Thirty years of experience from the WHO Regions for Health Network: bringing international health policies closer to people
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ABSTRACT

The WHO Regions for Health Network (RHN) was created 30 years ago. Its focus is the subnational level of policy-making and implementation, with the aim of advancing the delivery of improved population health and well-being at the regional level. In recognition of the RHN’s thirtieth anniversary, this report aims to describe the RHN’s activities over the past 30 years; outline the RHN’s role in regional health policy shaping and implementation; and explain key drivers of the Network. The coauthors sourced information through RHN publications over 30 years, carried out semi-structured interviews with former RHN coordinators, and analysed the results of a 2021 survey of focal points from regions that are members of the Network. Over three decades, the RHN has tackled priority public health areas using approaches that facilitate uptake of WHO policies in regional contexts. The report describes drivers of the Network’s longevity and success, including flexibility to adapt to geopolitical, social and institutional changes, as well as interdisciplinary and cross-sector collaboration. The RHN is instrumental in influencing innovative, dynamic methods of policy-making and implementation at the local level.

Keywords:
PUBLIC HEALTH; REGIONAL HEALTH PLANNING; HEALTH POLICY; EUROPE.

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Acknowledgements

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Coronavirus disease</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>HFA</td>
<td>Health for all [policy]</td>
</tr>
<tr>
<td>HiAP</td>
<td>Health in all policies [approach]</td>
</tr>
<tr>
<td>IRIS</td>
<td>Institutional Repository for Information Sharing</td>
</tr>
<tr>
<td>RHN</td>
<td>Regions for Health Network</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
</tbody>
</table>
1. Introduction

The WHO Regions for Health Network (RHN) was created in 1992 to facilitate collaboration between administrative regions in countries in the WHO European Region. Its main objective is to advance health and well-being at regional (subnational) levels; it focuses on the important role regions play in developing, informing and supporting the implementation of health policies and improving health. It is coordinated by the WHO Regional Office for Europe, and its membership has fluctuated over the years, rising to almost 40 members at times. The RHN supports collaboration, innovation, sharing of best practice and peer-to-peer learning (1), and is a good example of a longstanding network that has helped to influence and implement decision-making process dynamics that affect subnational policy-making at various levels (global, European, national and regional). In recognition of the RHN’s thirtieth anniversary, the objectives of this report are to provide a description of the Network from its inception and throughout its existence; to explain key activities and drivers of the Network; to outline its role in health and policy shaping; and to consider potential future directions. The coauthors aim to highlight how such networks can play essential roles in improving health at the regional level.
2. Methods

This report was written in collaboration with current and former RHN coordinators, individuals from regions that have been members of the Network for extensive periods, and people working with the RHN’s WHO Secretariat. Importantly, some coauthors were part of the Network’s founding group.

The coauthors reviewed RHN publications from three decades (including annual meeting reports and case studies) sourced from the WHO Institutional Repository for Information Sharing (IRIS), the WHO publication page and the RHN website archives. Some of the earlier RHN reports were only published in paper versions, some of which unfortunately perished during a flood at the WHO Regional Office for Europe in Copenhagen in the late 1990s, although some paper reprints were retrieved from the coauthors’ personal archives. Consequently, it should be noted that electronic versions of some of the older reports are not available online via IRIS. This publication also reports the results of a 2021 technical review, which evaluated the RHN’s impact through a qualitative survey sent to RHN member focal points. Katie Palmer, Leda Nemer and Alvise Forcellini interviewed the coauthors to identify relevant RHN events over the three decades, their impacts and drivers (Box 1). All the coauthors revised the text to ensure that it provides as accurate an account of the Network’s history as possible.

Box 1. Questions to guide interviews with current and former RHN members and WHO consultants working with the RHN

- Why and how was the RHN set up?
- How did the Network evolve over time?
- Can you describe the RHN when you started working with it?
- What was the role of the RHN in health when you were working with it?
- What was the key mandate/strategy when you were working with the Network, and how was this linked to major WHO strategic developments?
- (For RHN coordinators) What do you feel worked best during your time as RHN coordinator?
- Can you provide any case studies where the RHN supported or led to a relevant health or policy implementation or action in a region (former or current member regions)?
- What would you suggest to the WHO Secretariat for the future of the RHN?
3. The RHN over 30 years

3.1 The creation of the RHN in the era of health for all

The RHN was founded in 1992 and aimed to facilitate collaboration and exchange of experience between European regions to implement the WHO health for all (HFA) (5,6) (Box 2).

Box 2. The Alma-Ata Declaration

The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health.

“The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector” (6).

The Network innovatively addressed three timely trends: the development of comprehensive health policy and planning processes in the WHO European Region; the growth of WHO networks to support international collaboration; and the increasing responsibilities of subnational entities in the WHO European Region in the development of health policy. HFA was gaining force, which recognized the need for collective, integrated action at all levels and sectors of society, endorsed through the 1978 Declaration of Alma-Ata (7). Work in the WHO European Region was organized according to 38 HFA targets (8), and it became clear that achieving them was not solely the responsibility of national governments: efforts at regional levels were also required. In 1991 Ticino (a Swiss canton) and the WHO Regional Office for Europe organized a workshop to explore innovative work that was ongoing in some regions (9); 24 participants from nine countries attended, including high-level decision-makers, ministers of health and representatives from regions. During the workshop, interest in sharing experiences was so great that participants immediately discussed setting up a network to continue collaboration.

