Regions for Health Network
technical review 2021
Second edition
Abstract

The creation of the WHO Regions for Health Network (RHN) in 1992 was a milestone development. Since then, the Network has achieved much in support of regional and local health-policy development, building on the WHO Health-in-All Policies approach. To evaluate the development of the Network, and ascertain the continuing commitment of its members and their priorities for the future, WHO conducted a series of interviews with the RHN focal points between August and October 2021. This process revealed the need for and opportunities to refocus the activities of the Network on making real progress in improving health and well-being and reducing inequities, based on lessons learned. It also underlined the need to update the RHN terms of reference (2015) with a more forward-looking vision.

Keywords

NETWORKING
SUBNATIONAL LEVEL
REGIONAL DEVELOPMENT STRATEGIES
HEALTH EQUITY
HEALTHY ENVIRONMENT
CROSS-SECTOR COLLABORATION
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Background

The creation of the WHO Regions for Health Network (RHN) in 1992 was a milestone development. Since then, the Network has achieved much in support of regional and local health-policy development, building on the WHO Health-in-All-Policies approach. In 2012, RHN adopted the Göteborg Manifesto, establishing shared goals to improve health and well-being under the umbrella of the European health strategy at the time, Health 2020. The Network has since shown the importance of the role that regions play in informing and supporting the implementation of public health policies, working across sectors and government to advance equity and sustainable development, and protect, improve, and promote health and well-being.

The European Programme of Work, 2020–2025 – “United Action for better Health in Europe” (EPW) aligns the work of the WHO European Region with the triple billion targets of the 13th General Programme of Work 2019–2023 (GPW13) while supporting countries in their commitments to implement the 2030 Agenda for Sustainable Development and the Global Action Plan for Healthy Lives and Well-Being for All. It identifies RHN as an initiative to be developed as it is instrumental in supporting local living environments conducive to health and well-being.

Fig. 1. Triple billion targets of GPW13

To establish RHN performance to date and identify the priorities of the Network for the future, WHO conducted interviews among its members between August and October 2021. The results of this survey formed the basis of the following technical review, covering three aspects:

(1) the impact of RHN membership on regional health-policy development
(2) the extent of regional commitment to implementing the RHN strategy
(3) regional priorities for future development.

This review should not be recognized as an outcome evaluation of RHN, but rather as a discussion paper regarding the future development of the Network.

Methodology

The methodology behind this review was based on a qualitative descriptive survey, comprising informal interviews of 40–50 minutes’ duration with contact persons in member regions (Fig. 2). Regional contact persons represent both the political and managerial/technical
levels. The questions asked primarily targeted the technical contact persons. These were structured according to a guide developed jointly by the WHO team at the European Office for Investment for Health (Venice, Italy) of the WHO Regional Office for Europe and the RHN Steering Group (Annex 1). The responses were compiled in an excel sheet for review and analysis. No register-based data were used.

Notes taken during the interviews were shared with the respondents to check for accuracy. All interviews were conducted in English (with interpretation where needed).

Fig. 2. Overview of regions’ participation in RHN survey on future priorities, August–October 2021.

The focal point in one region had left his post—no replacement had been designated.

Eight regions did not respond to the invitation to participate in the survey.

One region declined the invitation as it was not a full member of RHN.

70% response (24 of 34 regions participated in the survey) (Annex 2).

Results

Motivation for joining RHN

The responding regions had become members of RHN at various times, five at its inception (1992). Two interviewees pointed out that their regions were not considered full members but associates of the Network, and two declared that their regions represented the national level.

The three most important reasons given for joining the Network were to: learn and share; have direct contact with WHO; and be able to compare themselves and create synergies with other regions (Fig. 3, Box 1).

Fig. 3. Regions’ reasons for joining RHN

Synergy with other regions
Learning and sharing
Direct contact with WHO
Innovative approaches
Positive personal contacts
International collaboration

No. of responses

0 5 10 15 20 25

70% response (24 of 34 regions participated in the survey) (Annex 2).
Box 1. Respondents’ comments on motivation for joining RHN

Good to be supported by WHO while focusing on regional issues.
A main motivation to join was having the possibility to promote the exchange of experience and mutual learning among local levels of governance.

Impact of RHN membership on regional work

The regions were asked whether RHN membership had had any impact on regional work and if they could give examples of RHN-related activities with this result. Each respondent gave more than one example (Fig. 4).

