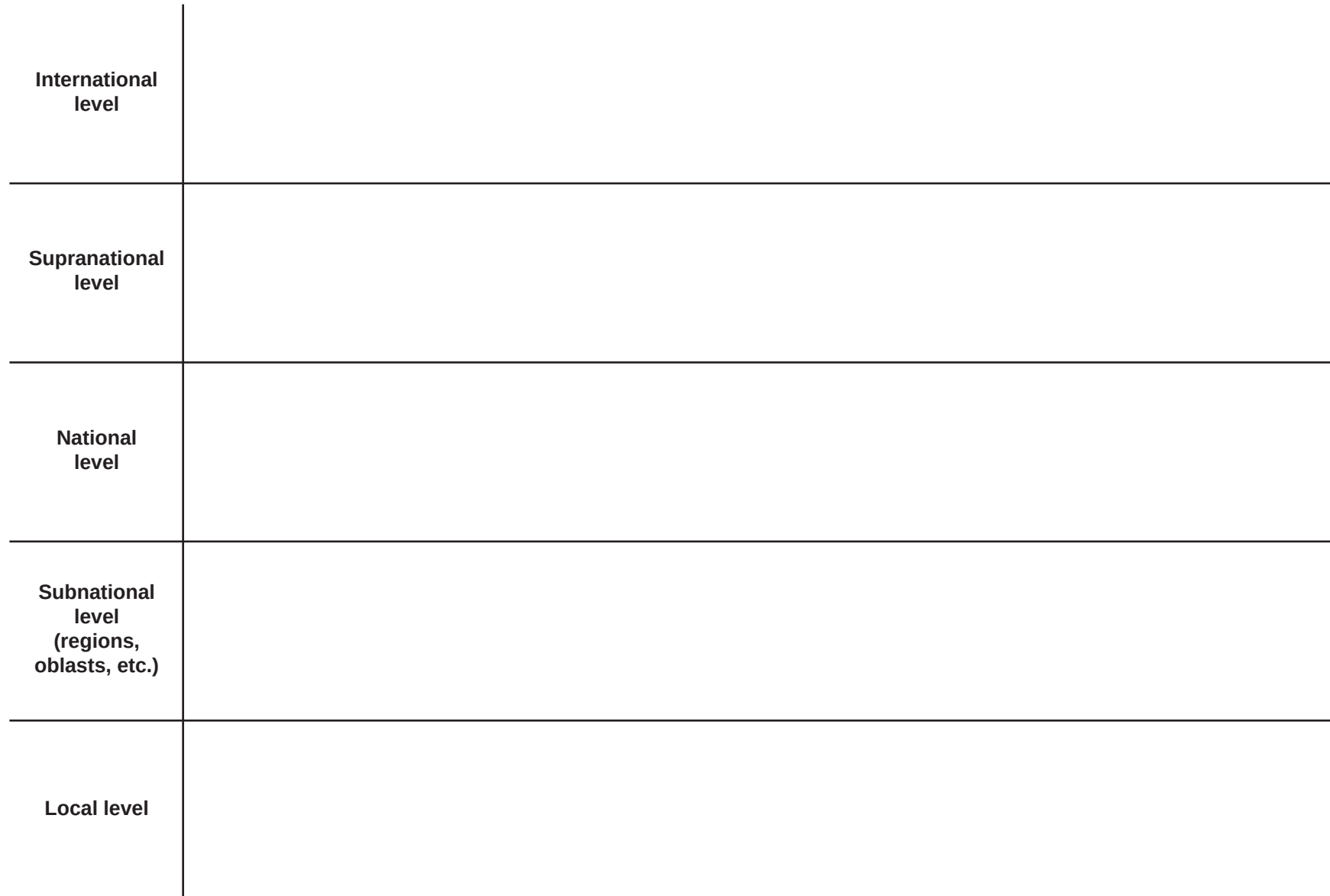
-  Accountable
-  Advises
-  Appoints
-  Assesses
-  Develops
-  Educates
-  Enforces
-  Formally recommends
-  Adopts, implements
-  Informs
-  Invites/Initiatives
-  Act xyz
Law/Directive
-  Monitors quality
-  Motivates/Lobbies
-  Funds
-  Work together