The regions organized a subsequent meeting with the WHO Regional Office for Europe to discuss the scope and purpose of a network of regions. They agreed that some form of entity was needed, independent from the national level, to promote the objectives of WHO and HFA. Signing of a Statement of Intent and Direction followed at a high-level meeting in Düsseldorf, and the RHN was launched as a formal network in 1992 (10).

Initial objectives of the RHN included working towards HFA and equity in health, and balancing issues of lifestyles, environment and health care, using dynamic alliances, knowledge transfer and intersectoral action. An RHN Secretariat was created at the WHO Regional Office for Europe; this has been based in the WHO European Office for Investment for Health and Development in Venice, Italy, since 2012. A Steering Group of representatives from member regions was formed. Members are required to commit themselves to the Network’s goals by supporting WHO’s objectives within their region, engaging with the Network’s activities, and paying a membership fee (11). They must appoint a technical (managerial) and political focal point.
Thirty years of experience from the WHO Regions for Health Network: bringing international health policies closer to people (see section 5.4), and several member regions have a political statement or policy in support of RHN-related work (4). The initial foundation document including the Statement of Intent and Direction was signed by 11 members (Fig. 1). Membership is voluntary; it is renewed annually, and in some regions membership status fluctuates over time – for example, following elections, changes in key personnel or other developments.

**Fig. 1. Founding, former and current member regions of the RHN**

**11 founding members**
- Andalusia | Spain
- Catalonia | Spain
- Baltic region | Estonia, Latvia, Lithuania
- Flanders | Belgium
- North Rhine-Westphalia | Germany
- Canton of Ticino | Switzerland
- Wales | United Kingdom
- Canton of Geneva | Switzerland
- Grand-Sud Ouest | France
- Lower Saxony | Germany
- Östergötland | Sweden

**Current members**
- Kaunas | Lithuania
- Attica | Greece
- Baden-Württemberg | Germany
- Botoșani | Romania
- Burgas | Bulgaria
- Central Region | Portugal
- Dubrovnik-Neretva | Croatia
- Emilia-Romagna | Italy
- Euregio Meuse-Rhine | Belgium, Germany and the Netherlands (Kingdom of the)
- Friuli-Venezia Giulia | Italy
- Klaipėda | Lithuania
- Lazio | Italy
- Lebap Velayat | Turkmenistan
- Lombardia | Italy
- Lower Austria | Austria
- Madeira | Portugal
- Moscow City | Russian Federation
- Murska Sobota/Pomurje | Slovenia
- Northern Israel | Israel
- Puglia | Italy
- Split-Dalmatia | Croatia
- Autonomous Province of Trento | Italy
- Ústí Region | Czechia
- Utrecht | Netherlands (Kingdom of the)
- Varna | Bulgaria
- Västra Götaland | Sweden
- Viken | Norway
- Veneto | Italy
- Žilina | Slovakia
- Vaud | Switzerland

**Former members**
- Azores | Portugal
- Bács-Kiskun | Hungary
- Carinthia | Austria
- Chuvashia | Russian Federation
- Extremadura | Spain
- Gyor-Sopron-Moson | Hungary
- Kyrgyz | Kazakhstan
- North-west England | United Kingdom
- Northern Ireland | United Kingdom
- Northern Moravia | Czechia
- Rogaland | Norway
- Sicily | Italy
- Silesia | Czechia/Poland
- Skåne | Sweden
- South Tyrol | Italy
- Styrelsen | Poland
- Sunik | Armenia
- Szabolcs-Szatmar-Béreg | Hungary
- Tuscany | Italy
- Upper Silesia | Czechia
- Vologda Oblast | Russian Federation

**Associate partners**
- Estonia
- Republic of Moldova
- Romania
- San Marino
- Saskatchewan | Canada
During its first decade, the RHN helped to foster cooperation between regions in eastern and western Europe, while also supporting regions to develop their own policies and share experiences. Annual meeting themes largely focused on HFA and Health21 (the WHO European Region’s HFA policy framework (12)), development of health policies in regions, and issues such as health promotion, primary health care and health equity (see section 4.1). The RHN and specific regions worked on projects to help reach HFA and Health21 targets, as illustrated by a 1997 RHN report on policies for tobacco-free regions (13), and projects on how to use health systems to generate wealth in regions (14). There was also support for the health in all policies (HiAP) approach.

3.2 Health 2020

In 2012 a new health policy – Health 2020 – was endorsed by the 53 Member States in the WHO European Region (Box 3).

<table>
<thead>
<tr>
<th>Box 3. Health 2020</th>
</tr>
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<tbody>
<tr>
<td>Health 2020 aimed to support action across government and society to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality” (17).</td>
</tr>
</tbody>
</table>

This followed a 2008 report on “closing the gap in a generation” by the Commission on Social Determinants of Health (18). At the 2012 RHN annual meeting a new phase was launched with the Göteborg Manifesto, which supported Health 2020, and described how the RHN accepted a “whole-of-government” and “whole-of-society” approach to tackling health and inequities, and how related success would increasingly depend on decisions taken at the regional level (19). Over subsequent years, the Network focused on health equity, social determinants, developing sustainable policies, and approaching wellness and well-being across the life-course.

