Country Support Package for
Equity, Gender and Human Rights
in Leaving No One Behind in the path to Universal Health Coverage

World Health Organization

Gender, Equity and Human Rights (GER) Team in WHO Headquarters

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Country Support Package for
Equity, Gender and Human Rights
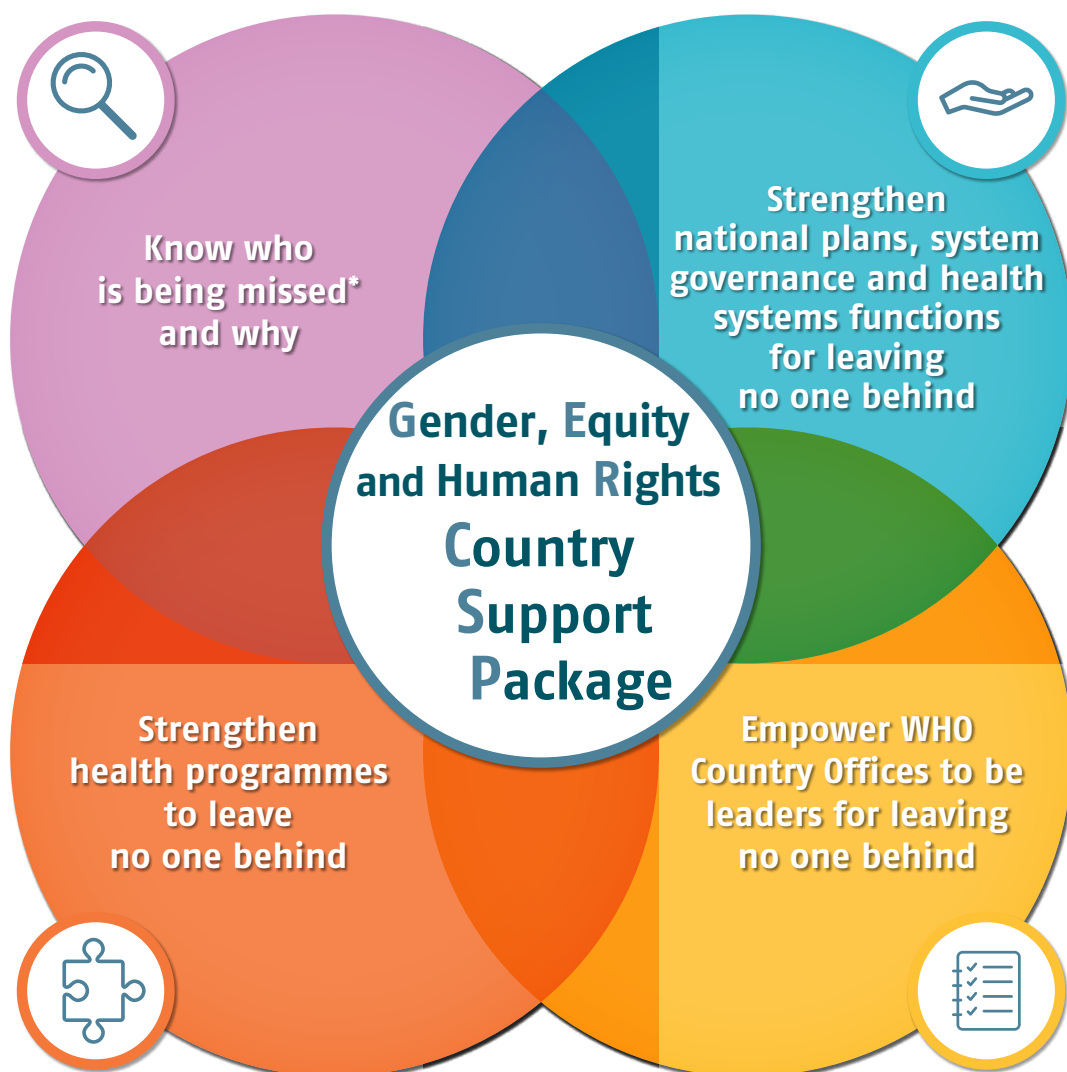## in Leaving No One Behind in the path to Universal Health Coverage

The Sustainable Development Goals (SDGs) mark an unprecedented commitment to **"leaving no one behind" (LNB)** and the articulation of the importance of **addressing vulnerabilities** and **discrimination** on a global scale.

WHO is scaling up its commitment through a dedicated and output-based **WHO SDGs internal coordination structure** on 'Leaving No One Behind', which is grounded on the Equity and Human Rights instrument of change[1], other WHA and UN resolutions and commitments , as well as the Joint WHO/UN statement on ending discrimination in health care settings.

As part of its contribution to LNB, the Gender, Equity and Human Rights (GER) Team in conjunction with other WHO Departments,[2] has outlined four components of a Country Support Package, which provide **country-level** support to LNB and benefit **health information systems, national health policies and strategies, and national health programmes**.

Backed by internal mainstreaming for WHO Country Offices, so frontline staff has the knowledge and capacity necessary, the CSP reflects activities implemented by the GER Team and serves as part of the wider LNB working group activities. The CSP needs an enabling environment grounded on meaningful social participation, accountability and non-discrimination.

