REGIONAL HEALTH POLICY DEVELOPMENT: REGIONS FOR HEALTH NETWORK

WORLD HEALTH ORGANIZATION
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TARGET 33

HEALTH FOR ALL POLICY DEVELOPMENT

By the year 2000 all Member States should have developed, and be implementing, policies in line with the concepts and principles of the European health for all policy, balancing lifestyle, environment and health service concerns.

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ABSTRACT

Since the adoption of the WHO regional policy for health for all, comprehensive policies to improve health have been developed at all levels in the countries of the European Region. WHO meetings at Lugano and Cardiff showed that regions in countries had amassed much useful experience in policy development and health promotion, and wanted to establish effective ways to exchange such information. WHO therefore held a third meeting in Düsseldorf formally to found the WHO European Regions for Health Network (RHN), to decide on its operation, funding, evaluation and development, and to consider proposals for a plan of action for the following two years. Defining a region in broad terms, representatives of WHO and 11 regions of different types signed a statement of intent to establish RHN as a means for joint work towards health for all. On the basis of the statement, the founding members also selected the means to organize, operate and develop RHN and agreed on the immediate concerns and the first tasks to be accomplished.

Keywords

HEALTH POLICY – trends
HEALTH FOR ALL
REGIONAL HEALTH PLANNING – trends

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INTRODUCTION

Since the countries of the WHO European Region adopted the regional policy for health for all in the early 1980s, they have made great strides in developing policies aimed at achieving gains in health through a balance of measures to deal with lifestyle, environmental and health care issues, and based on the principles of equity and wide participation in decision-making. Such comprehensive policies for health have been developed at all levels.

In 1991, the Country Health Policies unit of the WHO Regional Office for Europe and the Department of Health of the Canton of Ticino organized a working group in Lugano to discuss and analyse the experience at the subnational level with defining, implementing, monitoring and evaluating objectives, priorities and targets. The group's findings comprised the first description of the process of health policy development using concrete examples from the subnational or regional level.[a]

The Lugano working group showed that there was a wealth of experience to be shared and that effective channels for information exchange were needed. As a result, the Country Health Policies unit and the Welsh Health Planning Forum held a follow-up meeting in Cardiff in June 1992 to reassess the concept of promoting health in regions, and to explore possible ways forward, including the formal setting up of a network.

In the event, the Cardiff meeting achieved even more than had been expected.[b] Broadening the definition of a region to accord with events in the European Region, created many opportunities. The participants agreed that a formal network should be set up, and adopted a broad outline of its intent. They agreed strongly that the network should focus on action, and proposed some issues that the network should address. Most encouraging was the fact that the participants

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[a] *The process of health policy development - report of a working group on the development of subnational policies for health.* Copenhagen, WHO Regional Office for Europe, 1992 (document EUR/ICP/HSC 418).

[b] *Subnational/regional health policy development.* Copenhagen, WHO Regional Office for Europe, 1992 (document EUR/ICP/HSC 418).

committed themselves to using their time, knowledge and funds to move forward together. This enthusiasm was reflected in the decision to establish the network as quickly as possible. In collaboration with the Ministry of Labour, Health and Social Welfare of the *Land* of North Rhine-Westphalia, a meeting was therefore held in Düsseldorf from 16 to 17 November 1992:

- formally to found the WHO European Regions for Health Network;
- to decide how it will be operated, funded, evaluated and developed; and
- to consider proposals made by the founding members for a plan of work for the following two years.

Dr M. Warner and Dr B. Weihrauch chaired the meeting and Dr C. Riley served as Rapporteur. The participants are listed in Annex 1. The meeting was opened by Dr Hans Sendler, of the Ministry of Labour, Health and Social Welfare of North Rhine-Westphalia.

Material collected from the Council of Europe, the European Community and other networks, made it abundantly clear that the concept of a region, no matter how it is defined, is changing in the European Region. The participants agreed that the issue needed to be examined in depth. This was essential both to gain a better understanding of the many ways in which the term "region" is used, and to indicate some of the existing networks of regions with which a network with gains in health as its primary objective could profitably form links. A discussion paper was therefore commissioned to clarify the concepts involved.

FOUNDING THE REGIONS FOR HEALTH NETWORK

A document specifying the intent and direction of the proposed network was formulated by a small group and distributed to the participants prior to the meeting. The participants discussed and revised the draft. The WHO European Regions for Health Network was formally founded by the signing of the following statement of intent:

Following discussions in Lugano and Cardiff, representatives of regions across Europe agreed, on 17 November 1992 in Düsseldorf, to establish a Regions for Health Network. Recognizing that health for all transcends boundaries – political, geographical and professional – and to share knowledge, they agreed to adopt the following strategic intent:

> *working together, the members of the Regions for Health Network aim to strengthen the focus at regional level on achieving health for all.*

In moving forward, the founding members affirmed that progress will be achieved through following a strategic direction, emphasizing:

- *dynamic alliances – working together to bring about health gains at the regional and local levels across Europe;*
- *knowledge transfer – promoting excellence and effectiveness, and eliminating waste and unnecessary duplication; and*
- *intersectoral action – making health for all the business of everyone.*

Those who join declare their willingness to promote the Network's intent to the best of their capacity. They agree to exchange ideas and experience and, when appropriate, to work together on the development of policy and projects to effect change at the regional and local levels. The members will foster the widest collaboration, bringing together from every sector all who can contribute to improving health. In pursuit of the intent, the Network will encourage links to other European groups.