In 2015 the 2030 Agenda was endorsed by 193 United Nations Member States, and implementation started on 1 January 2016 (20). Regions initiated activities to highlight the importance of health in all Sustainable Development Goals (SDGs) – especially SDG3 on good health and well-being. In 2017, the RHN issued a joint statement with the WHO European Healthy Cities Network in support of the Ostrava Declaration (21). This emphasized the leading roles of cities and regions in addressing and promoting the co-benefits to health and well-being from action to protect the environment. It stressed the need for intersectoral action and inclusive, participatory governance processes. Another joint statement (22) supporting the Ljubljana Statement on Health Equity (related to SDG10 on reduced inequalities) highlighted the leading roles of municipalities, cities and regions as advocates for health equity.
3.3 The coronavirus disease pandemic and the WHO European Programme of Work

By 2019 attention was growing on keeping people at the centre of health and sustainable development policies, particularly in terms of regions’ progress in implementing the SDGs. This was demonstrated by case studies from the regions of North Rhine-Westphalia (Germany), Kaunas (Lithuania), Pomurje (Slovenia), Västra Götaland (Sweden) and Wales (United Kingdom) (23). When the coronavirus disease (COVID-19) pandemic arrived, the Network adapted and organized around 50 webinars to share up-to-date information from experts in a rapidly changing situation in which peer-to-peer exchange was vital. These were highly appreciated by members (4), as they provided opportunities for discussion within and across regions to help with their fight against COVID-19, while keeping the Network connected.

The 26th annual meeting reviewed recent experiences and considered how best the RHN could operate in coming years in the light of the COVID-19 pandemic, as well as the European Programme of Work, 2020–2025 “United Action for Better Health in Europe” (EPW) (24) (Box 4). The EPW aligns the work of the WHO European Region with the Triple Billion targets of WHO’s Thirteenth General Programme of Work (25), while supporting the 2030 Agenda for Sustainable Development (26).

The thirtieth anniversary of the Network was marked by the 27th annual meeting, hosted by one of the RHN’s founding members (Flanders, Belgium) focusing on health and well-being in times of crisis (27).
Box 4. The EPW

The WHO Regional Office for Europe’s EPW for the period 2020–2025 shapes the contribution of the European Region to the 13th General Programme of Work by WHO. Under the theme “United Action for Better Health,” the EPW outlines three central priorities, accompanied by a vision detailing how the WHO Regional Office for Europe can assist health authorities in Member States in addressing these priorities. These key areas include: moving towards universal health coverage, protecting against health emergencies and promoting health and well-being.

Four flagship initiatives complement the portfolio: they are intended as “accelerators of change,” focusing on critical issues for Member States. These flagships are:

- The Pan-European Mental Health Coalition
- Empowerment through Digital Health
- The European Immunization Agenda 2030
- Healthier behaviours - incorporating behavioural and cultural insights

4. Key activities

4.1 Annual meetings

Annual meetings (Table 1) consist of a business meeting for planning and a scientific/technical conference for exchanges of experience on issues relevant to health or policy development within the regions. Presentations are given on projects being carried out in the regions. Other non-member regions and bodies can attend – such as European Union (EU) institutions, other United Nations agencies and civil society organizations – to widen the audience.

