

# WHO Regions for Health Network Terms of Reference

(May 2015)

## INTRODUCTION

1. The creation of the Regions for Health Network (RHN) in 1992 was an important development. Since then, the Network has achieved much in support of regional health-policy development, building on the WHO health-for-all approach.
2. Regions and countries across Europe still face serious health challenges, including deep-seated health inequities, fresh evidence on the nature and causes of health-related problems, new policy issues and tighter funding.
3. *Health 2020: the European policy for health and well-being* documents these challenges and establishes a platform for common action. Its two strategic goals are: to improve health for all by reducing health inequalities; and to improve leadership and participatory governance for health. WHO and a number of regions across Europe are eager to take up this challenge, and invite others to join them. By endorsing the RHN Göteborg Manifesto – Regions working together to improve health and wellbeing through equity, strategic delivery alliances and good governance – in November 2012, RHN members committed themselves to working together in new ways to increase equity and improve governance for health in line with the values and principles of Health 2020. They also committed to taking action across the whole health agenda and to sharpening the focus on environmental, social and economic determinants that can foster or damage health.

## PRINCIPLES

4. Reviewing RHN progress to date, its members see a need for and opportunities to refocus network activities, based on lessons learnt, and to make real, decisive progress in reducing inequities, tackling the social determinants of health and improving governance for health.
5. Both WHO and the regions participating in RHN agree on the need to clearly demonstrate their continuing commitment to the common purpose of the Network, working together to improve health for all. They believe that RHN has a particularly important role to play in helping to fill the evidence gap and showing how best to make progress at the regional level within countries.
6. For the purposes of RHN, "region" means a political or administrative unit within a country, which possesses: (a) its own decision-making powers; (b) resources with which to invest in health and create and develop partnerships for intersectoral action to achieve health gain; and (c) the means to monitor the progress it makes in investment in health and the achievement of health gain.

7. The role of the regions within the European context is of vital importance as regions have significant political and administrative functions in areas that are of huge consequence to health, such as environment, housing, food, health care, transport and education. With a focus also on business development, the role of the regions is crucial to economic development at both the regional and the national levels, as well as to social and human development in their countries.

The specific roles of the RHN member regions include:

- facilitating and advocating the rights of all to the highest level of health;
- developing and implementing action to this end, using the powers available to them;
- acting as a bridge between national ambitions and local delivery;
- collecting and distributing data to and from the regional level;
- collaborating with each other to obtain funds at the EU level.

8. RHN constitutes a forum for: creating synergy among regions and stakeholders in the field of health (mutual learning); strengthening cooperation/collaboration on health among regional and local actors and international institutions; promoting the contribution of the regional and local authorities, particularly the health authorities, in the international policy-making process; enhancing understanding of regional and local health systems (exchange of experiences). RHN positions itself at the forefront of innovative approaches and aims to become a cutting-edge network ready to capture and disseminate effective approaches, policies and strategies to improve population health at the regional level.

## **STATUS**

9. RHN is administered by WHO through the WHO European Office for Investment for Health and Development in Venice, Italy (the Venice Office). It is a mechanism that facilitates collaboration between the interested parties, including RHN member regions and WHO; it is not an independent legal entity. For this reason, RHN cannot conduct any action in its own name. The operations of RHN shall, in all respects, be administered in accordance with the Constitution and the financial and staff rules and regulations, eManual provisions and applicable policies, procedures and practices of WHO.

## **MEMBERSHIP**

10. Members shall show their commitment to improving:
  - health and well-being by adopting policies, strategies and plans aimed at tackling health inequity through intersectoral action on the social determinants of health; and
  - governance for health through the adoption of whole-of-government and whole-of-society approaches and the promotion of Health in All Policies.

Specifically, RHN Members shall commit to:

- aligning regional health policies, strategies and plans to the principles of, and approaches suggested by, Health 2020;
- strengthening technical capacity on core Health 2020 aspects in the areas indicated in the following article (11);
- creating a platform for sharing experiences in, and mutual learning about, Health 2020 implementation.