Starting from this core of founding members, the Network will in principle welcome all those who are interested in realizing its strategic intent and who believe it matches their own approach. In practice, the growth and development of the Network will depend on the organizational and financial resources available, and will be guided by the results of continuous monitoring and evaluation of its impact.

In keeping with the principles of health for all, the Network members accept that solidarity and equity require that the burden may be shared unequally, but that the benefits will accrue to all.

The statement was signed by the WHO Regional Director for Europe and 11 regions (founding members):

- the Baltic region[a]
- the Canton of Geneva (Switzerland)
- the Canton of Ticino (Switzerland)
- Catalonia (Spain)
- the Flemish Community (Belgium)
- Grand Sud-Ouest (France)
- Lower Saxony (Germany)
- the National Health Service Cymru Wales (United Kingdom)
- North Rhine-Westphalia (Germany)
- Östergötland (Sweden)
- Valencia (Spain).

The formal signing ceremony took place in the home of the Prime Minister of North Rhine-Westphalia, and the Minister of Culture signed on behalf of the *Land*. Mr H. Voigtländer of the Federal Ministry for Health of Germany expressed the support of the federal level for this exciting development. A highly motivated group of founding regions, strong support from the WHO Regional Office for Europe (shown by the presence of staff from the departments for country health development, lifestyles and health, and health services), the harmonious collaboration of the federal and regional levels of the host country of the meeting, and the intersectoral symbolism of the site for the signing ceremony created a positive climate for the start of the Regions for Health Network (RHN).

The participants spent the rest of the meeting on working out the procedures and ground rules for the operation of RHN, covering the following vital issues:

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[a] This consists of Estonia, Latvia and Lithuania, of which Lithuania was the first to sign.

- objectives
- decision-making and administration
- resources
- evaluation
- marketing
- development.

The participants showed the same initiative in their discussions as the founding regions had shown in proposing the establishment of a network.

ORGANIZING AND RUNNING RHN

Purpose, objectives and activities

The purpose of RHN is to achieve real, serious change in thought about and action for the protection, maintenance and promotion of health in regions. It aims to support the commitment of national governments to health for all through the development of appropriate health policies at the regional level. The members will form appropriate links between RHN and political processes in their countries.

The representatives of the regions present at the Düsseldorf meeting either signed the statement of intent or indicated their intention to do so. Regions represented at Lugano, Cardiff or Düsseldorf are eligible to join as founding members of RHN.

As mentioned, the participants at the Düsseldorf meeting recognized that the concept of a region must be further explored and clarified. For its first two years, however, RHN will focus on regions that form units of countries belonging to the WHO European Region, while continuing to work with regions of a different type, which were partners in the development of RHN.

The objectives of RHN are those set out in the statement of intent, which are based on working towards health for all. RHN will strive for equity in health, wide participation in decision-making and an intersectoral approach, balancing issues of lifestyles, environment and health care. It will monitor and evaluate its progress and build on its experi-

ence. Besides fostering the further use of existing types of information, RHN will encourage new approaches to policy analysis and the sharing of models of good practice. International cooperation will be a key feature of the work, and RHN will actively seek to support and involve regions whose current circumstances might hinder their participation.

The activities of RHN will have a practical and technical nature. RHN seeks to be a flexible structure, embodying a sincere commitment to open and supportive collaboration and offering an atmosphere of companionable competition to its members. The activities should address the concerns of the members, recognizing that the regions differ in their levels and stages of development, and that all issues will not be of equal concern to all members.

Working towards clearly defined objectives will provide the flexible structure necessary for these activities.

Coordination and administration

Each member of RHN was to nominate a person to serve for two years as a focal point. The focal points will provide continuity and visibility for RHN and build essential support for it in their home regions. The founding members were to notify the WHO Regional Office for Europe of their nominations by 20 December 1992.

Each focal point should have a strong interest in the work and development of RHN, and experience in an area such as public health, health care, research, education, the environment, management or strategic thinking. Such a person will need a thorough understanding of his or her home region and its decision-making and political systems. To have the necessary impact, the focal point should be skilled in communications, negotiation and planning, and hold high office in the regional government or other relevant institutions, with direct access to the regional body responsible for health policy.

Although the focal point will act as a spokesperson for the region, and represent it as appropriate when decisions are made, regions can also send to meetings people with particularly relevant technical expertise or responsibilities.

The work of RHN will be coordinated through a secretariat at the Regional Office for Europe. Catalonia offered to help provide the secretariat with office equipment.

Subgroups will be established to develop particular projects drawn from the RHN action plan. This will offer a flexible way of meeting the objectives of RHN. Each subgroup will have a leader, responsible for coordinating its work and for reporting to RHN as a whole.