The meeting site is chosen on a rotating basis among the member regions; this helps to raise the RHN’s profile in the hosting region, while enabling the host to present local developments in health policy and service organization. Events include lectures, roundtable discussions and thematic workshops, such as role-playing to develop soft skills for negotiation and health diplomacy (28). Sometimes annual meetings are organized with citizen input. For example, the meeting in the Euregio Meuse-Rhine Region (a partnership of regions across Belgium, Germany and the Kingdom of the Netherlands) on the theme of how to keep people at the centre of health and sustainable development policies (29) was preceded by two citizen summits that explored local people’s views. Thus, the meeting report integrated comments from both RHN members and citizens.
<table>
<thead>
<tr>
<th>Annual meeting number</th>
<th>Year</th>
<th>Location</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>–</td>
<td>1991</td>
<td>Lugano, Ticino, Switzerland</td>
<td>Preliminary meeting (9)</td>
</tr>
<tr>
<td>–</td>
<td>1992</td>
<td>Cardiff, Wales, United Kingdom</td>
<td>Network design meeting</td>
</tr>
<tr>
<td>–</td>
<td>1992</td>
<td>Düsseldorf, North Rhine-Westphalia, Germany</td>
<td>Düsseldorf launch event (10)</td>
</tr>
<tr>
<td>1</td>
<td>1993</td>
<td>Barcelona, Catalonia, Spain</td>
<td>Prospects for health promotion in the European regions</td>
</tr>
<tr>
<td>2</td>
<td>1994</td>
<td>Kecskemet, Hungary</td>
<td>The target is health: developing policies for health in a Europe of the regions</td>
</tr>
<tr>
<td>3</td>
<td>1995</td>
<td>Bolzano, Italy</td>
<td>Investment for health (30)</td>
</tr>
<tr>
<td>4</td>
<td>1996</td>
<td>Düsseldorf, Germany</td>
<td>Networking for health (31)</td>
</tr>
<tr>
<td>5</td>
<td>1997</td>
<td>Liverpool, United Kingdom</td>
<td>Equity in health – closing the gaps (32)</td>
</tr>
<tr>
<td>6</td>
<td>1998</td>
<td>Katowice, Poland</td>
<td>The new old age – challenging the myths of ageing (33)</td>
</tr>
<tr>
<td>7</td>
<td>1999</td>
<td>Funchal, Madeira, Portugal</td>
<td>Healthy regions: new policies for a new century (34)</td>
</tr>
<tr>
<td>8</td>
<td>2000</td>
<td>Borås, Sweden</td>
<td>Topic unknown</td>
</tr>
<tr>
<td>9</td>
<td>2001</td>
<td>Nyiregyhaza, Hungary</td>
<td>Investment for mental health</td>
</tr>
<tr>
<td>10</td>
<td>2002</td>
<td>Caltanissetta, Sicily, Italy</td>
<td>Regional health policy development for the 21st century (35)</td>
</tr>
<tr>
<td>11</td>
<td>2003</td>
<td>Teplice, Usti nad Labem, Czechia</td>
<td>A changing Europe</td>
</tr>
<tr>
<td>12</td>
<td>2004</td>
<td>Valencia, Spain</td>
<td>Evaluation of health policies and plans (36)</td>
</tr>
<tr>
<td>13</td>
<td>2005</td>
<td>Katowice, Poland</td>
<td>Actions towards health equity (37)</td>
</tr>
<tr>
<td>14</td>
<td>2006</td>
<td>Madeira, Portugal</td>
<td>Decentralized health systems in transition (38)</td>
</tr>
<tr>
<td>15</td>
<td>2007</td>
<td>Düsseldorf, Germany</td>
<td>Health and wealth, regional perspectives (39)</td>
</tr>
<tr>
<td>16</td>
<td>2008</td>
<td>Varna, Bulgaria</td>
<td>HIAP: regional perspectives in Europe</td>
</tr>
<tr>
<td>17</td>
<td>2009</td>
<td>Manchester, United Kingdom</td>
<td>Well-being and the economy; well-being and sustainable communities; well-being and inequalities</td>
</tr>
<tr>
<td>18</td>
<td>2010</td>
<td>Genk, Belgium</td>
<td>Reducing inequalities from a regional perspective</td>
</tr>
<tr>
<td>19</td>
<td>2012</td>
<td>Gothenburg, Sweden</td>
<td>Together towards social sustainability</td>
</tr>
<tr>
<td>20</td>
<td>2013</td>
<td>Cardiff, Wales</td>
<td>Göteborg, a year later (40)</td>
</tr>
<tr>
<td>21</td>
<td>2014</td>
<td>Florence, Italy</td>
<td>Implementing the Health 2020 vision at the regional level of governance (41)</td>
</tr>
<tr>
<td>22</td>
<td>2015</td>
<td>Milan, Italy</td>
<td>Improving health and equity across regions and improving sectors (42)</td>
</tr>
<tr>
<td>23</td>
<td>2016</td>
<td>Kaunas, Lithuania</td>
<td>Achieving a healthy sustainable society: the need for integration, inclusion and coherence at international, subnational and regional levels (43)</td>
</tr>
<tr>
<td>24</td>
<td>2018</td>
<td>Västra Götaland, Sweden</td>
<td>Building a healthier future for all: a role to play for everyone (28)</td>
</tr>
<tr>
<td>25</td>
<td>2019</td>
<td>Multiple locations across the Euregio Meuse-Rhine Region</td>
<td>How to keep people at the centre of health and sustainable development policies (29)</td>
</tr>
<tr>
<td>26</td>
<td>2021</td>
<td>Online</td>
<td>Strengthening societal resilience to deal with COVID-19 and climate change (44)</td>
</tr>
<tr>
<td>27</td>
<td>2022</td>
<td>Flanders, Belgium</td>
<td>Health and well-being in times of crisis: building resilience and learning from practice (27)</td>
</tr>
</tbody>
</table>

Note: As outlined in section 2, no publications are extant for some RHN meetings. The location and topic were supplied by former RHN members but there is no documentation to support this.
To increase networking and raise the RHN’s profile, hosts often combine the annual meeting with other local or international events. For example, the 18th annual meeting, hosted by Genk (Belgium) in 2010, was combined with an international conference organized by the Flemish Authorities for the Belgian Presidency of the EU. Further, the 2015 meeting (hosted by Milan, Italy) was organized as a pre-conference event to the 8th European Public Health Conference, which was held in conjunction with the 48th National Congress of the Italian Society of Hygiene, Preventive Medicine and Public Health. The RHN organized a thematic workshop at the conference on participatory approaches to improve population health.

The RHN has also organized events at other international conferences, such as a skills-building seminar and several events at European Public Health Conferences, and a World Leadership Dialogue during the 16th World Congress on Public Health.

Between 2003 and 2007 the RHN organized a series of regional ministerial health forums (45–48), as increased involvement at the political level – which could be fostered through regular exchange of dialogue among political leaders and WHO – was becoming necessary for health policy development at the regional level. High-level political participants were invited to participate in roundtable discussions on, for example, adoption of principles (basic principles related to priority health-related topics for the RHN), 10 theses on the regional added value of “health and wealth” (49), and the Venice Declaration, which set out the RHN’s work programme for 2004–2005 (46).