Fig. 4. RHN activities with an impact on regional work
The most important impact of RHN membership by far was that it had influenced the development of local activities, for example, in connection with:

- implementing the United Nations 2030 Agenda (6) at the local level
- taking the social determinants into consideration in developing local strategies
- developing local networks involving health-care workers
- monitoring health inequities and related action
- officially being part of developing a regional strategy
- collaborating closely with municipalities, including knowledge transfer
- collaborating closely with research centres.

RHN membership had also inspired further international collaboration and the development of new strategies. Learning from the publications, developing cross-sector collaboration, and hosting and taking part in study visits were also seen as having given regional activities impact (Box 2). Being able to host an annual meeting and being in closer cooperation with WHO were also mentioned by several respondents as important factors.

Box 2. Respondent comment on the impact of RHN membership on networking

*RHN is good for regional-level positioning – it could be emphasized even more.*

Regional contributions important to the development of RHN

As RHN members, the regions are expected to benefit each other by sharing their best practice and experience, thus contributing to the overall Network. The respondents were asked to identify ways in which their regions had met this expectation.

All regions had contributed in some way to the overall Network and half of them considered that participation in the development of publications had been their most important contribution.
Second place went to sharing experience on topics relating to health equity, cross-border collaboration, and community engagement.

Hosting meetings and taking part in study visits and joint projects and events were also deemed to have been important contributions (Fig. 5).

**Fig. 5. Responses on regional contributions to RHN development**

<table>
<thead>
<tr>
<th>Contribution</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-face meetings</td>
<td></td>
</tr>
<tr>
<td>RHN Newsletter</td>
<td></td>
</tr>
<tr>
<td>Publications</td>
<td></td>
</tr>
<tr>
<td>Weekly updates</td>
<td></td>
</tr>
<tr>
<td>Webinars</td>
<td></td>
</tr>
<tr>
<td>Catalogue of Regions</td>
<td></td>
</tr>
<tr>
<td>Study visits</td>
<td></td>
</tr>
<tr>
<td>Capacity-building events/summer school</td>
<td></td>
</tr>
<tr>
<td>RHN website</td>
<td></td>
</tr>
<tr>
<td>Tailored technical support</td>
<td></td>
</tr>
<tr>
<td>Facebook/Twitter</td>
<td></td>
</tr>
<tr>
<td>Participation in steering group</td>
<td></td>
</tr>
<tr>
<td>Contact with colleagues in other regions</td>
<td></td>
</tr>
</tbody>
</table>

Regional priorities, strengths and commitment

Development strategies and priorities

To gain an understanding of the current priorities of the regions and what they could commit to, the respondents were asked whether their regions had strategies for health and sustainable development, for example, strategies relating to the SDGs (Fig. 6).

**Fig. 6. Sustainable Development Goals**

When asked whether their strategies referred to EPW (4), more than half of the respondents answered that, although it was not mentioned explicitly, implied reference to the Programme (4) was included.

In response to the question on whether their regional strategies promoted the importance of international cooperation, 69% of the respondents answered “yes”, 26% “no” and 5% “do not know” (n=23).

Regarding the regions’ most important priorities/goals related to health and sustainable development, the respondents mentioned several, ranging from issues at the overall strategic level to those more specifically related to public health. The most important priority by far was health equity. This was followed by healthy environment and climate change, and transition (strengthening) of the health-care system. Digitalization (e-health), mental health, health prevention at the local level, and cross-sector collaboration were also mentioned as important priorities. A few respondents mentioned cross-border collaboration and the need to stabilize the situation of care workers as important regional issues (Fig. 7).

Regions’ strengths and experiences

The European regions participating in RHN have varying mandates and responsibilities and are organized and managed in different ways. Some are highly autonomous with politically independent governments, while others are administrative geographical entities. It is, therefore, important to understand the strengths of, and learn about experiences at, this subnational level, and how it can contribute to the overall goal of RHN.

The responses on this issue illustrated that the member regions had vast experience in many issues relating to health and sustainable development today, the most common being healthy environment and climate change. This was followed by primary-health-care reform, health equity, epidemiology, and cross-sector cooperation (Fig. 8).

