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

**Member States**

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russia  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

World Health Organization  
Regional Office for Europe  
UN City, Marmorvej 51,  
DK-2100, Copenhagen Ø, Denmark  
Tel: +45 45 33 70 00  
Fax: +45 45 33 70 01  
E-mail: euwhocontact@who.int  
Website: www.euro.who.int

**Fourth meeting of the expert group**  
London, United Kingdom, 26–27 April 2018

Embedding a cultural contexts of health approach across the WHO European Region
Embedding a cultural contexts of health approach across the WHO European Region
ABSTRACT

In 2015, the WHO Regional Office for Europe pioneered a transformative initiative acknowledging the role and significance of cultural contexts (including value systems, traditions and beliefs) in shaping health outcomes. The cultural contexts of health and well-being (CCH) project places cultural contexts at the heart of achieving better health outcomes for all. Supported by an expert group, the Regional Office has made considerable steps in clarifying key CCH concepts and supporting CCH research and analysis. The fourth meeting of the expert group, held in April 2018 at the Wellcome Trust headquarters in London, United Kingdom, was convened to take stock of existing progress and to reflect on the future strategic direction of the CCH project, focusing in particular on its stated aim to break new ground practically as well as conceptually. This report outlines recommendations made at the fourth meeting of the expert group.

KEYWORDS

CULTURAL COMPETENCY      HEALTH POLICY
CULTURE                    EUROPE
HEALTH KNOWLEDGE, ATTITUDES, PRACTICE

Address requests about publications of the WHO Regional Office for Europe to:
Publications, WHO Regional Office for Europe, UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (http://www.euro.who.int/pubrequest).

ISBN 978 92 890 5359 4
Embedding a cultural contexts of health approach across the WHO European Region
Contents

Executive summary ................................................................. v

Introduction ................................................................................ 1

Context and update on progress and activities ........................ 1

Technical input on current work ............................................ 3
  Policy brief on antibacterial resistance ABR ....................... 3
  Pilot chapter on well-being for the country profile on health
  and well-being in Italy .......................................................... 4
  HEN synthesis report on cultural mediators ....................... 5
  HEN synthesis report on waste management ...................... 6
  Recommendations .................................................................. 7

Proposed areas of future CCH work ........................................ 7
  Policy brief on culture and early-life trauma in central
  and eastern Europe ............................................................... 7
  Policy brief on the health benefits and challenges of
  local diets ............................................................................ 8
  HEN synthesis report on the use of arts for health and
  well-being ........................................................................... 9
  HEN synthesis report on men’s health-seeking behaviours .... 9
  Recommendations .................................................................. 10

Knowledge-translation activities: partnering with EVIPNet Europe.. 10
  Recommendations .................................................................. 12
Embedding CCH in public health: developing a future strategy ............12
Recommendations ..............................................................................14
Conclusion ..........................................................................................14
References ..........................................................................................15
Annex 1. Programme ............................................................................18
Annex 2. List of participants .................................................................22
Executive summary

In 2015, the WHO Regional Office for Europe pioneered an innovative and transformative initiative seeking to systematically engage with the ways in which culture mediates the health and well-being of populations across the WHO European Region and beyond. The cultural contexts of health and well-being (CCH) project recognizes that cultural contexts (including value systems, traditions and beliefs) are crucial in shaping health outcomes and must be at the heart of health policy-making. It builds upon the finding of the 2014 Lancet Commission that the neglect of culture in health and health care is one of the biggest barriers to better health outcomes worldwide.*

Supported by an expert advisory group, the CCH project has articulated the key concepts and ideas underpinning a CCH approach, commissioned policy-relevant research on the influence of cultural contexts in relation to specific health challenges, and is developing a culture-centred approach to reporting on well-being. To accomplish this, the CCH project works in collaboration with key international organizations and governing bodies, including the Organisation for Economic Co-operation and Development, the Robert Wood Johnson Foundation, the United Nations Educational, Scientific and Cultural Organization, the Wellcome Trust and others. With support from the CCH expert group, the CCH project extends WHO’s focus beyond the biomedical emphasis on disease and disease prevention to individuals’ and communities’ complex, lived experience of health and well-being.

The CCH project has made considerable progress in developing a CCH approach. Since its first meeting in 2015, it has elaborated a strategic framework and produced a suite of CCH publications that articulate the importance and relevance of a CCH approach to policy-makers. The fourth meeting of the expert group, held in London, United Kingdom, on 26–27 April 2018, enabled the Regional Office to take stock of current progress and to consider how the CCH approach might be developed further and translated into practical action at the country level.

The objectives of the fourth meeting of the expert group were to:

- review the progress and status of the CCH project;
- provide technical feedback on current CCH work, including a policy brief on antibacterial resistance, a pilot chapter on well-being in Italy, and two concept notes for Health Evidence Network (HEN) reports on cultural mediators and waste management;
- provide suggestions relating to proposed future areas of CCH work; and
- reflect more broadly on the next strategic steps for the CCH project with a particular focus on knowledge translation, impact and outcomes.

The group made good progress across each of the objectivities.

This report provides an overview of discussions and suggestions that emerged during the meeting, including the following eight key recommendations for next steps.

1. Further strengthen the coherence between CCH and international health initiatives and frameworks, including the Sustainable Development Goals.

2. Explore the possibility of disseminating and expanding arguments developed in the policy brief on antibacterial resistance to a wider range of audiences in multiple formats, for instance through the publication of an academic paper.

3. Enhance the pilot chapter on well-being in Italy through the inclusion of additional input from Italian specialists and the incorporation of case studies suggested during the meeting.

4. Develop a search strategy in Russian for the forthcoming HEN synthesis reports on waste management and cultural mediators to ensure that relevant research is captured.

5. Commission HEN synthesis reports on the evidence base for arts and health in the WHO European Region, and on men’s health-seeking behaviour.
6. Commission a policy brief to examine the health benefits and challenges of local diets.

7. Convene a working group to explore knowledge-translation strategies for CCH research and methodological innovations, including the establishment of a partnership with the Evidence-informed Policy Network (EVIPNet) Europe to enhance alignment and cooperation.

8. Develop a long-term strategy for the CCH project, focusing on the implementation of project activities at the country level while also considering the need for evaluation to strengthen the case for CCH.