4.2 Study visits

RHN members collect, share and distribute data, evidence, intelligence and good practice across regions/countries, and study visits are important contributions (11,4). Visits are organized by regions to provide opportunities for other members to understand how their local health systems are organized and operate, and usually focus on a specific theme relevant to the region. They often involve tours of regional health or political headquarters, health-care facilities or academic institutions, and include roundtable discussions with health-care professionals or politicians. A 2018 study visit to Seville (Spain) introduced participants to the innovative “IV Andalusian Health Plan” (50), which is based on the HiAP approach. It included meetings with
regional authorities, discussions with experts, and visits to primary health-care facilities and cultural heritage sites in the region, which helped participants become fully immersed in the region’s path towards reducing inequalities. A 2022 study visit organized in Lower Austria (51) on cross-border health-care cooperation showcased the integration and synergies between national, regional, local and cross-border health planning, and the long process of focusing on citizens’ needs in cross-border locations.

4.3 Region-specific publications

Some regions – including Lower Austria, Västra Götaland (Sweden), Emilia-Romagna, Friuli-Venezia Giulia, Piedmont, Trentino and Veneto (Italy), Wales (United Kingdom) and the Euregio Meuse-Rhine Region (23,51–60) – have worked closely with the WHO Secretariat to develop case study publications. This collaborative process allows regions to document their experience of implementing an intervention, and helps to publicize initiatives at the regional level to raise visibility within the WHO European Region. It has been noted that networks such as the RHN have been essential over recent decades for policy innovation processes by supporting change through local practices (61).

4.4 Training and seminars

Capacity- and knowledge-building are fundamental to the RHN. Events include training seminars and summer schools on topical issues related to the regions and their local populations, including health equity, refugee and migrant health, the role of primary care in health prevention, and intersectoral action (57). In 2018, the RHN launched a new webinar series on environment and health tools, with the WHO European Centre for Environment and Health and the Environment and Health Process Secretariat. In 2021 solution groups were launched, policy dialogues were intensified and partnerships with other networks were strengthened. In 2020, a series of COVID-19 webinar was launched in multiple languages.
4.5 Collaborative projects

A great strength of the RHN is that it fosters collaborative projects between regions that share similar issues. An early example of collaborative working was the three-counties project, which engaged three regions from western Europe in developing initiatives and working on policy. Various projects related to cross-border health care have also been undertaken (51). Several regions collaborated on a report on how different regions were responding to rising levels of migration (62).

4.6 Knowledge sharing

When the Network was formed, a unique element of its operation was a move from top-down delivery of information towards horizontal knowledge sharing. At the time, WHO mostly worked at the national level, providing authoritative guidance on relevant health priorities to countries. In contrast, the RHN functioned through exchanges of good practice and experience between the regions, which shared how they had promoted and implemented new policies, and gave concrete examples of making regional voices heard at the national level.

The RHN has adapted communication and outreach methods, applying contemporary techniques over the decades. In 1992 discussion took place on establishing a communications network “perhaps using electronic mail”, which was quite innovative at the time. The RHN was one of the first WHO networks to have a Facebook page, and COVID-19-themed webinars were rolled out rapidly at the start of the pandemic to enable direct communication to and within regions. The RHN website (1) includes news, events, regional profiles, annual meeting reports and regional case studies. In 1994 a newsletter was launched, and in 2018 a weekly update was initiated to strengthen internal communication. The RHN has an active social media presence on X (formerly Twitter), LinkedIn and YouTube (63).

5. Drivers of the Network

5.1 The functions, will and energy of each and every region

As discussed in section 3.1, the push to create the RHN came from the bottom up – from individuals at the regional level – which was unusual at that time. Regions have different roles and functions within the Network; this supports the aim of achieving better health and well-being in member regions (Box 5). There has always been a strong sense of regional identity among members, which has helped to drive the RHN’s objectives. A participant at one of the first meetings reported an anecdote that captures this sentiment. Participants had been invited to present case studies from their regions, and were seated with country cards on the tables. Some regional representatives crossed out the name of the country and replaced it with that of their region, thus emphasizing their regional rather than national identity.
### Box 5. Roles of RHN members

- Facilitating and advocating the rights of all to the highest level of health and well-being
- Informing, developing, supporting and implementing action to this end, using the powers available to them
- Acting as a bridge between national commitments, regional and local delivery, and WHO and other networks
- Collecting, sharing and distributing data, evidence, intelligence and good practice to and from the regional level and across regions/countries
- Leveraging opportunities at national and international levels to collaborate with each other and to obtain additional funds and resources
- Regularly reporting on progress achieved

### 5.2 Flexibility to adapt

The Network has adapted and developed within a range of different geopolitical, institutional and social contexts that have characterized the WHO European Region over 30 years. When the RHN started, the Region was composed of 32 Member States; this number has subsequently almost doubled. Contexts have also changed – from the dissolution of the Soviet Union to the EU Maastricht treaty, expansion of the EU and formation of the Committee of the Regions, the European Economic Community and environmental treaties, and to ongoing challenges such as conflicts and political instability, climate change, energy and cost of living crises, and pandemics. Changes have taken place within WHO, the EU and the United Nations in terms of global, national and regional policies and strategies (including the HFA strategy, Health 2020, universal health coverage, the EPW, the SDGs and the Triple Billion targets). Within the regions themselves, roles have also changed in terms of governance, political priorities affecting health service delivery, legislation and the engagement of citizens, among others.