Regional commitment to the RHN strategy

To enable RHN-related action, member regions are required to have political and/or managerial support of the RHN strategy (including the designation of political/managerial focal points) and the authority to share best practice. On this topic:

- 18 respondents (78%, n=23) reported that their regions had a political statement/policy in support of RHN-related work; one region was in process of developing such a policy, while four were not;
- 20 respondents were able to identify a political or managerial RHN focal point in their regions; one region was in the process of designating a focal point; and two regions either did not know of a focal point, or could not identify one;
- 21 regions responded that they had the authority to share best practice and two did not know whether this was the case.

The respondents were asked whether they considered that brief standardized annual reporting on progress in health and sustainable development in the regions could help strengthen the accountability and visibility of the Network: 22 regions (95%) answered “yes” and one did not know.

In response to being asked whether they felt they had a proper mandate from their regional governments to implement the RHN strategy, 20 respondents answered “yes” (86%) and three “no” (14%) (Fig. 9, Box 3). The latter-mentioned added that the Network could support them:
• in advocacy at the national level;
• by facilitating discussions between WHO representatives and politicians at the subnational level;
• in developing more tangible activities (tailored to specific regions).

Fig. 7. Top regional priorities related to health and sustainable development
Fig. 8. Regions’ strengths and experience

Healthy environment – climate change
Primary health care and reform
Health equity
Epidemiological information
Cross-sector cooperation
E-health
Cross-border experience
SDGs structure
Transforming policy into practice
Early years and trauma
Well-functioning COVID strategy
Health-promoting schools and preschools
Citizen involvement
Public health information system
Food safety
Health-impact assessments
Region for change and basic democratic values
Investments in prevention
Networking experience
Support for people with disabilities
Mental health
Physical activities
Easy outreach
Emergency-care services
Health and regional development agenda
Healthy and active tourism
Risk management on medical response to disasters
Staff management
Hospital structure – health planning, purchasing
Healthy neighbourhoods
Personalized care
Cross-sector medical supply

No. of responses
Box 3. Respondent comment on regional commitment to the RHN strategy

Encouraging (WHO and the Network) ongoing work at the subnational level and nurturing work at the local level is a unique thing.

Support and communication

Support

The regions were asked to provide examples of how RHN membership benefitted them in implementing goals and priorities (Fig. 10, Box 4). Responses included:

- being able to discuss problems with experts and colleagues working on the same issues in other regions (the most frequent answer);
• the possibility of gaining political advocacy, organizing meetings and study visits, participating in training, receiving information directly from WHO, and having the possibility of receiving WHO expert support;
• the possibility of receiving tailored technical support on specific issues.

**Fig. 10. Benefits of RHN membership**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing experience/best practice</td>
<td>20</td>
</tr>
<tr>
<td>Political advocacy</td>
<td>15</td>
</tr>
<tr>
<td>Organization of meetings/study visits</td>
<td>10</td>
</tr>
<tr>
<td>Provision of information</td>
<td>5</td>
</tr>
<tr>
<td>WHO expert support</td>
<td>5</td>
</tr>
<tr>
<td>Training and capacity-building</td>
<td>5</td>
</tr>
<tr>
<td>Publications</td>
<td>5</td>
</tr>
<tr>
<td>Working groups</td>
<td>5</td>
</tr>
<tr>
<td>Technical support</td>
<td>5</td>
</tr>
<tr>
<td>Dedicated webinars</td>
<td>5</td>
</tr>
<tr>
<td>Establishment of collaborating centre on cross-border health</td>
<td>5</td>
</tr>
</tbody>
</table>

**Box 4. Respondents' comments on support**

*Important with continuous support from WHO and the possibility to attend meetings linking up with broader strategies.*

*The support is great; I feel comfortable and can count on them (WHO) — you always get an answer.*
Communication tools

Since the start of RHN, the Regional Office has been able to coordinate the work of its members and provide support in various ways, using different tools. To understand if these tools had been beneficial to the regions, they were asked to give examples of those they had found most useful. Each respondent gave more than one answer (Fig. 11).

By far the most important tool had been the annual face-to-face meetings of the Network, which many respondents found inspiring in that they provided them with both personal and technical support and the motivation to carry on their work. The respondents who did not mention these meetings were from regions that had joined the Network just before the outbreak of the COVID-19 pandemic and, therefore, had not had the possibility to participate.

The RHN Newsletter (and weekly updates), publications (including the Catalogue of Regions), study visits, webinars and summer schools were mentioned as providing good support to the regions. The respondents commented that colleagues in other sectors could also benefit from these tools, which would increase cross-sector collaboration and facilitate RHN visibility among politicians. The Catalogue of Regions was mainly used by new members. The webinars held regularly during the COVID-19 pandemic (Covidnars) had been highly appreciated.