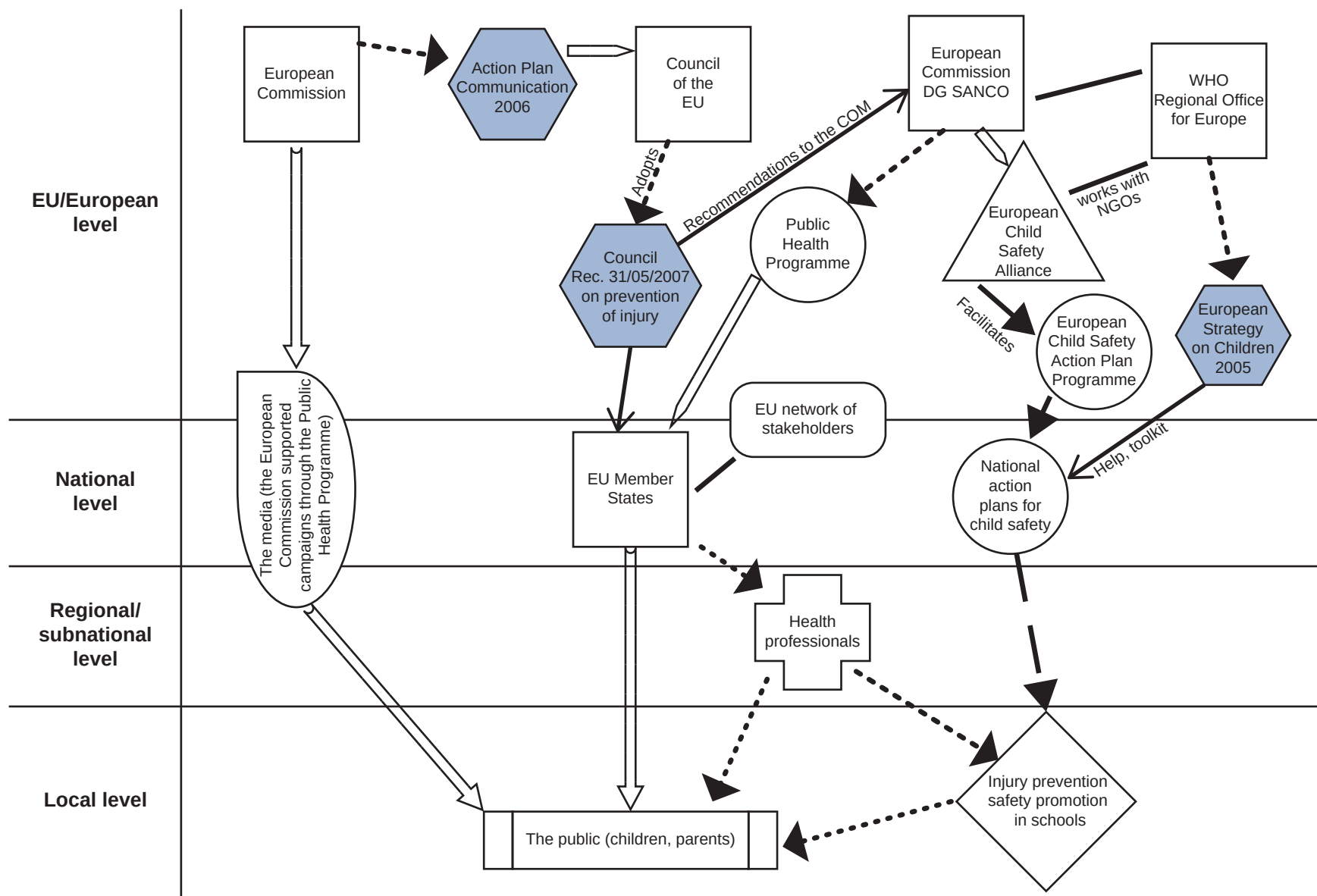
Fig. 8. Template for organigraph

Mandated responsibility for [the policy] in [Member State]