The expert group agreed to reconvene in 2019 to review progress made on the recommendations and to consult on the long-term strategy of the CCH project.
Introduction

The WHO Regional Office for Europe convened the fourth expert group meeting on the CCH on 26–27 April 2018 at the headquarters of the Wellcome Trust in London, United Kingdom (see Annex 1 for the programme). The meeting brought together a multidisciplinary group of researchers working at the intersection of culture and health, as well as key representatives from organizations and public health institutions with a commitment to improving health outcomes for all (see Annex 2 for the list of participants and Annex 3 for the CCH action plan).

Dr Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation at the Regional Office, welcomed participants to the meeting together with Professor Mark Jackson, Chair of the CCH expert group and Director of the WHO Collaborating Centre for Culture and Health and the Wellcome Centre for Cultures and Environments of Health at the University of Exeter (United Kingdom). The WHO Secretariat and the Chair thanked the Wellcome Trust for generously hosting the meeting. Dr Simon Chaplin, Director of Culture & Society, also welcomed participants and expressed the Wellcome Trust’s enthusiasm and support for the project. Dr Katie Ledingham was elected as rapporteur for the meeting. The programme was adopted.

Context and update on progress and activities

The CCH project is an innovative approach to health and health policy-making that acknowledges the role and significance of cultural contexts (including value systems, traditions and beliefs) in shaping health outcomes. At the fourth gathering of its expert group, the WHO Secretariat set out the scope and purpose of the meeting and expressed the Regional Office’s ongoing commitment to developing the CCH project. The project is taking on increased significance within the Regional Office, and emphasized the critical role of the CCH approach in helping to reduce the health inequalities identified in the European health report 2015 (1).
The CCH project operates under the umbrella of the WHO European Health Information Initiative (EHII), a multipartner network coordinated by the Regional Office’s Division of Information, Evidence, Research and Innovation. The EHII is the principal vehicle for integrating and harmonizing health information within the WHO European Region. Its impact and reach were reaffirmed at the 67th session of the WHO Regional Committee for Europe in September 2017, during which several Member States called for the establishment of a similar network at the global level. The CCH project benefits substantially from the EHII’s continued efforts to leverage support for CCH objectives among WHO Member States and key partners.

With its four focus areas of nutrition, migration, environment and mental health, the CCH project portfolio cuts across all technical areas of public health at the Regional Office. The project develops and commissions various outputs, including policy briefs and evidence synthesis reports, that clarify key CCH concepts and provide a window into the role of cultural contexts in shaping health outcomes. In addition to the draft outputs discussed at the meeting, CCH outputs currently underway include HEN synthesis reports on: (a) measuring community resilience; (b) community empowerment; and (c) the life-course approach. The 2017 HEN synthesis report *Cultural contexts of health: the use of narrative research in the health sector* (2) recently received special recognition by the British Medical Association at its Medical Book Awards.

In conjunction with the Knowledge Hub on Health and Migration – a collaboration between the European Commission, the Ministry of Health of Italy, the Regional Health Council of Sicily and the Regional Office – the CCH project recently participated in the Summer School on Refugee and Migrant Health in Syracuse, Italy. Project members delivered a workshop on intercultural competence and diversity sensitivity, which received excellent reviews and will be repeated in following years.

Thanks to generous funding from the Wellcome Trust and the Robert Wood Johnson Foundation, and to substantial WHO corporate funds, the CCH project has recruited two full-time consultants based at the Regional Office in Copenhagen, Denmark. In addition, two WHO collaborating centres now support the work of the CCH project – one based at the University of York (United Kingdom) and the other at the
University of Exeter (United Kingdom). Together, these developments provide added capacity to the CCH initiative and its project activities.

The next challenge for the CCH project is to build on the momentum and conceptual work underpinning a CCH approach in order to facilitate the translation of this knowledge into greater strategic action on the ground. This is an exciting moment to further the reach and impact of the CCH project.

Technical input on current work

Since its launch in 2015, the CCH project has released a suite of publications that lay the foundations of a CCH approach and demonstrate the importance of cultural contexts in shaping health outcomes. At this meeting of the expert group, attendees were invited to provide technical and expert feedback on the CCH work currently in development: a policy brief on antibacterial resistance (ABR), a pilot chapter on well-being in Italy and two HEN synthesis reports — one on cultural mediators and the other on the cultural contexts of waste management. HEN synthesis reports draw together and rapidly synthesize the best available evidence to help support evidence-informed policy-making across the Region and beyond.

Policy brief on ABR

The Regional Office commissioned the ABR policy brief, developed by Dr Katie Ledingham and colleagues at the WHO Collaborating Centre for Culture and Health, to act as an exemplar of the importance of a CCH approach and to provide an in-depth, finely grained analysis of the sociocultural dynamics of a specific contemporary health challenge.

The Chair began by providing background information on the development of the policy brief, and thanked Professor Göran Tomson and Mr Daniel Helldén for their important work on an earlier version. The policy brief illustrates the role of cultural dynamics in all aspects of the ABR challenge, ranging from diverse practices of antibiotic use to ABR transmission pathways, and the regulatory and research environments within which antibiotic innovation and ABR research take place.
Members of the expert group were invited to comment on the policy brief. They pointed out that while it does well to challenge the prevailing biomedical focus on ABR, it could resonate more with practitioner audiences by recognizing the importance of the work that precedes it. They also commented on the need to clarify why the brief has focused specifically on ABR rather than antimicrobial resistance (AMR) more generally.

Additionally, members felt that the policy brief could move to the foreground why culture matters and why a CCH approach is so important. They acknowledged the difficulties of developing a conceptual model of why culture matters in the context of ABR, and of simultaneously speaking to a diverse range of audiences (practitioners, policy-makers and academics). They noted that it will be useful to explore the possibility of disseminating and expanding on the arguments developed in the policy brief for a wider range of audiences in multiple formats. This could involve the publication of an academic paper to accompany the policy brief and/or a more applied toolkit developed through joint work with WHO's AMR technical unit.

Finally, the expert group expressed the importance of further embedding the policy brief within a context of the history of the development of ABR stewardship schemes (including STRAMA, the Swedish Strategic Programme Against Antibiotic Resistance (3), and to ensure that it adds value by linking to broader policy documents, such as the European Commission’s One Health action plan against AMR (4) and the One Health approach (5).

