INTEGRATING EQUITY, GENDER, HUMAN RIGHTS AND SOCIAL DETERMINANTS INTO THE WORK OF WHO

ROADMAP FOR ACTION (2014-2019)
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Summary

This document presents a Roadmap for Action, i.e., corporate integration of equity, human rights, gender and social determinants across the World Health Organization (WHO): all programmes, offices and key management processes. The Roadmap has three main directions:

1. Provide guidance on the integration of sustainable approaches, which advance health equity, promote and protect human rights, that are gender-responsive and address social determinants in WHO programmes and institutional mechanisms;

2. Promote disaggregated data analysis and health inequality monitoring;

3. Provide guidance on the integration of sustainable approaches, which advance health equity, promote and protect human rights, that are gender-responsive and address social determinants into WHO’s support at country level.

The primary audiences of the document are WHO programmes and offices, required to integrate WHO core values and approaches, into the way they think, plan and operate. A secondary audience consists of Member states and other contributors of resources who are knowledgeable about the Programme budget and want to know how it links to rolling-out of mainstreaming in practice.

The Roadmap for Action describes how the integration of equity, human rights, gender and social determinants will be rolled out, including strategic milestones. A sister document, the Unifying Framework Guide explains what integration of WHO core values and approaches mean and provides illustrative examples. The Roadmap for Action is expected to be adjusted in synchrony with WHO’s management cycle, i.e., next time in early 2016.

The Roadmap covers actions of four programme areas of the 12th General Programme of Work and the Programme budget, i.e.: programme area 3.31 in full, and programme areas 3.42, 4.43 and 6.14 in part. While the Roadmap is facilitated by the GER Team, it is not the work plan or responsibility of a single organizational entity or level. It should be noted that headquarter units and regions may have additional actions depending on their specific mandates, circumstances and needs. All these actions are not captured by the Roadmap.

1 3.3 Gender, equity and human rights mainstreaming
2 3.4 Social determinants of health
3 4.4 Health systems, information and evidence
4 6.1 Leadership and governance
1. Introduction

Health outcomes are not equal for people throughout the world, or even within countries. Underlying reasons are complex. Those differences that are avoidable and unacceptable are inequities. For example: noncommunicable disease deaths occur at younger ages in low- and middle-income countries compared to high-income ones; blindness prevalence is two to three times higher in women than men in areas where trachoma infection is common; deaths among children under five years of age are notably higher in rural versus urban populations; and complications of childbirth among girls under age 15 is much higher than for older women. While much work is already ongoing, WHO has increased its commitment to support countries in reducing health inequities through policies and programmes with which it is involved. In keeping with its constitutional commitment that the “highest attainable standard of health is one of the fundamental rights of every human being,” and in response to a call from Member States to learn from and more effectively utilize earlier efforts, the Director-General Margaret Chan has prioritized the mainstreaming of equity, human rights, gender and social determinants across the Organization. The global Gender, Equity and Human rights team, the Social Determinants of Health (SDH) Unit, the Health Statistics and Information Systems (HSI) department, and the Country Cooperation and UN Collaboration (CCU) department share focus on tools. They and their counterparts in the regional offices work together to reach out to programmes across WHO at all three levels: HQ, Regional offices, and Country offices. The approach to implementation will promote cross-programme, cross-regional and cross-country collaboration and learning as well as support for regional leadership.

This roadmap aligns with WHO’s twelfth General Programme of Work (12th GPW) six leadership priorities:

1. universal health coverage;
2. the international health regulations,
3. increasing access to medical products;
4. social, economic and environmental determinants;

“Of all forms of inequality, injustice in healthcare is the most inhumane.”

Martin Luther King

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9 WHO Constitution (1946) retrievable at http://apps.who.int/gb/bd/
10 Adopted by UN in 2003 with commitment to 1) furthering human rights goals, 2) guided by human rights processes and 3) contributing to the development of the capacities of “duty-bearers” to meet their obligations and/or of “rights-holders” to claim their rights to health
12 United Nations System Chief Executives Board for Coordination
5. non-communicable diseases;
6. and health related Millennium Development Goals (MDG) as well as with WHO’s commitment to
wider UN mandates, including the United Nations System-wide Action Plan for Implementation of
the CEB Policy on Gender Equality and the Empowerment of Women (UN SWAP), the UN Com-
mon Understanding on the Human Rights-Based Approach to Development Cooperation and the
post-2015 Sustainable Development Goals (SDG)\textsuperscript{12}.