Know who
is being missed*
and why

Strengthen
national plans, system
governance and health
systems functions
for leaving
no one behind

**Gender, Equity
and Human Rights
Country
Support
Package**

Strengthen
health programmes
to leave
no one behind

Empower WHO
Country Offices to be
leaders for leaving
no one behind

Meaningful social participation • Accountability • Non-Discrimination

In terms of effective coverage with services and financial protection, as well as due to gender inequalities, discrimination and other human rights violations or unfilled human rights obligations, and action on key health determinant.

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[1] WHO EB140/32 "Progress in the implementation of the 2030 Agenda for Sustainable Development" (http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_32-en.pdf)

[2] Department of Information, Evidence and Research (IER), Health Systems Governance and Financing (HGF), and the Unit of Social Determinants of Health (SDH).

Know who is being missed and why

Health information systems refer to the collection, analysis, and reporting of health data. Strong **equity-oriented, human rights-based** and **gender transformative** health information systems are centrefold to knowing who is being left behind in progress towards the SDGs. Such health information systems:

◗ have data collection practices that facilitate data disaggregation by relevant dimensions of inequality and across a wide selection of health topics;

◗ have the knowledge, expertise, and resources to conduct and interpret standardized analyses of health inequalities;

◗ produce regular and high-quality reports of the state of inequality; and

◗ adhere to the human rights standard of availability, accessibility, acceptability and quality (AAAQ) as core components through which such analysis is conducted.

National health inequality monitoring helps to evaluate the impact of policies, programmes, and practices on disadvantaged subpopulations. A sustainable and systematic approach to national inequality monitoring includes enhanced technical knowledge and capacity,

as well as integration into ongoing planning, review and M&E cycles. For further details see: *"Promoting health equity: WHO health inequality monitoring at global and national levels"*[3].

Qualitative sources are particularly powerful to understand the "why" behind differences in exposure to risk factors, access and outcomes, including those due to enduring forms of discrimination and human rights violations. They help unpack the demand-side barriers that subpopulations face, including in relation to gender, and the supply-side bottlenecks impacting equitable coverage. WHO is developing qualitative instruments for **barrier assessments** that health authorities can use towards this end.

Human rights monitoring mechanisms provide targeted analysis of ongoing challenges to realising the right to health, including the Universal Period Review, the submission of national reports and related observations, recommendations and concluding observations by Treaty Bodies, Special Procedures and Charter-based Bodies.

The triangulation of sources complete the picture of who is being left behind and why, identifying specific roles and responsibilities for action.

WHO GER and IER Guidance for **"Knowing who is being missed"**		
Guidance on Health Inequality Monitoring and equity-oriented health information systems	Databases and platforms to support data visualization on who is being missed	Instruments for qualitative approaches to assessing barriers to services

Strengthen national plans, system governance and health systems functions for leaving no one behind

National Health Policies, Strategies and Plans (NHPSPs) are critical governance mechanisms to achieve progressive realization of the health SDG (and its links with other SDGs). NHPSPs provide a framework through which the health sector can galvanize efforts to close coverage gaps, enhance financial protection, tackle health determinants, provide people-centered services, improve responsiveness to population's expressed and unexpressed needs as well as progressively improve the enjoyment of all people to the right to health and other health-related human rights.

It is essential that NHPSPs adopt a **progressive universalism approach**, so that populations that are more disadvantaged benefit at least as much as more affluent populations from progress towards the health and related SDGs. One way to do this is by mainstreaming equity, gender and human rights approaches in the overarching framework for action provided by the NHPSPs.

[3] http://dx.doi.org/10.3402/gha.v8.29034

[4] WHO (2011). *Human rights and gender equality in health sector strategies: how to assess policy coherence.* Geneva. http://www.who.int/gender-equity-rights/knowledge/human_rights_tool/en/

[5] http://www.who.int/healthsystems/publications/nhpsp-handbook/en/

Relevant to this end, WHO has developed the handbook *Human rights and gender equality in health sector strategies*[4], and a GER checklist for WHO staff at regional and country levels to input on leaving no one behind to country-specific NHPSP review and formulation. See also the WHO Publication: *Strategizing national health in the 21st century: a handbook*[5].

WHO is also developing a **capacity-building guide** on LNB in subnational health sector plans (linked to national health plans), focusing on the subpopulations being missed, the barriers they face, and responses within and beyond the health sector and through social participation. The guide accompanies a **capacity-building workshop**, which allows teams to identify key areas for focus with regard to LNB in situation analyses, design, implementation and M&E.

WHO GER and HSG Guidance for **"Strengthening national plans, system governance and HS functions for leaving no one behind"**		
WHO handbook on "Human Rights and Gender Equality in health sector strategies"	Capacity building materials (including a checklist) for WHO staff on integrating equity, gender and human rights into NHPSPs	Guidance and workshops for LNB in subnational health sector plans (e.g., province and district)

Strengthen health programmes to leave no one behind

WHO's **Innov8 methodology** responds to the practical question that will make or break success in leaving no one behind in the SDGs: "how" to move from having data on inequalities to making actual changes in programmes. Made specifically for health programmes yet underpinned with systems thinking, Innov8 is a stepwise approach to: analysing the subpopulations being missed by the programme, identifying the barriers they face, defining the potential drivers of the barriers in the health sector and beyond, and looking at the role of intersectoral action and social participation in responding.