---

Pilot chapter on well-being for the country profile on health and well-being in Italy

In 2017, the Regional Office commissioned the WHO Collaborating Centre for Culture and Health to develop a pilot chapter on Italian well-being to form part of WHO’s country-level profiles on health and well-being. The pilot chapter marks a departure from previous country-level profiles, which have focused predominantly on health status (rather than health and well-being) and have prioritized quantitative evidence. The pilot chapter points to the role and significance of narrative evidence and the broader cultural tropes of film, literature and art in providing a window into the complexity of experiences and dynamics of health and well-being in Italy.
Members of the expert group were invited to comment on the chapter. They emphasized that it needs further input from Italian stakeholders, but acknowledged that this has been a challenge so far, partly due to unanticipated logistical difficulties. The Chair pointed out the opportunity to think more generally about questions of capacity and the importance of coproduction, and how WHO collaborating centres might engage and work with local citizens, specialists and practitioners. Expert group members agreed that building capacity in coproduction with stakeholders and specialists is a critical component of embedding and extending the CCH approach.

The expert group made a number of suggestions regarding topics and case studies that could be explored as the chapter develops further. Examples include Italian conceptions of conviviality, the Italian policy environment and trust in institutions. Members highlighted the need to recap key messages and implications going forward at the end of the pilot chapter, particularly given its innovativeness and significance.

**HEN synthesis report on cultural mediators**

At the second meeting of the CCH expert group, held in April 2016, participants advanced the recommendation to commission a HEN synthesis report investigating the role and value of cultural mediators in improving migrant health and well-being in the Region. The same year, European Member States adopted the Strategy and action plan for refugee and migrant health in the WHO European Region at the 66th session of the WHO Regional Committee for Europe (EUR/RC66/8) (6), reaffirming migration as an important priority for the Region.

Cultural challenges often affect migrants’ encounters with health-care systems. Increasingly, research from the social sciences demonstrates that a lack of cultural understanding can lead to conflict between migrants and health-care providers, and impact significantly on health outcomes (7).

Cultural mediators are actors who facilitate communication and understanding between migrants and health-care providers/services. Despite the potential of cultural mediators to contribute to better migrant health outcomes, the domain of intercultural health mediation remains fraught with inconclusive discussions regarding the role of different types of intermediaries (interpreters, intercultural mediators, patient navigators, etc.) (8). Inconsistent terminology and a lack of
interdisciplinary research hamper the development of a stable and consistent profession of cultural mediators.

The HEN report will examine the diversity of approaches to cultural mediation in migrant health across the Region. Members of the expert group were invited to comment on the scope, research question and proposed methodology of the publication. They emphasized that it will be useful to consider how this HEN report will relate to a broader shift in health-care literature towards patient-centred care, and to consider what proximate outcomes might be appropriate for measuring success (beyond improved health outcomes). They also noted that it will be important to explore the financing for intercultural mediation and to consider how culture is operationalized.

HEN synthesis report on waste management

Across the Region, the production of waste materials is growing. At the Sixth Ministerial Conference on Environment and Health, held in 2017 in Ostrava, Czechia, Member States resolved to “prevent and eliminate the adverse environment and health effects, costs and inequalities related to waste management and contaminated sites” (9). Given that definitions of waste and processes of waste management are socially and culturally contingent, the HEN report on waste management endeavours to open up a systematic engagement with the cultural dimensions of waste and to examine how culture can be leveraged to improve waste management.

Members of the expert group agreed on the importance of this topic, and recommended that the report articulate whether its focus is on individual and/or larger-scale processes of waste management. They pointed out links to contemporary health challenges, including ABR, and to contemporary practices of consumption such as the trend of consuming fitness-enhancing drugs that subsequently enter the sewage system.

The expert group provided a number of key references and suggestions to develop the HEN report further. Members felt that it might be useful to start the report by focusing on different words or terminologies for “waste” across cultures and their links with moral judgements. To embed and extend the impact and reach of the CCH project, it will be important to connect and collaborate with key institutions and organizations including the United Nations Environment Programme.
Recommendations

The following core recommendations emerged from the discussions of the four draft outputs.

1. Position each output within the broader context of international health priorities, such as the Sustainable Development Goals and Health 2020, to more clearly demonstrate their added value and timeliness.

2. Convene a working group to explore the possibility of disseminating and expanding on arguments developed in the ABR policy brief to a wider range of audiences, for instance through the publication of an academic paper.

3. Ensure that additional national stakeholders are consulted in the development of the pilot chapter on well-being in Italy.

4. For both HEN reports, develop a search strategy in Russian to ensure that relevant research is captured.

Proposed areas of future CCH work

In addition to providing technical input on current CCH work, the expert group proposed new areas of work that will enable the programme to further develop its portfolio and to develop insights and recommendations applicable to an increasing range of health topics and areas. The expert group reviewed proposals for two additional HEN synthesis reports and two policy briefs.

Policy brief on culture and early-life trauma in central and eastern Europe

In October 2017, the Regional Office, the WHO Collaborating Centre for Culture and Health and the National Institute of Mental Health in Czechia convened a workshop on culture and reform of mental health care in countries of central and eastern Europe (CEE) (10). Building on this work, Dr Felicity Thomas led a group of workshop participants in successfully applying for funding to form a network exploring early-life
Embedding a cultural contexts of health approach across the WHO European Region

trauma in CEE. The initiative draws on a 2017 Lancet report describing care for people with mental illnesses in CEE as a “blind spot” on the global mental health map (11). As part of the network grant, colleagues from Belarus and Ukraine will host workshops exploring this issue, with a particular focus on input from the social sciences. These explorative workshops may lead to the development of a policy brief focused on addressing early-life trauma using a CCH approach.

Members of the expert group agreed that this is an essential area of focus. They commented on the fact that, although Belarus and Ukraine share common histories, their different pathways to mental health reform point to the critical importance of cultural contexts. They suggested that the policy brief might focus initially on identifying health system and service needs; however, it will be necessary to assess the outcome of the workshops before drafting a concept note for the policy brief.

Policy brief on the health benefits and challenges of local diets

Noncommunicable diseases are a leading cause of death globally (12). It is increasingly recognized that cardiovascular diseases and cancers are predisposed by an unhealthy diet – and that eating is about more than simply nutrition. Building on Professor David Napier’s work and the Regional Office’s policy brief Culture matters: using a cultural contexts of health approach to enhance policy-making (13), Ms Cécile Duvelle, former Secretary of the United Nations Educational, Scientific and Cultural Organization for the Safeguarding of the Intangible Cultural Heritage, proposed the development of a policy brief to explore how local diets might be examined for their health benefits.

Expert group members pointed out that this is an excellent opportunity to explore, on a methodological basis, the tools that help to unlock the complexities of the relationships between culture and health, and to articulate the ways in which culture can be an enabler of health.