### 5.3 Inclusive membership

Regions in Europe and, consequently, those joining the Network, have varied in purpose, competence, power and structure. They have varying mandates and responsibilities, and some are highly autonomous with politically independent governments. Many countries have subnational levels that can have a profound impact on health through, for example, planning health system organization, education, health promotion across sectors, intersectoral partnerships and citizen engagement. The 2019 RHN catalogue of regions (64) describes and documents the diversity of the Network’s members. Members report that being able to compare themselves and create synergies with other regions is an important reason for joining the RHN (4). The Steering Group can authorize a reduction in membership fees for regions in lower- and middle-income countries if appropriate (11). Payment in kind, such as hosting annual meetings or providing material or staff time, has helped to keep both higher- and lower-income regions in the Network in a “Determination of solidarity”, which was signed at the 1992 launch meeting of the RHN (Box 6).
5.4 Political and technical focal points

The impact and longevity of the RHN has depended greatly on the energy and creativity of its technical and political focal points. They provide crucial links between other member regions but also with others within their region and country. Technical focal points often work directly within regional health-care delivery. Combining this with a political focal point who works within regional governance has been an important driver for regions to push forward policy development and local implementation. Focal points also help to cultivate contact between other partners, such as academic institutes and health-care facilities, thereby fostering cross-sector collaborations.

5.5 The WHO Secretariat

Having direct contact with WHO is a common reason for joining the RHN (4). The WHO Secretariat has ensured that RHN’s activities have fallen within WHO’s objectives for Europe (such as the HFA strategy, Health 2020 and the EPW), and regularly shares information regarding funding opportunities, WHO work/consultancy offers and training. At annual meetings, WHO policy leads often present scientific and policy updates. Further, several WHO collaborating centres have been accredited in connection with the RHN’s work, including the Welsh Institute for Health and Social Care (United Kingdom), the Institute of Public Health in North Rhine-Westphalia (Germany) and the Centre for Health and Development Murska Sobota (Slovenia).

5.6 The roles of regions in health policy development and implementation

The RHN’s strength is its focus on regional rather than national health priorities. When the Network was formed, WHO worked mainly at the national level, but some regions within Europe helped to organize and deliver health services, and had explicit public health responsibilities. The RHN’s Göteborg Manifesto (19) stressed the importance of the regions acting as bridges between national priorities and local delivery. Many regions have significant political and administrative functions in areas pertinent to health (including the environment, housing, health care, transport and education). These became more relevant later in the Network’s history, when focus on the EPW and supporting the 2030 Agenda for Sustainable Development increased, and recognition of the interplay between multiple health determinants was greater.

5.7 The plasticity of the Network

There has always been a willingness and capacity for change within the RHN: the membership provides a base for regions to share experience that they can then adapt to their own regional health policies and needs. Over the past 30 years, regions have implemented innovative and practical interventions targeted to their local populations. For example, regions with long borders have
formed cross-border health collaborations, such as Lower Austria with Czechia and Slovakia (51). Regions with diverse economies have found ways to boost intersectoral innovations – as in Pomurje (Slovenia), where industries in agriculture, tourism and health work together. Regions with strong academic institutions have forged collaborations with them, such as Centro Region (Portugal), Province of Utrecht (Netherlands (Kingdom of the)) and Østfold County (Norway). Projects within the regions have tackled local issues such as healthy ageing (Centro Region, Portugal), health inequity (Västra Götaland, Sweden), economic crises (Catalonia, Spain; Centro Region, Portugal), migrant health (Catalonia, Spain; Emilia-Romagna, Italy; Northwest England, United Kingdom; and other regions from the “MIGHRER” project (62)), youth health (Orhei Rayon, Republic of Moldova), maternal and child health (Northern Region, Israel) and the health effects of environmental disasters (Kyzylorda Oblast, Kazakhstan).

5.8 Interdisciplinary and cross-sector collaboration

The RHN helps members develop multisectoral partnerships – for example, through collaborating closely with municipalities, developing local networks involving health-care workers, and working closely with research centres (4). The Friuli-Venezia Giulia (Italy) Region’s experience in designing and implementing healthy settings for older people stressed the importance of networking between private entities, nongovernmental organizations, institutions and citizens (60). Further, the Autonomous Province of Trento (Italy) devised the Trentino health plan (2015–2025) (54) through participatory governance that recognized the importance of active intersectoral and community involvement in sustaining and improving the health of all citizens.

Regions have the advantage of being well positioned to engage citizens. They can understand their health priorities, and have unique opportunities to collaborate directly with multiple stakeholders. Actions to create more age-friendly environments at the regional level in Friuli-Venezia Giulia (Italy) (60) included citizen engagement, such as an “Active ageing” web portal and a “Greet your neighbour” volunteer initiative. At the start of the century, Nyiregyhaza (Hungary) recognized a regional problem with health inequity in the Roma population, and raised this as a theme for the RHN. At the 2004 annual meeting, an evaluation of regional projects to improve Roma health in Hungary took place. This highlighted that it was essential to convince the local population and politicians about the importance of health inequity, and that projects could be more impactful and measurable when matched to local culture (36).

5.9 Project and funding collaboration

The Network has been an excellent foundation for regions to initiate collaborative projects and apply for joint funding. One example is a project financed by the European Commission –Benchmarking Regional Health Management II (2004–2007) (65). This included 13 RHN members, who benchmarked their regions to compare their health management systems, structures, processes, policies and health outcomes.
6. The future of the RHN

There have been several shifts in thinking over the three decades of the RHN’s work. The role of regions is now better recognized within WHO; they are specifically mentioned within the EPW (24). The member regions also know more about WHO, its policies and strategies, and how to apply these to local settings. In addition, a wealth of documents have been produced, demonstrating what regions can do and how they can achieve it. Further, regions have improved local systems through working with other regions and WHO. Finally, as highlighted in the Network’s terms of reference, interaction between the national and regional levels has intensified – in particular in EU countries – which also relates to the different levels of authority in the area of health at the subnational level.