Innov8 analysis is government-owned and conducted by interdisciplinary teams from the national health programme under review and their key partners (including civil society organizations working with marginalized subpopulations and district managers from the most disadvantaged parts of the country). Innov8 results in recommendations for amending the programme and its M&E framework to better address the needs and rights of the subpopulations being missed.

Innov8 is a joint initiative of the Gender, Equity and Human Rights (GER) Team and Social Determinants of Health (SDH) Unit in WHO. Additional materials (including country case studies) can be found at: http://www.who.int/life-course/partners/innov8/en/.

Contributing also to SDG 5 on **gender**, and SDG 10 on **inequality**, national health programmes may need to delve deeper into gender norms, roles and relations that result in health inequities and violations of the right to health. For this reason, the package includes the guide *Gender mainstreaming for health managers: a practical approach*[6].

WHO can also provide targeted support to managers of specific health programmes on strengthening the **ongoing planning and review cycles** to better address equity, gender and human rights (e.g. programmes on neglected tropical diseases have been one example).

WHO GER and SDH Guidance for **"Strengthen health programmes to leave no one behind"**		
Innov8 approach for reviewing national health programmes to leave no one behind	WHO guide *"Gender mainstreaming for health managers: a practical approach"*	Targeted support to specific programmes to incorporate a focus on LNB in ongoing planning and review cycles

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[6] WHO (2011). *Gender mainstreaming for health managers: a practical approach.* Geneva.
http://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/

Empower WHO Country Offices to be leaders for leaving no one behind

A set of core mainstreaming competencies and actions are required by WHO Country Offices staff providing technical assistance for gender transformative, equity enhancing and rights-based support to attaining the SDGs. GER has developed guidance on these across three domains: Analysis, Action, and Reporting and Monitoring.

◗ The **Analysis** domain includes actions on data disaggregation, gender analysis, and equity analysis, as informed, too, by the AAAQ scheme (availability, accessibility, acceptability quality).

◗ The **Action** domain covers actions on gender responsiveness, equity enhancement, implementation of findings of the AAAQ analysis, and use of meaningful participatory approaches.

◗ The **Reporting and Monitoring** domain features health inequality monitoring and linking to human rights monitoring mechanisms including Universal Periodic Reviews (UPR).

To strengthen competencies in applying these core mainstreaming actions, an **e-learning series** is available to all WHO Country Office staff through *i-learn*.[7]

Face-to-face **training workshops** can also be requested for more in-depth and hands-on capacity building of WHO Country Office staff.

Guidance on LNB has been included in the Handbook for Country Cooperation Strategies, the Handbook for the induction of Heads of WHO offices in countries, territories and areas and the Country Representative Handbook.

The United Nations Development Group, through its Human Rights Working Group, has developed a web-based guide on engaging with the human rights mechanisms, including the ILO's tripartite supervisory mechanism as well as guidance on *National Tracking Systems for Follow-up on Human Rights Recommendations*. Both of these will shortly be available on line at the UNDG human rights practitioners portal 'Huritalk'. An essential step is to build the capacity of WHO CO staff to use this guide and engage in cross-UN system activities (including those led by the United Nations Country Teams - UNCTs) on human rights, and the skills to promote civil society empowerment and meaningful participation.

WHO GER and SDH Guidance for **"Empowering WHO Country Offices"**		
e-learning series on equity, gender and human rights for WHO staff	Guidance on LNB in the Handbook for Country Cooperation Strategies and in the Handbook for WRs	Capacity-building for WHO staff on engaging with human rights monitoring mechanisms

Leave no one behind pilot countries

Across its six regions WHO has been providing direct support to national health authorities for many of the above components of this Country Support Package. In addition to national outcomes that support LNB, valuable lessons learnt have emerged from the applications and resulted in refinement of these resources.

Moving forth, and as countries transition from the MDGs to the SDGs, it is proposed that this work is considerably consolidated, scaled up and capacity for implementation is strengthened at WHO CO level. As such, WHO is aiming to seek strategic partnerships for the GER Country Support Package for LNB.

The GER CSP supports the expansion of the number of **"LNB Pilot Countries"** receiving direct technical assistance from WHO on the package components. This will be coupled with the creation of regional and global capacity building initiatives, opportunities for country-to-country exchange, initiatives to support evaluation and documentation of lessons learnt.

Beyond GER, Departments and Units across the three levels of WHO carry out additional activities relevant to LNB in the context of health and the SDGs. Please contact GER for further reference on the full LNB working group description and the components of the package.

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[7] *i-learn* is a WHO online learning platform for staff.

Country Support Package for Equity, Gender and Human Rights in Leaving No One Behind in the path to Universal Health Coverage (brochure)

The Gender, Equity, and Human Rights (GER) Team can be contacted through: GER@who.int