The group discussed the need to distinguish between local and traditional diets, and noted that there are multiple issues and sociocultural dynamics that shape (and constrain) food choices. Food preparation choices are equally culturally determined, and may have food safety implications. Members agreed that it will be useful to
think about how to adapt the content of this brief to address diverse constituencies, including the public and policy-makers.

**HEN synthesis report on the use of arts for health and well-being**

The development of a HEN synthesis report exploring the regional evidence base for the role of the arts in improving health and well-being was proposed. There have been significant advances in research in this area and the topic of arts in health is gaining visibility and policy traction. However, to date, no research brings together the evidence base for arts in health across the entire Region.

Members of the expert group highlighted that it will be useful to differentiate between different types of art interventions – for example, active versus passive cultural participation – and to think critically about the types of groups and individuals that this therapy, which is socially and culturally contingent, may or may not reach. They also reflected on the ability of arts to create third spaces (that is, social environments separate from the home or workplace) that allow for more effective discussions of specific health issues and topics.

Due to the richness of the topic, the proposed HEN report will not be able to cover all aspects touched upon in the expert group’s discussion. Members therefore recommended that arts in health become a priority area for further exploration by the CCH project. In keeping with the meeting’s theme of knowledge translation, they suggested that the HEN report itself be disseminated to multiple stakeholders, including art centres and institutes, universities, and policy-makers, to ensure uptake at multiple levels.

**HEN synthesis report on men’s health-seeking behaviours**

In recent years, men’s health has received increasing attention in the Region. This is partly due to the high level of premature mortality among men, particularly in the Region’s eastern part. To preface the group discussion on a potential HEN synthesis report on men’s health-seeking behaviours, Professor Anna Temkina shared her insights into the discourse on men’s health in the Russian context. As premature mortality among men is a distinctly gendered phenomenon, deeply
embedded in traditional roles of masculinity, examining this topic through a CCH lens could provide a valuable and timely contribution to Member States.

Members of the expert group agreed on the importance of this topic, and noted that the report’s development will highlight the dynamic role of culture in shaping health outcomes across different communities. They also emphasized the need to consider the types of evidence that might be used in the process.

Recommendations

The expert group made the following two recommendations for future CCH publications.

1. The Regional Office should commission HEN synthesis reports that provide an overview of the best available evidence on:
   a) cultural participation for health and well-being; and
   b) men’s health-seeking behaviours.

2. It should also commission a policy brief on the health benefits and challenges of local diets.

Knowledge-translation activities: partnering with EVIPNet Europe

One of the key objectives of this expert group meeting was to consider more immediate knowledge-translation activities, both from the point of view of integrating CCH evidence into policy-making and from the methodological perspective of enhancing knowledge-translation mechanisms through the use of culture-centred approaches.

The expert group identified the multistakeholder Evidence-informed Policy Network (EVIPNet) Europe (see Box 1 for background information) as an ideal partner in the pursuit of these objectives. As an immediate priority, the group recommended that the WHO Secretariat develop a CCH module, consisting of one to three sessions,
EVIPNet undertakes and supports a wide variety of activities to embed high-quality evidence in health policy initiatives. It builds capacity in "safe haven" deliberative forums, or policy dialogues, that draw together policy-makers, members of civil society and researchers to promote the development of local decision-making processes informed by high-quality evidence. EVIPNet is also active in the dissemination of best-practice initiatives, producing accessible policy briefs and syntheses of cutting-edge research and policy options.

Since its launch, EVIPNet Europe has made considerable gains in embedding high-quality evidence in health policy-making. For example, Estonia’s recently unveiled plans to tackle obesity by reducing sugar consumption through a tax on sugar-sweetened beverages were based on information provided in an EVIPNet policy brief.¹

EVIPNet Europe also organizes regular multicountry workshops that provide training in acquiring, assessing, adapting and applying research evidence. These workshops also encourage participants to develop situational analyses of their countries’ evidence-informed policy-making capacity.

Recommendations

The expert group made the following three recommendations for advancing knowledge-translation activities.

1. Develop a CCH module to be delivered at the EVIPNet Europe multicountry workshop.

2. Support EVIPNet Europe by exploring avenues for incorporating CCH principles into existing processes and tools used for the development of evidence-informed policy briefs.

3. Convene a working group to pursue the activities outlined in the recommendations above.

Embedding CCH in public health: developing a future strategy

The WHO Secretariat, representatives of the Wellcome Trust and CCH experts presented a series of impulse statements on the future strategy of the CCH project. They noted that, while important conceptual work remains to be done, the outputs currently in development will contribute to clarity in this area. Moving on, experts agreed that the main focus needs to shift from an emphasis on conceptual innovation towards knowledge translation and, eventually, measurable outcomes.

The CCH project has done much to advocate for and illustrate the importance of a CCH approach. The task ahead is to continue this advocacy work while extending the reach and impact of the CCH project by connecting with a diverse range of research end-users, policy-makers and practitioners to facilitate the uptake of CCH methodology and practice in Member States.

Important next steps include the expansion of the project’s mission statement and the development of an evaluation process. Members of the expert group proposed the elaboration of a logic model (also referred to as a theory of change) that clarifies what the added value of a CCH approach is and how it can be seen as an alternative or complement to conventional approaches to behaviour change.
The expert group stressed that the CCH vision and objectives fill a critical space in the public health arena, and urged the WHO Secretariat to think boldly in terms of ambitions for the project. Members strongly recommended the development of a new long-term strategy, accompanied by a renewed action plan to be rolled out over the next five years. They viewed this as a valuable opportunity to reaffirm and clarify the relevance of CCH to the achievement of regional and global health priorities.

Members of the expert group proposed two points for particular consideration by the CCH project team when developing the new strategy. First, in order to ensure the relevance of CCH during the next phase, it will be essential to further strengthen the links between CCH and international health initiatives and frameworks, particularly the 2030 Agenda for Sustainable Development (14) and WHO’s Thirteenth General Programme of Work 2019–2023 (GPW13) (15). Second, to leverage the commitment and interest of Member States, a CCH–European Member State network should be initiated. This will help to strengthen and develop action-oriented policy interfaces and connections on the ground at the country level.

**Recommendations**

The expert group made the following three recommendations for embedding CCH in public health.