Decision-making

RHN will hold meetings at least once a year, each of which will be held in a different region and have an agreed agenda. Meetings are likely to be more frequent in the early years. Member regions and subgroups pursuing particular projects will hold other meetings as they choose. In the bottom-up approach that has characterized RHN since its conception, such meetings will be used to provide feedback on the health concerns expressed by regions, and on the impact of RHN.

A Steering Committee with executive powers is required to consider the activities and future development of RHN. Initially, it will have nine members: one WHO staff member and representatives of eight members of RHN. The latter should include one representative from the countries of central and eastern Europe and one from each of the existing WHO collaborating centres for health policy development at the regional level. It was agreed that membership of the Committee should rotate, with two members retiring each year. The Steering Committee will initially be composed of representatives from Catalonia, Geneva, Grand Sud-Ouest, Lithuania, North Rhine-Westphalia, Östergötland, and the health policy collaborating centres in Ticino and Wales.

The Steering Committee was invited to hold its first meeting in Copenhagen in January 1993, to give its members the opportunity of improving their knowledge of the WHO Regional Office for Europe. An initial programme of work was discussed and nine possible items for the agenda listed:

- the basic administrative arrangements to support RHN;
- arrangements for funding and guidelines for relationships with business sponsors;

- criteria for accepting new members;
- the action plan for RHN, including subgroups, projects and activities;
- the possible twinning of regions from the eastern and western parts of the European Region;
- the marketing of RHN and the preparation of a standard format for a brief descriptive profile of each member region;
- the establishment of a clearing-house for good ideas and models of good practice;
- issues of communication, including how to establish a communications network (perhaps using electronic mail) and a newsletter, and how to link RHN with other networks; and
- the incorporation of monitoring and evaluation in RHN activities from the very beginning.

Financing

The member regions will finance RHN. They will pay subscriptions to support the secretariat and the Steering Committee, but will also use their own resources to provide administrative and/or technical support for particular tasks, to arrange meetings and to run projects. In general, funding people's attendance at meetings will be the responsibility of individual members. According to the principle of solidarity adopted, however, special arrangements will be made to assist those who have difficulty in meeting such financial requirements.

Initially, each member will each pay US $6000 per annum for two years to underwrite the minimum requirements of RHN. As rapidly as possible, an RHN trust fund will be established, to receive contributions from regions that can give more than the minimum amount and from private sponsors. The fund will be essential to assist members who cannot meet their obligations and to give the Steering Committee the necessary flexibility of action, which is particularly vital during the early development of RHN.

Promotion and development

A distinction had to be drawn between promotion aimed at potential members and that aimed at involving people within member regions:

politicians, planners, health care providers, partners in sectors other than health and the general population. RHN as a whole, along with WHO, would have to consider new members, while individual regions would have to approach potential partners.

Through activities and events, such as a newsletter and an annual conference, it will be possible to spread messages and enthusiasm within RHN and to regions that are not members. North Rhine-Westphalia offered to support the establishment of an RHN newsletter through the University of Bielefeld.

As to development, RHN was always intended to be an open network, not a select club. At a very conservative estimate, however, the European Region could have 2000 – 3000 "regions". Because the vision had to be tempered with realism, it was agreed that the expansion of RHN must keep pace with the resources available and that sufficient time will be allowed to base future programmes on the evaluation of previous activities.

While in principle membership should be open to all, criteria should be set to ensure that new members have an appropriate level of commitment. The criteria that seemed appropriate included:

- a clear commitment, evidenced by the existence of a policy, to the implementation of health for all 2000 at the regional level;
- scope for independent action, with sufficient financial autonomy to support the development of health for all;
- clarity of involvement through the nomination of a focal point recognized both within the region and by RHN; and
- a record of achievement, made initially by taking part in particular projects as an associate member for perhaps two years prior to full membership.

TWO-YEAR ACTION PLAN

Most of the founding members proposed a number of issues for joint action over the first two years of RHN. WHO had compiled these in a

list to give focus to the discussion. These concrete proposals included offers of total or partial funding of activities such as meetings.

A lack of time prohibited the consideration of these proposals, but the participants had a valuable general discussion of the type and direction of activities that deserved immediate priority.

The lively discussions of the operation and development of RHN showed that the immediate concerns should be the consolidation of what had been achieved, and the drawing up of clear guidelines for the future.Tasks for the coming months therefore included:

(a) creating a firm basis for the structure of RHN by setting up the secretariat, establishing a network of focal points, starting the Steering Committee to work and developing a communication system;
(b) developing the subgroups and identifying their leaders;
(c) raising funds;
(d) clarifying a broad outline for RHN development, including the criteria for accepting new or associate members;
(e) initiating a system for continuous monitoring and evaluation, whose preliminary stages might include developing profiles of the member regions and carrying out a comparative analysis of the development of their policies; and
(f) launching the annual plenary meetings.

Given the urgent needs in central and eastern Europe, it was suggested that the member regions support the rapid development of health policies in regions of these countries, possibly by "adopting" such regions or twinning with them. The participants agreed to consider how this could best be achieved to benefit all involved.

Annex I

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