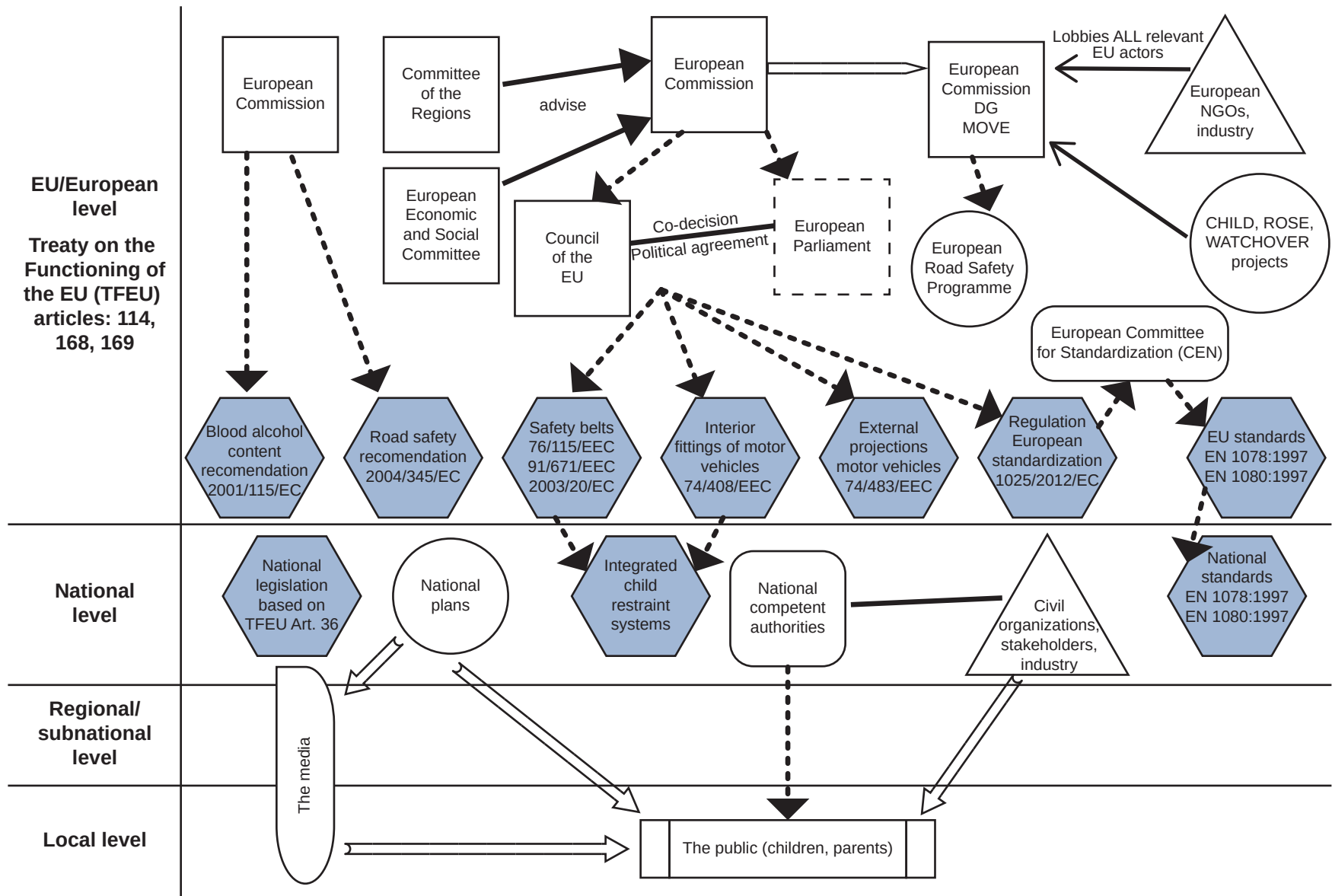
Example organigraphs

Fig. 9. General framework of (un)intentional injuries at European Union (EU)/European level



Notes: DG SANCO (now DG SANTE): Directorate-General for Health and Food Safety
 Source: reproduced by permission of the publisher from the European Child Safety Alliance (10).

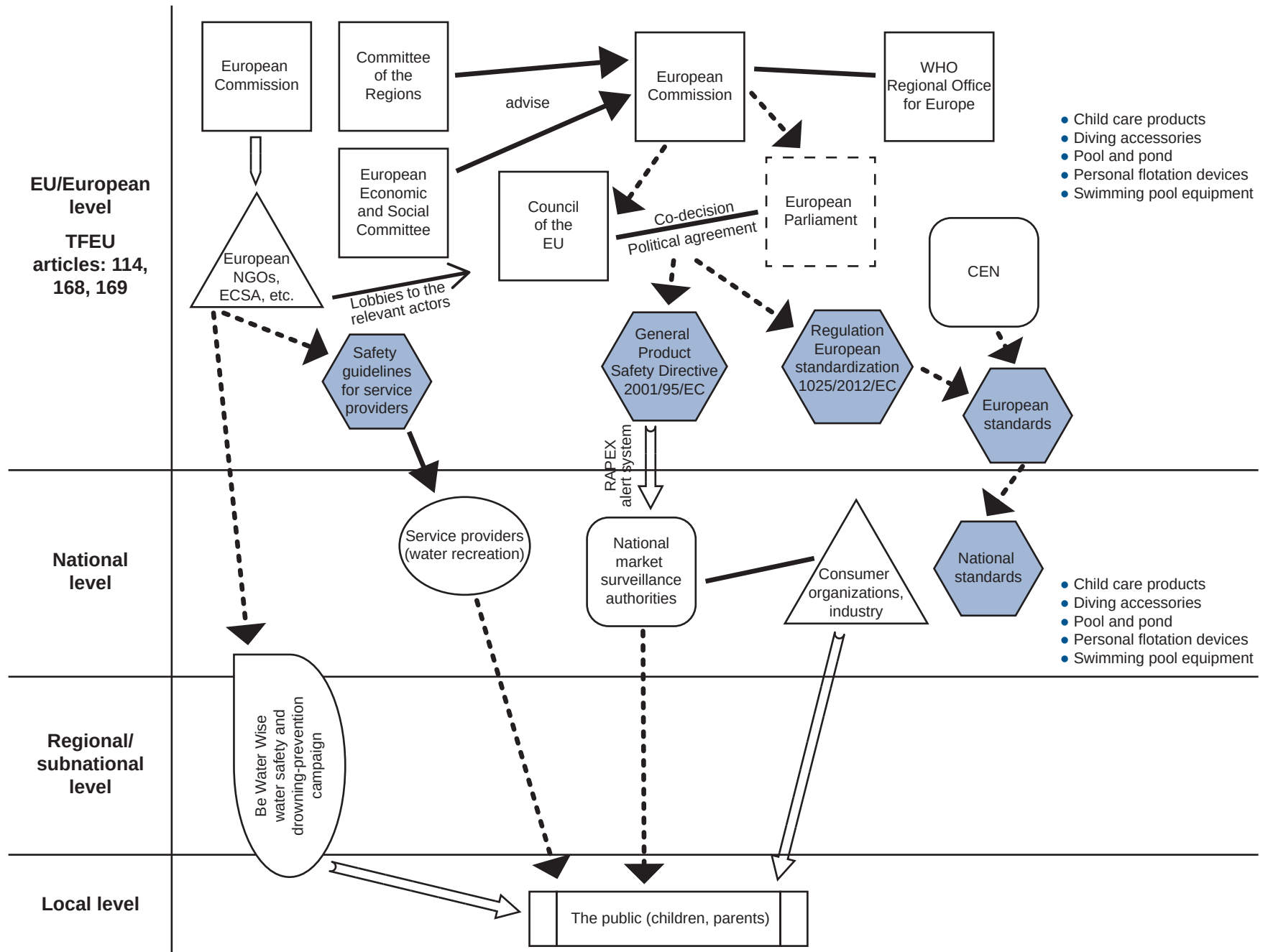
Fig. 10. Mandated responsibility for road safety at EU/European level