1. Initiate an evaluation of the first five years of the CCH project.

2. In consultation with the expert group and building on the above-mentioned evaluation, develop a new five-year strategy for the CCH project that:

   (a) articulates its alignment with key United Nations and WHO frameworks, such as the 2030 Agenda and the GPW13;

   (b) initiates a CCH–European Member State network to facilitate CCH implementation at the country level; and

   (c) includes a theory of change that helps to illustrate the reach and impact of the CCH project.
3. Continue efforts to raise awareness of CCH through the dissemination of project outputs, using outlets such as the European Health Information Gateway (16).

Conclusion

The Regional Office has made significant progress in developing the CCH project over the past three years. The fourth meeting of the expert group enabled the CCH team to take stock of existing progress and to consider how the reach and impact of the CCH project might be extended. Participants provided technical input on current CCH work and reflected on the CCH’s future strategy.

Each of the policy briefs and HEN reports discussed during the meeting generated key questions and provocations surrounding the future development of the CCH project, particularly in terms of knowledge translation. All participants agreed that this is an exciting moment for the CCH project. Not only is it advocating the importance of a CCH approach – it is also turning its attention towards the generation of new connections and knowledge-translation strategies intended to facilitate applied, practical actions that contribute to the development of better health outcomes for all.
References


Annex 1. Programme

Thursday, 26 April 2018

Opening

Welcome by WHO Secretariat, Wellcome Trust and Chair

Introductions

Election of Rapporteur

Chair: Briefing on purpose and adoption of meeting programme

WHO Secretariat: Expected outcomes of the meeting

Session 1. Cultural contexts of health and well-being (CCH) – overview of activities

Claudia Stein (WHO Secretariat): European Health Information Initiative

Nils Fietje (WHO Secretariat): Evidence for health and well-being in context

Mark Jackson (WHO Collaborating Centre for Culture and Health at the University of Exeter): Overview of activities

Sanjoy Bhattacharya (WHO Collaborating Centre for Global Health Histories at the University of York): Overview of activities

Discussion and feedback

Session 2. Future CCH publications (HEN reports)

Presentations

- Daisy Fancourt: HEN synthesis report on the use of arts for health and well-being
- Anna Temkina: HEN synthesis report on men’s health-seeking behaviours
Discussions
- What policy and research questions could benefit from a CCH focus?
- What are some of the main arguments justifying the need for each?
- Who are the main actors (academics, nongovernmental organizations, think tanks, etc.) leading in these areas?

Session 3. Future CCH publications (policy briefs)

Presentations
- Felicity Thomas: Policy brief on culture and early-life trauma in central and eastern Europe
- Cécile Duvelle: Policy brief on the health benefits and challenges of local diets

Discussions
- Is there sufficient evidence on which to base a policy brief?
- Does a CCH approach add value to the contemporary policy discussion on this topic?
- Who are the main actors (academics, nongovernmental organizations, think tanks, etc.) leading in these areas?

Session 4. Knowledge-translation activities

Presentations
- Tanja Kuchenmüller (WHO Secretariat): Integrating CCH into the Evidence-informed Policy Network (EVIPNet) Europe multicountry workshop

Discussions
- What might a CCH session look like?
- Who would be well placed to lead it?
- What would be a suitable output to capture the session (a training manual, etc.)?

Session 5. Embedding CCH in public health: advising on a future strategy

Impulse statements (5 minutes each)
- Claudia Stein (WHO Secretariat): Strategic context from the WHO Regional Office for Europe
- Nils Fietje (WHO Secretariat): A case for knowledge translation
• João Rangel de Almeida (Wellcome Trust): A global funding perspective
• Göran Tomson (Karolinska Institute): A policy perspective

Panel discussion
• Building on the work that has been accomplished so far, what themes and activities could the CCH project focus on over the next 5 years?
• What networks and stakeholders should WHO connect with?
• What does success look like for the CCH project?

Wrap up and conclusions of Day 1
(Chair and WHO Secretariat)

Friday, 27 April 2018

Session 6. Policy brief on antibacterial resistance

Presentation
• Mark Jackson: Policy brief on antibacterial resistance

Commentator
• Saskia Nahrgang

Discussion
• Are the case studies well chosen and informative?
• Is the policy brief accessible, inclusive and relevant to Member States?
• How can the policy brief be promoted?
• How can the insights generated by the policy brief be translated at a country level?

Session 7. Pilot chapter on well-being for the country profile on health and well-being in Italy

Presentation
• Felicity Thomas: Pilot chapter on well-being for the country profile on health and well-being in Italy

Commentator
• Edward Fischer
Discussion

- Are the case studies well chosen and informative?
- In what ways should the format be developed to ensure that it is appropriate for use in other Member States?
- Which Member State would be a suitable candidate for the next country-level well-being chapter?
- What lessons have been learned from developing the pilot chapter?
- How should the pilot chapter be promoted?

Session 8. HEN synthesis report on cultural mediators

Presentation

- Hans Verrept: HEN synthesis report on cultural mediators

Discussion

- Does the research question need further refinement?
- Are the proposed concept note and methodology feasible?
- What key literature should the authors be aware of?

Session 9. HEN synthesis report on waste management

Presentation

- Thomas Kistemann: HEN synthesis report on waste management

Discussion

- Does the research question need further refinement?
- Are the proposed concept note and methodology feasible?
- What key literature should the authors be aware of?

Conclusion

Conclusions and actions from the last two days (Chair and WHO Secretariat)

Updating the CCH action plan for 2018 and agreeing on next steps

Wrap up
Annex 2. List of participants

Temporary advisers

Dr Karabi Acharya
Director, Research-Evaluation-Learning
Robert Wood Johnson Foundation
50 College Road East, Princeton, New Jersey, 08540-6614, United States of America
Email: karcharya@rwjf.org

Professor Sarah Atkinson
Professor of Geography and Medical Humanities
Department of Geography
Durham University
South Road, Durham, DH1 3LE, United Kingdom
Email: s.j.atkinson@durham.ac.uk

Professor Sanjoy Bhattacharya
Professor of the History of Medicine
Director, Centre for Global Health Histories
Director, WHO Collaborating Centre for Global Health Histories
University of York
Heslington, York, YO10 5DD, United Kingdom
Email: sanjoy.bhattacharya@york.ac.uk

Professor Mohan Jyoti Dutta
Provost’s Chair Professor
Head, Communications and New Media
Director, Center for Culture-Centered Approach to Research and Evaluation (CARE)
Faculty of Arts and Social Sciences, National University of Singapore
11 Computing Drive, Singapore 117 416, Singapore
Email: cnmmohan@nus.edu.sg