Several questions were raised when the RHN was founded (10): What is a region? What can it do for health? What is the role of a focal point? What projects should the Network take on? How should it work with other regions and with the EU? These are all relevant questions today, but they should be assessed in the light of three decades of change.

The RHN has always maintained a relatively small membership, and one potential could be to increase this. However, part of the Network’s success is the close collaboration and personal relationships between individuals in the various regions, and enlarging it substantially might alter this. It is also relevant to consider whether a more diverse assortment of regions should be approached to join, although there has always been an inclusive range of regions from eastern and western Europe.

The most common benefit of RHN membership reported by members was the sharing experience and best practice (4). This should be at the forefront of the Network’s future, with increases in study visits and capacity-building events. Sub-Network task-force groups could also focus on projects with clear deliverables, and communication of outputs can be strengthened through annual progress reporting and publication in peer-reviewed journals. Strengthening collaboration through joint funding and cross-region projects could also be prioritized.
The 2021 technical report underlined the need to update the 2015 terms of reference with a more forward-looking vision (4,11). The EPW (24) and the COVID-19 pandemic have clearly influenced upcoming RHN work. The pandemic has stressed the importance of the One Health approach, while underscoring how vital it is for all population groups to be able to rely on accessible, universal and high-quality health and social services, and for these to be underpinned by an educational, cultural and economic infrastructure that can promote well-being. Regions have a fundamental role in taking up such approaches. Climate change, cross-border health care, digital health, community-based mental health prevention and treatment, and human resources for health – which were the focus of the recent thirtieth anniversary annual meeting (27) – are of growing importance. Here, the role of networks such as the RHN can be instrumental in pushing to make change happen and influencing new, dynamic ways of policy-making. The EPW sets priorities in terms of what individuals can expect from their health authorities, their rights to universal access to high-quality health care, and how they can be better protected against health emergencies. The RHN can bring the regional perspective by continuing to highlight the needs of member populations and taking action to achieve goals for better health and well-being. RHN members and WHO have a history of working together as partners in a unique way, and these building blocks can help to ensure future success.

When the founding members formalized the creation of the Network 30 years ago, they had no idea that it would still be going strong three decades later – the push and commitment from the regions, with support from WHO, was a driving force that formed the RHN and kept it flourishing. This approach remains evident, and will help to achieve an innovative and active future for subnational entities within the WHO European Region.
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Annex 1: a selection of publications from members of the Regions for Health Network

**Regions for Health Network: Twentieth Annual General Meeting**
https://iris.who.int/handle/10665/350369

**Regions for Health Network twenty-first annual meeting report: Florence, Tuscany, Italy, 20–22 October 2014: implementing the Health 2020 vision at the regional level of governance**
https://iris.who.int/handle/10665/376894

**Health and environment: communicating the risks**
https://iris.who.int/handle/10665/108629

**Regions for Health Network technical review 2021, second edition**
https://iris.who.int/handle/10665/351593

**Bibione. Breathe by the sea: the story of a smoke-free beach in Italy**
This publication supports the implementation of the WHO Health 2020 policy. It documents a local smoke-free beach initiative employing whole-of-government and whole-of-society approaches to address a common public health challenge: smoking and exposure to tobacco smoke in public settings.
https://iris.who.int/handle/10665/332259

**The Healthacross Initiative: how Lower Austria is boosting cross-border collaboration in health**
Cross-border collaboration in the field of health care can involve a transfer, movement or exchange of individuals, services or resources. It can comprise the sharing of health services, providers and expertise, as well as the provision of disease prevention, health promotion, curative and rehabilitative health services. This report tells the story of the cross-border collaboration in the field of health between Lower Austria and Czechia, and the beginning of collaboration with Slovakia.
https://iris.who.int/handle/10665/342279

**Regions for Health Network: Twentieth Annual General Meeting**
https://iris.who.int/handle/10665/350369

**Regions for Health Network twenty-first annual meeting report: Florence, Tuscany, Italy, 20–22 October 2014: implementing the Health 2020 vision at the regional level of governance**
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**Health and environment: communicating the risks**
https://iris.who.int/handle/10665/108629

**Regions for Health Network technical review 2021, second edition**
https://iris.who.int/handle/10665/351593
Keeping our water clean: the case of water contamination in the Veneto Region, Italy

Perfluoroalkylated substances (PFAS) are highly resistant persistent compounds used for repelling oil, grease and water and protecting the surfaces of carpets and clothing; they are also found in fire-fighting foams. They have negative consequences for human health, although these are not fully established. In 2013, PFAS contamination was found in the drinking-water in parts of the Veneto Region, Italy. This publication describes the experience of the Veneto Region in responding to this public health emergency.

https://iris.who.int/handle/10665/344113

The Veneto model: a regional approach to tackling global and European health challenges

This publication is based on discussions at a conference on positioning the Veneto Region at the core of global and European health policies, which the Region held in Venice in December 2015. It addresses health policy and practice in the Region and examines how these bring together the aims and efforts of the various actors working in the field of health at different levels – from European to local – in tackling health problems. It illustrates how the Veneto model was developed and how it is continuously adapted to meet ever-changing circumstances.