Notes: DG MOVE: Directorate-General for Mobility and Transport

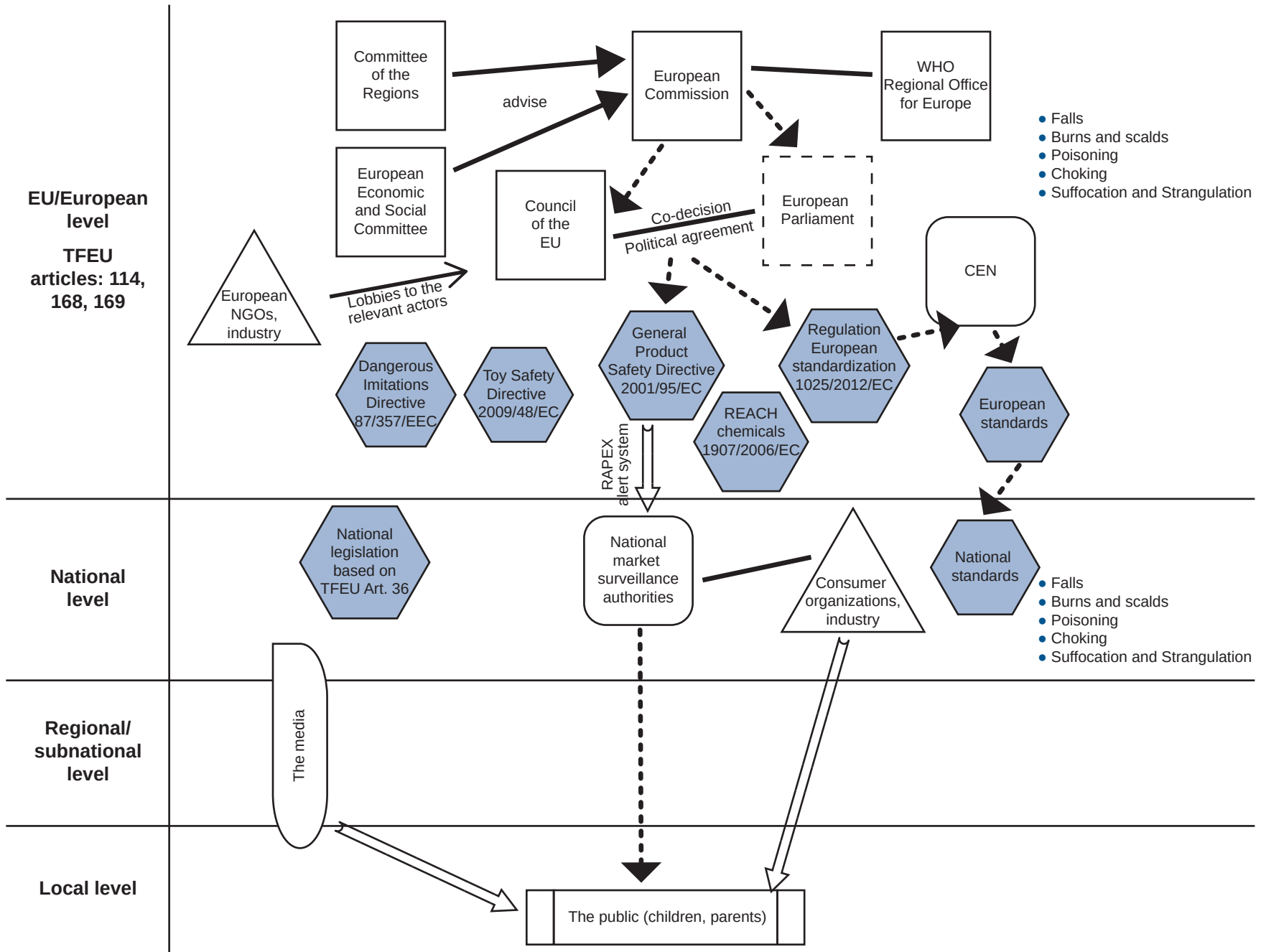
Source: reproduced by permission of the publisher from the European Child Safety Alliance (10).