Ms Cécile Duvelle
Email: cecileduvelle@gmail.com
Dr Daisy Fancourt
Senior Research Associate
Behavioural Science and Health
Institute of Epidemiology and Health
University College London
Gower Street, London, WC1E 6BT, United Kingdom
Email: d.fancourt@ucl.ac.uk

Professor Edward F. Fischer
Professor of Anthropology
Director, Center for Latin American Studies
Vanderbilt University
1016 Caruther Ave, Nashville, Tennessee, 37 204, United States of America
Email: edward.ffischer@vanderbilt.edu

Professor Mark Jackson
Professor of the History of Medicine
Centre for Medical History
University of Exeter
Amory Building, Rennes Drive, Exeter, Devon, EX4 4RJ, United Kingdom
Email: m.ajackson@exeter.ac.uk

Professor Marc Jacobs
Director, FARO Flemish interface for cultural heritage
Professor, Holder and Coordinator, UNESCO Chair on Critical Heritage Studies and Safeguarding the Intangible Cultural Heritage
Vrije Universiteit Brussel
Professor of Material Semiotics and Actor–Network Theory
University of Antwerp
Prinsstraat 13, 2000 Antwerpen, Belgium
Email: marc.jacobs@faro.be

Professor Thomas Kistemann
Head, WHO Collaborating Centre for Health Promoting Water Management and Risk Communication
University of Bonn
Sigmund-Freud Str. 25, 53 105, Bonn, Germany
Email: thomas.kistemann@ukb.uni-bonn.de
Professor David Napier
Professor of Medical Anthropology
University College London
Gower Street, London, WC1E 6BT, United Kingdom
Email: d.napier@ucl.ac.uk

Professor Danuta Penkala-Gawęcka
Department of Ethnology and Cultural Anthropology
Adam Mickiewicz University
Umultowska Street 89 D, 61–614 Poznań, Poland
Email: danagaw@amu.edu.pl

Professor Anna Adrianovna Temkina
Professor of the Sociology of Public Health and Gender
Department of Political Science and Sociology
European University at St Petersburg
6A Gagarinskaya Street, 191187, St Petersburg, Russian Federation
Email: temkina@eu.spb.ru

Dr Felicity Thomas
Centre for Medical History
University of Exeter
Amory Building, Rennes Drive, Exeter, Devon, EX4 4RJ,
United Kingdom
Email: f.thomas@exeter.ac.uk

Professor Göran Tomson
Health System Policy
Karolinska Institute
Solnavagen 1, 171 77, Solna, Sweden
Email: goran.tomson@ki.se

Mr Hans Verrept
Head, Intercultural Mediation and Policy Support Unit
Psychosocial Care
DG Health Care
Federal Public Service of Health, Food Chain Safety and Environment
Eurostation Bloc II, First Floor, 01D216
Place Victor Horta 40 bte 10, B-1060, Brussels, Belgium
Email: hans.verrept@gezondheid.belgie.be
Observers

Dr Simon Chaplin
Director, Culture & Society
Wellcome Trust
Gibbs Building, 215 Euston Road, London, NW1 2BE, United Kingdom
Email: s.chaplin@wellcome.ac.uk

Dr João Rangel De Almeida
Portfolio Development Manager
Wellcome Trust
Gibbs Building, 215 Euston Road, London, NW1 2BE, United Kingdom
Email: j.rangeldealmeida@wellcome.ac.uk

Dr Anna Ruddock
Policy Adviser
Wellcome Trust
Gibbs Building, 215 Euston Road, London, NW1 2BE, United Kingdom
Email: a.ruddock@wellcome.ac.uk

WHO Regional Office for Europe

Dr Nils Fietje
Research Officer
Division of Information, Evidence, Research and Innovation
Email: fietjen@who.int

Ms Tanja Kuchenmüller
Acting Unit Leader
Evidence and Intelligence for Policy-making
Division of Information, Evidence, Research and Innovation
Email: kuchenmullert@who.int

Dr Saskia Nahrgang
Technical Officer
Control of Antimicrobial Resistance Unit
Division of Health Emergencies and Communicable Diseases
Email: nahrgangsa@who.int

Ms Andrea Elisabeth Scheel
Consultant
Division of Information, Evidence, Research and Innovation
Email: scheela@who.int
Dr Claudia Stein
Director
Division of Information, Evidence, Research and Innovation
Email: steinc@who.int

Rapporteur

Dr Katie Ledingham
Centre for Medical History
University of Exeter
Amory Building, Rennes Drive, Exeter, Devon, EX4 4RJ,
United Kingdom
Email: kal210@exeter.ac.uk

Priority area 1. Advocacy: promoting awareness of the cultural contexts of health and well-being (CCH) in academia, civil society, government and the public health sector