The RHN website (8) was found to be a good tool, but several regions commented that it needs to be updated. As a communication tool, the social media (for example, Facebook and Twitter) do not seem important since members of the Network are not a primary target group of these platforms.

Fig. 11. Regions’ views on most useful support provided through RHN membership

When asked which mode of communication/information exchange they would prefer within RHN in the future, the regions clearly rated the annual (face-to-face) RHN meetings as being most important (Fig. 12).

Networks, like RHN, build their strength and commitment not only on structural and organizational agreements, but also to a high degree on interpersonal contact and trust, which are enhanced by face-to-face meetings. Today, on-line meetings also offer this possibility. The regions were asked whether they would appreciate having regular on-line meetings of the technical focal points to informally discuss common issues and problems. The majority responded positively and proposed that such meetings be combined with more structured webinars (Box 5).
Most regions found that the RHN website (8) served its purpose (though it needs updating), and that the RHN Newsletter (with weekly updates) was a good channel of information. On the other hand, only a few regions found social media useful in this respect.

**Fig. 12. Preferred future mode of communication**

<table>
<thead>
<tr>
<th>Communication Tool</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletters</td>
<td>20</td>
</tr>
<tr>
<td>Website</td>
<td>15</td>
</tr>
<tr>
<td>Webinars</td>
<td>10</td>
</tr>
<tr>
<td>Social media</td>
<td>5</td>
</tr>
<tr>
<td>Meetings of technical focal points</td>
<td>25</td>
</tr>
<tr>
<td>Annual face-to-face meetings</td>
<td>20</td>
</tr>
</tbody>
</table>

**Box 5. Respondents’ comments on RHN communication tools**

*RHN is an important network for our publicity.*

*Develop the annual meetings as proper network meetings for interactions, not conference style.*

*Create better guidance for new members.*

Study visit in Lower Austria on cross-border health care, St Polkten, 20–22 September 2017
Conclusions and the way forward

Conclusions

RHN has existed for almost 30 years and some regions have been members from the start. There is no doubt that participation in this Network has had an impact on the work and activities of the regions, the most important by far being its influence on the development of local activities. It has also inspired further international collaboration and the development of new strategies. Knowledge gained from RHN publications, the development of cross-sector collaboration, and the hosting of or participation in study visits were also seen as having had an impact on regional activities.

It was clear that the member regions had development strategies linked to the SDGs (6), which included measures aimed at health and well-being and health equity. Most regions felt they had a proper mandate from their regional governments to take such measures.

Important regional priorities, such as health equity, health and environment, and health-system strengthening towards universal health coverage, were in line with the SDGs (6) and EPW (4). The regions also identified structural changes and newly created modes of working, all aimed at reaching the more specific public health targets, such as those related to noncommunicable diseases, mental health, healthy ageing, and children’s health.

This shows that the regions are well placed — as subnational agencies — to implement the 2030 Agenda (6) and EPW (4), take innovative action towards cross-sector collaboration and health-system strengthening, and reach goals like health equity. The interviews also illustrated an abundance of strength and experience within RHN, which can be shared to the benefit of all members.

Being able to discuss common issues face to face, share experiences, and learn from each other were declared by the regions to be the most important benefits of RHN membership. This included participation in meetings (also online), such as the annual RHN meetings, study visits and summer schools. Such events and specific WHO support (political advocacy, expertise, and tailored technical support) inspire the regions to carry on their work.

The weekly updates of the RHN Newsletter were mentioned as a good way of receiving information quickly; for more in-depth information, publications, the Catalogue of Regions, and an up-to-date RHN website (8) would be preferred.

The way forward

EPW constitutes the new policy framework of the WHO Regional Office for Europe, replacing Health 2020 (3,4). It is aligned with the global triple billion targets (5), while supporting countries in their efforts to implement the 2030 Agenda (6) and the Global Action Plan for Healthy Lives and Well-Being for All (7). EPW has three core priorities: to secure universal access to quality care without financial hardship; to protect against health emergencies; and to ensure better health and well-being at all ages. “The central thrust of the EPW is to privilege lines of work and initiatives that directly contribute to the three core priorities and together constitute a programme of post-COVID-19 recovery and reform” (4). It has four flagship initiatives, which are intended as “accelerators of change” (Article 11). Within the framework of core priority 3 (promoting health and well-being), EPW identifies RHN as an initiative to be developed as it is instrumental in supporting local living environments that enable health and well-being (4).
Taking the above into consideration, as well as RHN progress to date, the regions participating in the interviews identified the need to refocus Network activities, based on lessons learned, and use existing opportunities to make real progress in improving health and well-being and reducing inequities.