Taking the diverse configurations of regions in Europe into account, and the various stages at which their policy cycles can be at any given point in time, alignment to Health 2020 can range from the

development of a fully-fledged, brand-new regional policy to the revision of existing regional plans that are already in line with the principles of, and use the approaches suggested by, Health 2020.

11. To strengthen technical capacity on core Health 2020 aspects, RHN members shall:
  - (a) identify one focal point at the highest possible political or managerial level in their regions, illustrating the commitment of the regions to RHN activity;
  - (b) identify one technical focal point in their regions responsible for facilitating RHN work and monitoring progress;
  - (c) commit to achieving the two strategic goals of Health 2020, namely:
    - to improve health for all and reduce health inequalities;
    - to improve leadership and participatory governance for health;
  - (d) choose several priority issues from among those of Health 2020, such as:
    - investing in health through the life-course approach and empowering people (early years, older people, vulnerability, health literacy);
    - tackling areas related to the major health challenges of communicable and noncommunicable diseases (physical activity, nutrition and obesity, alcohol, tobacco, mental well-being);
    - strengthening people-centred health systems and public-health capacity for emergency preparedness, surveillance and response (revitalizing and strengthening public health capacity);
    - creating resilient communities and environments supportive to health (community resilience, healthy settings, healthy transport, climate change);
    - identifying, analysing and disseminating best regional practices on policy development and the effective implementation of programmes for improving population health with an equity focus;
    - improving leadership and participatory governance for health at the regional level;
    - monitoring and evaluating regional health policies, strategies and plans.
  - (e) provide detailed information about their regional context and relevant work programmes each year before the annual RHN business meeting;
  - (f) produce an annual report on progress made in areas related to the agreed work programme for inclusion the RHN website.
  
12. RHN members may be required to declare any actual or potential conflict of interest between their activities and the activities or objectives of the Network or other RHN members.
  
13. Any member may terminate its involvement in RHN by providing written notice to WHO as the provider of RHN Secretariat services to the Network. In addition, WHO, at its sole discretion, may terminate the participation of any member of the Network.

## **INFORMATION EXCHANGE AND MEETINGS**

14. RHN members may utilize face-to-face meetings and electronic means of communication to exchange information related to the work of the Network. The need for face-to-face meetings of RHN members will be determined by the Secretariat that shall, at its discretion, convene such meetings and develop the related agenda. Tele/video conferences shall be coordinated by the Secretariat and can be hosted by members in agreement with the Secretariat. In addition, members shall participate in the annual RHN meetings, which include (in alternate years) either:
  - a business meeting for members only to share progress and plan future work; or

- a business meeting supplemented by a regional forum meeting open to any region, showcasing the work of the Network, with the possible attendance of a broad range of stakeholders, such as politicians and partner organizations.

## **DECISION-MAKING**

15. Decisions on RHN activities shall be taken on the basis of consensus among the RHN Members. WHO shall participate fully in the decision-making process and shall have the right to veto any proposal that is contrary to its policies, rules, regulations and administrative procedures.