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
</table>
|        | **Finalized** | Organize the first CCH expert group meeting to initiate CCH project. | Meeting report (*Beyond Bias: exploring the cultural contexts of health and well-being measurement*) with recommendations | 1. WHO Secretariat  
2. Expert group members | 1. Provide logistics and organizational support; lead on programme development; publish meeting report.  
2. Provide feedback and review meeting report. |
|        | **Finalized** | Champion a CCH approach to the reporting of well-being in addition to more traditional objective and subjective well-being indicators. | Chapter on the cultural contexts of well-being in *The European health report 2015* (17) | 1. WHO Secretariat  
2. CCH expert group members | 1. Research and develop draft chapter.  
2. Provide feedback and peer review of draft; suggest supporting content in the form of text boxes. |
|        | **Finalized** | Organize 2 events at the WHO Regional Office for Europe with a panel of experts who will focus on CCH in relation to 2 particular health challenges; broadcast these events to a wide audience, encouraging online interaction. | Global Health Histories (GHH) seminars on:  
1. CCH and Ebola virus;  
and  
2. CCH and migration | 1. WHO Secretariat  
2. University of York (United Kingdom) | 1. Propose topics and WHO speakers; coordinate logistics for the event and promote internally.  
2. Propose topics and suggest external speakers; create marketing material. |
|        | **Finalized** | Create a strategic framework for the CCH project. | Strategic framework | 1. WHO Secretariat  
2. CCH expert group members | 1. Develop and refine a project vision, a set of objectives and an operational framework.  
2. Provide feedback and agree on final wording of vision and objectives. |
<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions for 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Ongoing    | Map humanities and social science scholars across the WHO European Region. | Database of humanities and social science experts                         | 1. WHO Secretariat  
2. CCH expert group members | 1. Develop the database; map experts via existing humanities and social science networks and web searches.  
2. Provide names of relevant academics or networks. |
| Finalized  | Produce a policy brief on CCH describing the impact that culture has on health with case studies and policy options. | Published policy brief                                                     | 1. WHO Secretariat  
2. University College London (United Kingdom)  
3. CCH expert group members | 1. Draft terms of reference, support content development, coordinate feedback and manage the production of the report.  
2. Professor David Napier to undertake research, develop content and deliver draft policy brief.  
3. Provide possible case studies to underpin the policy brief. |
| Finalized  | Organize the second CCH expert group meeting, focusing on advocacy work. | Meeting report with recommendations                                         | 1. WHO Secretariat  
2. CCH expert group members | 1. Provide logistics and organizational support; lead on programme development; publish meeting report.  
2. Provide feedback and review meeting report |
| **Actions for 2016**                                                                                                                                      |
| Ongoing    | Produce supporting CCH communications material.                          | Brochure or pamphlet, banner, first CCH newsletter and a possible long-form blog article | 1. WHO Secretariat  
2. CCH expert group members | 1. Create content, layout and designs of various communications materials.  
2. Provide input, feedback and support in disseminating products. |
| Ongoing    | Collect and collate case studies from CCH expert group members and humanities and social science researchers. | Collect and collate case studies from CCH expert group members and humanities and social science researchers | 1. University of Exeter (United Kingdom)  
2. CCH expert group members | 1. Design blog, curate content and develop an update strategy.  
2. Support collection of CCH case studies. |
<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
</table>
| Actions for 2016 | Deliver by September 2016                                                | Develop position paper that examines CCH in relation to the Sustainable Development Goals (SDGs). | 1. WHO Secretariat  
2. Vice-chair of CCH expert group | 1. Coordinate research and draft terms of reference.  
2. Conduct research and develop content. |
|               | UPDATE – the position paper has been modified into a policy brief on antibiotic resistance (ABR) (see Priority Area 2) | Presentation at technical briefing for the 66th session of the WHO Regional Committee for Europe and possible publication in journal | 1. WHO Secretariat  
2. Vice-chair of CCH expert group | 1. Coordinate research and draft terms of reference.  
2. Conduct research and develop content. |
| Actions for 2017 | Finalized                                                                | In collaboration with the Regional Office’s mental health programme, develop a workshop on the cultural contexts of mental health reform. | 1. WHO Secretariat (CCH and mental health programme)  
2. University of Exeter (United Kingdom) | 1. Provide technical support.  
2. Coordinate logistical activities. |
|                | Finalized                                                               | In collaboration with the WHO Collaborating Centre on GHH, plan for 3 online webinars on CCH topics. | 1. University of York (United Kingdom)  
2. WHO Secretariat | 1. Coordinate and provide logistical as well as financial support for the 3 seminars.  
2. Provide technical input on the seminar themes. |
|                | Finalized                                                               | Re-designate the WHO Collaborating Centre on GHH at the University of York (United Kingdom). | 1. WHO Secretariat  
2. Propose work plan; complete and submit re-designation form. |
| Actions for 2018 | Ongoing                                                                  | In collaboration with the University of Exeter (United Kingdom), develop 2 workshops on the cultural contexts of early-life trauma in central and eastern Europe. | 1. WHO Secretariat  
2. University of Exeter (United Kingdom) | 1. Provide technical support.  
2. Coordinate logistical activities. |
## Actions for 2018

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Organize 3 events at the Regional Office with a panel of experts who will focus on CCH in relation to 3 particular health challenges; broadcast these events to a wide audience, encouraging online interactions.</td>
<td>GHH seminars on: 1. arts and health 2. vaccine hesitancy 3. health communication</td>
<td>1. WHO Secretariat 2. University of York (United Kingdom)</td>
<td>1. Propose topics and WHO speakers; coordinate logistics for the event and promote internally. 2. Propose topics and suggest external speakers; create marketing material and promote externally.</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Enhance online presence by setting up CCH theme pages on the Regional Office’s website and the European Health Information Gateway.</td>
<td>CCH theme pages on: 1. WHO website; and 2. Gateway</td>
<td>1. WHO Secretariat 2. WHO Collaborating Centres</td>
<td>1. Curate content; provide editing and translation. 2. Provide feedback and review content.</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Convene an editorial group to develop and publish an academic companion piece to policy brief on ABR.</td>
<td>Companion piece to ABR policy brief</td>
<td>1. WHO Secretariat 2. Editorial team</td>
<td>1. Provide logistical, administrative and technical support. 2. Develop content and deliver a draft.</td>
</tr>
</tbody>
</table>
### Priority area 2. Research and development: building a CCH evidence base and developing CCH methodologies that draw on research from the humanities and social sciences

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions for 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Finalized     | Apply for new WHO Collaborating Centre on Culture and Health at University of Exeter (United Kingdom). | WHO Collaborating Centre on Culture and Health                              | 1. WHO Secretariat  
2. Propose work plan; complete and submit designation form. |
| Finalized     | Explore the viability of using narrative methods to gather health information and deliver more informed health reporting. | Health Evidence Network (HEN) synthesis report on narrative methods         | 1. WHO Secretariat  
2. University of Oxford (United Kingdom) | 1. Draft terms of reference and support the production of the report.  
2. Professor Trish Greenhalgh to deliver a finalized draft by 27 July. |
| **Actions for 2016**                                                                                   |                                                                          |                                                                             |                                                                                             |
| Finalized     | Organize the third CCH expert group meeting jointly with the United Nations Educational, Scientific and Cultural Organization (UNESCO), focusing on research and development. | Meeting report with recommendations                                         | 1. WHO Secretariat  
2. UNESCO Section on Intangible Cultural Heritage | 1. Provide logistical support; lead on programme development.  
2. Suggest possible dates; provide input for programme development. |
| Options discussed at virtual CCH meeting in the third quarter of 2016                                   | Decide on a policy question that would form the basis of another HEN report and/or policy brief. | Various publications (policy briefs, HEN reports, etc.)                     | 1. WHO Secretariat  
2. CCH expert group members | 1. Formulate proposals where a WHO programmatic activity could benefit from a CCH approach, for example:  
- Healthy Cities; or  
- WHO consultation on waste management.  
2. Provide feedback and recommend most viable options. |
| Terms of reference discussed at virtual CCH meeting in the third quarter of 2016                       | Provide a systematic review of the roles and functions of cultural mediators in relation to migrant and refugee health. | HEN synthesis report on cultural mediation                                  | 1. WHO Secretariat  
2. Academic partner (to be confirmed) | 1. In collaboration with the Public Health Aspects of Migration in Europe (PHAME) project, draft terms of reference and support the production of the report.  
2. Deliver a draft to be discussed at the next CCH expert group meeting. |
### Actions for 2016