The proposed SDGs as compared to the MDGs are formulated much more holistically and comprehen-
sively, have a strong equity focus and suggest data disaggregation with a broad range of stratifiers:
income, sex, age, race, ethnicity, migratory status, disability, geographic location and other character-
istics relevant to the national contexts. With this focus, SDG 3 “Ensure healthy lives and promote well-
being for all at all ages” puts health at the centre-stage of sustainable development and WHO with the
challenge of providing global public health leadership.

“In a context of growing inequity, competition for scarce natural resources and a financial crisis threat-
ening basic entitlements to health care, it would be hard to find a better expression of health as a fun-
damental right, as a prerequisite for peace and security, equity, social justice, popular participation and
global solidarity...\textsuperscript{13}”.

Integrating equity, human rights, gender and social determinants into all WHO’s policies, programmes
and institutional mechanisms will build on lessons learnt in previous efforts to enhance the organiza-
tional culture and ability to support Member States making sustainable health and development gains.

\section*{2. Directions for Organization-wide integration of
WHO core values and approaches}

Integration of equity, human rights, gender and social determinants is expressed in the WHO 12th GPW,
in the Gender, Equity and Human Rights Mainstreaming Programme Area, Outcome 3.3: “Gender,
equity and human rights integrated into the Secretariat’s and countries’ policies and programmes”.
Three main directions as described in the following pages will be pursued in order to guide roll-out to all
programmes, offices and countries. The work is spearheaded by the GER Team, in collaboration with the
HSI department, the SDH Unit, the Planning, Resource Coordination & Performance Monitoring (PRP)
department, the CCU department, the Evaluation (DGO/EVL) unit and the Office of the Director-General
(DGO), and reaches out through networks in programmes and offices.

\textsuperscript{12} 12th GPW
**Direction 1:** Provide guidance on the integration of sustainable approaches, which advance health equity, promote and protect human rights, are gender-responsive and address social determinants in WHO programmes and institutional mechanisms

This direction will contribute to the delivery of 2016-17 Programme Budget (PB) Outputs 3.3.1 “Gender, equity and human rights integrated in WHO’s programme areas”; 3.4.2. “A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO”; and 6.1.1 “Effective WHO leadership and management in accordance with leadership priorities”. Successful integration will begin with integration into key corporate processes and strengthening institutional capacity through technical guidance and information dissemination networks to promote organizational change and culture transformation. Cultivating dialogue and monitoring change will ensure commitment and accountability.

<table>
<thead>
<tr>
<th>How (with examples of ongoing / planned action)</th>
<th>Examples of achievements</th>
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</thead>
<tbody>
<tr>
<td><strong>Facilitate integration in key WHO corporate processes</strong></td>
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<tr>
<td>– Essential mainstreaming criteria for operational planning and monitoring</td>
<td>– Now included in the guide for WHO Country Cooperation Strategy</td>
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<tr>
<td>– Integration into guidance for PB2018-2019 preparation, including for outcome and output indicators and deliverables</td>
<td>– Now included in the WHO Handbook for Guideline Development</td>
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<tr>
<td><strong>Provide technical and capacity building support for integration in WHO programme areas and normative functions</strong></td>
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<tr>
<td>– Unifying Framework w/ examples and glossary</td>
<td>– E-learning course</td>
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<tr>
<td>– Briefing package for programmes and country offices</td>
<td>– New HQ staff induction briefing</td>
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<tr>
<td>– Seminars on how practically to integrate into guideline development (implementation of the Guideline Handbook)</td>
<td>– Briefings and trainings conducted in some country offices</td>
</tr>
<tr>
<td><strong>Create WHO-wide focal point, collaborating centres and other external partner networks</strong></td>
<td>– Now included in the WHO Representative Handbook</td>
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<tr>
<td>– Network Guide</td>
<td>– Regional and category focal points in place during the PB2016-2017 planning</td>
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<td>– Setting up and managing a comprehensive network</td>
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<tr>
<td><strong>Foster multilateral, intersectoral dialogue for commitment to integration and corresponding policy</strong></td>
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<tr>
<td>– Policy panel discussions</td>
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<tr>
<td>– Collaboration with other UN agencies, including using the informal UN Platform on social determinants of health</td>
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<tr>
<td><strong>Review and document best practices for integration</strong></td>
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<tr>
<td>– Commissioning of studies</td>
<td>– 15 country and two cross-regional case studies on implementing human rights policies and actions commissioned</td>
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<td>– Publication of experiences</td>
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14 Measured in indicator 3.3.1
Direction 1 milestones until the end of 2019:

