

Requesting and submitting dept	Deadline	To be sent to
<p>Requester: Department of Economic and Social Affairs United Nations</p> <p>Submitter: World Health Organization, Director General's Office (GRE-DEI/Health Equity)</p>	15 May 2023	<p>Send to Ms. Meron Sherif (sherif4@un.org) and Ms. Hantamalala Rafalimanana (rafalimanana@un.org), with copy to Ms. Claudia Beatriz Altavas (claudia.arcenasaltavas@un.org), WUN colleagues/WHO-NY</p>
<p>Description of the request:</p> <p>WHO is requested to provide inputs to the report on the <i>UNSWAP on Implementation of the Third United Nations Decade for the Eradication of Poverty (2018–2027)</i> covering aspects of the following UNSWAP-Poverty areas:</p> <ul style="list-style-type: none"> • Structural transformation, productive employment and decent work in the context of a changing global scenario • Expanding social protection systems to underpin inclusive poverty-reducing development • Human capability development: addressing the non-income forms of poverty • The future of food and sustainable agriculture • Reducing inequalities • Addressing climate change and the intensification of natural hazards • Fighting poverty in fragile and humanitarian contexts 		

Structural transformation, productive employment and decent work

Recognizing the critical role of productive employment and decent work in driving health systems and breaking the vicious cycle of poverty, WHO is also prioritizing the investment in the health and care workforce. Such investments yield substantial and far-reaching benefits in terms of health, social, economic, and security outcomes, particularly for vulnerable groups. Furthermore, WHO recognizes that geographically targeted investments in the health and care workforce can improve the health status of rural and remote populations by reducing persistent rural disadvantage in access to health services. Additionally, gender-responsive investments¹ in health and care work can drive gender equality and empower women and girls in a growing economic sector, where almost 7 out of every 10 jobs is held by a woman. At the 75th World Health Assembly, over 100 countries co-sponsored the resolution adopting the Working for Health 2022-2030 Action Plan - a platform and implementation mechanism to support countries in developing and guiding investment for productive employment and decent work².

One key area of focus is the public health and health equity impact of commercial determinants, which includes the role of underlying economic drivers. WHO is currently engaged in synthesizing existing global evidence, which will be presented in the first WHO Global Report on the Commercial Determinants of Health, expected to be released in 2024.

Another important aspect of WHO's work is its participation in the Open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human

¹ See the [gender pay gap in the health and care sector: a global analysis in the time of COVID-19](#)

² See the [Working for Health 2022-2030 Action Plan](#)

rights³. Through this participation, WHO seeks to address the impact of business activities on health and human rights and promote accountability and transparency in business practices.

In addition, WHO is scaling up its efforts to promote healthy, safe, and resilient workplaces for all. This involves stimulating interventions for the primary prevention of occupational hazards, promoting healthy choices and behaviors at work, and developing policies and management practices to safeguard the health, safety, and well-being of health and care workers and develop policies and management practices that support this goal⁴.

Expanding social protection systems to achieve inclusive poverty-reducing development

WHO has launched a new Special Initiative for Action on the Social Determinants of Health⁵, supporting 8 Member States to align multisectoral action for health and improve social protection policies. WHO has joined the UN Collaboration on Social Protection and initiated a new program to align social and health policies and services in these 8 Member States.

WHO has been supporting several countries since 2018, including Greece, Latvia, Lithuania, Bulgaria, Romania, Armenia, Georgia, Moldova, North Macedonia, Serbia, Italy, Seychelles, and Azerbaijan, in incorporating a biopsychosocial model of disability in reforming their disability assessment⁶ and determination in the context of social protection systems. By collecting information about a person's level of functioning, the social protection system can more accurately detect the needs of persons with disabilities, including financial and health system cost-related needs that match with existing social protection mechanisms. WHO is also working across teams internally and with other UN entities, including the UN OHCHR, regarding the development of the Support and Care Systems Agenda to contribute to social protection systems and address contributing factors to poverty.

WHO is developing guidance for conducting assessments of barriers to health services (Global Public Health Good 196), and has done pilots of this in the occupied Palestinian territories and North Macedonia during 2022-2023. These assessments provide evidence on entry points for advancing progressive universalism approaches to health services and reducing health inequities.

Human capability development: addressing the non-income forms of poverty

WHO has scaled up its work on addressing racial discrimination, given its role in contributing to health inequities and violations of the right to health. With financing from by the government of Canada and Norway, WHO produced and/or led production of these relevant outputs: the report "[Strengthening primary health care to tackle racial discrimination, promote intercultural services and reduce health inequities](#)", the cross-UN event and paper "[Frontier dialogue consultations on addressing structural racial and ethnicity-based discrimination](#)", and the production of [training materials for UNCTs on tackling racism and racial discrimination](#) at the country level.

³ See the [Open-ended intergovernmental working group on transnational corporations and other business enterprises with respect to human rights](#).