Fig. 11. Mandated responsibility for water safety at EU/European level



Notes: CEN: European Committee for Standardization; ECSA: European Child Safety Alliance; RAPEX: Rapid Exchange of Information System
 Source: reproduced by permission of the publisher from the European Child Safety Alliance (10).

Fig. 12. Mandated responsibility for home safety at EU/European level



Source: reproduced by permission of the publisher from the European Child Safety Alliance (10).

Fig. 13. Mandated responsibility for intentional injury at EU/European level

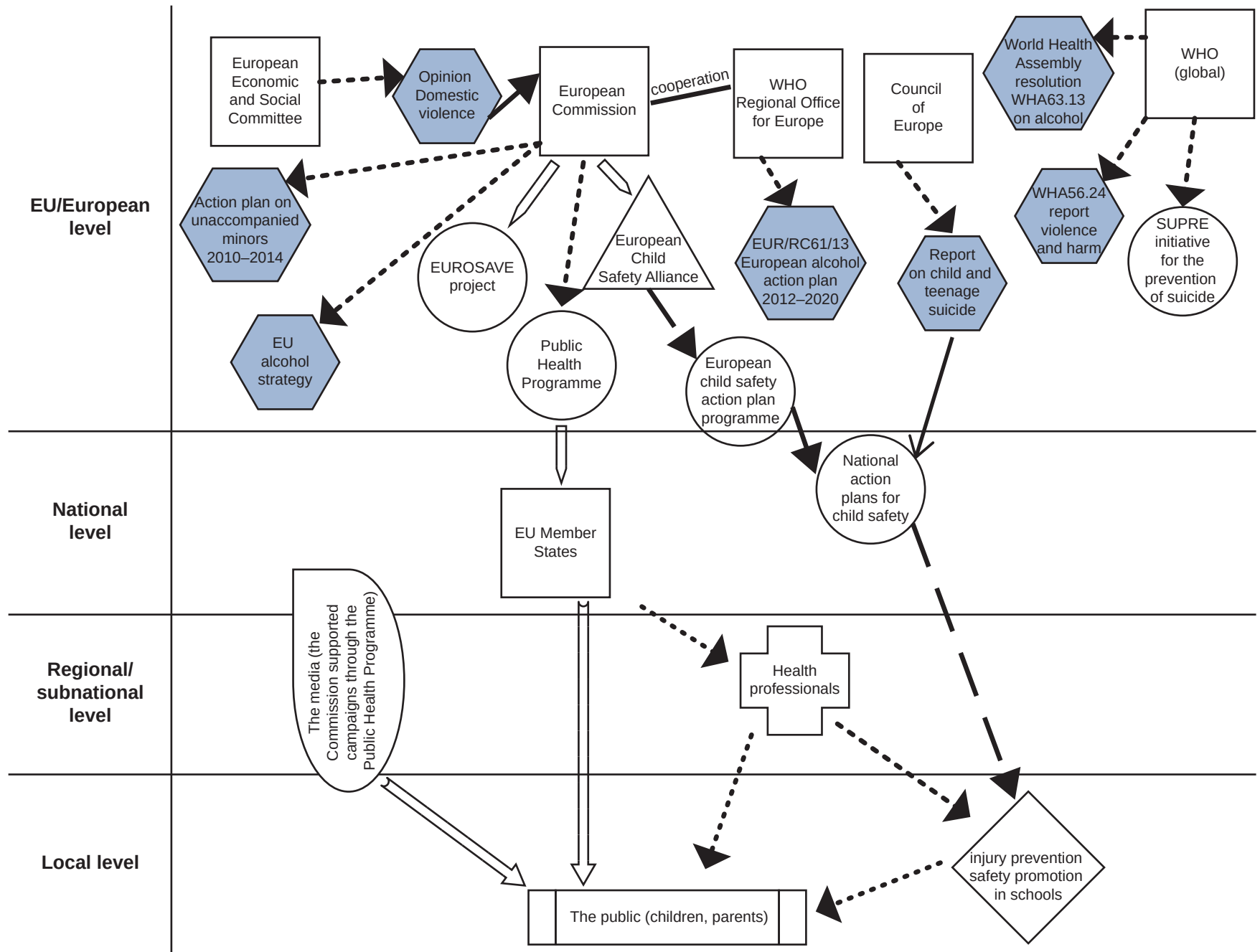
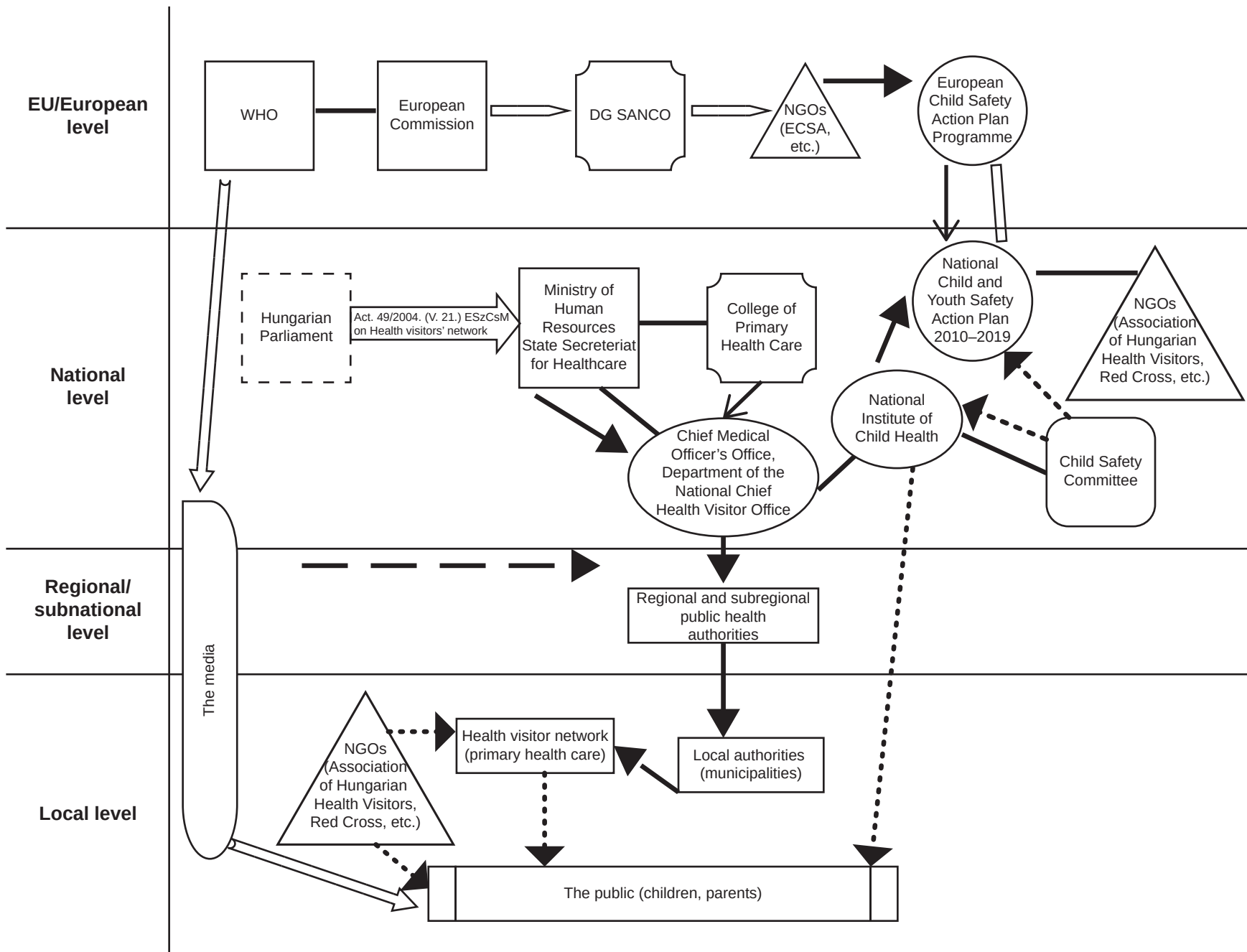


Fig. 14. Mandated responsibility for home visits to enhance home safety in Hungary



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Fig. 15. Mandated responsibility for swimming pool safety legislation (France)