https://iris.who.int/handle/10665/343781

Sustainable development in Wales and other regions in Europe: achieving health and equity for present and future generations

The United Nations 2030 Agenda for Sustainable Development (2015), complemented by the WHO European policy framework and strategy for the 21st century, Health 2020, represents a milestone for human and planetary development. This publication proposes ways of maximizing opportunities to implement these agendas at the national and regional levels across the WHO European Region through the Welsh example and other case studies.

https://iris.who.int/handle/10665/344137

How to keep people at the centre of health and sustainable development policies: 25th annual meeting of the Regions for Health Network

The 25th annual meeting of the WHO Regions for Health Network took place in the Euregio Meuse-Rhine, straddling Belgium, Germany and the Netherlands, over 26–28 June 2019. The main theme was how to keep people at the centre of health and sustainable development policies.

https://iris.who.int/handle/10665/347083

The versatility of health impact assessment: experiences in Andalusia and other European settings

This publication describes experience gained in Health Impact Assessment (HIA) implementation in Andalusia over the last five years and includes case studies from Andalusia and other European settings, illustrating a range of approaches taken in various regional, political and policy contexts.

https://iris.who.int/handle/10665/329896

Scaling up projects and initiatives for better health: from concepts to practice

Using a review of narrative literature and the results of a survey of key informants in 10 WHO Member States that are also members of the Regions for Health Network (RHN), this publication addresses the practical challenges of scaling up activities and provides a tool box for handling them.

https://iris.who.int/handle/10665/343809
Tackling health inequities: from concepts to practice. The experience of Vastra Gotaland

The report is about the process that the Region of Västra Götaland followed to mainstream the health equity dimension in its regional health plan and which resulted in the Action Plan for Health Equity in Region Västra Götaland.

https://iris.who.int/handle/10665/131355

Taking a participatory approach to development and better health: examples from the Regions for Health Network

This publication documents the experiences of participatory approaches taken by Region Skåne (Sweden) and three case studies: the Autonomous Province of Trento (Italy), the Autonomous Community of Andalusia (Spain) and Wales (United Kingdom).

https://iris.who.int/handle/10665/326326

Adopting a broader concept of health and well-being in the development of the Trentino health plan (2015–2025): a participatory process

In December 2015, the Autonomous Province of Trento in Italy adopted a strategic health plan for 2015–2025, broadening the concept of health and well-being in the Province from being solely cure-related to encompassing the social, economic and environmental determinants of health. This case study focuses on the process followed in developing the plan, including key government involvement, stakeholder participation and cross-sectoral collaboration, and describes the enabling factors and challenges experienced during the process.

https://iris.who.int/handle/10665/343822

Advocating intersectoral action for health equity and well-being: the importance of adapting communication to concept and audience

On 6–7 July 2016, the WHO European Office for Investment for Health and Development, Venice, Italy, of the WHO Regional Office for Europe, within the framework of the WHO Regions for Health Network, hosted a summer school in Ljubljana, Slovenia, to facilitate an exchange of experience in the translation and communication of health information and data for different target audiences.

https://iris.who.int/handle/10665/329507
Building a healthier future for all: a role to play for everyone: 24th annual meeting of the Regions for Health Network: Marstrand and Gothenburg, Västra Götaland, Sweden, 10–12 June 2018

The 24th annual meeting of the WHO Regions for Health Network took place in Region Västra Götaland, Sweden, on 10–12 June 2018. The main theme was to analyze and discuss action in support of the ongoing commitment at all levels to the objectives of Health 2020 and the 2030 Agenda for Sustainable Development.

https://iris.who.int/handle/10665/345720

Healthy settings for older people are healthy settings for all: the experience of Friuli-Venezia Giulia, Italy

This report shows how age-friendly environments have been created at the subnational level, using examples primarily from the Autonomous Region of Friuli-Venezia Giulia, Italy but also from other regions belonging to the WHO Regions for Health Network.

https://iris.who.int/handle/10665/342202

Creating 21st century primary care in Flanders and beyond

This report focuses on primary care developments in Flanders, Belgium. Following state reforms in Belgium, the region is now upgrading and integrating its primary care services, aiming to improve their effectiveness and efficiency and the quality of life of both users and providers of those services.

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Roadmap for WHO Regions for Health Network – together towards better health and well-being, 2024–2026

The RHN supports the implementation of the three core priorities of the WHO European Programme of Work. The Roadmap 2024–2026 seeks to support RHN member regions in developing a forward-looking vision that in practice would place health and well-being high on key political and technical agendas and support implementation.

https://iris.who.int/handle/10665/375010

WHO Regions for Health Network
26th annual meeting: strengthening societal resilience to deal with COVID-19 and climate change

From 25–28 October 2021, 80 speakers from 15 countries and 26 regions met at the 26th Annual Meeting of the Regions for Health Network (RHN), facilitated by the Government of Moscow, Russian Federation, a member of the Network.

https://iris.who.int/handle/10665/353082

Health and well-being in times of crisis: building resilience and learning from practice. 27th annual meeting of the Regions for Health Network, Brussels, Belgium, 5–7 December 2022

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https://iris.who.int/handle/10665/369587

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https://iris.who.int/handle/10665/375010
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 (Kingdom of the)  
North Macedonia  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
Türkiye  
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