⁴ See the [Global health and care worker compact](#)

⁵ See WHO's [Action on Social Determinants of Health Equity](#)

⁶ See the [WHO Disability Assessment Schedule 2.0](#)

WHO is also increasing its support the implementation across the three levels of the organization of the [UN System Wide Action Plan on the Rights of Indigenous Peoples](#), as well as World Health Assembly resolutions on social determinants of health. WHO at global levels rejoined the Inter-Agency Support Group on Indigenous Issues in 2022, as part of a commitment to scale up action on Indigenous health. WHO contributes to multilateral efforts to raise awareness of evidence-based and participatory actions for Indigenous health. For instance, it has organized side events organized [at the 21st](#) and [22nd sessions](#) of the UN Permanent Forum on Indigenous Issues. In addition, WHO has observed the International Day of the World's Indigenous Peoples in [2021](#) and [2022](#).

Gender inequalities intersect with other determinants of health in ways that limit people's abilities to make decisions about their own health, impede access to quality health care, and worsen physical and mental health outcomes. As a result, people who experience gender-based discrimination, stigmatization, marginalization, and deprivation, are often least able to realize their right to the highest attainable standard of health. WHO is committed to ensuring the mainstreaming of gender in all of its policies and programmes, including through its updating its Gender Mainstreaming Manual⁷ for use by health professionals, and through capacity building and mainstreaming support across the organization.

WHO has been developing a Strategic Guide on urban health⁸ that aims to equip national and city governments with the necessary knowledge and tools to effectively advocate for policies that improve the socio-economic conditions of the urban poor and promote their better health. The guide, set to be completed by the end of 2023, emphasizes decision-making in resource-challenged contexts facing serious challenges from rapid urbanization.

WHO works to produce high-quality financial data⁹ and analyses¹⁰ on progress towards financial protection in health as an integral part of universal health coverage with a focus on those living in monetary poverty and highlighting other population groups that are most likely to be "left behind" such as families with children, multigenerational households and older households. The priority is to reduce the information gap by disseminating new data through UN, WHO and World Bank databases, with global monitoring reports on financial protection/Universal health coverage published in collaboration with the World Bank and the global health expenditure database monitoring time trends of the government spending on health which is essential for equitable access to health services and financial protection, in particular for the poor.

The future of food and sustainable agriculture

WHO has been playing a significant role in promoting sustainable agriculture and food systems that are equitable, healthy, and environmentally friendly. To achieve this goal, WHO has been collaborating with other organizations, such as the Food and Agriculture Organization (FAO), to develop a human rights-

⁷ See WHO's [Gender mainstreaming for health managers: a practical approach](#)

⁸ See the [WHO Urban Health Repository](#).

⁹ Global databases can be accessed here: <https://www.who.int/data/gho/data/themes/topics/financial-protection> and <https://apps.who.int/nha/database/Select/Indicators/en>

¹⁰ Examples of global reports are available from WHO webpages <https://www.who.int/teams/health-systems-governance-and-financing/global-monitoring-report> and <https://apps.who.int/nha/database/DocumentationCentre/Index/enX>

Examples of regional reports are available for Europe, South East Asia

<https://apps.who.int/iris/handle/10665/345512>

<https://www.who.int/southeastasia/publications-detail/9789290209881>

based approach to sustainable agriculture. This approach considers vulnerable groups, including Indigenous Peoples, who are disproportionately affected by exposure to pesticides.

WHO envisions a world free from malnutrition¹¹ and foodborne diseases¹², yet millions of people suffer from malnutrition due to lack of access to nutritious foods or unhealthy diets. This results in high healthcare costs, low productivity, and slowed economic growth, perpetuating poverty, and ill-health. In response, and in line with the UN Decade of Action on Nutrition (2016-2025) Work Program¹³, WHO has been promoting a package of game-changing food systems actions to create healthier food environments¹⁴, including measures such as taxing unhealthy food and drink options¹⁵, and subsidizing healthy ones, ensuring clear nutrition labels, reducing harmful additives in processed food, fortifying staple foods, and improving surveillance of foodborne diseases.

Reduce inequalities

WHO is working to reduce inequalities by supporting the integration of human rights, *inter alia* through the “Leave No One Behind” approach, and women empowerment in the design and review of Common Country Analyses¹⁶ and the UN’s Sustainable Development Cooperation Framework¹⁷. Additionally, WHO is focusing on reducing health inequities for persons with disabilities by analyzing the contributing factors and providing recommendations through its *Global report on health equity for persons with disabilities*¹⁸. Poverty, added health-related costs, and poorer living conditions are some of the key determinants of health that disproportionately affect persons with disabilities.

WHO is preparing a World Report on the Social Determinants of Health Equity, which will identify priority actions for implementation in many of the UNSWAP-Poverty areas. To further advance health equity, WHO is developing a national strategic planning toolkit that will be piloted in six countries between 2023-2024. WHO is working to address social determinants of health and reduce inequalities by promoting greater alignment on national and local health and social policies and services through a strategic workplan activity with the UN Collaboration on Social Protection and the ILO.