- Number of WHO programme areas that have integrated (PB 2016-17 Output 3.3.1 indicator)
  - by 2017: 15 out of 30 programme areas
  - by 2019: 30 out of 30 programme areas

- Progress towards meeting the targets in the United Nations System-wide Action Plan (UN SWAP) requirements (indicator for PB 2016-17 Outcome 6.1)
  - by 2017: 14 out of 15 performance indicators met or achieved. (Target 10 “gender architecture and parity” will not have been met).\(^\text{15}\)
  - by 2019: (provisionally) 15 out of 15 performance indicators met or achieved

\(^\text{15}\) WHO-UN SWAP performance indicators: accountability – (1) policy & plan, (2) gender-responsive performance management; (3) strategic planning; (4) results-based management – monitoring & reporting; oversight – (5) evaluation, (6) gender-responsive auditing, (7) programme review; human & financial – (8) resource tracking & (9) allocation, (10) gender architecture & parity, (11) organizational culture; capacity – (12) capacity assessment & (13) development; coherence, knowledge & information manage-
Gender predicts misdiagnosis of mental disorders

Gender stereotypes affect health care providers’ diagnosis of mental health disorders. Even when presenting with identical symptoms, women are more likely to be diagnosed with depression than men, as they are generally viewed as more emotional, and men are less likely to disclose symptomatic information regarding their emotions because of the gender construction of masculinity. Similarly, men are more likely to be accurately diagnosed with alcohol dependence than women, as substance abuse is typically considered a “male” issue. These stereotypes, which often dwell unconsciously in the mind, demonstrate the need for gender-awareness training in health care providers to allow for more accurate diagnoses and treatment.

Direction 2: Promote disaggregated data analysis and health inequality monitoring

This direction will contribute to delivery of PB 2016-17 outputs: 3.3.1 “Gender, equity and human rights integrated in WHO’s programme areas”; 3.3.2 “Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes”; 3.4.3 “Trends in, and progress on, action on social determinants of health and health equity monitored, including under the universal health coverage framework and the proposed sustainable development goals”; and 4.4.1. “Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment”

Only by disaggregating and analysing data can populations in need of health services be identified and included in informed policies and programmes. In collaboration, the global GER team together with the Health Statistics and Information Systems and Social Determinants of Health Units and SDHare developing instruments and interactive tools for monitoring health inequalities, and inequities, the foundation on which integration builds.