## **FINANCING OF AND FUNDRAISING FOR DAY-TO-DAY RHN OPERATIONS (INCLUDING SECRETARIAT SUPPORT)**

16. Each member region is, in principle, responsible for meeting its own expenses in relation to RHN (including, but not limited to, travel and subsistence costs incurred by participation in RHN meetings).
17. All activities undertaken by RHN, as opposed to those undertaken by RHN members in their individual capacities, including day-to-day operations and RHN Secretariat support, are subject to receipt by the RHN Secretariat of adequate funds for the purpose. In this regard, RHN members shall pay an annual fee of US\$ 6000 (net of bank charges) to the RHN Secretariat. The deadline for payment will be 30 June each calendar year.
18. Exceptionally, and upon the decision of the RHN Steering Group, the following provisions may apply:
- 18.1 a reduction of the membership fee for regions in lower- and middle-income countries presenting documentation regarding difficult economic circumstances; eligibility for reduction of the fee shall be reviewed each year;
  - 18.2 suspension of the membership fee once in a 5-year period; any Region can apply for suspension of the fee and shall present relevant rationale and documentation;
  - 18.3 the failure to pay the membership fee by a region, which is not exempt from doing so (as per 18.2) will result in a change in the status of the region to that of observer (in-kind contributions, such as the hours used by professionals on work affiliated with RHN, cannot be considered as equivalent to payment of the membership fee).
19. WHO may raise funds from other sources to support the work of the RHN, in accordance with the established policies and principles of the Organization.
20. All RHN Secretariat funds shall be administered in accordance with the financial rules, regulations and practices of WHO and are subject to the deduction of WHO programme-support costs.

## **SECRETARIAT SUPPORT**

21. Subject to the availability of sufficient human and financial resources, the RHN Secretariat and support for the planning of Network activities will be provided by WHO through the Venice Office.
22. WHO has the right to terminate the administration of RHN, subject to its providing RHN members with a written notice three months in advance and the orderly conclusion of any ongoing activities.

## **STRUCTURE**

23. The Network shall have a Steering Group, which reflects its varied membership and major projects. The Steering Group will include the WHO RHN focal point and five representatives of member regions selected by the member regions during annual RHN meetings. The representatives of the member regions shall serve for two years. The Steering Group shall make recommendations to WHO on the acceptance of new regions and be responsible for the management of RHN between business meetings. The Steering Group shall be chaired by a representative of one of the Member Regions, elected by consensus, for a 12-month period on a rotational basis. The WHO RHN focal point shall co-chair the Steering Group on a permanent basis.
24. The Network shall identify faculty experts who may be consulted by member regions, and/or invited by the Secretariat to provide advice to WHO on specific technical issues at the regional level, in accordance with WHO rules and procedures.

## **PUBLICATIONS**

25. As a general rule, WHO shall be responsible for issuing publications about RHN activities at its own discretion. All decisions about the preparation and dissemination of publications of RHN members (other than WHO) concerning RHN activities shall be made by consensus. To avoid any doubt, the dissemination of RHN materials shall be made by WHO only, or as decided by WHO on a case-by-case basis.
26. The copyright in any publication prepared by WHO shall be vested in WHO. This also applies if the publication issued by WHO comprises a compilation of input by RHN Members, or includes input from one or more RHN members. The copyright in the specific separable work of a RHN member shall remain vested in that member (or remain in the public domain, if applicable), even if it forms part of another publication issued by WHO, the copyright of which WHO owns).
27. Copyright in a publication prepared and issued by a RHN member shall remain vested in that member or shall be put in the public domain if such RHN member so chooses.
28. "Publications" includes any form of publication, whether it is paper or electronic. Any party has the right to cite or refer to RHN publications, except for the purpose of promoting commercial products, services or entities.
29. Any publication about RHN activities issued by a RHN member other than WHO shall contain the appropriate disclaimers as decided by WHO, including a statement that the content does not necessarily reflect the views or stated policies of the participating organizations, agencies and institutions (including WHO in its role as RHN Secretariat).

## **LIABILITY**

30. Under no circumstances shall WHO assume any liability for acts carried out by RHN members regardless of whether such acts were carried out in the name of RHN. Furthermore, WHO at its sole discretion, may refrain from implementing any decisions taken by RHN if, according to WHO, such decisions give rise to undue financial, legal or reputational liability or are contrary to WHO rules, regulations and administrative practices and programmatic and technical policies.

## **AMENDMENTS**

31. These Terms of Reference may be amended by WHO. All RHN members shall be informed of any changes made and required to endorse them as a condition for their continuous participation in RHN.