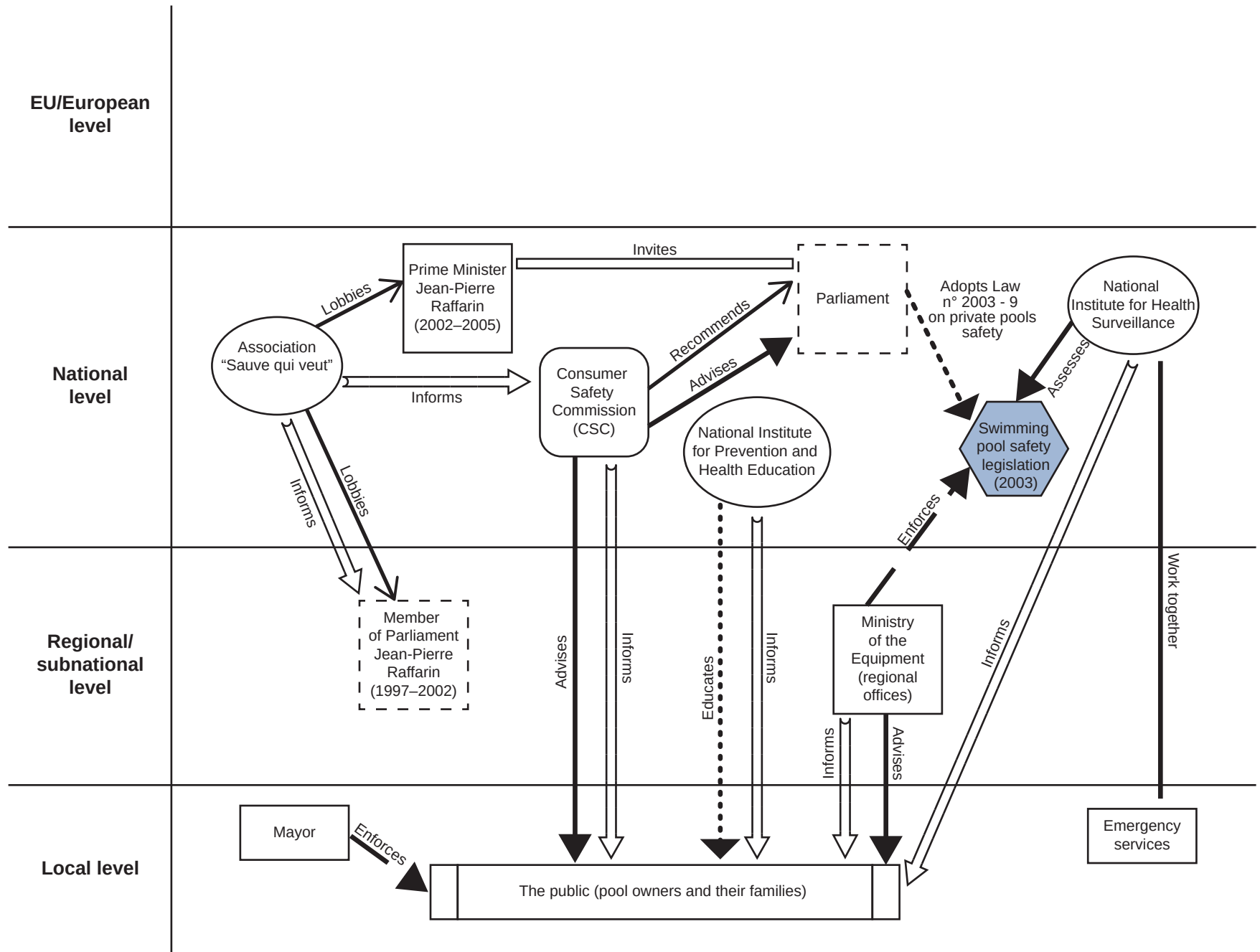
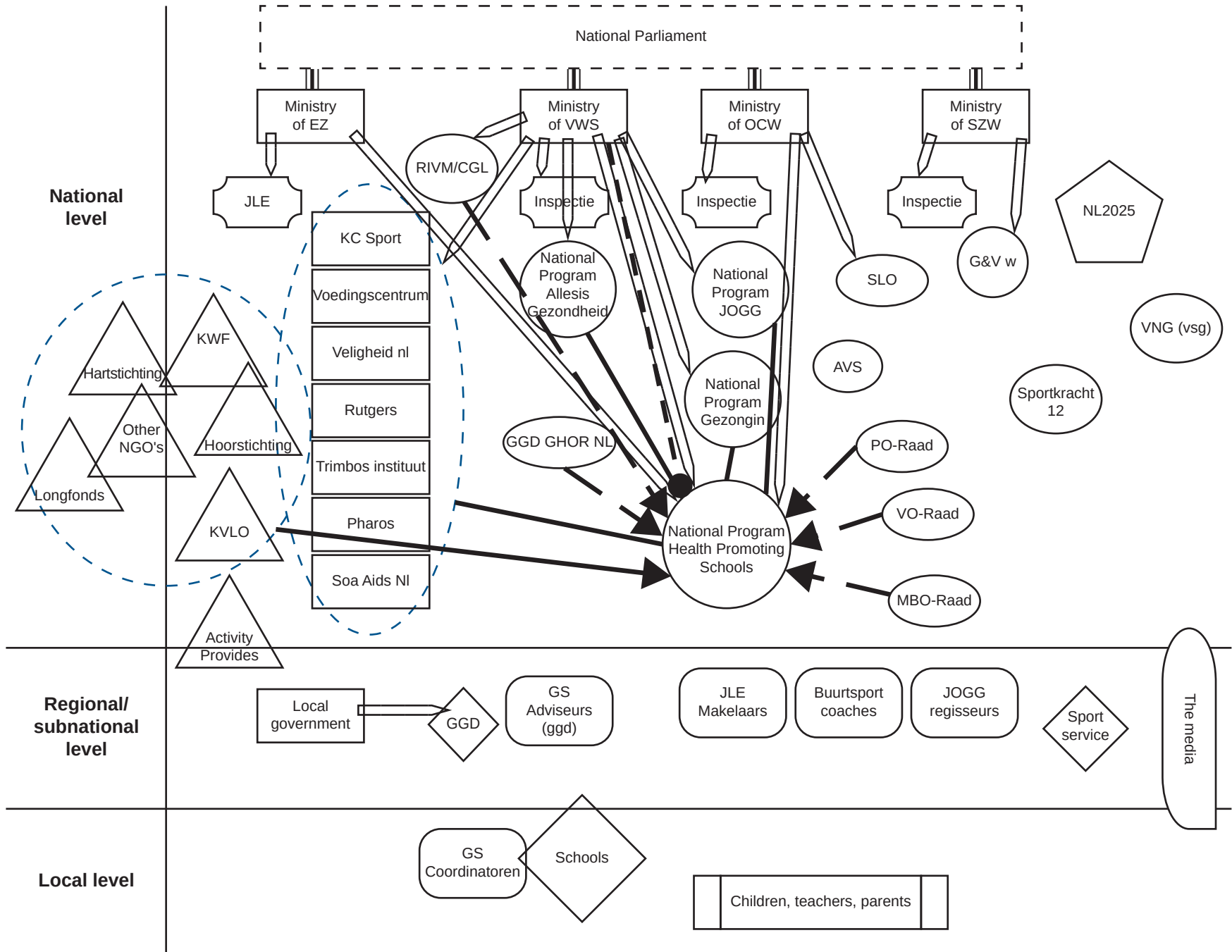