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<tr>
<th>How (with examples of ongoing / planned action)</th>
<th>Examples of achievements</th>
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</thead>
<tbody>
<tr>
<td>Develop materials to aid data disaggregation and integrated equity, human rights, gender and social determinants analysis across all levels of WHO</td>
<td>– WHO Health Equity Monitor</td>
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<tr>
<td>– “Monitoring intersectoral factors influencing equity-oriented progress towards Universal Health Coverage (UHC) and health equity”</td>
<td>– Handbook on Health Inequality Monitoring in English</td>
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<tr>
<td>– Handbook on Health Inequality Monitoring in Spanish, Arabic, French</td>
<td>– Advocacy booklet on monitoring health inequality and the accompanied video-clips</td>
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<tr>
<td>– Advocacy booklet on monitoring health inequality in Spanish</td>
<td>– PowerPoint lectures based on the handbook</td>
</tr>
<tr>
<td>– PowerPoint lectures based on the handbook in Spanish</td>
<td>– The eLearning module on Health Inequality Monitoring</td>
</tr>
<tr>
<td>Facilitate equity, human rights, gender and social determinants situation analysis of existing quantitative and qualitative national data</td>
<td>– Interactive visualization report “state of inequality</td>
</tr>
<tr>
<td>– Case studies being finalized for four countries: Bangladesh, Brazil, South Africa and Vietnam</td>
<td>– Extensive capacity building through regional</td>
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<tr>
<td>– Health equity assessment toolkit (HEAT)</td>
<td>‘training of trainers’ and HQ workshops on health equity analysis</td>
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<tr>
<td>Support capacity building, including strengthening of health information systems, for country health inequality monitoring with data disaggregated by pertinent strata</td>
<td>– Training of trainers</td>
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<tr>
<td>– Global network of institutes for capacity building on health inequality monitoring among member states</td>
<td>– Equity data analysis and interpretation capacity</td>
</tr>
<tr>
<td>– UHC PLOS equity paper in Spanish</td>
<td>building workshops</td>
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<tr>
<td></td>
<td>– UHC PLOS equity paper (English)</td>
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16 Indicator/milestone to be determined.
Direction 2 milestones until the end of 2019:

- Additional countries monitoring inequalities in reproductive, maternal, neonatal and child health indicators through data disaggregated by a minimum of age, sex, place of residence and wealth$^{17}$
  - by 2017: four additional countries
  - by 2019: (provisionally) four additional countries

- Additional programmes$^{18}$ monitoring inequalities through data disaggregated by a minimum of age, sex, place of residence and wealth
  - by 2017: one additional programme
  - by 2019: (provisionally) one additional programme

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$^{17}$ 93 countries are currently reporting reproductive, maternal, neonatal and child health indicators based on DHS / MICS data to the Global Health Observatory Health Equity Monitor http://www.who.int/gho/health_equity/about/en/ (accessed 18 Aug 2014)

$^{18}$ This could, e.g., be tuberculosis, NCD, Ageing and Health. However, this would require new resources – something that might be feasible given the focus on equity in the SDGs, including capacity building for data disaggregation (SDG17.18)
Ethnic minorities often excluded from health programmes

Countries need increased capacity to revise and reorient their health programmes to account for the shortcomings that exclude vulnerable populations from equitable access to care.

An equity study conducted in Macedonia showed that Roma women, who make up Europe’s largest ethnic minority group, were more likely to be excluded from a government maternal health programme because of: lack of access due to inadequately distributed physicians; lack of appropriate documentation; and low levels of education which inhibited their compliance to care. They were also less likely to seek services because of fear of discrimination by health workers and fear of physical examinations for cultural reasons.

(WHO, Review and reorientation of the “Programme for active health protection of mothers and children” for greater health equity in the former Yugoslav Republic of Macedonia. Copenhagen, WHO Regional Office for Europe, (Roma Health Case Study Series, No. 2), 2015.)
**Direction 3:** Provide guidance on the integration of sustainable approaches, which advance health equity, promote and protect human rights, that are gender-responsive and address social determinants into WHO’s support at country level

The third direction builds on the first two and contributes to delivering on PB 2016-17 outputs: 3.3.1 “Gender, equity and human rights integrated in WHO’s programme areas”; 3.3.2 “Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes”; Output 3.4.2. “A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO”; 4.1.1. “Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and “health in all policies” and equity policies)”; 4.2.1. “Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened”; and 6.1.1 “Effective WHO leadership and management in accordance with leadership priorities”.

Direction 3 requires working with disease- and condition-specific programmes as well as with health systems strengthening programmes at all three levels of WHO and aligned with the universal health coverage goals. The global GER team together with SDH, HSI, and CCU among others will work with Regional offices depending on the regional and country circumstances and requests, including facilitating multi-stakeholder review processes leading to programmatic changes that address avoidable health outcome and access differences.