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
</table>
| Project idea discussed at virtual CCH meeting in the third quarter of 2016 | Investigate the feasibility of developing a project on nutrition using a participatory CCH approach that focuses on the school environment.                                                                                                                                | To be confirmed                                                        | 1. WHO Secretariat  
2. UNESCO                                                                 | 1. In collaboration with the Regional Office’s nutrition, physical activity and obesity programme, develop a project proposal and costing plan.  
2. Provide feedback and input from an educational standpoint. |
### Actions for 2018

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
</table>
| Develop draft research strategy by the second quarter 2019            | Provide a systematic review of the ways in which culture impacts on men’s health-seeking behaviours. | HEN synthesis report on men’s health-seeking behaviours                    | 1. WHO Secretariat  
2. Academic partner (to be confirmed) | 1. Draft terms of reference and support the production of the report.  
2. Deliver a draft research strategy to be discussed at the next CCH expert group meeting. |
| Develop terms of reference and commission work by the second quarter of 2019 | Develop a policy brief on the health benefits and challenges of local diets with case studies and policy options. | Policy brief on local diets                                                | 1. WHO Secretariat  
2. Academic partner (to be confirmed)  
3. CCH expert group | 1. Provide technical guidance and logistical support.  
2. Undertake research, develop content and deliver draft policy brief.  
3. Provide feedback and review meeting report. |
### Priority area 3. Knowledge translation: facilitating the uptake of CCH-led evidence into policy and building a portfolio of good practice by and for Member States

<table>
<thead>
<tr>
<th>Status</th>
<th>Activity</th>
<th>Product(s)</th>
<th>Contributors</th>
<th>Description of contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions for 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Finalized | Describe how a more robust mandatory well-being section can be developed for the profiles on health and well-being country reports. Also, explore how a more systematic analysis of CCH plays out in a given national health setting. | Guidance notes for well-being module in profiles on health and well-being | 1. WHO Secretariat  
2. University of Exeter (United Kingdom) | 1. Draft terms of reference, coordinate input and provide research support.  
2. Professor Mark Jackson to deliver draft guidance notes. |
| **Actions for 2016** | | | | |
| Deliver by August 2018; discuss concept note at next CCH expert group meeting (2017) | Develop an accessible toolkit that provides clear guidance on how to use approaches and methods from the humanities and social sciences in public health and policy settings. | Publication of humanities and social science methodological toolkit in 2018 | 1. WHO Secretariat  
2. University of Exeter (United Kingdom)  
3. CCH expert group members | 1. Coordinate feedback from CCH expert group members, develop terms of reference and provide research support.  
2. Draft concept note for proposed area of focus (for example, migration).  
3. Provide feedback and guidance. |
| **Actions for 2017** | | | | |
2. Oxford University (United Kingdom); Karolinska Institute (Sweden); University of Exeter (United Kingdom) | 1. Draft application and conceptualize the workshop.  
2. Provide session input and feedback on application. |
| Finalized | Organize the fourth CCH expert group meeting jointly with the Wellcome Trust, focusing on knowledge translation. | Meeting report with recommendations | 1. WHO Secretariat (CCH and EVIPNet Europe)  
2. Wellcome Trust  
3. CCH expert group members | 1. Provide logistics and organizational support; lead on programme development; publish meeting report.  
2. Suggest possible dates; provide input for programme development.  
3. Provide feedback and review meeting report. |
### Actions for 2018

| Convene for the first time in the margins of the next CCH expert group meeting (2019) | Convene a CCH subgroup focusing on knowledge-translation activities. | CCH module at EVIPNet Europe’s multicountry workshop (1–3 sessions) | 1. WHO Secretariat (CCH and EVIPNet Europe)  
2. Selection of CCH expert group members | 1. Coordinate and provide logistical and organizational support; lead on programme development; develop terms of reference.  
2. Provide feedback and agree on final wording of vision and objectives. |
| Ongoing; complete evaluation by the second quarter of 2019; present draft strategic plan to expert group in the third quarter of 2019 | Building upon a project evaluation process, develop a 5-year strategy (2020–2025) that articulates its alignment with key United Nations and WHO frameworks (for example, GPW13 and 2030 Agenda for Sustainable Development) and includes a theory of change. | 5-year strategic plan | 1. WHO Secretariat  
2. External evaluation consultancy firm (to be confirmed)  
3. CCH expert group members | 1. Develop and redefine a project vision, a set of objectives and an operational framework based on a CCH theory of change.  
2. Deliver an impact evaluation of CCH project activities.  
3. Review 5-year strategic plan; provide feedback and advice. |

### Actions for 2019

| Ongoing | Develop and publish 2 synthesis papers with data visualization on the WHO European Information Gateway, focusing on the cultural context of prioritized health topics. | 2 synthesis papers on:  
1. CCH and alcohol consumption; and  
2. to be confirmed | 1. University of York (United Kingdom)  
2. WHO Secretariat | 1. Develop draft synthesis papers.  
2. Propose topics; support the production of the synthesis papers, including editing, translation and design. |
| Deliver draft terms of reference by the third quarter of 2019 | Initiate a CCH–WHO European Member State network to facilitate CCH implementation at the country level. | CCH–WHO European Member State network | 1. WHO Secretariat  
2. CCH expert group members | 1. Draft terms of reference; provide logistical and organizational support; lead on network development; publish progress updates.  
2. Advise on composition and modus operandi of the network. |
The WHO Regional Office for Europe

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

<table>
<thead>
<tr>
<th>Member States</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>Andorra</td>
<td>Armenia</td>
<td>Austria</td>
<td>Azarbaijan</td>
<td>Belarus</td>
<td>Belgium</td>
<td>Bosnia and</td>
<td>Herzegovina</td>
<td>Bulgaria</td>
<td>Croatia</td>
<td>Cyprus</td>
<td>Czechia</td>
<td>Denmark</td>
<td>Estonia</td>
<td>Finland</td>
<td>France</td>
<td>Georgia</td>
<td>Germany</td>
<td>Greece</td>
<td>Hungary</td>
<td>Iceland</td>
<td>Ireland</td>
<td>Israel</td>
</tr>
</tbody>
</table>