Mid-April 2023, the WHO also launched its Health Inequality Data Repository¹⁹, which will provide access to the largest global collection of disaggregated data about health and determinants of health from publicly available sources. The Repository will include 10.9 million data points, consisting of 59 datasets and more than 2000 indicators broken down by 22 dimensions of inequality, from 15 publicly available sources. The Data Repository is intended to actively support inequality monitoring at global, regional and national levels, and thus represents an important addition to current resources for data-informed policy making.

To ensure that there is a focus on spatial inequalities alongside social inequalities, given their interactions, WHO is collaborating with OECD and the World Organization of Family Doctors for “rural proofing for

¹¹ See [WHO’s Malnutrition webpage](#).

¹² See [WHO’s Foodborne Disease webpage](#).

¹³ See the [UN Decade of Action on Nutrition \(2016-2025\)](#)

¹⁴ See the WHO’s [“Promote healthy, sustainable food systems” webpage](#)

¹⁵ See the [WHO’s Fiscal policies to promote healthy diets](#)

¹⁶ See the [UN’s Common Country Analysis](#)

¹⁷ See the [UN Sustainable Development Cooperation Framework](#)

¹⁸ See <https://www.who.int/publications/i/item/9789240063600>.

¹⁹ See WHO’s [Health Inequality Data Repository](#)

health”, which is the systematic application of a rural lens to health policies, strategies, plans and programmes to ensure that the needs, opportunities and contexts of rural areas are adequately taken into account. Cooperation has entailed collaboration for the WHO “Rural health equity” Webinar series, a WHO-commissioned special edition on rural proofing for the journal *Rural and Remote Health*, presentations on rural health by WHO to the rural development national authorities in OECD’s Working Party on Rural Policy, a joint pre-conference forum at the 13th OECD Rural Development Policy Conference in September 2022, and a parallel session co-chaired by WHO and OECD at the European High Level Forum on Health and the Wellbeing Economy in March 2023.

WHO also uses tools such as the *Innov8 approach to reviewing national health programmes to leave no one behind*²⁰, to understand who is being left behind, why and – using realist evaluation approaches – how programmes can be adapted to close coverage gaps. In addition, linked to the COVID-19 pandemic, it has strived to address vaccine equity²¹ and is documenting evidence on lessons learnt in relation to inequitable access to health services globally and – within countries - in rural/remote or disadvantaged areas. It is also synthesizing evidence on the disproportionate impact of COVID-19 among lesser educated populations, those with lower incomes, and ethnic minorities, amongst others.

Addressing climate change and the intensification of natural hazards

WHO contributes to the monitoring of SDG target 1.4 under Goal 1²², which calls for access to basic services such as drinking water, sanitation, and hygiene services. WHO also advises on the establishment of regulations related to water and sanitation to facilitate service provision for people living in poverty. Additionally, WHO supports countries in assessing and addressing the health risks from climate change, strengthening the climate resilience of health systems, and maximizing the health co-benefits of mitigation in the most polluting sectors²³. The organization monitors the national health sector response to climate-related risks through the WHO Health and Climate Change Global Survey²⁴. Moreover, WHO provides guidance and tools for cleaner household energy solutions²⁵, particularly clean cooking fuels and technologies that benefit the poor, keeping them out of smoky homes and preventing respiratory diseases while saving time for education or income generation.

Fight poverty in fragile and humanitarian contexts

Humanitarian conflict, war and emergencies threaten to push populations into poverty, already poor into deeper deprivation and have the capacity to wipe out hard achieved development that may affect current and future generations negatively. WHO is an active member of the Global Health Cluster Task Team on Cash-Based Interventions²⁶ to address poverty in humanitarian contexts.

Non-monetary dimensions of poverty such as health and education will have trans-generational effects on poverty, and addressing them effectively during emergencies can bring lasting/sustainable effects in comparison to mere financial solutions. WHO and Oxford Poverty and Humanitarian Development

²⁰ See [Reviewing national health programmes to leave no one behind \(who.int\)](https://www.who.int/campaigns/vaccine-equity)

²¹ See <https://www.who.int/campaigns/vaccine-equity>

²² See the UN’s [Goal 1 of the SDG](#)

²³ See WHO’s [Operational framework for building climate resilient health systems](#)

²⁴ See WHO’s [Health and Climate Change Global Survey](#)

²⁵ See WHO’s [Clean Household Energy Solutions Toolkit \(CHEST\)](#)

²⁶ <https://healthcluster.who.int/our-work/task-teams/cash-based-intervention-task-team>

Initiative (OPHI) have collaborated on using multidimensional poverty and vulnerability indices to inform equitable policies and interventions in health emergencies²⁷.

Violation of rights, discrimination (including based on gender and other prohibited grounds), marginalization, and gender-based violence are exacerbated in war, conflict and humanitarian settings, in comparison to other settings. WHO has moved forth created a gender mainstreaming strategy for all of its work in health emergencies, and has also integrated a focus on prevention of sexual abuse and harassment into the WHO Emergency Response Framework.

²⁷ <https://www.who.int/publications/i/item/9789240031852>