The RHN terms of reference (2015) (8) need to be revised and replaced with a more forward-looking vision.

Based on the results of this technical review, three recommendations for the future were identified.

1. Strategies and mandate are in place — it is time to act: strengthen possibilities to take joint action by creating sub-Network task-force groups with a clear focus on tangible deliverables.

2. Only by monitoring processes, innovation and progress will the Network become stronger and more visible, both within and outside the regions: strengthen accountability by introducing annual progress reporting.

3. To maintain a lively active Network, strengthen communication. Facilitate face-to-face meetings where trust and friendship can be built by sharing good practice. Hold systematic virtual meetings on different topics.
References


1 All URLs accessed 23 November 2021.
Annex 1. Interview guide

Questions

1. Network impact

1.1 When you became a member of RHN, what was the motivation for your region becoming a member?

Open answer

1.2 Could you please name three important regional activities initiated by or associated with your RHN membership that have been successful during your membership.

Open answer

1.3 What kind of RHN support has been most useful to you?

- Meetings
- Website
- Publications
- Webinars
- Study visits
- Capacity building/summer school
- Weekly updates
- Newsletter
- Facebook/Twitter
- Catalogue of Regions – politics become visible
- Tailored technical support
- Other

1.4 What has been your Region's most important contribution to the Network? Please identify no more than three important activities.

Open answer

2. Network commitment

2.1 Do you have a regional development strategy or something equivalent? (If not, please proceed to 2.2.)

- Yes
- No
- Don’t know
a. Is it linked to the United Nations 2030 Agenda and the Sustainable Development Goals?
   - Yes
   - No
   - Don’t know

b. Is it linked to EPW?
   - Yes
   - No
   - Don’t know

c. Does it include health and well-being?
   - Yes
   - No
   - Don’t know

d. Does it include health equity?
   - Yes
   - No
   - Don’t know

e. Does it include international collaboration?
   - Yes
   - No
   - Don’t know

2.2 If you do not have a strategy, is this something you would like to develop?
   - Yes
   - No
   - Don’t know

2.3 What would your region be able to commit to regarding RHN membership?
   a. Having a political policy/statement/decision that supports the RHN strategy?
      - Yes
      - No
      - Don’t know
b. Identifying a high political or managerial focal point committed to the RHN?
   - Yes
   - No
   - Don’t know

c. Sharing best practice?
   - Yes
   - No
   - Don’t know

d. Producing a brief standardized annual report on progress for health and sustainable development in your region?
   - Yes
   - No
   - Don’t know

2.4 Do you feel you currently have a proper mandate from your regional government to implement the RHN strategy?
   - Yes
   - No
   - Don’t know

2.5 If not, how can RHN support you?

   Open answer

3. Future priorities

3.1 In your region, what are the three most important priorities/goals related to health and sustainable development?

   Open answer

3.2 How can RHN best support you in implementing these goals

   Open answer

3.3 What are the strengths or experiences your region could contribute to the overall work of RHN. Please identify no more than three areas.

   Open answer
3.4 How would you like to get information from/communicate with, RHN? (Please tick more than one.)

- Newsletters
- Website
- Webinars
- Social media
- Technical meetings of focal points (on-line)
- Annual face-to-face meetings

**Any other comments**

[Open answer]
Annex 2. List of responding RHN members

Andalusia (Spain)
Baden-Württemberg (Germany)
Botoșani (Romania)
Emilia-Romagna (Italy)
EGTC Euregio Meuse-Rhine
Flanders (Belgium)
Klaipeda (Lithuania)
Lower Austria (Austria)
Madeira (Portugal)
Nordrhein-Westfalen (Germany)
Pomurje Region (Slovenia)
Puglia (Italy)
Romania
San Marino
Saskatchewan (Canada)
Split Dalmatia (Croatia)
Ticino (Switzerland)
Trento (Italy)
Utrecht (Netherlands)
Wales (United Kingdom)
Varna (Bulgaria)
Viken (Norway)
Västra Götaland (Sweden)
Zilina (Slovakia)
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.

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
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

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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: eurocontact@who.int