Fig. 16. Mandated responsibility for promoting healthy schools in the Netherlands



Source: produced for the purpose of this publication by Jan Faber and Martijn Sobels.

Fig. 16 notes:

AVS: Dutch Association of School Leaders;
Buurtsportcoaches: coaches for local sports and physical activities;
GGD: Regional Health Service;
GGD GHOR: Dutch Association of Regional Health Services;
GS adviseurs: regional advisers for healthy schools;
GS coordinatoren: coordinators for healthy schools;
Hartstichting: Dutch Heart Foundation;
Hoorstichting: Dutch Hearing Foundation;
Inspectie: Inspectorate;
JLE: a healthy eating educational programme;
JLE makelaars: regional advisers on the JLE healthy eating programme;
JOGG regisseurs: regional advisers on promoting healthy eating for children and young people;
KC Sport: Knowledge Centre of Sport;
KVLO: Dutch Association for Physical Education;
KWF: Dutch Cancer Society;
Longfonds: Dutch Lung Foundation;
MBO-Raad: Dutch Council for Secondary Vocational Schools;
Ministry of EZ: Dutch Ministry of Economic Affairs;
Ministry of OCW: Dutch Ministry of Education;
Ministry of SZW: Dutch Ministry of Social Affairs;
Ministry of VWS: Dutch Ministry of Health;
NL2025: a sports organization;
Pharos: Dutch Centre of Expertise on Health Disparities;
PO-Raad: Dutch Council for Primary Schools;
RIVM/CGL: Dutch National Institute for Public Health and the Environment/Centre of Healthy Lifestyles;
Rutgers: National Sexual Education Institute;
SLO: Dutch Expertise Centre for Curriculum Development;
Soa Aids NL: Dutch Centre on Sexually Transmitted Infections and AIDS;
Sportkracht 12: a Dutch NGO for sport and physical activity;
Trimbos Instituut: National Institute on Drugs and Mental Health;
Veiligheid.nl: National Safety Institute;
VNG: Dutch Association of Councils;
Voedingscentrum: Netherlands Food Centre;
VO-Raad: Dutch Council for Secondary Schools

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