<table>
<thead>
<tr>
<th>How (with examples of ongoing / planned action)</th>
<th>Examples of achievements</th>
</tr>
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</table>
| **Provide technical and capacity building guidance for WHO Regional and Country Office support for action in countries**  
- Finalization of the methodology for reviewing how national health programmes can better address equity, human rights, gender and social determinants  
- Change in global treaty monitoring process to ensure health measures consistent with sustainable development goals (provisionally SDG 3, 5, 10 and 17) | - The review methodology has been applied in six countries previously and the revised version – with human rights and gender strengthened – is now being piloted in an additional eight countries.  
- Regional and country focal points are systematically reviewing all draft Country Collaboration Strategies for integration of equity, human rights, gender and social determinants |
| **Provide technical assistance to Member states on integrating equity, human rights, gender and social determinants into National Health Policies, Strategies and Plans**  
- Materials and enhancing capacity for input across all three levels of the Organization | |
| **Review and document best practices for rolling-out integration in countries**  
- Operations and action research in pilot countries | |
Direction 3 milestones up to the end of 2019:

- Number of countries implementing at least two WHO-supported activities to integrate into their health policies and programmes (PB 2016-17 Output 3.3.2 indicator)
  - by 2017: 32 countries (up from 6)
  - by 2019: (provisionally) 56 countries

- % of WHO Country Cooperation Strategies developed during the biennium that are explicitly guided by the Organization’s core values and approaches based on equity, human rights, gender and social determinants
  - by 2017: to be determined.
  - by 2019: to be determined

- Number of countries improving planning, implementation and monitoring of health programmes by integrating social determinants of health and health equity in line with WHO-supported tools and guidance (PB 2016-17 Output 3.4.2 indicator)
  - by 2017: 25 countries (up from 11)
  - by 2019: to be determined

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19 SDH Unit has confirmed that the 3.4.2 indicator double-counts the review tool, i.e., the numbers in the 3.3.2 indicator milestone. However, the indicators appear in the PB2016-2017 under two different Programme areas (3.3 and 3.4) in the version going to the WHA.
3. Architecture for Organization-wide integration

Effective integration becomes a responsibility for the whole Organization from top to bottom and across all programmes and offices. “Organizational leadership and corporate services form the backbone of successful mainstreaming of values and approaches to equity, human rights, gender and intersecting social determinants in all areas of work” 20. Further, one of the proposed outcome indicators for the “Leadership and governance” programme area is “Proportion of WHO country cooperation strategies developed during the biennium that are explicitly guided by the Organization’s core values and approaches based on equity, human rights, gender and social determinants”

Systematic integration requires a multi-pronged approach combining organizational leadership capacities, hierarchies and accountability mechanisms as well as formal and informal networks across the Organization. The facilitating centre for coordination is the global GER team. The FWC Cluster collaborates closely with DGO and GMG to support integration through their forums and processes, e.g., the Global Policy Group of Regional Directors (GPG), the meeting of Assistant Directors General, Organization-wide planning, reporting and accountability processes, Category and Programme Area Networks. This will include equipping these with knowledge and instruments to exercise their leadership roles in integrating equity, human rights, gender and social determinants into their respective domains of responsibility.

The GER team will expand and facilitate an organization-wide network building on the lessons learned from the Priority Public Health Conditions Knowledge Network of the Commission on Social Determinants of Health and other documented organization-wide network experiences. This network will include staff in key positions and functions as well as staff who have an interest in being champions of change for equity, human rights, gender and social determinants integration. As a key tenet of the network GER will encourage and foster cross-programme, cross-office and cross-country learning, experience sharing and support.

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20 Programme budget 2016-2017 Category 6, “Corporate services / enabling functions”
4. Assumptions and adjustments

A key assumption of the Roadmap and in particular its milestones is that the PBs 2014-2015 to 2018-2019 will be fully funded at the level of Outputs and that there will be sufficient flexibility of the funding to allocate the resources to the activities, staffing and budget centres as required.

Integration of equity, human rights, gender and social determinants of health requires cooperation of a large and diverse number of actors across the Organization. Lessons from past experiences suggest that having the right tools and structures are not enough – continuous attention to the people’s part and adjustments to the course are required.

Further, the Sustainable Development Goals will be finalized by the UN General Assembly starting in September 2015. These goals are likely to shape resource flows as well as demand from countries for the years to come.

Therefore, the Roadmap for Action will be adjusted at regular intervals according to WHO management cycles – with the first review to take place in the early 2016.
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